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The satisfaction of the normal delivery: finding oneself

Satisfação no parto normal: encontro consigo

Satisfacción en el parto normal: encuentro consigo mismo

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ABSTRACT

Objective: To understand the satisfaction women experience during the normal delivery.

Methodology: Qualitative, exploratory and descriptive study, developed during January and February of 2017, from interviewing twenty women that were satisfied with their natural delivery, residing on the countryside of Sao Paulo. The Symbolic Interactionism and the Thematic Content Analysis support this study.

Results: The main theme "Normal delivery as a means to find oneself" developed through three thematic units that report the satisfaction in the normal delivery: "Decision for normal delivery", "Childbirth with welcoming support", "Violence: it is not all roses". The satisfaction has been correlated to the accomplishment of the dream of giving birth, welcoming support of Doulas/health professionals and the presence of a companion/family members during the process, but it also reveals labors marked by invasive, imposing and unwelcoming experiences.

Conclusions: The empowerment granted and felt by the woman during the normal delivery experience reinforces the urgency of investments to promote sociocultural transformations that concern childbirth in Brazil.

Keywords: Natural childbirth. Obstetric nursing. Patient satisfaction. Decision making.

RESUMO

Objetivo: Compreender a satisfação da mulher na experiência do parto normal.

Metodologia: Estudo qualitativo, exploratório, descritivo, desenvolvido em janeiro e fevereiro de 2017, a partir de entrevista com vinte mulheres satisfeitas com o parir, residentes em município do interior de São Paulo. O Interacionismo Simbólico e Análise de Conteúdo Temática sustentaram o estudo.

Resultados: O tema central "Parto normal como encontro consigo", desenvolvido a partir de três unidades temáticas retratam a satisfação no parto normal: "Decisão pelo parto normal", "Parto com suporte acolhedor"; "Violências: nem tudo são flores". A satisfação foi correlacionada com efetivação do desejo de parir, suporte acolhedor de doulas/profissionais de saúde e presença de acompanhante/familiares no processo, mas também revela partos marcados por vivências invasivas, impositivas e não acolhedoras.

Conclusão: O empoderamento favorecido e sentido pela mulher na vivência do parto normal, reforça a premência de investimentos para efetivar transformações socioculturais que sustentam o nascer no Brasil.

Palavras-chave: Parto normal. Enfermagem obstétrica. Satisfação do paciente. Tomada de decisões.

RESUMEN

Objetivo: Comprender la satisfacción de la mujer en la experiencia del parto normal.

Metodología: Estudio cualitativo, exploratorio, descriptivo, desarrollado en enero y febrero de 2017, mediante entrevistas con veinte mujeres satisfechas con el parir, residentes en un municipio del interior de San Pablo. El Interaccionismo Simbólico y el Análisis de Contenido Temático sostuvieron el estudio.

Resultados: El tema central "Parto normal como encuentro consigo mismo", reflejado en tres unidades temáticas, que aborda la satisfacción en el parto normal: "El optar por el parto normal", "Parto con soporte acogedor"; "Violencias: no todo son flores". La satisfacción fue correlacionada con la efectividad del deseo de parir, soporte acogedor de doulas/profesionales de salud y presencia de acompañante/familiares en el proceso, pero también revela partos marcados por vivencias invasivas, impositivas y de no acogida.

Conclusión: El empoderamiento favorecido y sentido por la mujer en la vivencia del parto normal refuerza la urgencia de inversiones para efectuar transformaciones socioculturales que sostienen el nacer en Brasil.

Palabras clave: Parto normal. Enfermería obstétrica. Satisfacción del paciente. Toma de decisiones.

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INTRODUCTION

Under the gender focus, the practices and the model of obstetric care in force in Brazil still effects the disrespect and ignore or undervalue sexual, reproductive and human rights[1-3]. There are high rates of cesarean section and abuse of women in Brazilian hospitals[1], with a disincentive to the normal delivery (ND) and reports of women regarding their dissatisfaction about the childbirth experienced[2].

The current health model, doctor-centered, institutionalized, valuing the pathology and with the primacy of the care technology over human relations, contributes with the above mentioned. This aspect is added to the understanding of not being the woman able to give birth, with repercussions to the effectiveness of her protagonism[3].

