

# Phenomenology as a possibility for a close look at midwifery practices

A fenomenologia como possibilidade de um olhar atento para as práticas obstétricas

La fenomenología como posibilidad de una visión atenta a las prácticas obstétricas

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## Keywords

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## Descritores

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## Abstract

**Objective:** Understand meanings of midwifery practices in care for women ready to give birth at a public hospital according the postpartum women.

**Methods:** Heideggerian phenomenological study developed at a public hospital. The participants were 06 women over 18 years of age in the immediate postpartum. The phenomenological interview was applied as the data collection technique between January and May 2017. In the comprehensive analysis, the movements of phenomenological reduction, construction and destruction were followed, in accordance with the theoretical philosophical framework of Martin Heidegger and phenomenology experts.

**Results:** The women experience the parturition phenomenon in the form of fear and solicitude and in the opening of the disposition towards oneself, represented by the existential structures described in the units of meaning: A – Fear in the normal birth experience – the woman's perspective. B – The woman's solicitude in the disposition to be herself, experiencing care as being there in the parturition process.

**Conclusion:** There is a mismatch between evidence-based practices, comprehensive care and the daily reality of care for women ready to give birth, which is linked to the inauthentic mode of care, constantly occupied, and to the they. We argue that the practices implemented in the parturition process should be based on comprehensive solicitude, centered on the woman's existential dimensions, and linked to the horizon of the existentiality and to the open way of being-in-the-world.

## Resumo

**Objetivo:** Compreender sentidos de práticas obstétricas realizadas na atenção à parturiente em um hospital público na ótica de puérperas.

**Métodos:** Estudo fenomenológico heideggeriano, realizado em um hospital público. Participaram 06 mulheres, maiores de 18 anos, em pós-parto imediato. Foi aplicada a entrevista fenomenológica como técnica de coleta no período de janeiro a maio de 2017. A análise compreensiva se deu seguindo as etapas de redução, construção e destruição fenomenológica, conforme o referencial teórico filosófico de Martin Heidegger e estudiosos da fenomenologia.

**Resultados:** Foi desvelado que as parturientes vivenciam o fenômeno do transcurso parturitivo, no modo do temor e solicitude e na abertura da disposição para si-mesma, representados pelas estruturas existenciais descritas nas unidades de sentidos: A - O temor na vivência do parto normal – ótica da mulher. B - Solicitude da mulher na disposição para ser-si-mesma vivenciando o cuidado como ser-aí no transcurso parturitivo.

**Conclusão:** Há um descompasso entre as práticas baseadas em evidências, o cuidado compreensivo e o cotidiano do atendimento à parturiente, que se vincula ao modo inautêntico no cuidado, constantemente, ocupado e no a gente. Defendemos que as práticas implementadas durante o transcurso parturitivo sejam pautadas no modo compreensivo de solicitude, centrado na dimensão existencial da mulher, vinculadas ao horizonte da existencialidade e ao modo aberto de ser-no-mundo.

## Resumen

**Objetivo:** Comprender sentidos de prácticas obstétricas realizadas en atención de parturientas en hospital público según visión de puérperas.

**Métodos:** Estudio fenomenológico heideggeriano, realizado en hospital público. Participaron 06 mujeres con más de 18 años en posparto inmediato. Fue aplicada entrevista fenomenológica para recolección, entre enero y mayo de 2017. Análisis comprensivo realizado según etapas de reducción, construcción y destrucción fenomenológica, conforme referencial teórico filosófico de Martin Heidegger y estudiosos de la fenomenología.

**Resultados:** Se reveló que las parturientas experimentan el fenómeno del proceso de parto con temor y solicitud, abiertas a la disposición para si-mismas, representados por estructuras existenciales descritas en las unidades de sentidos: A – Temor a la experiencia del parto normal – óptica de la mujer. B – Solicitud de la mujer en la disposición para ser-si-misma experimentando la atención como ser-ahí en el proceso de parto.

