

PERCEPTIONS OF WOMEN WHO EXPERIENCED THE PREBIRTH PILGRIMAGE IN THE PUBLIC HOSPITAL NETWORK

PERCEPÇÕES DE MULHERES QUE VIVENCIARAM A PEREGRINAÇÃO ANTEPARTO NA REDE PÚBLICA HOSPITALAR

PERCEPCIONES DE MUJERES QUE VIVIERON LA PEREGRINACIÓN ANTEPARTO EN LA RED PÚBLICA HOSPITALARIA

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Objective: analyze the perceptions of women who experienced the prebirth pilgrimage in the public hospital network. **Method:** descriptive, exploratory and qualitative study, involved 37 women hospitalized at the rooming-in unit of a public hospital in Arapiraca, Alagoas, Brazil. The data were collected between December 2016 and February 2017 and submitted to thematic content analysis. **Results:** concern with the infant's wellbeing, fear of giving birth on a public road, feeling of abandonment due to lack of reception at the maternities and dissatisfaction for having travelled long distances to the health services were the main concerns most of the women expressed. **Conclusion:** the understanding of female experiences during the prebirth pilgrimage process in the public hospital network revealed the extent to which women still suffer at the doors of the maternity hospitals in search of birth care.

Descriptors: Women's health. Health services accessibility. Violence against women. Obstetric nursing. Pregnancy. Women's rights.

Objetivo: analisar as percepções de mulheres que vivenciaram a peregrinação anteparto na rede pública hospitalar. *Método:* estudo descritivo, exploratório, qualitativo, com 37 mulheres internadas no alojamento conjunto de um hospital público em Arapiraca, Alagoas, Brasil. Os dados, coletados no período de dezembro de 2016 a fevereiro de 2017, foram submetidos à análise de conteúdo na modalidade temática. *Resultados:* preocupação com o bem-estar do bebê, medo de parir em via pública, sensação de abandono resultante da falta de acolhimento nas maternidades e insatisfação por terem percorrido longas distâncias até os serviços de saúde foram as principais inquietações expressadas pela maioria das mulheres. *Conclusão:* a compreensão sobre experiências femininas durante o processo da peregrinação anteparto na rede pública hospitalar permitiu desvelar o quanto as mulheres ainda sofrem nas portas das maternidades em busca de assistência para o parto.

Descritores: Saúde da mulher. Acesso aos serviços de saúde. Violência contra a mulher. Enfermagem obstétrica. Gravidez. Direitos da mulher.

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Objetivo: analizar las percepciones de mujeres que vivieron la peregrinación anteparto en la red pública hospitalaria. Método: estudio descriptivo, exploratorio, cualitativo con 37 mujeres hospitalizadas en la internación conjunta de un hospital público en Arapiraca, Alagoas, Brasil. Los datos, recolectados en el período de diciembre del 2016 a febrero del 2017, fueron sometidos al análisis de contenido en la modalidad temática. Resultados: preocupación con el bienestar del bebé, medo de parir en vía pública, sensación de abandono resultante de la falta de acogimiento en las maternidades e insatisfacción por haber recorrido largas distancias hasta los servicios de salud fueron las principales inquietudes expresadas por la mayoría de las mujeres. Conclusión: la comprensión sobre experiencias femeninas durante el proceso de la peregrinación anteparto en la red pública hospitalaria permitió desvelar o grado en que las mujeres siguen sufriendo en las portas de las maternidades en búsqueda de atención para el parto.

Descriptor: Salud de la mujer. Accesibilidad a los servicios de salud. Violencia contra la mujer. Enfermería obstétrica. Embarazo. Derechos de la mujer.

Introduction

Ensuring universal access to safe and good quality sexual and reproductive health care has been one of the key targets for the reduction of maternal morbidity and mortality rates on the planet. All women are entitled to the highest standard of health, to receiving decent and respectful care during pregnancy and childbirth, and to freedom from any act of violence and discrimination⁽¹⁾.

