# PREGNANT WOMEN'S AUTONOMY AND THE IMPOSITION OF ELECTIVE CESAREAN SECTION IN CHILDBIRTH DECISION-MAKING: AN INTEGRATIVE REVIEW

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## ABSTRACT

This article aims to examine the autonomy of pregnant women, contrasting it with obstetric violence and the authoritative physician who, as the holder of knowledge, makes all decisions regarding childbirth. The study conducted a thorough analysis of the literature and carried out an integrative review to investigate the relationship between humanized childbirth and the reduction of elective cesareans, focusing on the analysis of four selected articles based on well-established criteria. It was observed that, regardless of the type of childbirth care – whether public or private – good practices reduce the incidence of unnecessary surgical procedures related to childbirth, benefiting both the pregnant woman and the fetus. It became evident, therefore, that the country needs reforms in the obstetric field so that the occurrence of vaginal births that respect the woman's autonomy and physiology surpasses the disproportionately high numbers of cesareans without clinical indication.

**Keywords:** Unnecessary Cesarean Section; Humanizing Delivery; Pregnancy; Comparative; Autonomy of Pregnant Women.

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## INTRODUCTION

Brazil is the second country in the world that performs the most cesarean sections, behind only the Dominican Republic (BRAGA, 2023). The World Health Organization (WHO) recommends that the number of cesarean sections in a country should represent only 15% of the total number of births performed. However, statistics reveal that approximately 55% of births performed in Brazil are cesarean sections, which is more than triple the recommended rate. When observing the reality in the private health system, the rate reaches 86% of total births (Fiocruz apud OLIVEIRA, 2022).

It is known that, when indicated – in cases of complications with the pregnant woman or the fetus – a cesarean section can save lives. However, when performed unnecessarily, it can increase the risk of complications for both, by exposing mother and child to an unnecessary surgical risk (SILVA, 2019). Therefore, it becomes pertinent to discuss why cesarean rates are so high in the country.

It is known that the pursuit of profit, the convenience of surgery for health plans, and low infrastructure in childbirth care contribute to the incidence of cesarean sections, as it is a faster method than vaginal birth -

which favors hospital plans and medical teams in terms of profit: more births in less time – since natural birth can take an entire day, while a cesarean takes about 1 hour (OLIVEIRA, 2022). Furthermore, inefficient measures in the humanization of natural childbirth are added, which commonly lead pregnant women to be convinced that scheduling the birth through elective cesareans is the best option – a rationale that contradicts the WHO recommendation that cesareans should be performed only in cases of clinical indication.

It is also pertinent to highlight that obstetric violence contributes to the presented scenario. This is because knowledge is often not provided to the woman regarding the two birth routes, so that, by evaluating the pros and cons, she can make her choice. On the contrary: instead of presenting options to the pregnant woman – the protagonist of the process – regarding the type of birth, it is common for only one route to be chosen by the medical team, without any participation from the mother, which violates her autonomy. Moreover, it is common for the parturient, lacking clear information about the types of birth, to be induced by those who hold the technique and knowledge to

undergo a certain procedure, believing it to be the only option (OLIVEIRA, Paula Caroline Pepa, 2018). Thus, it is necessary to democratize knowledge and ensure transparency about the risks, benefits, and disadvantages of each type of birth, so that the pregnant woman has the autonomy to lead the birth of her child.

Highlighted for the reversal of the aforementioned problem is the urgency of humanizing natural childbirth, which, being a physiological process, distances itself from unnecessary surgical interventions. Despite the inherent pain and suffering of vaginal birth, it is possible for this process to be less painful through the recognition of the parturient's needs, such as: the right to a companion, application of analgesics for pain relief, and the adaptation of her desires to the labor process – actions that, among others, constitute the concept of "humanization of childbirth" and which oppose obstetric violence, which, in turn, denies the mother's right to autonomy (OLIVEIRA, 2022). Thus, in order to reduce the rates of unnecessary cesareans, it is essential that better practices are applied to natural childbirth in the country.

In this sense, this article seeks to review the literature in an integrative manner, in order to correlate the concepts of pregnant women's autonomy with that of obstetric violence in childbirth decision-making.

## METHODOLOGY

This study is an integrative bibliographic review. The review work allowed for the inclusion of literature with different methodological approaches, whether quantitative or qualitative. In other words, the selection involved both articles supported by statistical analyses and descriptive studies based on interviews conducted with the groups of interest.

The question responsible for guiding the review efforts, i.e., outlining the inclusion and exclusion criteria, in addition to establishing the research focus, was: "how is the autonomy of pregnant women impacted by the imposition of cesarean section and in what way is this manifested in decision-making during the childbirth process?"

The databases for article collection were: SciELO and Google Scholar. The search for writings in these online collections was carried out in December 2023. The descriptors used are summarized as: "unnecessary cesarean," "humanized childbirth," and "women's autonomy." Initially, 16 articles were selected, subsequently submitted to a screening process for the selection of four works, chosen by the first four authors.
The inclusion criteria were based on: studies published in the last 5 years, written in English or Portuguese, with full-text accessibility, composed of complete data, submitted to indexed journals, and only with samples of pregnant women in Brazil. Thus, the bibliographic reference used was established.

## RESULTS / DISCUSSION

The inclusion and exclusion criteria clarified by the authors were defined around the guiding question described in the methodology. In light of this perspective,

studies that met the inclusion criteria but did not consider discussions about obstetric violence or the notion of autonomy in the choice of birth type were discarded from the present review.