**Conclusión:** Existe un desfase entre las prácticas basadas en evidencias, el cuidado comprensivo y el día a día de la atención a la parturienta, que se vincula al modo no auténtico en el cuidado, constantemente, ocupado y no en las personas. Defendemos que las prácticas implementadas durante el proceso del parto se organicen en el modo comprensivo de solicitud, centrado en la dimensión existencias de la mujer, vinculadas al horizonte del existencialismo y al modo abierto de ser-en-el-mundo.

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## Introduction

Historically, deliveries were performed at home, with the exclusively female presence of midwives who experienced this practice. Although they did not have scientific knowledge, they were famous for their experiences gained in the course of life, and often had affinity and familiarity with the woman and the family, which permitted a relationship of trust.<sup>(1)</sup>

Childbirth care began when women began to assist each other in this process, with the participation of their family members and midwives, who were accumulating experiences passed from generation to generation, to help in this much-awaited and important moment in the women's lives. Throughout history, however, as a reflection of social medicalization, childbirth starts to be described as a complex sociocultural process, transforming the experiences, suffering and pain that used to be managed in the family or community environment into medical needs, culminating in the medicalization of the female body.<sup>(2)</sup>

Then, the health professionals began to perform increasingly invasive and interventional procedures, justifying the shorter time needed and greater practicality to perform the delivery. In Brazil, two factors influence care for pregnant, parturient and postpartum women. Factors based on European and American practices. The first is based on the physiology of childbirth, considering the moment as non-pathological, not requiring medicalization and with a minimum of interventions, which enables women to play a leading role and grants safety and comfort in the parturition process. The second emphasizes technicality, large-scale surgical interventions, medicalization and active labor management, with productivity based on capitalism. Hence, technocracy invades this moment of uniqueness for parturient women and family members. The woman turns into an object and does not participate in the process.<sup>(3)</sup>

In this sense, parturition is an event that has undergone countless transformations / adjustments with regard to the health practices employed in the care for women who experience the physiology of

pregnancy, childbirth and birth. Practices have been used whose evidence base has been analyzed, also aiming to promote satisfaction, especially for the women giving birth.

Therefore, against this historical background and motivated by our academic experience in the area of women's health, we conducted the study with a method that values the understanding of care in a Heideggerian phenomenological perspective, being a philosophical current that understands the possibilities of human existentiality in the world.

Based on the existential comprehension of being-in-the-world, we can achieve the restructuring of practices, allied to (co) accountability and welcoming in the care for women during parturition. Thus, in the delimitation of the subject, in defense of a comprehensive way of caring, we observe that Heidegger's phenomenology can be used as a theoretical, philosophical and methodological axis for the development of this study.

Being-in-the-world is how Martin Heidegger, through ontology, defines the human as being-there. It refers to the man who is launched into the world,<sup>(4)</sup> inhabiting the reality that he himself questions, that is, the possibility of his own being - in the sense of existing in the world, every human being has his/her own characteristics. For Heidegger,<sup>(4)</sup> the human is a happening, an unfinished project in execution, thus adding infinite possibilities in his/her historical, social, daily trajectory and in all the spheres of living that are linked throughout a temporality - temporality which is finite and circular, unlike the temporality of other entities, which can be considered infinite.

Entity refers to the immanent, to what the senses show us. It is what everyone perceives, it is the covert being, how the human presents him-/herself in the world. The entity can be shown in different ways, depending on its mode of existence. Existence, which, for Heidegger,<sup>(5)</sup> does not mean what is found in the world, but what emerges and is consolidated in three aspects: facticity, as the being-there, launched in the world, without alternative choices; decadence as a way of being of the daily, in the domain of the impersonal and characterized by chatter, curiosity and ambiguity; and

transcendence, a way of projecting oneself beyond and discovering one's own meaning.