In Brazil, although the right of users to knowledge and attachment to maternity hospitals of reference for childbirth has been regulated since December 27, 2007, by Law 11,634, and although it is a recommendation of the Stork Network for the integration of prenatal care with other services of the healthcare network⁽²⁾, there are still many difficulties in accessing maternity wards so that women can enjoy the universal right to health established in the Federal Constitution of 1988. The reasons why this problem occurs, such as the lack of articulation between prenatal care and childbirth services and women's inability to find the maternity available to receive them, are complex and trigger their pilgrimage in search of hospitalization⁽³⁾.

Thus, women are still struggling to claim their sexual and reproductive rights, including those related to obstetric care services. Despite global drops in maternal mortality, care for childbirth and birth continues to be one of the clearest health inequalities worldwide⁽⁴⁾.

It can be affirmed that the fragmentation of care, associated with the unequal supply of

obstetric beds, the lack of articulation between the different levels of care, and the lack of duplication and infrastructure of the services is evident, mainly due to the lack of investment in the area of women's health, resulting in the poor humanization of care and the difficulty of maternity hospitals to receive parturients⁽⁵⁾. Maternal death is linked to the type of event, social and demographic factors, the quality of the professionals and the attitude of the user towards the health system⁽⁶⁾. In view of the above, the following inquiry stimulated this study: What are the perceptions of women who experienced the pilgrimage in search of delivery care in the public hospital network?

The interest in the research arose in view of the lack of studies developed in Alagoas on the research problem and was based on the researcher's experience as a nurse-midwife and public health nurse in a public hospital in Alagoas that is a referral institution for high-risk pregnancies. During two years of professional activity, the researcher could perceive that most of the parturients, when surprised by the overcrowding of the service, was driven to peregrinate in search of a place available for hospitalization. It is important to emphasize that the hospital already faced countless difficulties in receiving them, which often resulted in the inhuman stay of many women in the corridors of the institution, begging for care.

The relevance of the study is justified by the fact that it portrays a severe public health problem

with profound social roots, widely disseminated by the media and acknowledged by the Ministry of Health. It should be emphasized that the inclusion of information on the phenomenon of pilgrimage will not only serve as a stimulus for the production of other studies, but also for support that guides obstetric nursing to a practice based on the best scientific evidence and that contributes to the strengthening of a fairer society in the fight against inequalities in the obstetric context. Therefore, the objective of the research is to analyze the perceptions of women who experienced the prebirth pilgrimage in the public hospital network.

Method

This descriptive, exploratory and qualitative study was carried out at the rooming-in unit of a medium-complexity public hospital, located in Arapiraca, Alagoas, Brazil, the second macro-region of Alagoas. The hospital was selected because it is a referral institution for high-risk pregnancy, a supporter of the Stork Network and because it presents increasing demand in the city, attending women from more than 50 locations in Agreste, Sertão and Baixo São Francisco.

Thirty-seven women participated in the survey, selected by intentional sampling. The criteria for inclusion in the study were: being in the postpartum period, being over 14 years of age, having undergone normal delivery or non-elective cesarean section at the same time as the pilgrimage and not presenting any physiological or psychological alterations that made participation in the study unfeasible. All women in post-abortion at the time of admission were excluded from the sample.

The women who initially met the inclusion criteria were invited to participate in the study. To ensure confidentiality of the information in all phases of the study, while safeguarding ethical and legal precepts, interviewees were guaranteed anonymity. They were identified by codenames of flowers, with the purpose of attributing lightness to such a complex situation experienced by this population and as a way of

honoring them for the strength and courage in the difficult experience.

In accordance with National Health Council Resolution 466/12, approval for the study was obtained from the Research Ethics Committee (CEP) of the Federal University of Alagoas (UFAL) under opinion 55437216.1.0000.5013, respecting all the requirements for studies involving human beings. After confirming the desire to collaborate with the study voluntarily, women above 18 years of age received a copy of the Informed Consent Form (TCLE) and responsible caregivers for under-aged women a copy of the Free and Informed Assent Form (TALE) to read the contents. After signing the forms, each woman's participation in the research was formalized.

The collection technique used was the semistructured interview, guided by a script containing questions about the central theme of the research. Data were collected from December 2016 to February 2017. To characterize the subjects, a documentary survey was undertaken in the medical records and in the Pregnant Women's Booklets. The participants' statements were recorded in an electronic audio device after prior authorization, transcribed in full and validated by the participants, assuring the reliability of what they said.

