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Humanized Delivery: A Systematic Review

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Abstract:- The present study is carried out with the objective of defining humanized childbirth, its characteristics, importance and benefits for the mother and the fetus through a bibliographic review.

Methodology: A systematic review of the literature was carried out that began with the search strategy in the main search engines (medigraphic, Scielo, Dialnet, Elsevier), then went on to the screening phase according to the inclusion and exclusion criteria to finally pass to the eligibility and inclusion phase from the deepening.

Results: The results show that most of the articles reviewed are from the last three years, which shows that the subject of study is a phenomenon with a current and global trend. In addition, the findings show the preference of mothers for this type of delivery due to the importance and benefits that it brings not only for it but for the baby.

Conclusions: The present study shows the progressive interest of humanized childbirth as a model that, based on the evidence, shows a high level of acceptance by pregnant women and the medical-scientific community to dignify labor and face the obstetric violence.

Keywords:- *Humanized Childbirth, Mothers, Importance, Benefits, Obstetric Violence.*

I. INTRODUCTION

Labor is the process of expulsion of the fetus that takes place at the end of gestation and gives way to delivery. In it, the specialist evaluates a set of regulatory mechanisms that make this process possible according to the gestational characteristics of the mother (uterine phase, fetal position, health status of the mother, among others). Generally, the labor process begins with uterine contractions, which are one of the physiological indicators of the process and should be constantly monitored clinically to determine their intensity, frequency, basal tone and duration.1

In relation to labor, various clinical phases are recognized and have been established since 1954 based on the studies of Dr. Emanuel Friedman, who was able to graphically represent each of the phases of the process through a statistical curve that shows the progression of this process 2 which begins with the stage identified as the latent phase where effacement takes place and cervical dilatation reaches 4cm. This is followed by the active phase in which the pregnant woman undergoes a period of rapidly progressive dilatation that continues with a much slower dilatation that reaches 10 cm[3]

However, there have been several divergences among specialists regarding the classification of the phases of childbirth, since it is also an ancient process that has gone through different transforming moments from the very moment of man's creation. Historically, childbirth has been the object of superstitions and religious practices that have not always been the most appropriate for the mother and child, ranging from the use of drinks and food, to positions and the use of instruments that, beyond helping the process, have been a barrier to achieving a happy term.4

Although for many years the role of the midwife was fundamental in different societies in the birthing process, history shows how this profession was devalued with the passing of the years and the social transformation that was gradually taking place where a gap began to form between experience (midwife) and knowledge (doctors). Thus, little by little, enough scientific and medical advances were presented that allowed for a better understanding of this process to the point that, although knowledge was perfected, this practice, which is the beginning of a human being's life, was dehumanized.4

In this historical context, the recognition of Human Rights and the gender approach have made it possible to generate a new obstetric scenario in favor of the integrity and well-being of the protagonists of this process, such as the mother and the child, in the interest of humanizing it once again and guaranteeing that actions are carried out within the framework of these rights. The humanization of childbirth arose from the interest and the need to recognize the rights of women and children, as well as the need to consider the woman's interests and give her greater decision-making power over the choice of positions for childbirth. This interest emerged in the 1970s and later in the year 2000 with specialists such as Leboyer and Odent.5

In this order of ideas, as indications of how obstetric violence directly affected women in their childbirth processes were presented, there was an increasing interest in

addressing the issue of the rights of pregnant women. Thus, in 2014, the World Health Organization, through the Declaration on the Prevention and Eradication of Disrespect and Abuse during Childbirth Care in Health Facilities, specified that all women have the right to receive the highest level of health care, including dignified and respectful care during pregnancy and childbirth, where they have the right to be free from violence and discrimination.6

Humanized childbirth care (HCP) is an approach that has taken shape over the years in obstetric practice based on an understanding of the birthing process and its implications for the well-being of the child and the mother due to each of the attributes that come together in this practical philosophy, among which respect, emotional support, autonomy, beliefs and privacy of the pregnant woman stand out.

