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BIRTH PLAN AS AN INSTRUMENT OF GOOD PRACTICES IN DELIVERY AND BIRTH: AN INTEGRATIVE REVIEW

PLANO DE PARTO COMO INSTRUMENTO DAS BOAS PRÁTICAS NO PARTO E NASCIMENTO: REVISÃO INTEGRATIVA

PLAN DE PARTO COMO INSTRUMENTO DE BUENAS PRÁCTICAS EN EL TRABAJO DE PARTO Y EN EL PARTO: UNA REVISIÓN INTEGRADORA

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Objective: to analyze the available evidence on the main contributions of the birth plan as an instrument of good obstetric practices in the process of delivery and birth in a hospital environment. Method: an integrative review with 12 articles published between 2013 and 2018 in the MEDLINE, Virtual Health Library, LILACS, SciELO and PubMed databases, using full and complete original works, reflection, update and experience report. Results: the importance of the birth plan importance was observed to encourage good obstetric practices, allow greater autonomy and freedom of women's choice, contribute to a qualified and humanized care, facilitate women's trust with the team, and promote greater satisfaction with childbirth, communication with the involved professionals and provide more satisfactory maternal/neonatal results. Conclusion: it was proved that the birth plan is an instrument that provides good obstetric practices in the process of delivery and birth in a hospital environment.

Descriptors: Nursing. Humanized Birth. Maternal-Child Health.

Objetivo: analisar as evidências disponíveis sobre as principais contribuições do plano de parto como instrumento das boas práticas obstétricas no processo de parto e nascimento em ambiente hospitalar. Método: revisão integrativa com 12 artigos publicados entre 2013 e 2018 nas bases de dados MEDLINE, Biblioteca Virtual de Saúde, LILACS, SciELO e PubMed, utilizando trabalhos originais, reflexão, atualização e relato de experiência, completos e disponíveis na íntegra. Resultados: observou-se a importância do plano de parto para estimular as boas práticas obstétricas, permitir maior autonomia e liberdade de escolha das mulheres, contribuir para um atendimento qualificado e humanizado, facilitar a confiança da mulher com a equipe, além de favorecer maior satisfação com o parto, comunicação com

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os profissionais envolvidos e propiciar resultados maternos/neonatais mais satisfatórios. Conclusão: comprovou-se que o plano de parto é um instrumento que propicia boas práticas obstétricas no processo de parto e nascimento em ambiente hospitalar.

Descritores: Enfermagem. Parto Humanizado. Saúde Materno-infantil.

Objetivo: analizar las evidencias disponibles sobre las principales contribuciones del plan de parto como instrumento de las buenas prácticas obstétricas en el proceso de parto y nacimiento en el entorno de un hospital. Método: revisión integradora con 12 artículos publicados entre 2013 y 2018 en las siguientes bases de datos: MEDLINE, Biblioteca Virtual de Saúde, LILACS, SciELO y PubMed, utilizando trabajos originales, de reflexión, de actualización y reporte de experiencias, completos y disponibles en forma íntegra. Resultados: se observó la importancia del plan de parto para estimular las buenas prácticas obstétricas, permitir mayor autonomía y libertad de elección de las mujeres, contribuir a una asistencia calificada y humanizada, facilitar que la mujer confíe en el equipo médico, además de favorecer una mayor satisfacción con el parto, la comunicación con los profesionales participantes, y propiciar resultados maternos/neonatales más satisfactorios. Conclusión: se comprobó que el plan de parto es un instrumento que propicia buenas prácticas obstétricas en el proceso de parto y nacimiento en un ambiente de hospital.

Descriptores: Enfermería. Parto Humanizado. Salud Materno-Infantil.