The theoretical saturation of the statements was used as a criterion to close off the data collection, identified by the presence of repetitions and/or absence of new information that would bring further clarification to the research problem⁽⁷⁾. In order to interpret the data collected, thematic content analysis was used, comprising the following steps: pre-analysis, material exploration, treatment of the obtained results and interpretation⁽⁸⁾.

The interviews gave rise to the following Registration Units (RU): lack of high-risk maternity hospitals; insufficiency of obstetric and neonatal beds; place of residence away from maternity wards; lack of professionals to attend childbirth; absence of reception; lack of support and safety in transportation to maternity wards; dissatisfaction with public health; expression of negative feelings; pain of childbirth. Based on

these RU, the following thematic categories were built: Prebirth pilgrimage: a violation of women's rights; Reception or not during the pilgrimage process: a matter of obstetric violence; A look at the trajectory in search of delivery care: the women's expressions and feelings.

Results and Discussion

In this section, the results are presented regarding the sociodemographic and obstetric characteristics of the study participants and their perceptions about the experience in search of childbirth care in public maternity hospitals in Alagoas.

Characterization of participants

According to the data collection, 20 women had an age range of 20 to 29 years; 11 were 15 to 19 years old; and 6 women 30 to 36 years old. In this sense, there was a greater predominance of young women who did not obtain delivery care at the first attempt to visit the health service. It is important to note that adolescents, despite representing the minority, still continue to be victims of the pilgrimage, constituting a higher risk group for the occurrence of perinatal outcomes during the journey to the maternity hospitals.

Concerning the occupation, 21 declared themselves housewives, 13 were farmers, and the rest worked outside their homes in other functions. Most postpartum women who experienced the prebirth pilgrimage were not formally employed, a condition that could hinder women's access to maternity wards because they are dependent on the support of local authorities for the provision of safe transportation.

Regarding the place of origin, 30 women lived in other cities and only seven lived in Arapiraca (AL). As for the geographical area where they lived, 19 women came from the rural area and 18 from the urban zone. The fact that they lived in other locations and in the countryside reflects the greater obstacles this population faces in the access to maternity wards, aggravated by

long distances covered and difficulties to obtain transportation timely. Nevertheless, the existence of a significant number of women living in urban areas reveals that this condition alone did not prevent the occurrence of the pilgrimage. It is important to note that, during this experience, all the women reported the company of family members or friends. They also reported that the main means of transportation used to travel to the maternities were ambulance, car, motorcycle, and taxi. Pick-up truck, van, bus, and on foot were also mentioned with lower frequencies.

With reference to the number of childbirths, 19 were primiparous, 11 were in their second childbirth, four in their third and three were multiparous. As, at the time of the pilgrimage, most of the women had never experienced childbirth, it can be inferred that the primiparous women were the most driven to pilgrimage in search of childbirth care because they were more anxious and felt a greater need to be heard and welcomed in the face of some situation unknown to them. Another factor that may trigger the pilgrimage of these women or even of those who had given birth earlier is that they are not well-instructed during prenatal care.

Regarding the number of prenatal consultations during the last pregnancy, 18 interviewees participated in seven or more consultations, 15 took part in four to six, and four had one to three consultations. Although most women had participated in more prenatal consultations, the occurrence of prebirth pilgrimage could not be prevented as the large number of visits does not always correspond to a good quality of prenatal care.

Prebirth pilgrimage: a violation of women's rights

Unfortunately, access difficulties to maternity facilities continue to exist as one of the major public health problems women face during the reproductive period. The untimely travel in search of a place for hospitalization results in a delay in the reception, posing a severe risk to maternal and neonatal health. Countless factors contribute

to this problem, and one of them is the shortage of high-risk maternity hospitals where women live, leading them to frequent pilgrimages to other cities to solve their problems:

It was difficult! I left my house [in Porto Real do Colégio] for the maternity of Propriá [Sergipe] and there they examined me. They said that I could not stay because my daughter was premature at 8 months [...] (Violet. Visited three maternities).

