


HUMANIZED OBSTETRIC CARE AS A STRATEGY TO REDUCE UNNECESSARY INTERVENTIONS AND IMPROVE MATERNAL AND NEONATAL OUTCOMES <https://doi.org/10.63330/aurumpub.044-004>**Ariana Pinheiro Caldas¹, Paula Dittrich Corrêa², Thiago Rocha Moreira³, Evaristo Neto Pinotti⁴, Adriany Aparecida da Silva Lopes⁵ and Marisa da Conceição⁶****Abstract**

Humanized obstetric care has emerged as an essential strategy to improve the quality of care for women during pregnancy, childbirth, and the postpartum period, contributing to the reduction of unnecessary interventions and better maternal and neonatal outcomes. This study aims to analyze the importance of humanization in obstetric care and its impacts on clinical practice. This is an integrative literature review with a qualitative approach, based on scientific databases and publications by authors such as Michel Odent, Robbie Davis-Floyd, as well as recommendations from the World Health Organization. The results indicate that humanized practices, including respect for women's autonomy, the judicious use of interventions, and the encouragement of physiological childbirth, are associated with a reduction in unnecessary cesarean sections, fewer complications, and higher maternal satisfaction. Furthermore, improvements in neonatal indicators were observed, such as reduced prematurity rates and fewer invasive

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procedures in newborns. It is concluded that the adoption of humanized care models is fundamental to promoting safe, ethical, and woman-centered care, highlighting the need for continuous professional training and the implementation of public policies that strengthen this approach.

Keywords: Obstetric care, Humanized childbirth, Unnecessary interventions, Maternal health, Neonatal health.

INTRODUCTION

Humanized obstetric care has stood out as a fundamental approach for improving the quality of care provided to women during the pregnancy-puerperal cycle, prioritizing respect for the physiology of childbirth, female autonomy, and the reduction of unnecessary interventions. This model stands in opposition to the technocratic paradigm, historically centered on the medicalization of childbirth, marked by the excessive use of procedures such as cesarean sections, episiotomies, and inductions without clinical indication, which may pose risks to maternal and neonatal health (Odent, 2003; World Health Organization, 2018).

In view of this context, the following research problem is defined: in what way does humanized obstetric care contribute to the reduction of unnecessary interventions and to the improvement of maternal and neonatal outcomes? The relevance of this issue is evidenced by the high rates of obstetric interventions in Brazil, especially cesarean sections, frequently performed without clinical indication, contrary to recommendations based on scientific evidence (Leal et al., 2014).

The general objective of this study is to analyze humanized obstetric care as a strategy to reduce unnecessary interventions and improve maternal and neonatal outcomes. The specific objectives include: understanding the principles of childbirth humanization; identifying unnecessary obstetric interventions; and evaluating the impacts of this approach on the health of women and newborns.

The justification for this study is based on the need to promote safer, more ethical, and woman-centered care practices, aligned with scientific evidence and public health guidelines. In Brazil, policies

such as Rede Cegonha reinforce the importance of humanizing childbirth and birth care, with the aim of improving the quality of maternal and child care (Brazil, 2011).

In the theoretical field, the humanization of obstetric care involves valuing childbirth as a physiological event and integrating the technical and emotional aspects of care. According to Davis-Floyd (2001), models of childbirth care can be understood within different paradigms, with the humanistic model being the one that balances technology and woman-centered care. For Odent (2003), the environment and care practices directly influence labor, making it essential to ensure conditions that favor its natural progression. Furthermore, the World Health Organization (2018) recommends evidence-based practices, with emphasis on women's protagonism and on reducing routine interventions without clinical indication.

METHODOLOGY

TYPE OF STUDY

This is a qualitative study, with a descriptive and exploratory approach, developed through an integrative literature review. This type of research allows for the synthesis of previously produced knowledge, making possible a broader understanding of humanized obstetric care and its impacts on reducing unnecessary interventions and improving maternal and neonatal outcomes (Souza; Silva; Carvalho, 2010).

SEARCH STRATEGY AND STUDY SELECTION

Data collection was carried out through a bibliographic survey in scientific databases, such as the Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO), and PubMed. Controlled and uncontrolled descriptors were used, such as: "obstetric care," "humanization of childbirth," "obstetric interventions," and "maternal and child health," combined using Boolean operators (AND, OR).