Introduction

The construction of the Birth Plan (BP) usually takes place during prenatal care. Its application allows caregiver professionals and pregnant women to pre-appropriate the procedures they would like to occur during their child's birth. Thus, it allows care professionals to respect women's decisions and to ensure care according to their wishes, contributing to women's empowerment and to the promotion of maternal and neonatal health[1]. The use of the BP is recommended by the World Health Organization (WHO) and by the Ministry of Health in Brazil after the implementation of the *Rede Cegonha* Program in 2011. In BP, pregnant women express the care they want during their labor, delivery and postpartum, which include food and water intake, position at time of delivery, the use of analgesia, and avoid performing routine procedures without scientific basis[2].

BP is a legal educational tool developed by the care professional, usually the nurse, during the gestational period and presented by pregnant women before delivery, which favors reflection and helps in their decision-making about delivery and the procedures performed. In addition, it contributes to the guidance of care professionals in relation to the service provided[3]. This instrument was first adopted by the Spanish health service in 2008. To ensure that women expressed their wishes and expectations related to labor, delivery and birth was its main objective. Its implementation has been discussed in the clinical context and in several literature papers[4].

Childbirth is a unique moment in the life of women and their families and must involve the humanization process throughout its trajectory. Ensuring humanized care is paramount to preventing institutional violence against women[5]. Humanization in childbirth began to be discussed from the 1980s onwards, when the need to ensure good practices during childbirth was realized due to increased medicalization and unnecessary interventions[5]. In Brazil, care for women during childbirth has undergone several changes over the years, with the main objective of transforming the interventionist model into a humanized care, based on scientific evidence, which redeem women's choice and protagonism[6].

One of the most observed aspects during obstetric practices is the lack of respect for the pregnant women's autonomy. It is sometimes perceived that care is not based on the dynamics of a woman's body, implying unnecessary interventions and causing a negative birth experience[7]. Stimulating the participation of

pregnant women in care during pregnancy, delivery and birth is an important strategy that should be put into practice to achieve better maternal and perinatal outcomes. In this context, access to information enables greater autonomy of women and BP can assist in their empowerment[8].

Facing it, this review is in the field of studies that covers the humanization of care during pregnancy, the process of delivery and birth. More specifically, it seeks to reflect on the use of BP, focusing on its importance and benefits for pregnant women.

This study is justified by the need to identify the findings expressed in the scientific literature involving the theme of BP that can positively contemplate the systematization of evidence that strengthens these instruments as empowering pregnant women, the health team and women's and child's health indexes. BP's greater dissemination, in addition to bringing improvements for women, newborns and caregivers, translates into a strong indicator of public health benefits. Thus, the objective was to analyze the available evidence on the main contributions of BP as an instrument of good obstetric practices in the process of delivery and birth in a hospital environment.

Method

This is an integrative review, developed in the following stages: elaboration of the research question; elaboration of the eligibility criteria and literature search; data collection of the selected articles; critical analysis of the studies included; discussion of the results; final presentation of the integrative review article[9].

To achieve the proposed objective, we sought to answer the following question: What are the contributions of BP to care during delivery and birth according to nursing and health scientific publications?

Selection took place through the Coordinator of the Improvement for Higher Level Personnel (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*, CAPES). The scientific articles were extracted from the following electronic sources: Medical Literature Analysis and Retrieval System Online/Virtual Health Library (MEDLINE/VHL), Latin American and Caribbean Health Science Literature (*Literatura Latino-Americana e do Caribe em Ciências da Saúde*, LILACS), PubMed Central (PMC), and Scientific Electronic Library Online (SciELO).

