



# Humanized Childbirth: challenges, maternal health benefits and comprehensive intervention strategies

## Parto Humanizado: desafíos, beneficios para la salud materna y estrategias de intervención integral

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### ABSTRACT

Introduction: obstetric and gynecological violence continues to be a serious problem in developing countries, where women's reproductive rights are violated; therefore, it was proposed to analyze how humanized childbirth is provided in obstetric services to ensure maternal and neonatal health, as well as the strategies implemented in the care of the couple. Method: a literature review study of original studies in Spanish, English and Portuguese was carried out, with a sample of 30 articles selected from indexed databases such as SCOPUS, SCIELO, CINALH, PUBMED and REDALYC. These sources were organized in an Excel matrix for analysis using the CASPe critical reading rubric to verify the rigor and scientific quality according to the selection criteria. Results: humanized childbirth fosters the mother-baby bond, direct skin-to-skin contact, early initiation of breastfeeding and the participation of the woman, which improves the physical and emotional health of both, reduces postpartum complications and strengthens emotional bonds. In addition, it respects cultural beliefs and fosters an environment of family support, which makes it possible to face challenges such as resistance to change, infrastructure limitations and work overload. Conclusion: this approach promotes a safe, quality and family-centered environment, integrating strategies that promote the wellbeing of the trinomial, where emotional support and the reduction of unnecessary medical interventions favor natural childbirth, direct skin-to-skin contact, breastfeeding and family involvement, thus reducing the risk of complications in the puerperium.

Keywords: Humanization of Assistance; Humanizing Delivery; Obstetric Violence; Family Support.

### RESUMEN

Introducción: la violencia gineco-obstétrica sigue siendo un problema grave en países en desarrollo, donde se vulneran los derechos reproductivos de las mujeres; por lo que, se planteó analizar cómo se brinda el parto humanizado en los servicios obstétricos para garantizar la salud materno neonatal, así como las estrategias implementadas en la atención al binomio. Método: se realizó un estudio de revisión bibliográfica de estudios originales en español, inglés y portugués, con una muestra de 30 artículos seleccionados de bases de datos indexadas como SCOPUS, SCIELO, CINALH, PUBMED y REDALYC. Estas fuentes fueron organizadas en una matriz en Excel para su análisis mediante la rúbrica de lectura crítica CASPe, para comprobar la rigurosidad y calidad científica acorde a los criterios de selección. Resultados: el parto humanizado fomenta el vínculo entre madre-bebé, el contacto directo piel con piel, el inicio temprano de la lactancia materna y la participación de la mujer, lo que mejora la salud física y emocional de ambos, reduce complicaciones postparto y fortalece vínculos afectivos. Además, respeta las creencias culturales y fomenta un entorno de acompañamiento familiar, que posibilita afrontar desafíos como resistencia al cambio, limitaciones en infraestructura y sobrecarga laboral. Conclusión: este enfoque promueve un ambiente seguro, de calidad y centrado en la familia, integrando estrategias que fomentan el bienestar del trinomio, donde el acompañamiento emocional y la reducción de intervenciones médicas innecesarias favorece el parto natural, contacto directo piel con piel, la lactancia e involucramiento de su familia, reduciendo así el riesgo de complicaciones en el puerperio.

Palabras clave: Apoyo Familiar; Humanización de la Atención; Parto Humanizado; Violencia Obstétrica.

## INTRODUCTION

The inherent need for a fair, equitable, and accessible health system, based on the premise of interculturality that emphasizes the importance of recognizing gynecological and obstetric violence as a problem that still exists in developing countries, aggravated by practices focused on procedures without consent, also considers the option of not using methods to relieve pain if the woman so prefers. Such practices can negatively affect women's rights, making it necessary for health systems to respond promptly to eradicate forms of violence, including verbal, physical, and psychological abuse, neglect, and the inappropriate use of medical technologies.(1)