Well, arriving at the maternity hospital in Craíbas, I was soon attended to. Then they examined me. After they had measured my blood pressure, they were frightened. They told me to come here [Arapiraca] with a lot of pain [...] It was a little annoying at the time. But I already left knowing that I was coming back with my son in my arms. So, that is priceless [...] (Gardênia. Visited two maternities).

It was evidenced that the lack of high-risk maternity hospitals was an alarming problem in Alagoas. Although Arapiraca offers care for emergency and obstetric emergencies and has yet another referral maternity for pregnant women of habitual risk, the problem of pilgrimage clearly prevails and, in most cases, the care becomes inhuman as, in the city, there is only one high-risk maternity hospital to meet all local demands and from other cities in the interior, including non-urgent cases, resulting in overcrowding and disorganization in the flow of care.

In this sense, the lack of places in hospital units that are unable to absorb the respective demand impairs care in the care line for women. It is imperative that the different instances of the care network be coordinated with knowledge, resources and technologies for maternal and newborn health⁽⁹⁾. It is important to note that, when an unexpected transfer occurs during labor, women are affected by the disruption of their previous expectations regarding the place of birth and become very vulnerable, needing greater care from the maternity care team⁽¹⁰⁾. This situation can be exemplified in the following statements:

We get angry, right? Because we come, wanting to stay, and come to think that it is one thing and suddenly it is something else [...] (Girassol. Returned three times to the same maternity).

Oh, I was worried! Because I did not know this maternity here. So, I really wanted to give birth there [in Feira Grande], because I had already given birth there [...] (Bromélia. Visited two maternities).

In the trajectory in search of a place for hospitalization, due to the disarticulation of the care network, several women had to seek, with their own resources, means of transportation to the maternity wards. This fact reveals the lack of commitment of the public authorities to guarantee the right to safe transportation to the parturient women when they needed to be transferred to another hospital:

First, I went to the maternity hospital in Palmeira dos Índios [...] There were only five vacancies and 17 pregnant women. Then I had to leave. All this in a van! (Azaleia. Visited three maternity hospitals).

Chartered car, paying 100 without being able to. (Perpétua. Went through two maternity wards and visited the first one twice).

Reference errors for the women were also explicit in the testimonies, which led to delivery care with a disorderly demand. It was evident that the lack of competence and technical-scientific knowledge of certain health professionals caused the unnecessary displacement of some women to other maternity wards, further aggravating the problem of pilgrimage and violating the code of professional ethics through neglected conducts. The following statements demonstrate that the women were victims of institutional violence, believing in false arguments that propelled their prebirth pilgrimage, denying them the constitutional right to receive care in the city of origin:

The woman [of the maternity] sent me to Arapiraca soon, because there in São Sebastião I could not get care. She just said that the [baby's] neck was lassoed and that because of that it could be complicated, right? (Cravo. Visited two maternity wards).

The care was very bad, and the girl said that she did not have all the supplies she needed to have a delivery if it had to be a cesarean section. That was the only reason. They cleared the ambulance from there [Batalha] and I got here [Arapiraca]. I was examined, said to wait for a little, and the birth was normal. (Lavanda. Visited two maternity hospitals).

I got to the hospital feeling a lot of pain in São Sebastião. Then they took me inside, examined me, my pressure was good. Just that a young girl said I could not stay there. She just said that the only way was to come here [Arapiraca] anyway. I think she felt like she was not quite sure how to deliver. She got a little nervous there, I realized that [...] (Jasmim. Visited two maternity wards).

When the woman seeks care just before birth, she visits several hospitals to get attended to.

This situation occurs more frequently due to the lack of places for hospitalization at these services, and women end up wandering using their means of locomotion, which implies increased complication rates during childbirth due to stress⁽⁹⁾ and the high level of apprehension they are exposed to. The indignation about having traveled unnecessarily long distances from their cities of origin to other cities in search of childbirth care was very clear in the interviewees' statements:

Wow! Terrible, really terrible! It is very sad to see that you are in a situation, the other is in a much worse situation than yours [...] I do not want any pregnant women to go through what I went through [...] (Azaleia. Visited three maternities).

I was revolted because I could have lost my son, because that's very far. And a lot of things can happen in the middle of the road, the way it's dangerous today. (Acácia. Visited two maternity hospitals).