About 30 years ago, reflecting the visibility of the situation described above, initiatives of the World Health Organization (WHO), national and international inductive policies ave been pushing for the transformation of this scenario. Brazil has been participating in movements of this nature, with efforts to increase the awareness of the situation and to promote actions related to safer pregnancies and births for women and newborns. However, many are the inadequacies in the care practice, especially in terms of valorization of professional interventions and disrespect to the values of women and their families[3-4].

As a result, the rate of unnecessary cesarean sections in Brazil is taken as an 'epidemic'[3]. The results of a broad survey, "To be born in Brazil: National Survey on Labor and Birth", coordinated by the Oswaldo Cruz Foundation (Fiocruz)[3] which gathered information from 23,940 women attended between February 2011 and October 2012, in 266 maternity hospitals with 500 or more births per year, from 191 Brazilian municipalities, confirmed that 52% of the births were through cesarean delivery. In the private sector, this figure rises to 88%, giving the United States the title of the leader in cesarean section in the world.

Violence in this area culminate in violation of the rights of women and children, when the denial for information has been recidivist[5-6], with violation of the reproductive rights, compromising the informed and conscious choice about the way of delivery, as well as the provision of a decent care[7]. The choice for the cesarean delivery as ideal permeates this denial and/or omission in the care practices[5-6].

Much has been discussed on ways to qualify the obstetric care and the focus has been on emphasis and resumption of the female/family protagonism at birth, with visibility and densification of scientific evidence about the harm and violations in the context of labor and childbirth. In addition, the horizon has been to disseminate the presuppositions of a humanized care during labor, and the need not to restrict the childbirth to a "biological process", but rather as a "human event"[4].

The present study incorporates the movement to guarantee the reproductive rights of women and consequent maternal satisfaction[6], under the following question "Which factors are related to the choice of the ND and which are associated with the satisfaction of women with the labor process?". The objective was to understand the satisfaction of the women regarding the experience of the ND. It is expected to provide health professionals with reflections related to the understanding of the women's needs in the process, as well as foundations for a care based on humanization, female protagonism and protection of rights.

METHODOLOGY

Qualitative, exploratory and descriptive study, supported by the Symbolic Interactionism (SI), for recognizing social interactions as spaces for the establishment of understanding with implications for social actions[8].

It was developed in a medium-sized municipality in the countryside of the state of São Paulo, which has a coverage area of 1,137km^2, with an estimated population of 246,088 inhabitants[9]. In 2015, there were 3,235 births in the municipality, of these, 882 (27.7%) were NBs[10].

The health care in the gravid-puerperal cycle of habitual risk of the city counts on the service of the Basic Units of Health (BHU), Units of Health of the Family (FHU) and a maternity, located in a philanthropic hospital. The municipality has the autonomous initiative of nurses and doulas in the offer of support groups to labor and delivery.

The invitation and location of women was carried out through social network postings, posters placed in health units of the municipality and support groups. The criteria for inclusion in the study were: to be aged 18 years old or over, or emancipated; to have had a normal delivery, and to have declared to be satisfied with the experience of giving birth. In total, 21 women contacted us, however, one was excluded because she did not experience the normal delivery in the study city. All the participants signed the Free and Informed Consent Term.

The data were collected from January to February 2017, through the application of a questionnaire aimed at sociodemographic and obstetric characterization, followed by an open interview triggered by the placement: "You said you were satisfied with your delivery. Tell me, how was it for you to have experienced it?" Throughout the interviews other issues were presented, in an articulated way to the

narrative of the participant, with a view to broadening the understanding of the above. The duration of the interviews was about 21 minutes each. It should be emphasized that the data collection was finished when the data started to present repetition and redundancy, without showing new elements to the phenomenon under study[11].

All interviews were recorded in audio and transcribed in full, suffering only structural corrections, without changing the meaning of what was expressed by the interviewees. The data extracted from the interviews were analyzed from the thematic content analysis[12]. Each interview underwent floating readings to apprehend the narrated experience, with attention to the meanings and actions involved in the phenomenon of giving birth with satisfaction. After this procedure, new and repeated readings were developed, when thematically textual blocks were identified, which in the subsequent analytical and interpretive moment were integrated. From this process, the central theme "Normal delivery as a meeting with oneself" was identified, derived from the three thematic units, from which the results are presented: "Decision for the normal delivery"; "Labor with welcoming support" e "Violence: It is not all flowers".

All the ethical recommendations for research involving human beings were followed. The research was approved by the Ethics Committee in Research on Human Beings, with a substantiated opinion registered under number 1,753,086, dated 09/29/16.