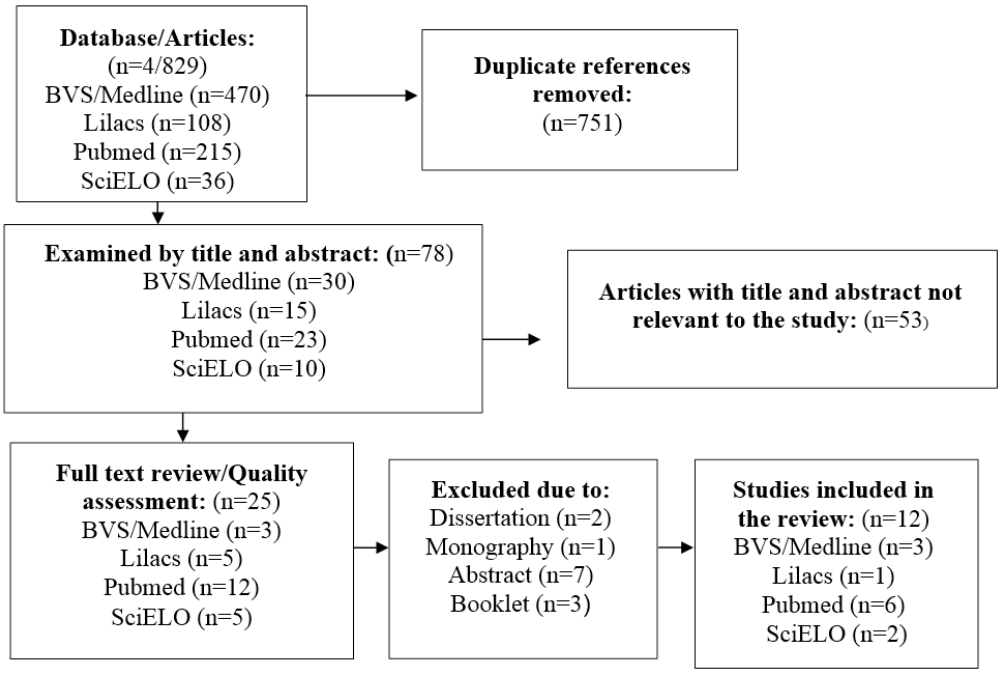
International and national scientific articles published between 2013 and 2018 were included in the categories of original, literature review, reflection, update, experience report and full texts, available in full or obtained through the Bibliographic Switching Program (COMUT) of the Federal University of Pernambuco (*Universidade Federal de Pernambuco*, UFPE). Thesis and dissertation studies, books, coursework, abstracts, reviews and booklets were excluded.

For the careful search of the articles, we used the following descriptors: *trabalho de parto*, *parto humanizado*, *parto*, *tomada de decisões*, and their respective correlates in the English and Spanish languages in each database, consulted in the Descriptors in Health Sciences (*Descritores em Ciências da Saúde*, DeCS) and in the Medical Subject Headings (MeSH). To appreciate the scientific production related to the proposed theme, three independent researchers evaluated the records. The search strategy of the primary studies by the descriptors in the databases was systematized and combined in different ways, crossed with the Boolean logical operator "AND" with pair and triad combinations, thus allowing the broad search of the primary studies: "Labor" AND "Decision Making"; "Childbirth" AND "Decision Making"; "Humanized Childbirth" AND "Decision Making"; "Humanized Childbirth" AND "Labor" AND "Decision Making"; "Humanized Childbirth" AND "Childbirth" AND "Decision Making".

The search strategies took place between May and December 2018. The main information from each selected document was extracted according to an adapted instrument: identification (publication title, main author, language and year of publication), objective and type of study, level of evidence, evaluation of results found[10].

In the searched databases, 829 studies were found. Duplicate items were discarded[751]. Of the remaining 78 articles, the titles and abstracts were reviewed according to their content. Of these, 25 abstracts met the selection criteria and underwent a complete review of the text. After reading in full, 12 articles were selected, as shown in Figure 1. Finally, these articles of good methodological quality were classified according to the level of evidence proposed by Melnyk[11].

Flowchart 1 – Selection of articles



Source: Created by the authors.

Results

Regarding language, it was observed that five articles were published in Portuguese, four in Spanish and three in English. In general, the topic involving BP has been beneficially discussed in the health literature and has contributed positively to care before, during and after delivery. Chart 1 describes the characteristics of the studies.