You're close to home, that's one thing. But leaving to go to a place far away, feeling pain, it's not easy no. It's complicated! (Cravo. Visited two maternity wards).

I was a little sad, because I wanted to stay there [Major Isidoro], because it was closer to home, it would not take so much work to come here, to have the girl, suffering as much pain as I was feeling [...] (Orquídea. Visited two maternity hospitals).

The demand for care in maternity wards is mostly motivated by situations that have already been experienced or are even unknown to women at a given moment, but that arouse the need to seek care due to the concern for the health of their babies and anxiety about everything going well at the time of childbirth. When hospitalization is not indicated, women feel obliged to leave the hospital premises to await the evolution of labor elsewhere⁽¹¹⁾, which leads to the feeling of impotence and abandonment of health services. The following testimonies exemplify this situation:

What I thought was bad about it all was because I spent the whole night, the whole day actually, running back and forth feeling pain, having contractions all the time and the doctor making me go back [...] I was outraged because I know my rights. I have always known my rights before getting pregnant. I left not to cause any turmoil, no quarrel, because I don't do that [...] (Iris. Returned three times to the same maternity).

Because I was pregnant with twins, the weight was very big in my belly, it was a lot of colic and I had to be moving back and forth, and they did not give me a decision. They

cast me from one side to the other. (Veronica. Returned twice to the same maternity).

It is worth noting that “[...] adequate prenatal care is a great protection factor for the occurrence of the pilgrimage”^(12:66), as the women's limited level of knowledge in relation to the dynamics of labor interferes directly in this experience, which can leave indelible marks in their lives. It is fundamental that all pregnant women receive all necessary preparation for childbirth from the health professionals, and mainly from the nurses, so that they feel more empowered and capable of recognizing the exact time to seek hospital care, thus avoiding the unnecessary pilgrimage to the health services.

In taking care of the parturient women, the nurses should consider them holistically and understand them, identifying their needs and recognizing the cultural and individual differences that permeate each woman's experience. Thus, they can contribute to reducing the tension, making this a positive experience⁽¹³⁾. In addition, “[...] the nurse can contribute to reducing the existing gaps in prenatal care and in referral for childbirth, as she truly welcomes and classifies these women's needs upon admission to the maternity hospitals”^(14:1945).

Reception or not during the pilgrimage: a matter of obstetric violence

The lack of support and safety in transport to the maternity wards was a serious problem the interviewees also reported, especially regarding the lack of a responsible health professional to accompany them throughout the journey to the place of delivery. Some testimonies showed that there was total negligence on the part of most maternity hospitals, failing to assume the responsibility of getting the appropriate transport and sending the women in an insecure way, accompanied only by their relatives, without receiving the support of a trained professional:

I was in pain, and it was time for me to think about giving birth in the car, but there was no way, because it was one of those trucks. I live in a village of Indians and SESAI [Special Secretariat of Indigenous Health] got the truck. In Porto Real do Colégio there is no emergency

care service, there is no ambulance, there is nothing [...] (Malva. Visited three maternity hospitals).

I was very scared because I came in an ambulance alone with my husband, and he had no experience. I was afraid to get the girl in the ambulance [...] I felt bad inside the ambulance, because, right, I did not have a companion. (Açucena. Visited two maternity hospitals).

I got it [the baby] in my cousin's car, coming here [Arapiraca] [...] I thought it was horrible! None [maternity] said it was close to the birth. Then when I got in the car, God blessed me and I got the baby soon. (Perpétua. Visited two maternity wards and visited the first maternity twice).

Therefore, it is necessary that all the points of the care network act in an integrated and harmonious way, aiming to guarantee integral care for the woman, avoiding her pilgrimage and, when necessary, transferring her in safe transport, monitored by qualified health professionals, with guarantee of a place and reception in the service of reference, according to the recommendations of the Stork Network⁽¹⁵⁾.

A problematic situation, which can make the pilgrimage an even more traumatizing experience, is when the woman depends exclusively on some means of locomotion belonging to other people, as she is at risk of no longer having a car or ambulance waiting for her to transport her to the next maternity hospital of reference:

I came with the ambulance. When I got to the other maternity [in Arapiraca], the driver left me and went back. I had to wait! So the one who paid for the taxi was a boy, to bring me here [...] (Magnólia. HIV patient, visited three maternity wards).