Furthermore, even if the comparatives regarding the efficiency between the two obstetric procedures were clear, the purpose of such investigation was not focused on highlighting which would be the most coherent route – from the perspective of significant differences – only which ones answered the highlighted question.

From this perspective, the table below presents the articles selected for the current study, with the database, the titles of the scientific productions, the involved authors, the year of publication, the evidenced method, and the research results as cataloged parameters for the synthesis of the integrative review.

**Table 1 - Distribution of studies according to database, title, authors, year of publication, adopted method, and results**

| Base de dados | Título | Autores | Publicação | Método adotado | Resultados |
|---|---|---|---|---|---|
| **SciELO** | Conhecimento e experiências de violência obstétrica em mulheres que vivenciaram a experiência do parto | NASCIMENTO, Samilla Leal do et al . | 2019 | Descritivo Qualitativo | A maioria das entrevistadas relataram certo desconhecimento quanto à noção de violência obstétrica. Contudo, também foram coletadas narrativas acerca de maus tratos e problemas de atendimento no processo do parto. |
| **Google Scholar** | Avanços na assistência ao parto no Brasil: resultados preliminares de dois estudos avaliativos | LEAL, M. DO C. et al. | 2019 | Análise de dois estudos avaliativos | Tanto no programa *Rede Cegonha* (setor público) quanto no *Nascer Saudável* (rede privada), a maior assistência no parto vaginal correlacionou-se com a diminuição das taxas de cesariana. |
| **SciELO** | Variações das taxas de cesariana e cesariana recorrente no Brasil segundo idade gestacional ao nascer e tipo de hospital | DIAS, B. A. S. et al. | 2022 | Estudo ecológico | Há um aumento da taxa de cesarianas entre 37-38 semanas de gestação em todo o Brasil, principalmente no Centro-Oeste. Além disso, observou-se que a maioria dos partos cesarianos se concentram na rede particular. |
| **Google Scholar** | Perfil sociodemográfico e obstétrico de mulheres vítimas de violência obstétrica no médio norte Matogrossense / Sociodemographic and obstetric profile of women victims of obstetric violence in the middle north | LEITE, M. C. P.; MENDES, D. do C. O.; MENDES, P. A. | 2020 | Descritivo e transversal | Aponta-se uma maioria de partos cesarianos(88,3%); 35% das entrevistadas sofreram a violência obstétrica por parte dos médicos e enfermeiros, desde negação de informações/omissão |

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| | Matogrossense | | de cuidado até inesperados procedimentos invasivos, com 96,7% sem medida de enfrentamento providenciada. |

**SOURCE –** Prepared by the Authors

Regarding the articles referenced in the study in question, we have: “Knowledge and experiences of obstetric violence in women who experienced childbirth”, which involves all the inclusion criteria established previously, in addition to working very well on the focus of discussing the autonomy of pregnant women in choosing childbirth, especially their lack of knowledge regarding the idea of obstetric violence. The research, being qualitative descriptive, ends up using the opinions of parturient women and documents them as a way to discuss this theme.

Furthermore, the article “Advances in childbirth care in Brazil: preliminary results of two evaluative studies” compares two independent evaluative analyses, which assess the rate of cesareans and normal births in Brazilian hospitals, as well as the factors that influence these rates. The discussion addresses the concepts of good practices in childbirth aimed at the humanization of vaginal birth, the autonomy of the pregnant woman, and obstetric violence. Thus, for meeting the established criteria and answering the present investigation, the said article was chosen as one of the references for the study.

In turn, the work: “Variations in recurrent cesarean rates in Brazil” presents extremely reliable national data, which respect the criteria established in the present study. Regarding the relationship with the guiding question, it is observed that, in addition to the article presenting a valid reflection, it justifies and supports the analysis, both being within the same subject, theme, and thematic scope.

Finally, regarding the study: “Sociodemographic and obstetric profile of women victims of obstetric violence in the middle north of Mato Grosso”, a clear and objective discussion is observed.

In addition to explaining the profile of women who suffered from obstetric violence, it makes clear that unnecessary cesarean section is also an inadequate practice, highlighting the problem of the professional as the sovereign holder of knowledge, who prioritizes their own technique to the detriment of the demands of women during the parturition process. For addressing the aspects of the current research and for fitting the selection points, the aforementioned article was selected.

## FINAL CONSIDERATIONS

The current obstetric panorama requires reformulations regarding the level of assistance in vaginal birth in the country, in order to respect the autonomy and freedom of choice of parturient women. For this to occur, the role of the physician and their team as transmitters of knowledge is essential, in order to inform pregnant women about the risks, pros, and cons, and to enable them to choose the type of birth most compatible with their ideals, since they are the protagonists of the process. Thus, medical sovereignty as the exclusive holder of knowledge, regarding childbirth decisions, opposes the model of female agency.

In this way, women should be informed about the need for cesarean indication (instead of the elective decision) and about their rights to enjoy a humanized, dignified birth that has their decisive participation.

Therefore, the study allows for a more comprehensive understanding of better practices in childbirth, which have the potential to reduce unnecessary cesareans and to make vaginal birth, which is a physiological process, more human, bearable, and supported, which, above all, respects the woman's autonomy.

As it is a scenario that lacks improvements, it is suggested that further research be conducted relating the improvement of infrastructure and good obstetric practices to the reduction of elective cesarean births, with the consequent humanization of vaginal birth. It is hoped that the obstetric field will undergo improvements in the country, aiming to prioritize the well-being of the pregnant woman and the fetus.

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