

Challenges of a philosophy for the humanization of childbirth¹

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ABSTRACT

Childbirth was always known as a feminine subject, but from the XVII century on men entered this universe, structuring Obstetrics as a science from the male perspective. This paper addresses the historical construction of this science and brings up a few reflections for the reorientation of this practice, identifying the challenges that are present in seeking a humanized and scientifically-based care, in balance with the feminine and planetary nature.

KEYWORDS: Obstetrics. Philosophy. Childbirth. Evidence-Based Practices. Humanized childbirth care.

Introduction

Childbirth, that was always considered as “women’s issue”, only opened its doors for men in mid-seventeenth century. By entering this world inherently feminine, men did it by the door of pathology, gradually occupying more and more space, rejecting the ancient knowledge accumulated by midwives, thus losing the thread of physiology and finally expelling women and the family from the precinct, building a “science” in a male perspective.

The history of obstetrics is the story of a struggle in pursuit of power. It is the story of exclusion of women, of depreciation of the feminine universe, of transformation of an inherent female activity, natural and physiologic, a medical procedure, androcentric, technocratic and full of immanent risks^{1,2}.

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Brazil boasts rates of maternal and perinatal mortality that places this country in a worse condition than Tunisia, Thailand and México, among others, and very close to countries like Peru and the Philippines. I should add a fact not always approached that for every maternal death recorded, other women suffer damage to their health, often irreversible. Each year an estimated 15 million women experience severe complications related to the way they were treated, complications that lead to illness or permanent physical disability³.

The high rates of maternal mortality inexorably denounces a gap between riches and poor: for each woman that dies from causes related to pregnancy in developed countries, other ninety nine women will die in developing countries³. I can state that, besides mostly preventable, this tragedy is associated to social injustice, poverty and no minimum guarantee of reproductive rights, which includes no access to safe abortion and no implementation of an appropriate model of assistance to pregnancy, birth and postpartum.

Moreover, such negative indicators are associated to an interventionist model – where routines previously implemented in other countries are subsequently sold to less advantaged nations and are perpetuated up to now, although lacking scientific support – which produced the Brazil of “unnecesarean”, of episiotomy and sterilization.

This situation urges for changes. In order to achieve them, I present some challenges:

1st challenge: Having the necessary humbleness to make self-criticism about the role Obstetrics has been playing.

Here are some questions that provide guidance.

– Has this model of interventionist care saved more women's lives during pregnancy, birth and postpartum?

“Scientific data in the US suggest that during the last 10 years no decrease in maternal mortality rates was observed. In fact, recent data suggests a frightening increase in the number of women that die during pregnancy and childbirth in the US. Therefore, it is possible that the increased use of advanced technology not only is not saving more lives, but is killing women. This possibility has a reasonable scientific explanation: cesarean sections and epidurals have been increasingly used in this country and we know that both cesarean and epidural can lead to death”⁴.

– Did the increasing use of advanced technology during pregnancy and childbirth care result in lower perinatal morbidity and mortality?

“In the US during the last 30 years no decrease on the number of infants with cerebral palsy was observed. The great killer of newborns is low birthweight, but the number of newborns with very low birthweight did not decrease in the last 20 years. The number of those who die inside the mother's womb did not decrease in the last decade. While during the last decade the number of babies that died during the first week of age decreased, scientific data suggests an increase in the number of infants who survived the first week but had permanent brain damage”⁴.

– Here we may counter-argument: but a real decrease in perinatal and maternal mortality rates, for many decades, until mid-twentieth century, was observed or not?

“This occurred not because of the

advances in Medicine, but mainly due to social advances such as poverty decrease, improvement in nutrition and better housing. Most important, mortality decrease is secondary to family planning, resulting in less pregnant women and less births. Medical care was also responsible for the decrease in perinatal mortality, however not by using intervention based on high technology, but due to advances in primary medicine, such as the discovery of antibiotics and ability and safety in blood transfusion. There is no evidence that intervention based on advanced technology as the routine use of fetal electronic monitoring during labor has contributed to reduce perinatal mortality rates”⁴.

Thus, the first challenge is to have the humbleness to recognize the limitations of this model of care for childbirth.

2nd Challenge: Do the right thing!

◇ Maintain or introduce routines only if proven effective⁵.

◇ “(...) conscious, explicit and criterious use of the best clinical scientific evidence available to make decisions about the care of individual patients...”⁶

◇ Associate, in daily practice, scientific evidence with sensitivity, intuition and empirical knowledge⁷.