When the woman is reprimanded by the health professional, because she has not been able to get an ambulance to come to the maternity ward, this situation can be characterized as an unjustified type of violence, as it is the duty of the city where the pregnant woman lives to ensure the transportation to the health service and commit to offering it. The woman and her companions cannot be blamed at any time for a problem of this kind, nor can the measures related to this initiative be passed onto them. The following testimony allows us to clarify this idea:

In the [maternity] of Batalha, the woman looked, examined, but she thought it was bad because I went by car, because I was to go by ambulance. Right there [in Belo Monte] the ambulance is difficult. But she said that I did not have to

go by car, that my companion and I should find a way. (Hortênsia. Visited two maternity hospitals).

Therefore, “[...] the absence of reception at the beginning of the contact with the hospital can contribute to increasing the despair of the woman and her companions, considering the waiting time for medical care and the possibility of denial of the right to the obstetric bed”^(16,82). Reflection is due that the non-reception results in punishable conduct, according to each professional’s Code of Ethics. The woman ends up being a victim of the pilgrimage due to the lack of care⁽⁹⁾, which annuls her right to receive a dignified and respectful care before, during and after childbirth, constituting a veiled violence against the user.

As soon as women seek care in the health services, in addition to the concern about their health and that of their baby, they are also looking for a more comprehensive understanding of their situation, as the moment of pregnancy and particularly childbirth is significant and loaded with strong emotions⁽¹⁷⁾. The shortage of skilled health professionals in maternity hospitals continues being a very worrying reality, as it causes the denial of care at the moment when the woman most needs it:

They said that there was neither a doctor to give birth nor a pediatrician, and the nurse said that she would not attend to a birth without a pediatrician. Then the driver asked: “And this woman goes like that, already giving birth, still to Arapiraca?” Then they said “What’s the alternative?” They did not give care and did not examine me immediately. (Malva. Visited three maternity hospitals).

When care for the parturient does not occur in a timely manner, due to the lack of qualified professionals to accompany her, the pilgrimage can evolve from enormous discomfort for the woman to the unwanted neonatal death. It is essential that special attention is paid to the postpartum woman who experiences maternal grief as the loss of a child represents an immeasurable pain in the life of a woman. At a time like this, she needs a lot of support from family members and especially from her caregivers during the stay at the maternity, including in the case of a primiparous teenager

who was anxiously awaiting the birth of her baby:

[Crying] *When I arrived in Traipu, I was in a lot of pain and they made the call and said that I had to come here, to Arapiraca, because there was no midwife there and the doctor could not do the delivery. It was just that I was in a lot of pain and, before arriving in Girau, he [the baby] appeared only with his little legs out. He was still alive. I was in the ambulance [...] There, in Girau, a midwife came and the doctor and they pulled him [the baby]. They tried to do the birth [Crying]. But there was no material for me to stay there. Then they sent us here. Due to a lack of care, I lost my son! He should have been here with me! But because of them, he's not here!* [Crying] (Rosa. Visited three maternities).

It is in the field of the relations between professionals and users that the institutional violence the women experienced during the pilgrimage is due to the omission of maternal care. Insults, humiliations, offenses, disrespect, discrimination, and blame can further aggravate it⁽¹⁸⁾. This scenario represents a breach of trust between women and health professionals and can also be a powerful deterrent for them to seek out and enjoy maternal health services⁽¹⁹⁾. When asked about the care they received in the maternity wards, the women expressed their indignation in their statements:

Here [in Arapiraca] I was better attended. In Penedo, they never even touched me! I stayed in the car and they were saying, "Do not come out, there is no care!" (Malva. Visited three maternity hospitals).

I was not [well attended] here, because there are some nurses who are rather coarse, right? When I said that the boy was being born, then she [nurse] said no. But she did not examine me to be sure, right? Then I said that it was, that it was. Then she: "Ab! But you're having four births at a time!" "It was a lot of pressure on me [...] At the time of childbirth it was a lot of agony, with a lot of pain. My mother called and no one came. When they came to see, the boy was already being born in the bed, normal [...]" (Zinia. Visited two maternity wards and visited the first one thrice).