Chart 1 – Characteristics of the studies included in the integrative review (continued)

Authors Type of study Evidence	Year Country	Objective	Results
Barros APZ, Lipinski JM, Sehnem GD, Rodrigues AN, Zambiazi ES[2] Qualitative study VI	2017 Brazil	To identify prenatal nurses' knowledge about BP and its importance	The interviewees had the conception that BP allowed pregnant women to have knowledge about the companion's right, type of light and sound in the delivery environment, free liquid intake, use of analgesia or non-pharmacological methods for pain relief, delivery position, and other behaviors that would influence the childbirth positive outcome.

Chart 1 – Characteristics of the studies included in the integrative review (continued)

Authors Type of study Evidence	**Year Country**	**Objective**	**Results**
Cortés MS, Barranco DA, Jordana MC, Roche MEM[5] Cohort study IV	2015 Spain	To know, analyze and describe the current situation of birth plans, comparing the process of delivery and its completion between women who presented and those who did not have a BP.	The use of the BP resulted in increased good obstetric practices, such as skin-to-skin contact, choice in the delivery position, free fluid intake, late umbilical cord clamping, and an increase in the number of normal deliveries.
Biescas H, Benet M, Pueyo MJ, Rubio A, Pla M, Pérez BM, et al[6] Qualitative study VI	2017 Spain	To describe and analyze the birth plans produced by the participating hospitals, in order to gather knowledge about the options available to women.	Most BPs included the option of active partner participation in childbirth; information about the physical space; right to privacy; option to drink fluids during childbirth; mentioned fetal monitoring; use or not of oxytocin. All addressed methods for pain relief and free mobility.
Mouta RJO, Silva TMA, Melo PTS, Lopes NS, Moreira VA[7] Case study IV	2017 Brazil	To analyze how BP provided female empowerment during labor and delivery.	Applying the BP provided the empowerment and autonomy of pregnant women. In addition, it allowed them to feel more humane and respected.
Aragon M, Chhoa E, Dayan R, Kluftinger A, Lohn Z, Buhler K[12] Cross-sectional study IV	2013 Canada	To understand the perspectives of women and caregivers and to support people in using childbirth plans.	Understanding women's preferences and desires during childbirth is useful for educational purposes, provides autonomy for pregnant women, makes childbirth more positive and increases women's sense of control and empowerment.
Magoma M, Requejo J, Campbell O, Lousens S, Merialdi M, Filippi V[13] Randomized clinical trial II	2013 Africa	To determine the effectiveness of childbirth plans in stimulating the search for specialized childbirth and postpartum care in a rural district in northern Tanzania.	Introducing the BP in the pre-natal period increased the search for health facilities.

Chart 1 – Characteristics of the studies included in the integrative review

Authors **Type of study** **Evidence**	**Year** **Country**	**Objective**	**Results**
Anderson CM, Monardo R, Soon R, Lum J, Tschann M, Kaneshiro B[14] Cohort study IV	2017 USA	To describe the communication, confidence and satisfaction scores after delivery in a group of patients who used a standardized BP.	Several descriptive analyses showed an increase in the communication (mean=8.7), confidence (mean=8.8) and satisfaction (mean=9.2) scores.
Gomes RPC, Silva RDS, Oliveira DCCD, Manzo BF, Guimarães GDL, Souza KVD[15] Descriptive quantitative study VI	2017 Brazil	To characterize the desires and expectations of pregnant women described in a BP.	All the women wanted to be accompanied, indicating the husband as an escort. They wanted to drink juice during childbirth, requested low light, listened to music, would like to use shower/bath, massage, relaxation with the ball or bench and local analgesia.
Hidalgo-Loperoza P, Hidalgo-Maestre M, Rodríguez-Borrego MA[16] Descriptive quantitative study IV	2017 Spain	To know the degree of compliance with the requests that women recorded in their birth plans and to determine their influence on the main obstetric and neonatal outcomes.	It was found that newborns of mothers with high compliance with the plan had higher scores on Apgar scores in the first minute and better scores on umbilical cord ph than children of mothers with poor compliance.
Silva ALNV, Neves AB, Sgarbi AKG, Souza RA[17] Systematic review I	2017 Brazil	To reflect through studies on the importance of the birth plan for the empowerment of women in prenatal, childbirth and postpartum.	The birth plan is a primordial tool to stimulate the empowerment of pregnant women and makes the woman protagonist of her own birth. It is a high potential educational instrument that stimulates communication.
Silva JC, Rodrigues MS[18] Qualitative descriptive study VI	2017 Brazil	To verify how BP can influence the realization of good practices in childbirth care of mothers who built the BP in a Basic Health Unit of Sete Lagos, MG.	When using the practices expressed in the BP, women reported a change in obstetric care, which provided greater satisfaction with childbirth and the health team. It also had an impact on strengthening autonomy and female empowerment.