Thus, understanding the meaning of this philosophical view implies finding possibilities of the entity in its modes of being. Sense, in Heidegger's language, refers to a comprehensive circularity that can represent horizon, modes of being, perspective, possibility. And this understanding reveals the sense of being, which implies modes of being. In taking care in Heidegger's perspective, we glimpse the possibility of the detachment from presuppositions, we assume an understanding of the other's experience through expressions of verbal or written languages, gestures, attitudes and silences. Heidegger's phenomenology is not intended to talk about the "what" but the "how" of things.<sup>(6)</sup> It intends to understand human existence. This article is a product of a Master's thesis intended to understand meanings of midwifery practices performed in care for women about to give birth within Heidegger's phenomenological perspective, from the women's perspective.

## Methods

This research is characterized as a phenomenological study using the qualitative method, through the phenomenological interview for data collection and hermeneutics as a method of interpretation. The field of study was the Obstetric Center (CO) of General Hospital Clériston Andrade (HGCA), which is located in the city of Feira de Santana, Bahia. As qualitative studies do not define number of participants by the very characteristic of the research method, women were interviewed in a random fashion in the immediate postpartum, which is the period from the first to the tenth day after childbirth.<sup>(7)</sup>

They were selected based on the inclusion criteria: postpartum women over 18 years of age who were in the immediate postpartum period (natural delivery), at a rooming-in unit with at least four hours after giving birth. The data collection was carried out with postpartum women who had undergone parturition because they respected the

physiology of childbirth and postpartum and because they understood that, while giving birth or in the first hours postpartum, physical and emotional fatigue could affect their testimony.

Criteria for non-inclusion were: postpartum women younger than 18 years or beyond the immediate postpartum period. We interviewed six women who had experienced the parturition. For the sake of anonymity, the use of a codename they chose themselves was guaranteed, using a list with the names of gemstones. This number of deponents was reached when we perceived that the discourse was sufficient to respond to the research objective. Then, the process of comprehensive analysis could start, aiming to unveil the phenomenon of midwifery practices.

The interviews were carried out in the daytime period on different days in January, February, March and April 2017. In order to understand the phenomenon based on the being who experiences it, the phenomenological interview technique was used. As a tool, a six-part structured script was used. In the first one, the deponents' characteristics were recorded: age, sex, marital status, housing area, education, work activity. In the second, socioeconomic information. The third included gynecological-obstetric information. In the fourth, the conditions of childbirth. The fifth part addressed the research question: How did you feel in care for your delivery? Talk about this moment. In the sixth and final part, guiding openings were offered to complement the research question.

The analysis movement in Martin Heidegger's phenomenological method consists of moments of vague and median understanding and hermeneutics. In this understanding, the meanings seized in the discourse were highlighted, which represented what appeared, the way of being in everyday life, which is located in the ontic dimension of existence. For its development, re-readings of the interviews were carried out in order to search for the essential structures that expressed the meanings of the phenomenon in the testimonies and to group the discourse excerpts that presented similarities, with a view to constructing the Units of Meaning.

The data analysis was constructed based on the rigor of Heidegger's phenomenological method, following the moments of phenomenological reduction, construction and destruction, which (co) belong, which complement each other in a hermeneutical circularity. A movement that permitted the understanding and the unveiling of the ways of being of the women who experienced the midwifery practices in the parturition process.

In the first moment, the phenomenological reduction - we shift the look from the entity towards the being, so that what remains hidden in what is shown can come out.<sup>(8)</sup> In this study, that represented the transcription of the phenomenological interview, the registering of all the details experienced and perceived in the dialogue, whether verbal or nonverbal. At that moment, the framework of comprehensive analysis was constructed, revealing the existential representations in the testimonies.

Based on the ontological/"existentiary" dimensions, the ontological/existential dimensions were unveiled, represented by the modes of disposition in Heidegger's construct. Therefore, the structures emphasized in the transcripts were highlighted with colors. This permitted grouping the statements that expressed the experience of the phenomenon of midwifery practices during parturition.

In the second moment of the method, the phenomenological construction, the meaning of the entity obtained earlier was projected, which consisted in approaching the meanings attributed to the midwifery practices based on the experiences of the woman in the daily practice of health. The senses still remained veiled though and, in order to reach the interpretation of the meanings found, it was essential to intersect the statements, which culminated in the third moment of the method, the phenomenological destruction, which permitted hermeneutics.