◇ Woman-centered care.

◇ Sensitivity to individual needs.

◇ Scientific evidence-based care.

3rd Challenge: Understanding the Style of Thought which serves as current teorical framework to the hegemonic model of childbirth care

Although childbirth is an universal

phenomenon of human physiology, the place, the way, with whom and even when a woman will deliver follows, invariably, cultural determinations of society².

In our society, regardless of how long or short, easy or difficult is labor, most women are connected to serum bottles, and encouraged to use analgesic drugs.

The paradigm that nurtured and has nourished the current hegemonic model of childbirth care and has dominated our culture, modeling our western society and influencing significantly other cultures, is based on various concepts and values, with emphasis on the understanding of the universe as a mechanical system, on the vision of the human body as a machine, and of the female body as a faulty machine. All this is associated to a perspective of society as a competitive struggle for existence, to the belief in unlimited material progress to be achieved through economic and technological growth, and to the belief that a society in which women are ranked lower than man is a society that follows a basic law of nature⁸.

The Technocratic Model applied to health care incorporates a mechanistic perspective of the universe, following predictable laws, which may be discovered through science and manipulated by technology, in order to reduce man's dependence of nature and, finally, to control it.

The practical use of this style of thought was, in seventeenth century, the separation of body, mind and soul. The **soul** became responsibility of the Church; the **mind**, of the philosophers; and the **body**, which can be opened for scientific investigation, became the responsibility of physicians.

The metaphor of the body-machine and the resulting image of the female body as a faulty machine constituted the philosophical base of modern Obstetrics. The acceptance of this

metaphor was accompanied by the exclusion of midwives and the origin of childbirth mechanically manipulated by man.

Thus was imposed to Obstetrics the development of equipment and technology for manipulation and enhancement of the inherently defective, hence, the so abnormal and dangerous, process of birth.

4th Challenge: To Change the Style of Thought

By proposing a new model of childbirth care we necessarily have to think of a change in worldview, in other words, in our perception of the world and of our values, and consequently in overcoming a science that trapped our creativity, and engendered an inappropriate model in most of its aspects, when they are analyzed.

How could we transcend the current worldview and the view of a science based on scientific discoveries, originated from the beginning of the last century, which have been challenged by more recent findings?

To overcome the old, wouldn't it be more interesting to upgrade our theoretical references, aligning them to the scientific discoveries that have occurred recently, at the turn of the XXI century?

This overcoming demands taking into account the notion of a systemic thinking, basing on it the general theory that could offer a conceptual framework that would unify the various scientific disciplines that so far are isolated and fragmented.

According to this concept, the world is viewed in terms of relationships and integration. Systems are integrated wholes, whose properties can't be reduced to smaller unities. Instead of focusing on elements or basic substances, the systemic approach emphasizes basic principles of organization.

Systemic properties are destroyed when the system is dissected, physically or theoretically, in isolated elements. Although we can discern individual parts in any system, the nature of the whole is always different from the mere sum of its parts⁹.

According to the systemic view, the essential properties of an organism or living system are properties of the whole which none of its parts has. They arise from the interactions and relationships between the parts¹⁰.

Thus, the systemic thinking involves a shift from objective science to epistemic science, to a framework in which epistemology becomes an integral part of scientific theories.

This requires a fundamental shift in understanding both science and society. Which means: to update our way of thinking and envisioning the world we live in based on new scaffolds, aligned to what Science (in the broad sense) of the threshold of the XXI century is bringing up; to reformulate our concepts, building on a new vision of reality where the “**separation**” would be replaced by an awareness of the state of **interconnectedness** and **interdependence** essential to all phenomena - physical, biological, psychological, social and cultural.

This will mean a gradual formulation of a network of concepts and interconnected models and, at the same time, the development of the social organizations involved. No theory or model will be more fundamental than the other, and all of them will have to be compatible. They will go beyond the traditional disciplinary distinctions, whatever be the language proved adequate to describe the different aspects of the interrelated structure and the multiple levels of reality. Similarly, none of the new social institutions will be superior or more important than any other, and they all will have to be aware of each other and communicate and cooperate⁹.

This new paradigm, by perceiving the universe as an integrated whole and not as a dissociated collection of parts, by being concerned with the current generations as much as with the future ones, must necessarily be based on a deep ecological conscience.