RESULTS AND DISCUSSION

Among the 20 women who participated in the study, the mean age was 30 years old, being 19 the youngest age, and 43 the oldest. Seventy percent of the women self-referenced as white, 75% married, 45% had post-graduate education, 60% had paid work outside the home, and the average family income was 5.7 minimum wages. The majority were primigravida (55%) and primiparous (65%), 55% of the pregnancies had been planned, with the beginning of the prenatal follow-up around the sixth week of gestation. Almost all women performed a total of 10 prenatal visits, mostly (70%) in the supplementary sector. Of the reference pregnancies, two were of twins. Of the deliveries, 19 were in the hospital and 01 was planned at home. Breastfeeding in the first hour of the baby's life was reported by 65% of them. A profile of women with different conditions to access and health care is highlighted, most of them are white, economically stable, and were assisted in the prenatal period and labor by the supplementary network.

The women of this study point out as the essence of the experience of giving birth the satisfaction regarding the encounter with their inner self, with their interior, revealing all their potentiality and capacity as a woman, being mentioned as a rebirth and of great intensity. In this way, the "ND as a meeting with oneself" portrays the experience lived in the ND when the satisfaction was present.

> *[...] and i never felt so good as a woman, I felt like an animal... an animal! Well, I felt... it was amazing to get so close to nature. That is it. I never felt such a huge power. (E7)*

> *[...] and it was the best experience of my life. So much so that in the next year I already had my other son [...] it is an experience, well... wonderful, wonderful! I say that every woman has to go through it, because it is very good! (E9)*

> *This was a wonderful experience, you get to know yourself more... it is an experience like that, as a woman, as a mother... well, I was born again, you know. (E19)*

> *[...] I felt very strong to achieve it, you know, it is... you really feel like a woman, in the root, you know. I was able to... in addition to generate, give birth! (E11)*

Thematic unit 1: Decision for the normal delivery

The decision for the ND has the latent desire to experience it as structuring. This desire is articulated with the appreciation of the process of giving birth, the 'natural' character present in it and the benefits it provides, both for the woman and for the baby. They signify it as the ability of every animal to give birth, including humans.

> *[...] I always wanted to have a normal delivery. I always thought that if I had a son, it was going to be normal. (E2)*

> *It is something natural, it is what is there. I went there, gave birth, had a baby, I am here! It is something natural, that is in our blood... it is ours. We are animals too and forget it. (E4)*

> *Oh, the word itself speaks. "Normal". This is normal. It is in our nature, to give birth. And it is the best thing you have in life to place a child into the world, wow. It is very good. (E9)*

It integrates the realization of a desire and the persecution to have shared in their social context positive experiences that revealed beauty and values. These situations act as epiphanies, consolidating the certainty of being what they wished for themselves and their child, even before the pregnancy.

[...] I decided in the adolescence. [...] a teacher was talking about childbirth in the bathtub [...] and I thought, this is what I want! (E10)

I think that more... reference to my mother. My mother had 3 normal deliveries. (E2)

Another element that is considered in the ND decision is the fear of the cesarean section and the risks identified in it, when they decide that they will only experience it in need.

Since the first pregnancy I always knew that I wanted a normal delivery [...] and this pregnancy I also always wanted. I am very afraid of doing a cesarean section. (E12)

[...] I was very afraid of being in need of a cesarean section [...] and all the risks that the cesarean section has, that almost nobody knows [...] it is a major surgery, but only when it is necessary. (E17)

It is identified, from the above, that the women in this study articulated reflections that permeate the meaning of the cesarean section and the ND, when the latter was adjectivized as natural, inherent to the human capacity. These constructions were socially established and acted as epiphanies. This aspect is an advancement promoted by this study, with the intention of making intentional and structured bets on social spaces, sharing positive experiences regarding the ND, as well as making use of them when present with family experiences.

Bets on the dissemination of positive experiences regarding the ND may contribute to the non-occurrence of unnecessary cesarean sections and all risks inherent to this surgery, reducing negative outcomes, and repercussions to maternal and neonatal morbidity and mortality[3]. This seems to be an input of meaning and awareness that can be added to entries that bet on the discussions of the benefits and risks of each type of delivery.

The fear of the cesarean section in terms of its risks[12] was part of the decision for the ND, together with the appreciation of the 'natural' process[6.12], as shown in studies in this context.