It is therefore necessary to guarantee dignified and violence-free medical care for pregnant women, focusing on reducing gynecological and obstetric violence, especially in contexts where practices that do not take cultural context into account still prevail. There is also evidence of profound inequality between high-income countries and those with more limited economies. While maternal deaths are rare in developed nations, in countries with fewer economic resources, the risk of dying from pregnancy-related causes remains high. This reality highlights the importance of improving maternal health services, ensuring the availability of trained professionals and comprehensive care during pregnancy, childbirth, and the postpartum period.(2,3)

In this context, the most recent figures reflect with concern that maternal mortality continues to be a critical issue globally. In 2023, approximately 712 deaths per day were recorded due to problems associated with pregnancy and childbirth, which is equivalent to nearly 260,000 deaths per year, most of which are preventable. Therefore, ensuring prenatal check-ups, professional and humane care during childbirth, and effective postnatal follow-up is vital to reducing the mortality rate, where the presence of trained medical personnel not only improves the quality of care but can also be a matter of life and death for many women and their children.(4)

Consequently, the data show that nearly 79 % of women report having experienced some form of obstetric violence, with this problem being more prevalent in public institutions. This form of aggression reflects a structural failure in health systems, disproportionately affecting young, indigenous, or economically vulnerable women. It encompasses both actions and omissions on the part of health personnel that harm women's reproductive processes and their physical and emotional well-being. This includes invasive procedures performed without the patient's consent, humiliating or discriminatory attitudes, and a lack of adequate information during obstetric care.(5,6)

It should be noted that humanized childbirth has not yet been fully integrated into hospital culture or society in general, which demonstrates the persistence of obstetric malpractice. This phenomenon continues to be largely invisible in health centers. Considering that legislation has begun to recognize this form of violence as a manifestation of control by health personnel, control is exercised over women's bodies and reproductive processes. This form of violence manifests itself through dehumanizing practices and excessive medicalization, which seriously affect the autonomy of pregnant women and new mothers.(7)

For this reason, the lack of technical and humanistic skills among health personnel is recognized, considering the dissatisfaction with the treatment, associated with little empathy, lack of adequate information, and scant consideration of personal preferences. However, despite these shortcomings, there have been gradual improvements in the quality of care over time, suggesting progress in awareness and continuing education among health professionals.(8)

That is why the birth of a child is considered one of the most momentous events in a woman's life, although it is often accompanied by emotions such as fear, pain, and anxiety. In this context, the humanized childbirth model aims to provide respectful care that takes into account the emotions, needs, and decisions of the mother, promoting a positive and dignified experience. This approach emphasizes the importance of women being able to freely choose the manner, place, and company in which they wish to go through the birthing process. Thus, the role of healthcare personnel should be to accompany the process respectfully, intervening only when there are risks, always based on scientific evidence.(9)

Given the above, the objective was to analyze how humanized childbirth is provided in obstetric services to ensure maternal and neonatal health, as well as the strategies implemented in care for the mother and child.

## METHOD

The study has a qualitative approach that allowed for a broader and deeper understanding of

the phenomena studied regarding the benefits and impact of humanized childbirth in the family. In addition, it has a descriptive design that allows for the analysis and synthesis of previous studies. On the other hand, the literature review facilitated the collection, organization, and detailing of the existing literature on the subject of study.(10)

The population comprises a set of sources, documents, research, and previous studies, including 85 articles from indexed sources. A sample of 30 articles was selected through convenience sampling, based on availability, accessibility, and established selection criteria.(10)

### **Inclusion criteria**

- Original articles on the topic of humanized childbirth
- Articles in Spanish.
- Brevity: last 5 years

### **Exclusion criteria**

- Experimental studies
- Articles under review
- Clinical trials

A researcher collected the information through searches in indexed databases such as SCOPUS, SCIELO, CINALH, PUBMED, and REDALYC, using keywords in English (problems, benefits, humanized, advantages, challenges, strategies), Spanish (problemas, beneficios, humanizado, ventajas, desafíos, estrategias), and Portuguese (problemas, benefícios, humanizado, vantagens, desafios, estratégias), along with Boolean operators (AND and OR). Subsequently, another researcher validated the information, ensuring that the selection criteria were met.