This is a paradigm that acknowledges that all concepts and all scientific theories are limited and approximate. Science will never provide one complete and definitive understanding.

This is a paradigm based on an ecologic perspective: from the perspective of our relationships with each other, with future generations and with the web of life in which we are a part.

This new paradigm should advance in the discussion of the social domination inside a patriarchal and androcentric society. Understanding the domination of women by men as a prototype of all forms of domination and exploitation, so common in our society and, in particular, in the hegemonic model of childbirth care: an institution hierarchically superior to the health professional, which in turn is superior to women, who are forced to adapt themselves to professionals and institutions, often being disrespected and abused by the same system.

Therefore, to move toward a new paradigm that gives support to the creation of a new model of childbirth care, we have to admit the feminine experiential knowledge as a major source of an ecological view of reality.

To construct this new paradigm, two new ideas, that emerged in the field of ecology, are of paramount importance: community and network.

Network

The web of life consists of networks inside networks. In each scale, under close scrutiny, network nodes are shown as sets of smaller

networks. In nature there is no above and below, and there are no hierarchies. There are only networks inside other networks. When this view is applied to science as a whole, it implies the fact that Physics can no longer be seen as the most fundamental level of science⁹.

By adopting the concept of networks, phenomena described by Physics are just as fundamental as those described, for instance, by Biology and Psychology. They belong to different systemic levels, but none of these levels are more fundamental than the other. Likewise, the new model of childbirth care should be built as a network where obstetricians, nurses, midwives and all professionals involved in the process are in the same level.

These professionals will no longer be understood as components (or parts of a gear mechanism) that ultimately give the shape to the model of care. This model will be defined by interrelationships between these professionals adopting a synergistic action where the combined actions of many individual parts (field of knowledge, form of acquisition of knowledge, professional differences) produce a behavior consistent with the whole⁹.

Communities

In the ecosystem (ecologic communities) all members are interconnected in a vast and intricate network of relationships. They derive their essential properties and, indeed, their very existence to their relations with other elements. Interdependence is the nature of all ecological relationships¹⁰.

Just as ecosystems, the community responsible for childbirth care (social community) will assume that the behavior of each member depends on the behavior of many others. Success of the entire community depends on the success of each of its members, while the success of each member depends on the success of the community as a whole.

Partnership

This leads to the acceptance of partnership as one of the main traits of these communities. Partnership – the tendency to form associations, to establish connections, to live inside another organism and to cooperate – is one of the “certificates of quality” of life.

The significance of this partnership in our social community of childbirth care is the personal power and democracy, because each community member is understood within its own role without hierarchy. To the extent that a partnership is processed, each partner begins to understand better the needs of the others. In a true partnership, confident, both partners learn and change – they co-evolve¹⁰.

These are the basic principles, the seeds that can be sown at this moment. As we move forward into the new millennium, a new theoretical framework seems indispensable for the survival of humanity. This survival will depend on what Capra conventionally called ecologic literacy, i.e. our ability to understand these principles of deep ecology and to live in accordance with them.

5th Challenge: The pursuit of Peace (paraphrasing Leonardo Boff)¹¹

In the beginning everything was moving

Everything in the universe is moving; nothing is static and is done once and for all. We came from a first and wide instability and from an immeasurable chaos. Everything exploded. By expanding, the universe brings order out of chaos. Order arises through the interplay of relationships that all things have. It all has to do with everything, at all times and under all circumstances.

Because of these relations of everything with everything, the universe should no longer be understood as a set of all existing beings and those who will be, but as the whole Picture,
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articulate and dynamic of all relationships that support all beings, keeping them together and interdependent. Life, human societies and the biographies of people are characterized by movement. Life was born from the movement of matter that became organized. Things keep moving, so they evolve, they have not yet finished being born. They are in the process of genesis.

Human beings go through successive processes of transformation, upon which they build their identity and shape their destiny.

Everything seeks its balance

Chaos would never have become Cosmos and the primary disorder would never have turned into open order if there was no balance. This is as important as movement. Disordered movement is destructive and produces entropy. Movement with balance produces syntropy and brings out the universe as cosmos, that is, as integrity, order and beauty.

What does balance mean?

Balance is the proper measure between the most and the least. It's a relative optimum. Movement that takes place within a proper measure and is not excessive or insufficient, has balance.

What does proper measure mean?