The pain issues, common in ND and cesarean sections studies[12-13], was presented here in a peculiar way: they meant experiencing the pain of the childbirth as part of the experience of the ND, having those who conceived it as the concreteness of the arrival of the child and others with the curiosity to dimension it before the socially disseminated negative culture.

Oh, i really wanted it. I said, wow, is it not possible that I am going through this life without having a normal delivery, to see what the pain is. (E3)

I always had that in mind, well, I want to know if this pain is all that everyone says it is. (E4)

So this is what I wanted, you know. I want to feel the pain of the childbirth; I want to feel my son coming. (E20)

Women should be clarified about the issue of pain and labor, which is in fact real, as well as in the postoperative period of a cesarean section, and, similarly, there are ways to be softened[12,14]. Experiencing the pain of labor is a complex process and varies from woman to woman, however, all of them have the capacity to adapt to the painful event[15]. It is a unique, individual and subjective experience that adds value to labor and becoming a mother[14], idea similar to that found in the present study.

The ND pain is commonly explored by professionals to coerce women to choose the cesarean section, in conjunction with the idea of the safety provided by it[16]. The women in this study did not suffer from this type of approach, most probably because of the safety and certainty demonstrated by the option for the ND and the internal agreement they had to make efforts to experience it. This refers to reflections on socialization and how the ND is being moved in the direction of being a process for which all women have the capacity, as well as being able to count on professional support to overcome critical moments that may be part of the process.

Bets in this direction will minimize the discomfort resulting from unnecessary surgical acts, such as elective cesarean sections, as well as increase the occurrence of breastfeeding in the first hour of the baby's life in cesarean section[17], the formation of a bond and attachment, parenting, facing the opportunities and protection of the intimate contact between parents and children. Or the reduction in the rates of prematurity, difficulties in breastfeeding and obstetric complications, outcomes closely related to cesarean sections[3,17].

The option for the ND also contains the search for information about it, when analyzing the reports of women and couples who experienced it, especially through readings and/or analysis of documentaries on the subject. This action criticizes the socially diffused aspects of the ND when they identify bias. Thus, these contacts strengthen and reinforce the decision-making, highlighting the relevance of seeking clarification about the ND and professionals who,

in fact, align with it. They point out as a duty of he professionals who work in the pregnancy-puerperal care the provision of clear and correct information on the ND and cesarean section, with the intention of developing safety in order to experience the ND process.

Because without information you will not be able to do anything, you are insecure because of the things that you listen to around. If I were to follow what I heard, I would not have a normal delivery. (E6)

I would suggest go after Information, laws, studying everything that is... relevant. And look for a team that is thinking in the same way, otherwise it goes down the river. (E1)

These findings corroborate studies that demonstrated that the decision by way of delivery is strongly influenced by previous experiences, as well as by external factors, such as the reports of other women and information received from different sources[6,18]. The social environment is part of the decision for the ND, which implies that the health professional is committed to giving visibility and accessibility to the information related to this, favoring discussions in the different care tools such as home visits, consultations, groups, educational actions, demystifying myths and taboos. In these last ones one can make use of free access audiovisual productions.

As for the information means, documentaries were mentioned as powerful sources, capable of influencing the ND perspective, since they bring sometimes shocking reports and images, as well as exposing the various benefits of this experience[6,12-13,18], as shown in the interviewee's speech below, reflecting the impact that a good source of information can exert, directly influencing the decision-making.

My husband rented a movie, the Rebirth of the Childbirth. And... we started to watch and began to see ourselves in the movie. [...] it was in this movie that I realized that I had everything to have a normal birth, [...] then the will came. (E6)

Finding informational support, especially on the physiology of the childbirth, through different sources such as support groups, prenatal consultation, and others, was essential for the confidence in her ability to give birth, reflecting happiness and completeness with the experience. This process experienced during pregnancy reflects a necessary empowerment of women, capable of giving meaning to being a woman and to the ND, strengthening and preparing them for labor.

[...] I think that believing in the body. To have learned to believe in the physiology of the labor, of the body, in this pre-partum preparation, the knowledge of yourself, of the body, that will lead the woman, to understand what is happening to her at that moment of childbirth. (E4)

[...] I attended a support group. I went to the reports of childbirth. And see the women who have being through this telling... they were alive, they were fine, well, "oh...it was great." This... made me very aware, at the time, about what I was doing and because of that I was very secure. (E11)

[...] the prenatal care is fundamental, the preparation, the little steps that you will be prepared, I think it is fundamental. [...] My doctor is... she is amazing. I would arrive there with 100 questions and she would answer them all. [...] So I think that the prenatal care is really the key point of the situation. I think it helps a lot. (E16)

Giving visibility to ND information, both in terms of their physiology and experience, needs to be on the agenda of health professionals, with the intention of challenging to deconstruct the understanding of the woman who is (un) able to give birth[2-4,6,18].