The information was then recorded in an Excel spreadsheet, which included data such as authors, year of publication, abstract, method, findings, conclusions, and references. This allowed the studies to be organized according to the research questions. To carry out the analysis, the CASPe method was used, which allowed for a critical and reflective reading of the quality of the selected articles, based on the fulfillment of a checklist; another researcher validated this process.

## **DEVELOPMENT**

### **Challenges in humanized childbirth care**

Obstetric violence, as a form of violation of reproductive rights, undermines the dignity and autonomy of women at the time of childbirth, due to weak monitoring of policies and regulations at both the public and private levels.(11) Similarly, health institutions have structural, cultural, and legal problems at different levels of the health system, centered on the persistence of the traditional biomedical model, marked by the medicalization of birth, which limits women's participation during their childbirth experience.(12)

Furthermore, the lack of training for staff on this initiative hinders its implementation in services. It limits the promotion of public policies that promote this model to improve the childbirth experience.(13) In addition, the lack of permanent professionals in the services prevents timely care that takes into account the emotional and cultural aspects of pregnant women and new mothers, creating uncertainty and anxiety that limits the positive birth experience.(14) It should be noted that access to intercultural childbirth in primary health care is related to a lack of empathy and cultural competence on the part of health professionals, as care practices do not conform to the beliefs and traditions of women in these communities.(15)

Likewise, the lack of cooperation between health authorities and communities prevents effective implementation, thus hindering the improvement of the quality of care and the reduction of health inequalities.(16) Therefore, the implementation of practices that guarantee respect for the rights and dignity of postpartum women promotes a humanized approach to childbirth that involves women in their care process.(17)

Furthermore, health personnel lack sensitivity and empathy when caring for newborns, considering that their feelings or role as primary caregivers are not respected. This is due to a lack of communication, impersonal behavior, and the active participation of mothers in the care process, which contributes to a less humanized experience.(18)

It should be noted that many clinical practices still do not consider women's autonomy or preferences regarding the birth process, which hinders the consolidation of a truly humanized care

model.(19)In turn, the lack of ongoing training for health personnel, the absence of clear institutional policies, and inadequate infrastructure in maternity wards contribute to the perpetuation of a care model focused on medicalization and unnecessary intervention. Therefore, in order to move towards respectful, quality care, it is essential to transform the attitudes of health professionals, guarantee respect for women's autonomy, and promote a model of care based on scientific evidence and reproductive rights.(20)

For this reason, humanized childbirth care faces multiple challenges. Among them is resistance to change in health systems that prioritize the medical over the emotional, due to a lack of training in women-centered approaches. Physical limitations of facilities also hinder respectful childbirth, and staff overwork affects the quality of care, while the absence of clear policies prevents its implementation as a standard model.

### **Benefits of humanized childbirth in maternal and neonatal health**

Humanized childbirth promotes an immediate and continuous connection between mother and baby, which helps regulate the baby's temperature, emotions, and metabolism from the first days of life.(21)Likewise, immediate breastfeeding provides essential nutrients and antibodies that protect the newborn from infections, promoting the prevention of neonatal mortality. It also reduces the likelihood of developing breast and ovarian cancer.(22)

Furthermore, it strengthens the emotional bond through small everyday actions such as caressing, speaking softly, touching, or holding the baby.(23)Therefore, the presence of nurses trained in humanized care practices, such as constant support and respect for women's decisions, strengthens trust and reduces stress during the birthing process, which promotes a faster and healthier recovery in the postnatal period.(24)

This model also promotes skin-to-skin contact and early breastfeeding, which are key aspects in strengthening the baby's immune system and promoting their emotional development.(25)In turn, it promotes women's participation in decisions related to their birth experience, which contributes significantly to the mother's well-being by fostering a respectful, woman-centered birth experience, leading to a more positive experience and reducing the risk of postpartum emotional and psychological complications, such as post-traumatic stress disorder.(6)

Similarly, this promotes respect for the pregnant woman's intercultural customs and beliefs, while also fostering a key physical environment that impacts both the birth experience and the mother's emotional health. It also enables family support during the birth process, which strengthens the emotional bond between father, mother, and child.(26,27)