I did not like the service there, because it was very fast. They hardly looked at me, as they should have looked [...]" (Dália. Visited two maternity hospitals).

They examined me, it was horrible! Then when I said it was hurting, then she [nurse]: "Doing it was good!". Then I arrived and said: "If you do not want to work, there are people who want to work in your place!" (Lobélia. Visited the same maternity twice).

Inhumane treatment continues to prevail in the unethical conduct of many health professionals, disrespecting the principles of the National Humanization Policy (NHP) and thus

constituting psychological obstetric violence during the moments that precede the second stage of childbirth. It has been shown that women greatly value the way they are attended in maternity wards, spaces where their choices should be supported and their dignity preserved. When they realize that the professionals transmit all the necessary information at the time of care, that they develop active listening, that they are available and attentive to their health condition, the women feel more welcomed. Therefore, it is necessary to establish a relationship of trust and empathy between the caregiver and the person being cared for throughout the obstetric care.

A look at the trajectory in search of childbirth care: the women's expressions and feelings

During the difficult experience in search of a maternity where they can get admitted, many parturient women experience moments of uncertainty and insecurity, resulting in abandonment and lack of institutional reference in the prebirth period. It was revealed that the fact that they are users and depend solely on the Unified Health System (SUS) has become an obstacle for them to be able to enjoy health services with dignity, which disrespects their citizenship. In their statements, the women called for radical changes in the obstetric field:

Complicated, right? Because we go to be treated, we get there, we do not receive it, we're sent to another place. The service is not so good, right? Because, through the SUS, you suffer, right, a little. Because I suffered to have both [daughters]. I think the care should change, the SUS should give more opportunity, right, to the people. Because, like, people cannot suffer like this. Because we're not to blame, right? (Camélia. Visited two maternity wards).

First, there should be more maternity wards. Take better care of health, especially for those who are in no conditions. And the care should also be better, have more room for the woman to stay, because the day I arrived, I stayed in a chair in pain, because there was no more place [...]" Then they should invest more in health, invest in what is necessary! (Dahlia. Visited two maternity wards).

I think there should be more care at the hospitals, not only here [Arapiraca], right? Only one maternity with resources becomes difficult, right? It's hard for them to attend to everyone, right? (Tulipa. Visited two maternity hospitals).

It can be affirmed that universal access to health services offered by the SUS is still far from being considered a right guaranteed by law, due to the fact that they cannot hide the traumas of many parturient women, especially those living in poverty, when they are prevented from staying in maternity wards that are closer to their places of residence or that are a reference for solving their problems. The study showed that some women felt submissive and took an inferior position throughout the process of pilgrimage, by implying the idea that, however difficult that experience had been in their lives, they had to adapt to the fragility of the health system itself, so that they could get the care they hoped for and needed at the time of delivery. Here is a brief statement about the fact:

It's not very easy, right? But the only way is to go through it. (Lírio. Visited three maternities).

The unsatisfactory care offered by the SUS was also associated with the lack of commitment and competence of the political authorities to issues related to public health. The lack of investments in this area affects the operation of maternity wards, resulting in several women's pilgrimage in search of birth care, representing a violation of their reproductive rights. The following testimony highlights this idea:

Brazil is in such a condition that, nowadays, the people no longer vote to elect that mayor or deputy, knowing whether he's a good person or not, if he wants what's best for their community or not. The people want to know about paid votes business. They don't care about the others' lives. I wanted all of this to change, that the people would elect good persons to change this Brazil that is too much and mainly health, right? (Malva. Visited three maternity hospitals).

In that sense, “[...] traveling from the home to the maternity can be very difficult for poor women and can be aggravated by the repeated comings and goings”^(11:15). The study revealed that the women translated the obstacle of getting admitted to the maternities with a mixture of negative feelings, such as anger, sadness, insecurity, fear, apprehension, despair, and humiliation. The concern with the infant's wellbeing, fear of giving birth on a public road, feeling of abandonment resulting from the lack

of reception at the maternity hospitals and dissatisfaction for having traveled long distances to the health services were the main concerns expressed by most women who experienced a trajectory of pain and suffering in search of a place to give birth:

I was desperate! I thought I would get my daughter at the door of the maternity ward. I was very desperate, myself. I found it a very difficult situation, a lot of pain! I thought I was going to give birth to my daughter the normal way, but God is wonderful and I did not. (Magnólia. HIV-positive, visited three maternities).