In this way, the power of health education in rescuing women's confidence in their ability to give birth is evidenced through the speeches. A study points out that the preparation for labor, through the instrumentalization for the process, makes women more confident and confident that their bodies are capable, and by being protagonists, they have a satisfying experience[18]. In addition, the autonomy of the pregnant women acquired through information is foreseen in the quaternary prevention of obstetric violence (OV)[7,18-19]. It should be emphasized that the disinformation is among the factors that supports the idea of the cesarean delivery as ideal[6].

Thematic unit 2: Labor with a welcoming support

Labor was experienced as a quick event, transposed more easily than imagined by them.

It was very fast, easier than people think, that is a beast with seven heads [...] (E6)

[...] there were a few more contractions and he was born, it was very fast, I was not expecting it, I was expecting that it would take much more... (E17)

The overcoming of the expectations reported was able to consolidate their positive perception regarding the ND. They made the choice for the ND and were willing to experience it, but they had in mind the different socially exalted negative notes. Thus, the importance of sharing success stories about the ND with other women, throughout the gestation period, as well as during informal conversations with family and friends. To be aware so that from childhood there is a socialization that gives the opportunity to perceive and to signify the ND positively, it is fundamental. Thus, there will be elements to counteract the negative notes that try to coerce women to choose beforehand the caesarean section.

One of the aspects highlighted by the majority of the women in this study was the rapid recovery in the postpartum period, being ready to take care of themselves, of the child and to perform daily activities. This aspect brought satisfaction.

[...] the postpartum was also wonderful, because I do not have any complication. He had just been born and I was able to get up, so it is... the experience for me was very good. (E1)

And the recovery, as they say, is great. [...] my postpartum was excellent. [...] because the recovery is great, the postpartum is good, you can immediately hold your son… (E13)

The recovery, you know, inside the house... in my case, which I already had a daughter, so I needed this more rapid recovery, you know. [...] then the recovery of the normal delivery is wonderful. (E16)

The experience of these women is in line with other reports in terms of a better and faster recovery, not having the complications inherent to a cesarean section, with almost immediate return to the daily routine[19].

Even though they have experienced pain in the process of labor, this was not marked as a negative element in the memory of women. Prospecting the closeness of contact with their child and the happiness they would feel because of it contributed to the positive confrontation of the situation. They point out that in the expulsive period, the pain is no longer present.

[...] when the contraction passes you do not feel anything, it is as if you have not even felt the contraction. (E18)

Always think that after that pain, already comes our happiness, everything will be worth it. (E9)

[...] I remember the pain, you know, speaking today, but I do not remember any suffering. [...] it is a pain, but as I said it is not suffering. [...] in the expulsive period, for example, I have not felt any pain. From the moment I started the expulsive period, I no longer felt any pain. (E1)

The choice of some women for the cesarean section correlates with the socio-cultural reinforcement on the ND being a painful experience[12-13]. However, it is important to emphasize that pain is present in both birth routes, but in the ND its relief or reduction is achieved through the use of Non-Pharmacological Pain Relief Techniques (NPPRT)[15].

There are practices that favor the tranquility and satisfaction in the ND, such as the active presence of a companion, continuous support, empathic and respectful care by health professionals, continuous information throughout the process, presence of a obstetrician nurse (ON), use of NPPRT, promotion of skin-to-skin contact with the baby, among others. The presence of a companion, regardless of who, was recognized as fundamental so that they could deal with fears and anxieties, experiencing with ease the labor and delivery, being revealed as a central component in the satisfaction with regard to the ND.

[...] I had my husband with me. [...] I think that if I had not have the his support, it would not have been satisfactory. (E1)

[...] my husband with me all the time... he was there with me the whole time and it was like that, everyone was super connected and it was very nice. He speaks very little, he continued speaking very little, but he supported me when he needed to support me. (E7)

Having a companion during the childbirth is a practice that is in accordance with the Law of the Companion and with guidelines that determine it as a right[20], supported by studies that demonstrate a strong relationship between the presence of a companion and satisfaction with the childbirth, even when under unfavorable conditions[14,18-20]. In addition, this guarantee provides comfort and continuous emotional support, such as offering non-pharmacological methods for pain relief, facilitating the skin-to-skin contact, conveying safety and helping to inhibit the adoption of non-recommended and harmful practices for women and newborns (NB)[7,20].