Chart 1 – Characteristics of the studies included in the integrative review (conclusion)

Authors Type of study Evidence	**Year Country**	**Objective**	**Results**
Méndez FSF, Ferrer LTV, Muñoz MMN, Gómez JAR, Jaime AA[19] Cross-sectional study IV	2018 Spain	To determine the satisfaction level of postpartum women in relation to their BP.	Most women with BP met their expectations at childbirth and expressed better satisfaction.

Source: Created by the authors.

The main BP contributions for care during delivery and birth, extracted from the analyzed articles, can be summarized as follows:

a) it allows greater autonomy and freedom of choice for women[6];

b) it enables the active participation of women in their own childbirth[6];

c) it collaborates with labor's favorable development[7];

d) it is a facilitator of informed decisions[12];

e) it stimulates qualified postpartum health care and self-care[13];

f) it is a health care team communication tool[14];

g) it is a facilitator of user confidence and satisfaction[14];

h) it enables informed choices to be made[15];

i) it contributes to qualified and humanized care[15];

j) it allows greater satisfaction with childbirth[16];

k) I t collaborates for better maternal and neonatal outcomes[16];

l) it contributes to better quality mother-child care[17].

Discussion

Based on this review results, it was observed that the BP should be a tool based on scientific evidence, to stimulate the promotion of good obstetric practices, in order to establish flexible conducts in the care of parturient women, ensuring the respect for their decisions, wishes and individualities. It is noteworthy that most of the articles analyzed showed that the application of the BP was beneficial in the obstetric clinical practice, making labor a more humanized event and a positive experience.

It has been shown that there is a favorable relationship between BP and the promotion of a healthy birth[3-4]. Thus, the construction of the BP helps in stimulating the mother's skin-to-skin contact with the baby after childbirth, late umbilical cord clamping and a more natural childbirth, which somewhat reduces hospitalizations and unnecessary spending on breastfeeding health[16-17]. Presenting the BP not only influences the reduction of unnecessary interventions, but also contributes to making women better prepared and aware of their childbirth process. In addition, it enables greater participation, which in turn plays a key role in reducing anxiety, fear and stress during childbirth[16].

In this same context, it is clear that the introduction of the BP during prenatal care causes greater satisfaction in women with consultation, thus increasing the interest and search for specialized care in health facilities during pregnancy and after delivery. Similarly, applying prenatal care enables caregivers to understand the individual needs of each

woman attended[13]. Its implementation ensures respect for the bioethical principle of autonomy, improvement in the care provided and the active participation of women during this period, as the behaviors performed in childbirth will be based on respect for their choices[17].

The construction of the BP works as a strategy of female empowerment, as it allows autonomy and freedom for pregnant women to plan their own birth and thus feel more confident and less anxious. In addition, it provides self-knowledge and understanding of the right and the need for a humanized childbirth without unnecessary interventions, constituting a care-enhancing tool[1,12,17-18].