The proper measure is the ability to use natural, social and personal potential so that it can last as much as possible and can reproduce without loss. This purpose is achieved when moderation and balance are established. Proper measure requires fair realism, that is, humble acceptance of limits and intelligent use of possibilities and opportunities. This balance ensures sustainability of all phenomena and processes of Earth, of society and people's lives.

How to achieve balance of movement?

The nature of balance demands a combining art of many other factors and many other dimensions, seeking the proper measure between all of them. Willing to derive balance from a single instance is to locate oneself in a position of imbalance. All these instances are important, but none is sufficient by itself to ensure balance. This requires articulation of all dimensions and from all forces.

Balance evokes wisdom, which is exactly the knowledge of the proper measure, of weighing pros and cons, knowing that it has a good taste because it reaps the best of every thing and every situation, an attitude of equidistant lack and abundance. Wisdom is the ability to add positively all the factors that enhance life and its expansion.

From these ideas, we may appreciate our excellence in understanding peace as the balance of movement. If there was only movement without balance, disordered movement, in any direction, chaos would prevail and we would have lost peace. If there was only balance without movement, stagnation would reign and nothing would evolve. It would be the peace of the graves.

The current crisis: lots of movement, poor balance

Considered from the perspective of peace and balance of movement, relations between the various professional categories involved in the care for childbirth are profoundly destructive of the conditions of peace. We are often surprised by radicalisms, unilateralisms, and foolish polarization. They are embodied in the restraint for obstetric nurses or midwives performance and in the sectarian treatment allotted to traditional midwives, usually called traditional birth attendants.

Competition in Economics and in the market, made the supreme principle, smashes the cooperation necessary for all these professionals so that this knowledge may

evolve.

A single and hegemonic thought destroys cultural and spiritual diversity. The imposition of a sole form of production of knowledge, using a sole type of technology and a sole managerial model, maximizing profits, shortening the time and minimizing investments (except those directed to the purchase of technology) jeopardizes the ability to move towards a model of childbirth care that will **recognize the experiential feminine knowledge as a major source of an ecological view of reality.**

The profoundly unequal relations between these forms of knowledge acquisition and, consequently, between the professional categories, one considering itself more correct than the other, reinforces the arrogance, resentment and further enhances conflict. Here is the disruption of peace, these are the bases of misunderstanding and sectarianism.

All these antiphenomena are manifestations of the destruction of the balance of movement and therefore of peace. We will evolve into a model of care for childbirth, where life can flourish and humans can live in care for each other, radiating justice, celebrating and perpetuating the peace always sought - only if we set a new alliance between all these groups of professionals who may have common goals, however, have different roles, when they are inspired by the peace-balance-of-motion as a method and goal!

“At the end of a period of decline supervenes the turning point. The powerful light that was banned resurfaces. There is movement, but this is not generated by force ... The movement is natural, arising spontaneously. For this reason, the transformation of the old becomes easy.

*The old is discarded,
and the new is introduced.
Both actions are harmonic with their*

times, resulting, therefore, no harm.”

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References

1. Davis-Floyd R. The technocratic, humanistic, and holistic models of childbirth. *International Journal of Gynecology and Obstetrics* 75t Supplement N° 1, ppS5-S23; 2001.
2. Davis-Floyd R. Birth as an american rite of passage. 1. ed. Berkeley. London: University of California Press; 1992.
3. Mirsky J. Birth rights: new approaches to safe motherhood. London: PANOS; Dec 2001. Report n° 43.
4. Wagner M. Technology in birth: first do no harm. In: *Midwifery Today*; 2000.
5. Enkin M, Keirse M, Renfrew M, Neilson J. Effective care in pregnancy and childbirth: a synopsis. *Birth*. 1995;22(2):101-10.
6. Ministério da Saúde (Brasil), FEBRASGO, ABENFO. Parto, aborto e puerpério: assistência humanizada à mulher. Brasília: Ministério da Saúde; 2001. p. 199.
7. Page LA, editor. The new midwifery. Edinburgh: Churchill Livingstone; 2000.
8. Capra F. A máquina do mundo newtoniana. In: *O ponto de mutação*. São Paulo: Cultrix; 1982. p. 49-69.
9. Capra F. A teia da vida: uma nova compreensão científica dos sistemas vivos. São Paulo: Cultrix; 1996.
10. Margulis L, Sagan D. O que é a vida. Rio de Janeiro: Jorge Zahar; 2002.
11. Boff L. Paz como equilíbrio do movimento. *Folha de São Paulo* 2001; 26 Set. Sect. A3.

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