In addition, the presence of family members at the time of delivery is well regarded and considered essential for the establishment and strengthening of bonds between family members, with positive consequences for the future relationship with the child.

And she [the daughter] and my husband watched the baby being born. And it was the way I wanted it, she did not bother me and saw her sister be born. I wanted her [daughter] to see it, wanted her (the daughter) to follow. (E4)

But he [husband] also says that it was a wonderful experience to follow so closely. He [husband] has a bond with our daughter that I find impressive. I am sure that it has strengthened the relationship. (E7)

And it was very important for my partner too, both of us, as a couple, go through this together, you know, seeing as he gave himself away body and soul. (E19)

This result corroborates studies that demonstrate the importance and the benefit of the presence of a companion in the process of parturition[16,18-20]. An international study carried out in a hospital that partially prohibits the participation of family members has shown that, although women prefer to be accompanied by their relatives, they feel satisfied with the company of health professionals, especially when the care offered is comprehensive and humanized, since they consider it as a way of not feeling alone[14].

The continuous support, whether by Doulas or health professionals, was also associated with satisfaction, warmth, support and encouragement, and even parallel with the maternal support.

[...] then she [Doula] would come near me and hug me... it helped me a lot. [...] when they [Doulas] arrived, they [Doulas] were all the time with me, hugging me, giving me water, asking how I was, as a mother would do. The whole time. (E3)

I, well, I say, it is... I am not, I do not know or how to describe how much a doula is important during the childbirth, on the day of delivery, at the time of childbirth. [...] The doula, that was for me, she was... was what... it was gathering everything that made me very satisfied with the delivery. (E13)

In this same direction, studies indicate that this support is better when provided by someone who is not from the woman's social environment nor from the health team, but by a person who is with the woman to support her[17,19], as is the case of Doulas. This can demonstrate the broad dimension of the importance of their presence, often culturally neglected.

Another important factor for satisfaction was the conduction of the labor by ONs. Women associate the ND with more humanized acts, continuous informational and technical support, and with confidence and security in childbirth. It is possible to observe this through the statements below, in which they recognize the importance of this work, reinforcing that the professional care goes beyond the medical-centralized model.

[...] I think there needs to be more obstetrical nurses [...] and I think this strengthens that part of the humanized side a lot. Because people talk so much about doctors, doctors, and I think the nurse is as important as. (E6)

[...] an obstetric nurse, I would not give up, because she knows all the ways. A person who can touch you, listen to your baby, who can make you feel calm that everything is going to be alright, that it is working [...] I think it is important that you have someone you trust, leading you. I say I will not give up the nurse who accompanied me. (E8)

The importance of the care provided by the ONs has also been identified in other studies as a support for a more pleasurable delivery experience, since it promotes a decrease in anxiety, fear and even in the process of pain[15], besides preventing the OV[5,7,20]. ONs also apply with greater frequency the NPPRT[15], advocated in guidelines[5.20] and identified by interviewees as beneficial.

I know that we have used various methods. I used the bag, I used the shower... both the doula and my husband made a massage, this helped a lot to relieve. But I think that what most helped me was the tug of war. That was fantastic. (E10)

[...] I stayed in the shower, the water relieves too much, it is amazing. Then they filled the tub and I went to the tub, I tried to stay in the tub to rest for a bit because it was very intense, and it was very good… (E17)

The use of NPPRT has been seen as important in minimizing the pain during labor, making the process easier and ensuring energy for the time of birth[15]. In addition, when professionals recognize and respect the physiology of the childbirth, they make these techniques available to women to choose what they prefer or believe is better, according to their need and desire, thus promoting the freedom and autonomy of the parturients with their bodies[5].

The opportunity for immediate contact with the child emerges as a welcome need in the ND. The moment is remembered in rich details and intense feelings.