At this moment, the ontological/existential structures were highlighted in the comprehensive analysis picture, represented by Heidegger's modes of disposition. This reveals the understanding of meaning, which in Heidegger's construct represents horizon, possibilities and modes of being.<sup>(9)</sup> The modes of being of the woman who experienced the

midwifery practices in the parturition process were unveiled. In the third and final moment Heidegger presents, the phenomenological destruction, which means deconstructing the traditional pre-existing concepts, the hermeneutics took place, which aimed to unveil the ontological dimension of the phenomenon, which did not show itself directly in the fact, but was concealed in it, appointing the need to deconstruct the factual in order to unveil the meaning of the midwifery practices.<sup>(10)</sup>

This research complied with the ethical aspects of National Health Council Resolution 466/12. Ethical approval was obtained under CAAE 49615815.0.0000.0053 and Resolution 008/2016 of the Higher Council of Teaching, Research and Community Services (CONSEPE) at Universidade Estadual de Feira de Santana (UEFS).

## Results

To permit the defense of midwifery practices within a comprehensive and existential perspective, the Units of Meaning emerged, built in the light of Heidegger's method and other phenomenology experts, who approach the health practices to philosophy in the daily reality of health services. These are presented next together with the excerpts from the statements that make up each of the Units.

### Unit of Meaning a - Fear in the normal birth experience – the woman's perspective

"[...] as everyone knows, right, a lot of pain and a bit of despair. (Pearl)

"[...] I was a bit scared, because the other delivery was very dry as well [...]" (Crystal)

"[...] and people were always telling me: it's when the head comes out that it hurts [...]" (Pearl)

"[...] the pain is incomparable (interrupting), it's a pain that seems as if we won't stand it [...]"

"[...] because I went from hospital to hospital and they still wouldn't receive me [...]" (Crystal)

"[...] I felt great pain, I did, I caused a scandal when I arrived [...]" (Turquoise)

### Unit of Meaning b - The woman's solicitude in the



### disposition to be herself, experiencing care as being there in the parturition process

“[...] wanting to be a mother and having this pleasure of feeling this pain I wanted to feel [...]”. (Pearl)

“[...] at least when I was there feeling the pain I knew that he (the baby) was there with me, then afterwards when they took him in there I felt alone [...]”. (Jasper)

“[...] It was good because at one-hour intervals a nurse went to see me. She felt, looked how I was doing, [...] she went, touched my belly, to see if it was contracting, she kept waiting, smoothened, then she got a glove and touched, then she explained that it was dilating [...]”.

“[...] I was well taken care of, welcomed, I liked the nurse or was it a doctor (*expressing doubt*) who did my delivery, excellent (*emphasis*) encouraging me and congratulations for me, right? Because I didn't scream, I didn't get desperate, I thought I would do all that, but not at the moment, everything went well [...]”. (Diamond)

“[...] I had a dry mouth, then I started feeling hungry, then it went by, [...] Horrible, bad not to drink water [...]”.

“[...] My delivery was normal, because I had him alone. In the birth room, then the mother who was with me called for the nurse, the nurse came to look and he was already coming out, she said no [...] when she came back, the boy's head was coming out already [...]”. (Turquoise)

“[...] They treated me well, they took care of me, asking what I was feeling all the time, everything went well [...]”.

“[...] I felt better here, I did because it's the only complete hospital here, with all the doctors, there's everything. [...] when I started feeling the pain, I went to take a very cold bath, then the pain increased even more [...]”. (Jasper)

## Discussion

The woman in the parturition process revealed her fear based on her conception of danger, in which she refers to the concern with the pregnancy, delivery and the baby's health. The woman, in the parturient

mode of being, fears for childbirth, worries about whether the baby will be born healthy and, mainly, how to take care of her child and integrate him/her into the family. That is, the human condition refers to concern and care, and to the way of coping with the world that is experienced by temporality. As a mode of disposition, the phenomenon of fear is analyzed, from the perspective of what is feared, the fear of something determined.<sup>(4)</sup> Hence, in fear, what is feared, the fearful, is something characterized as a threat, has the conjunctural mode of the damage, which is shown within a context.