It should be noted that this model of humanized childbirth promotes women's autonomy and freedom when deciding on aspects related to motherhood. This not only helps them to be better informed about the alternatives available but also creates an environment that supports and empowers women, which is beneficial to their physical and emotional health.(28)Similarly, it promotes respect for childbirth options, as well as therapies for pelvic floor injuries during this process, supports psychological and physical recovery during childbirth, and facilitates the creation of an early bond between mother and child, which benefits the baby's emotional and physical health. Furthermore, immediate contact after birth helps the baby to adapt better to life outside the womb, strengthens the immune system, and encourages family support.(29)

Therefore, humanized childbirth has multiple benefits for maternal and neonatal health, promoting a less traumatic experience for women by respecting their decisions and reducing unnecessary interventions, which speeds up their postpartum recovery.

In addition, it decreases the rate of cesarean sections, reducing the associated risks. For the newborn, it facilitates early contact with the mother, promoting emotional bonding, improving adaptation to the extrauterine environment, and promoting breastfeeding. Together, these benefits contribute to better long-term health outcomes for both mother and baby.

### **Interventions carried out by health professionals and healthcare institutions to ensure humanized childbirth.**

Health professionals apply strategies that promote women's participation and autonomy, thus contributing to respectful and humanized childbirth. In addition, trust and bonding with healthcare professionals, along with physical and emotional support, are essential for shared decision-making about the implications of childbirth and the postpartum period.(30)

Furthermore, educational interventions in prenatal care provide women with the tools they need to approach childbirth with confidence and reduce fear, which can lead to a more positive and satisfying birth experience.(31)On the other hand, the involvement of family members in the

process, as well as care during natural cesarean sections and childbirth, encourages immediate contact between the mother and the newborn, preventing separation and strengthening the emotional bond from the first moments of life. This helps reduce anxiety, improve maternal satisfaction, and decrease the risk of postpartum depression.(32)

Similarly, the implementation of maternal and neonatal health programs empowers pregnant women through clear and visual information on normal childbirth, cesarean sections, and evidence-based practices. This is centered on rights and options, taking into account gestational-fetal health and promoting woman-centered care.(33,34) Likewise, educational strategies can be employed to accelerate parental empowerment by utilizing digital materials and brief yet meaningful interactions in critical care settings, which significantly impact bonding, particularly in health emergencies like those experienced during the COVID-19 pandemic. This adaptation highlights one of the keys to humanized childbirth and care, involving the family as part of the care team and respecting their role in parenting from birth.(35)

It should be noted that health professionals implement various strategies focused on respecting the natural processes of childbirth and ensuring women's autonomy to guarantee a humanized birth, prioritizing pain control, privacy, freedom of movement for women during labor, and minimal use of unnecessary medical interventions.(36,37)

On the other hand, a key strategy for ensuring humanized childbirth is the development of ongoing training programs for healthcare personnel, focused on evidence-based practices to promote respect for women's autonomy, the promotion of support during labor, and the use of non-pharmacological methods for pain relief, such as massage, breathing techniques, relaxation, and the use of warm water.(38,39)

For this reason, healthcare personnel and healthcare institutions must implement various measures to ensure a humanized birth, focused on respect for women's rights and needs, recognizing childbirth as a natural process and not just a medical one, focused on reducing unnecessary invasive practices, as well as the development of evidence-based protocols that guarantee safe and quality care.

## CONCLUSIONS

Humanized childbirth in obstetric services promotes a safe, high-quality, family-centered environment, integrating strategies and actions that foster the physical and emotional well-being of the mother, father, and child. It also contributes to improving the childbirth experience and reducing risks associated with unnecessary interventionist procedures. This approach also promotes respect for women's rights, dignity, and decision-making capacity at the time of delivery. Its main contribution is to provide a warm and safe environment where informed decision-making, continuous emotional support, and the reduction of unnecessary medical interventions are prioritized, favoring natural childbirth, immediate skin-to-skin contact, early breastfeeding, and family involvement, thus reducing the risk of complications in the postpartum period.

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