It came straight to me. I remember that I was super curious to see that little face, I remember that I counted his little fingers

[...] and it was, he was born en-caul. I even shiver! I took him in my arms, that little package, that beautiful thing. (E10)

[...] it was a wonderful moment; I have no words to describe it, because to have him in my arms, very calm, he looked at everything that was happening, recognizing that new environment for him... (E17)

The skin-to-skin contact with the mother in the first hour of life of the NB is a behavior already recommended in national guidelines, with biological benefits to the binomial[20], as well as to the bond, guaranteeing greater satisfaction with the moment[3]. They were thrilled to tell the moment, in rich detail and showing intense feelings about it. Thus, it was identified that this first contact is one of the most intense and striking moments of parturition.

Thematic unit 3: Violence: it is not all flowers

Despite the satisfaction reported by women, criterion of inclusion of this study, invasive, impositive and non-embracing experiences were included in the experience of some of them, being classified as OV, even though they previously stated that they were happy and satisfied.

[...] and then it had become crazy, because everyone who came in was touching me. Everyone wanted to understand why that baby could not be born soon. [...] So I had already turned the doorknob there. Everyone would put the hand, you know. (E19)

[...] I asked to leave there in the room. He (doctor) said not. [...] I lay there in that awful bed, on which you have to be straight, that gives you that huge urge to sit, or... to bend forward. And he told me to stay there. (E2)

[...] I thought that I would arrive at the hospital, that I would be with legs open, and the doctor would be kind, applying the cut. I was scared to death of lead cutting, to be able to leave the baby in tow, i was really afraid of them, I don't know, had no notion of how it was. I was very afraid. No one talked about it there in the hospital. (E3)

Researches present evidence of several types of mistreatment and high prevalence of OV suffered by women during the childbirth, which make it difficult to have full satisfaction during this moment[1,13]. The continuity of non-recommended practices and interventions that translate as OV contribute and strengthen the negative view on the ND, leading some women to choose the cesarean due to fear of experiencing a painful and interventional delivery[3,7,18-19]. The ND philosophy must be a commitment of the professional who is supporting the process of giving birth[13].

The high frequency of OV has banalized it, since it is seen by the health professional as inherent to their institutionalized acts and behaviors, based on hospital routines, which are seen as expected. Care in which the use of power and the occurrence of symbolic domination, submission, subordination, authoritarianism, negligence, and impersonality with the emotional and care aspects of the pre-partum, childbirth and immediate postpartum prevail, results of a literature review on the theme[1]. The high frequency of OV has also banalized its occurrence, so that women already expect to experience them in the ND, something that contributes to the fact that the women in this study were self-reported satisfied, even in the face of OV.

They were bothered by the typical acts of the OV, but the behavior was to avoid confrontation, obedience and passivity[19], especially when assisted in a public service.

[...] my intention was not to make him (doctor) angry. [...] Because I knew how the SUS scheme worked, the shift change, I had already been informed of something I did not even know existed. I thought that I decided what I wanted. Then I left by [oxytocin]. (E2)

Why does this happen? Historically, women are objects of authoritarian health practices, as well as culturally accepting what is offered to them, without much questioning, which makes us reflect on the importance of discussing the gender socialization, which gives us the idea of fragility and passivity.[2]

The prevention of OV is a contemporary challenge that must be incorporated into childbirth care, practices scientifically proven to be beneficial and decisive[1,2, 7,13].

This study analyzed the satisfaction and the decision for the normal delivery in a specific reality and had as participants women of differentiated socioeconomic conditions. It is recommended the development of studies that explore the satisfaction in the ND with participants with other characteristics, in order to favor and dialogue with the findings of this study and to broaden the understanding of the ND satisfaction. For example, "How is the experience of satisfaction in the ND of women in contexts of social vulnerability? And among the adolescents?".

CONCLUSIONS

For the women in this study, the decision and desire for he ND was processed from social interactions that

favored an interest and a search for knowing the ND. This process involves the contraposition of typical social notes on the ND and cesarean section, with the revelations that are obtained from their searches and reflections about the ND. In the experience of the ND, they reinforce the values that were pondered and value their representativeness for being a woman. They highlight it as a human obstetrical practice, valuing the singularity, rights and protagonism.

To health professionals and nurses to assess the relevance of socializing in the direction of signfying the ND as natural, possible for every woman and promoter of positive experiences, with bets on publicizing the experiences of people who have experienced it. To those who conduct the ND, making bets and using strategies to promote comfort and care free of damages, with indication of ONs and midwives for their conduction.

Overall, the present study promoted reflections and has the potential to stimulate health professionals to look for innovations that focus on a care based on the humanization of the childbirth, on the female protagonism and on the protection of the human rights.

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