

HUMANIZED ASSISTANCE TO WOMEN DURING DELIVERY: A PROPOSAL TO RANSOM ITS SINGULARITY

Anna Maria Hecker Luz¹

Review of a publication entitled – Delivery, Abortion and Puerperium: Humanized Assistance to Women, edited by the Health State Department, Health Policy Ministry, Women's Technical Field, Brasília (FD), 2001.

The text proposes changes in the traditional attitude towards women's health assistance, during pregnancy, delivery and puerperium, which considers these processes as predominantly biological, with emphasis on illness and on interventionist techniques and routine practices.

While approaching reproductive health, the complex issue of gender relations is highlighted. Opposed to the definition of sexual identity based mainly in the biological aspect, in which the immutable anatomical and hormonal characteristics define men and women, we believe that gender identity is socially constructed in time and space. This construction creates stereotypes of the different roles for men and women, which is linked to power relations and the interest of the different societies.

In this context, women – who are glorified because of maternity – are blamed for the problems related to maternal and infant health. Thus, the health assistance associated to the institutionalization of delivery, aims at developing healthy newborns and reducing infant mortality rate. This kind of assistance, privileges mainly the pregnancy-puerperial cycle without worrying about other benefits it could bring to women. Nowadays, most of the initiatives related to women's health can be characterized by the manipulation of their bodies and lives. In this model of assistance, the objectives are others than women's well being and women are expropriated of making their own decisions. The high maternal and perinatal mortality rates, the abusive use of caesarians, and the high number of women who do not have access to contraceptive methods are clear examples of this distortion.

The situation worsens when medicine transforms physiological events into illnesses. The medication of women's body, for example, is a powerful source of the sexist ideology in our culture.

There is an increasing tendency, around the world, in contesting the development of societies that are based on an authoritarian political model. There is also a struggle for freedom and democracy, and strengthening the ecological movement. It is under this view of transformation that a new reflection on women's health surfaces. To reflect on women and their health is to reflect on a new society – with a central focus on quality of life for all human beings.

The publication of the Health State Department approaches some aspects of humanized delivery assistance. It is divided in 21 chapters, which include: reproductive rights,

maternal and perinatal health; Women's preparation for the delivery; evaluation of the type of delivery; women's assistance and the control of pain during labor, assistance to women during regular delivery, forceps and caesarian; anesthesia in obstetric assistance; assistance during delivery of high risk pregnancy and induction of delivery; immediate assistance to the newborn; breastfeeding; assistance to women who had a miscarriage and to HIV positive women; assistance to women in the puerperium; concluding with scientific evidences of delivery practices.

In the initial chapters, the proposal of humanization of the delivery, which is based on the reproductive rights, is presented. There is an analysis of the institutionalized delivery practice proposed by Sistema Único de Saúde (SUS - Public Health System) and the implantation of a set of policies, established by the Health State Department in order to improve the quality of obstetric assistance.

Considering this, the inclusion of the procedure "regular delivery done by obstetric nurse" in the Hospital Information System Table of SUS, acknowledges and officializes, assistance given by these professionals in the context of humanized delivery.

The other chapters point out strategies that could help develop better practices in the health assistance work and reduce the distance between scientific and technological knowledge.

The practices proposed, however, do not guarantee for itself a humanized assistance for delivery. There is the need of profound changes in the quality of the assistance given to delivery in the Brazilian health institutions. This process includes having the appropriate physical infrastructure and equipment and the attitude of the professionals and the patients alike.

So that the proposal of the Health State Department can be executed there has to be a change of attitude on the part of institutional administrators and health professionals. There is also the need of reviewing concepts and preconceptions, in order to favor an assistance that is technical and humanized.

Although the current proposal of the Health State Department does not correspond to the ideal model, it questions the traditional paradigms regarding institutionalized delivery assistance. It also proposes a delivery, which is less painful, more secure, and respects women's needs and rights. *Reseña de la publicación titulada "Parto, aborto y puerperio: asistencia humanizada a la mujer", editado por el Ministerio de la Salud, Secretaría de Políticas de Salud, Área Técnica de la Mujer en Brasília-2001.*

¹ PhD. Professor College of Nursing. University UNISINOS, Brazil.