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As inclusion criteria, articles published between 2013 and 2023, available in full text, in Portuguese, English, and Spanish, and directly addressing the proposed theme were considered. Duplicate studies, abstracts, editorials, and papers not relevant to the objective of the research were excluded.

DATA ANALYSIS PROCEDURES

Data analysis was conducted through the critical and systematic reading of the selected studies, followed by thematic categorization of the information. This stage made it possible to identify patterns, convergences, and divergences among the findings, organizing them into thematic axes related to the humanization of care, obstetric interventions, and maternal and neonatal outcomes.

The integrative review, as proposed by Mendes, Silveira, and Galvão (2008), involves stages such as problem definition, literature search, study evaluation, data analysis, and presentation of results, ensuring methodological rigor and reliability in the synthesis of evidence.

ETHICAL ASPECTS

As this is a study based on secondary public-domain data, submission to a Research Ethics Committee was not necessary. However, ethical principles related to scientific integrity were respected, with due citation of the authors and sources used, in accordance with ABNT standards.

METHODOLOGICAL FOUNDATION

The choice of the integrative review as a method is justified by its ability to gather and synthesize the results of relevant research, contributing to evidence-based practice in the health field. According to Mendes, Silveira, and Galvão (2008), this method makes it possible to incorporate different research designs, broadening the understanding of the phenomenon under study.

In addition, studies indicate that the use of scientific evidence in obstetric care is essential for reducing unnecessary practices and promoting safer and more humanized care (World Health Organization, 2018), reinforcing the importance of rigorous methodologies in knowledge production.

RESULTS AND DISCUSSION

The analysis of the selected studies showed that humanized obstetric care has been widely associated with improved quality of care and the reduction of unnecessary interventions in the context of labor and childbirth. There was a predominance of research published in the last decade, with different methodological designs, which allowed for a comprehensive understanding of the topic. The findings indicate that the adoption of woman-centered practices contributes significantly to reducing the medicalization of childbirth, favoring physiology and respecting women's protagonism (Leal et al., 2014; World Health Organization, 2018).

With regard to obstetric interventions, the studies demonstrate a significant reduction in the performance of cesarean sections without clinical indication, routine episiotomies, and the indiscriminate use of oxytocin in contexts where the humanization of care is prioritized. These results reinforce the importance of the judicious use of health technologies, in line with international recommendations, which guide the adoption of evidence-based practices centered on women's individual needs (World Health Organization, 2018).

Table 1 presents a synthesis of the main findings related to the reduction of unnecessary obstetric interventions identified in the analyzed studies.

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Table 1

Reduction of obstetric interventions in humanized care models

Obstetric intervention	Traditional model	Humanized model
Cesarean section without indication	High frequency	Significant reduction
Routine episiotomy	Frequent	Restricted use
Use of oxytocin	Indiscriminate	Judicious use
Restriction of mobility	Common	Encouragement of free movement

Source: Prepared by the author, based on Leal et al. (2014) and World Health Organization (2018).

In addition to the reduction of interventions, a positive impact on maternal and neonatal outcomes was found. The evidence points to a lower incidence of complications during childbirth, a reduction in infections, a lower rate of prematurity, and better conditions for newborn adaptation. The adoption of practices such as immediate skin-to-skin contact and the encouragement of early breastfeeding directly contribute to these results, in addition to strengthening the bond between mother and baby (Brazil, 2011).

Table 2 synthesizes the main maternal and neonatal outcomes associated with humanized obstetric care.

Table 2

Main outcomes associated with humanized obstetric care

Outcomes	Observed impact
Maternal complications	Reduction
Puerperal infections	Reduction
Prematurity	Decrease
Interventions in the newborn	Lower occurrence
Maternal satisfaction	Increase

Source: Prepared by the author, based on Brazil (2011) and Davis-Floyd (2001).

Another relevant aspect concerns women's experience during childbirth. The analyzed studies indicate greater maternal satisfaction when care is based on humanized principles, including respect for

autonomy, the presence of a companion, and a welcoming environment. These factors contribute to a more positive childbirth experience and to better emotional and psychological outcomes (Davis-Floyd, 2001; Odent, 2003).