Regarding childbirth, the BP gives pregnant women the choice of the best position to give birth, freedom to choose food and fluid intake, as well as the choice of non-pharmacological pain relief methods. Such behaviors beneficially contribute to a healthy delivery and, concomitantly, increase satisfaction with labor and birth[3-4,12,15,17-18].

Another positive point observed in the studies[12,14] was the fact that the BP stimulates dialog between pregnant women and caregivers, and promotes discussion about the wishes, desires and concerns related to childbirth, a convenient strategy that contributes to the strengthening of trust between them and provides greater security, since the practices performed will be in accordance with the document. Given this, the act of preparing a BP also works as an educational process.

Regarding the pregnant women satisfaction level with childbirth, it was observed in the studies analyzed that this variable is directly associated with compliance with the BP. The greater its application, the better the maternal and neonatal outcomes; furthermore, the experience with childbirth becomes more positive[16]. Female dissatisfaction was perceived when the conduct expressed in the document was not fulfilled during the assistance. Thus, the expectations created were seen by pregnant women as something unusual and distant from reality[12,19].

Regarding the degree of knowledge about the BP, it is evident that there is still some ignorance of both pregnant women[7,14] and of health professionals[8]. Most women involved in the research had never filled out a BP before, or even heard about the document. This reality shows that the BP is still poorly stimulated in the hospital obstetric clinical practice and in primary health care. This issue has been discussed by several authors, and such studies must be considered to change care.

Given this, it can be stated that the construction and implementation of the BP represent a strategy of great importance for the process of humanization and health promotion in the practices of obstetrics and neonatology. This instrument should be further worked on, disseminated and stimulated, so that women take this knowledge and feel full autonomy to deal with the moment of delivery.

It is noteworthy that there is a reduced production of nursing research that directly involves the theme of BP in Brazil. It is believed that, among other factors, the low production of articles with a strong evidence level may be justified by the fact that it is still a recent topic and an unconsolidated practice in the country. There is a need for further research that addresses the importance of this theme for the strengthening of good practices in childbirth in the Brazilian context. However, the major study limitation may be related to the fact that only the Health Sciences Descriptors (DeCS and MeSH) were used to retrieve the articles in the electronic databases, since it was found that BP is not a term yet indexed, which may have contributed to some works not being accessed.

Conclusion

It was evidenced that the BP is an effective tool that favors female empowerment and autonomy, besides promoting greater satisfaction with childbirth, better communication with the professionals involved and more satisfactory maternal/neonatal results. Stimulating the construction of the BP in primary health units

and its degree of compliance in maternity hospitals is fundamental to favor these results. Therefore, the adherence of the instrument by the health services is necessary, so that the BP be an instrument of excellence and quality for maternal and childcare.

It is hoped that this study may stimulate discussions on the subject, and that further research be conducted to encourage the implementation of this document in Brazilian obstetric care. For the BP to be an instrument of excellence and quality for maternal-child care, its adherence by the health services is necessary.

Collaborations:

1 – conception, design, analysis and interpretation of data: Wanessa Nathally de Santana Silva, Joicy Amorim Francisco de Azevêdo, Viviane Rolim de Holanda, Ana Lisa do Vale Gomes and Geyslane Pereira Melo de Albuquerque;

2 – writing of the article and relevant critical review of the intellectual content: Wanessa Nathally de Santana Silva, Joicy Amorim Francisco de Azevêdo, Viviane Rolim de Holanda, Ana Lisa do Vale Gomes and Geyslane Pereira Melo de Albuquerque;

3 – final approval of the version to be published: Wanessa Nathally de Santana Silva, Joicy Amorim Francisco de Azevêdo, Viviane Rolim de Holanda, Ana Lisa do Vale Gomes and Geyslane Pereira Melo de Albuquerque.

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