In this sense, the childbirth is something fearsome, involved in a context of prejudices, myths, as non-physiological and a possibility of death, as a known stranger. The fearsome appeared in the women's discourse as manifestations of childbirth, which threatens the life of the woman giving birth, the infant and causes pain.

Fear can also extend to others; in this case, the woman thinks about the child and how (s)he will be. This fear instead of the other, in most cases, happens when the other does not fear. Fearing instead of the other is a mode of disposition together with the others, it is “feeling frightened”, not as ‘feelings’ but as existential modes.<sup>(11)</sup> However, different possibilities of being frightened emerge (timidity, shyness, fear), considering that the constitutive moments of the whole fear phenomenon may vary.

Fear is divided into: dread, which is something known that can happen; horror, which is something unknown that arrives suddenly; and terror, which is the junction of the two, something known that arrives suddenly. Dread is the fear that transforms when something known and familiar is threatened, which is near and suddenly takes form for the being-in-the-world. Horror happens when fear is transformed through something not known and takes place for the being-in-the-world. And terror is when the threatening, something known and familiar, comes suddenly and concretely to the being-in-the-world, characterized as dread and horror at the same time.<sup>(11)</sup> It is revealed in the discourse when they report on the moment they think of the pain of parturition. That is, the reference of dread is, at first, something known and familiar, being sudden,

the way of meeting the threat. This known and familiar is shown in the woman's discourse.

The birth is familiar to her, because she has heard about or experienced it, but the pain is unbearable, she does not assume this possibility for herself. But when she suddenly discovers herself during the parturition, the disposition changes and the woman shows herself in the mode of being of dread, characterized as dread and changing to horror, and her discourse gains the sense of terror. It is only when the threat comes as something unfamiliar, that is to say, the horror, characterized at the same time as sudden, that is - dread, that it constitutes the mode of disposition of terror.<sup>(11)</sup>

In the fearful way, the woman shows herself as she is not, and keeps busy with the pain of giving birth. In this occupation, permeated by fear and impersonality, she does not show herself either. Thus, her individual and social circumstances and her condition of being a parturient, while being-in-the-world, thrown into normal childbirth, involve the experience of fear and pain, as well as the threat of death.

The woman is afraid and this fear opens the discovery that triggers a set of situations in her life. Fear is established in her daily life, given the facticity of being a child. Thus, the health professional's comprehensive posture during labor emerges as a possibility to reduce the fear, due to the attention she can receive. It should be highlighted here that, although women know their rights and these are protected by law, most of the time, they feel unable to challenge when these are disrespected. Women tend to be existentially fragile. Therefore, an ethical position becomes necessary, committed to the right to information, respect for diversity, acceptance and affirmation of the status of citizen by the workers becomes necessary, permitting understanding and mutual assistance to women in the parturition process. This means saying and perceiving, the need for transmutation from the technocratic model to a care model that is revisited in the sciences of understanding.

The modes of disposition are the ways in which relationships with the world, the different ways of being and the feeling of being human are estab-

lished. In this movement, existential situations exist that present expressions of how people feel and build themselves. Latent dispositions are awakened by the experience of daily life. In relating with the professionals, the woman giving birth can establish an involving and significant relationship. Heidegger designates this way of relating, as described earlier, as solicitude, characterized by considerateness, patience or tolerance towards the other.<sup>(9)</sup>

In the disposition of being-there, existing in relation to things and with others, care is related to something that has been understood and through which the being-there deploys solicitude, which implies concern.<sup>(5)</sup> The philosopher describes a sense of solicitude, which is to be willing to take care of the other. In the statements, the women are being-with the baby in the womb and with the health team. In phenomenology, thinking and talking about care implies understanding how this phenomenon takes place and reveals itself in the human, not as an independent object. Care as a way-of-being, when the person departs from him-/herself and focuses on the other with care and solicitude.<sup>(5)</sup> Care is taken in the formation of pairs, care only exists if there is a caregiver and a being who receives care. In Turquoise's testimony, we observe this construction in her experience.