The discussion of the findings shows that humanized obstetric care is in line with current recommendations in the scientific literature, which emphasize the need to reorient the model of childbirth care. Despite advances, challenges still persist regarding the implementation of these practices, especially in relation to institutional culture and the training of health professionals. Thus, the consolidation of a humanized model requires investment in continuing education, organizational changes, and the strengthening of public policies focused on maternal and child health (Brazil, 2011; World Health Organization, 2018).

CONCLUSION

The present study aimed to analyze humanized obstetric care as a strategy for reducing unnecessary interventions and improving maternal and neonatal outcomes. Based on the integrative literature review, it was possible to understand that the adoption of practices grounded in the humanization of care contributes significantly to improving the quality of assistance during labor and childbirth.

The main results showed that humanized care models are associated with a decrease in obstetric interventions without clinical indication, such as elective cesarean sections, routine episiotomies, and the indiscriminate use of oxytocin. In addition, a positive impact on maternal and neonatal outcomes was observed, including a reduction in complications, a lower incidence of infections, decreased prematurity, and increased maternal satisfaction. These findings reinforce the importance of practices that respect the physiology of childbirth, women's protagonism, and the judicious use of health technologies.

As a contribution, this study highlights the relevance of humanized obstetric care as an effective strategy for promoting safer, more ethical, and woman-centered care, in addition to supporting

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professional practice based on scientific evidence. Furthermore, it reinforces the need to strengthen public policies and invest in the training of health professionals, with a view to consolidating this model of care.

Finally, it is suggested that future research deepen the analysis of the challenges involved in implementing humanization in different health contexts, as well as investigate strategies that favor the adherence of professionals and institutions to evidence-based practices. The conduct of longitudinal studies that assess the long-term impacts of humanized care on maternal and child health indicators is also recommended.

REFERENCES

- Ayres, José Ricardo de Carvalho Mesquita. *Cuidado: trabalho e interação nas práticas de saúde* [Care: work and interaction in health practices]. Rio de Janeiro: CEPESC; IMS/UERJ; ABRASCO, 2009.
- Brasil. Ministério da Saúde. *Rede Cegonha* [Stork Network]. Brasília: Ministério da Saúde, 2011.
- Brasil. Ministério da Saúde. *Diretrizes nacionais de assistência ao parto normal* [National guidelines for assistance in normal childbirth]. Brasília: Ministério da Saúde, 2017.
- Davis-Floyd, Robbie. The technocratic, humanistic, and holistic paradigms of childbirth. *International Journal of Gynecology & Obstetrics*, v. 75, p. S5–S23, 2001.
- Diniz, Simone Grilo. Humanização da assistência ao parto no Brasil: os muitos sentidos de um movimento [Humanization of childbirth care in Brazil: the many meanings of a movement]. *Ciência & Saúde Coletiva*, Rio de Janeiro, v. 10, n. 3, p. 627–637, 2005.
- Leal, Maria do Carmo et al. Intervenções obstétricas durante o trabalho de parto e parto em mulheres brasileiras de risco habitual [Obstetric interventions during labor and childbirth in Brazilian women of usual risk]. *Cadernos de Saúde Pública*, Rio de Janeiro, v. 30, supl. 1, p. S17–S47, 2014.
- Mendes, Karina Dal Sasso; Silveira, Renata Cristina de Campos Pereira; Galvão, Cristina Maria. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem

[Integrative review: a research method for the incorporation of evidence in health and nursing].

Texto & Contexto Enfermagem, Florianópolis, v. 17, n. 4, p. 758–764, 2008.

Odent, Michel. *O renascimento do parto* [The rebirth of childbirth]. Florianópolis: Saint Germain, 2003.

Organização Mundial da Saúde. *WHO recommendations: intrapartum care for a positive childbirth experience*. Geneva: World Health Organization, 2018.

Organização Mundial da Saúde. *WHO recommendations on antenatal care for a positive pregnancy experience*. Geneva: World Health Organization, 2016.

Sandall, Jane et al. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews*, 2016.

Souza, Marcela Tavares de; Silva, Michelly Dias da; Carvalho, Rachel de. Revisão integrativa: o que é e como fazer [Integrative review: what it is and how to do it]. *Einstein (São Paulo)*, São Paulo, v. 8, n. 1, p. 102–106, 2010.

Victora, Cesar Gomes et al. Maternal and child health in Brazil: progress and challenges. *The Lancet*, v. 377, n. 9780, p. 1863–1876, 2011.