I thought I was going to die, my daughter and I. Each time a contraction came, I closed my legs, then I was afraid to give birth inside the car and my sister did not know how to get the child. (Malva. Visited three maternity hospitals).

I felt sad and humiliated at the same time, because we have a service close to home, to be attended to, and when you need it it's not, it's the same thing as not having a service, right? (Margarida. Visited two maternity hospitals).

Well, you're worried about your son, right? Because there are many who lose the child. Then I was still worried about that. Even by the time I really gave birth [to the baby], I was scared. (Cravo. Visited two maternity hospitals).

The vast majority of the postpartum participants in the study were primiparous and this was a factor that interfered psychologically during the parturition process. When it comes to the first birth, the woman begins to face this experience in a fearful way, often doubting her own ability to give birth, especially to endure the painful uterine contractions until the expulsive period:

I felt fear, because that was where I was going to feel pain and I was terrified, as it was the first [daughter], right? I had never had such experiences. (Lavanda. Visited two maternity hospitals).

I was afraid that I could not take it, to have the girl and something happening to her. (Orquídea. Visited two maternity hospitals).

The psychological repercussions during this experience contribute to the occurrence of negative outcomes in childbirth and birth, mainly due to the action of the adrenaline the maternal organism produces when in the process of stress. In this case, there is an inhibition of the hormonal release of endogenous oxytocin, increasing the feeling of pain and preventing the parturient from having a more pleasant and calm experience⁽²⁰⁾. It is important to highlight that

the pain the woman manifested at the time of childbirth may increase with fear, insecurity, and stress experienced as a result of the pilgrimage in search of a place to give birth, making her more vulnerable to a solitary, unsafe and painful delivery.

In this conjuncture, in this study, the postpartum women's discourse was used to analyze these women's perceptions about the experience in the search for maternity care. It should be emphasized that there is a need for other studies, using the discourse of health professionals that accompany the reality of the services, especially nurses and doctors, and the competent authorities. It is important that the prebirth pilgrimage is more comprehensively understood and that public policies capable of preventing the occurrence of this severe health problem are developed. It is also necessary to propose measures to ensure the proper strategic planning of maternities, as well as a more humanized care during the moments before the birth.

Conclusion

In view of the results obtained and everything that was exposed, this study permitted clarifying the complexity of the phenomenon of prebirth pilgrimage and its interfaces with social and public health issues. Equal access to obstetric care services continues to be a major challenge in the area of maternal health, with regard to the inequalities that exist in this scenario, confirming the actual problem to be overcome through the agreement among the federal, state and municipal authorities, the implementation of logistic systems for transportation and regulation in maternity wards, respect for women's rights, greater articulation and integration among the different levels of complexity in the care network and the construction of public policies aimed at the humanization of care from the moment when the parturient women seek the health services.

When looking at the experience of women during the prebirth pilgrimage in the public hospital network of Alagoas, the testimonies

described denoted a delivery service with disordered coverage and demand, which led to overcrowding and denial of the access right to maternity hospitals, as well as a trajectory of pain and suffering for the parturient women, distancing themselves from care free from imprudence, malpractice or negligence these women imagined they would receive in the reproductive period.

Difficult and touching is the experience of women seeking care for childbirth because, most of the times, they come from disadvantaged social classes, are not physically and emotionally supported during their arduous journey, travel long distances from their homes to the health services, are denied the right to move in safe transport. Even after all that, they do not manage to get admitted to the maternity wards they visit in due time. Therefore, understanding the women's experiences during the prebirth phenomenon permitted unveiling the extent to which the women still suffer at the doors of the maternity hospitals in search of care, having their constitutional rights infringed upon and their choices disrespected, as citizens and users of the SUS.

Contributions

The author is responsible for the design, analysis and interpretation of data; writing of the article, relevant critical review of the intellectual content, final approval of the version to be published and all other aspects, guaranteeing the exactness and integrity of all parts of the study.

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