Care only emerges when one's existence matters. Then, the person dedicates himself to the other, is willing to participate in his destiny, searches, suffering and his conquests, in short, his life, as can be observed in the testimonies. The opening or closing of being-there rest on being-with the others. "Being open makes it possible to apprehend the meanings of what appears, whether of the entities of the world, or of the being to himself. Thus, the opening of the being-there is described through existential structures called "understanding, disposition, interpretation and discourse."<sup>(4)</sup>

In the mode of disposition of the opening, the they appears, which is for Heidegger the way in which the being-there shows itself most frequently.<sup>(4)</sup> The they remains factually in the publicity and watches over the being for everything that drives him, while what is paramount and a priority is suppressed. Publicity, uniformity and estrangement

involve and control every way in which the world and the being-there are interpreted. “Everyone is another and nobody is himself.”<sup>(4)</sup> The being is veiled by the other. In the existential comprehension of the individual, we perceive that there is no human without care, whether he is a health professional or not, all human beings are engaged in the act of caring and, as such, in the involvement and interpersonal relations, there will always be care in the attempt to understand the dilemmas, conflicts, or even adverse and external existential situations, as revealed in Crystal’s statement.

The unveiling of the midwifery practices for the woman in the parturition process point to care as an essential attitude in the health actions. Caring goes beyond the execution of technical procedures, requires the valuation of the parturient women’s unique needs and should be added to the psychological, social, emotional and spiritual aspects.<sup>(12)</sup> To reach this mode of care, a network needs to be woven with a theoretical-philosophical construct in order to include the defense of life, the dignity of the female body in the dimension of care, through the comprehensive mode of caring.

An existential movement of the professional is therefore necessary through education with thinking that is based on the continuity of life, with care as a purpose for human life. And from this perspective, we argue like Heidegger<sup>(5)</sup> that care is involved in the understanding of the being-there that speaks of and to himself, in search of a pause in the phenomenon of solicitude as a foundation available to understand the phenomenal structure of existing in the world, experiencing the parturition process.

## Conclusion

The comprehensive analysis took place by unveiling the senses expressed by the woman’s experience in the parturition process. Fear could be understood in the experience of normal birth, the woman’s solicitude in the disposition to be herself, experiencing care as being-there in the parturition process, the mode of occupation as nearby in the midwifery practices, the manifestation of the care for the woman in the par-

turition process in the shared world of being-there in the welcoming and the ambiguity as a mode of disposition: the desire of becoming. The statements on the practices, based on the comprehensive analysis, pointed to the need to create a space of possibilities for discussion, establishment and implementation of the humanization proposal of childbirth and birth as public policies. There is a mismatch among the evidence-based practices, comprehensive care and daily care for the parturient. This imbalance is linked to the inauthentic mode of care, constantly occupied, and on the they. It was also revealed that the development of a relationship of humanization and dignity in health care can become a phenomenological attitude, which is characterized as comprehensive and interpretative, considering the intersubjectivity and respect for the human, based on needs, meanings and senses, as well as the various ways of dealing with the health/disease phenomenon in the existential daily reality. In this sense, the phenomenological method as the axis of health practices, and especially for midwifery, contributes to humanization and health promotion, as its assumptions and approaches are closely related to the conception of human being, the protagonist of care. We argue that the practices implemented in the parturition process are based on the comprehensive mode of solicitude, centered on the woman’s existential dimension, linked to the horizon of existentiality and the open way of being-in-the-world.

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## Collaborations

Cavalcante RJG, Moreira RCR, Peñarrieta ECS and Barrêto LGP declare that they contributed to

the conception of the Project, data analysis and interpretation, writing of the article, relevant critical review of the intellectual content and final approval of the version for publication.

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