In this context, the conjugation of ancestral techniques and current knowledge allow this practice that favors the care of the pregnant woman, allowing her to satisfactorily experience this moment. Humanized childbirth is currently considered as one of the affirmative actions that seek to reduce the cases of obstetric violence suffered by thousands of women in the world every year due to a set of unethical and medically incorrect practices that threaten not only the life of the pregnant woman but also of the unborn child.

This reality has been widely discussed in international scenarios since a few decades ago when, in the World Week for a Respected Childbirth in 2012, it was recognized as a human right that all women have in the framework of a historical behavior that demonstrates its violation that threatens the integrity of pregnant women. In relation to this Forum, actions have been defined since then that have made it possible to change the paradigm of the maternal and child health care model with a human rights and gender perspective.7

In this regard, obstetric violence, recognized as one of the forms of violence against women, is one of the main causes that have motivated the efforts of the authorities to find ways to address this scourge that violates fundamental rights, including health and integrity; Thus, among the Sustainable Development Goals (SDGs), obstetric practice is present in SDG 3 (related to health and well-being) and SDG 5 (related to gender equality) in goals that seek to reduce the global maternal mortality rate, preventable deaths of newborns, ensure sexual and reproductive health, and eliminate all forms of violence against women. 6

Consequently, humanized childbirth has been recognized as a practice that can contribute significantly to the fulfillment of these goals, so that specific criteria have been established for its practice and recommendations that seek to include it in the health policies of each State within the framework of fundamental human rights and women's rights. To this end, different guidelines and protocols have been established based on the acquired knowledge and technological advances that complement the ancestral knowledge gathered by history in order to provide the necessary conditions to care for the pregnant woman during labor The recognition of humanized childbirth not only as a new paradigm but also from a legal point of view has made this form of violence visible, which since 2016 allowed presenting figures that were alarming for the medical community and human rights defenders since, through the report presented by the Observatory of Obstetric Violence it was possible to evidence that in practice at least 74% of women in labor process do not choose the expulsion posture, that 65 of the birth plans are not respected and that 40% of pregnant women needed psychological help to overcome the sequels left by their respective labor processes. 8

Although there are some legislations in the world that have sanctioned and criminalized this type of practices in their respective legislations, it happens that the international lack of knowledge from the legal point of view significantly limits the actions of the authorities. For this reason, the work carried out by different interest groups (civil associations, NGOs, among others) to characterize and make visible the consequences of obstetric violence and the alternatives that professional practice offers to deal with this situation, including humanized childbirth, is fundamental.

Thus, it is necessary to reflect on the importance of knowing the characteristics offered by this obstetric practice and how medical professionals can contribute to improving the childbirth experience of each pregnant woman within the framework of human rights and the gender approach. Hence, the following question that guides the course of this study arises: What are the characteristics, importance and benefits of humanized childbirth as an obstetric alternative framed in the Human Rights of the mother and fetus?

Research Objectives

General Objective

To define humanized childbirth, characteristics, importance and benefits for the mother and fetus through a literature review.

Specific Objectives

- To analyze the different types of childbirth or recommendations during the birthing process.
- To classify the different theories in relation to humanized care.
- To describe humanized care during labor

II. METHODOLOGY

For the development of the present study, an in-depth study of the literature was carried out based on the systematic review that took place according to the recommendations of the PRISMA declaration. First of all, a search strategy was established that began with the determination of the keywords and the inclusion-exclusion criteria, and then gave way to the search process carried out in the selected databases, which were: Medigraphic, Scielo, Dialnet, Elsevier, Pubmed, ProQuest.

The search strategy required the determination of key words related to the specific objectives initially established

that answer the clinical question posed as the basis of the study, which were: childbirth, care, pregnant woman, humanized childbirth, positive childbirth experience.

Subsequently, the selection process included the identification of inclusion and exclusion criteria that would allow the discarding of those articles that would not provide significant information for the study. These criteria are specified below:

Inclusion criteria
- Articles published between 2015-2021.
- In English, Spanish and Portuguese.
- With full access to the text.
- With variables and keywords associated with this study.
- Original article, literature review, cross-sectional and descriptive studies and case studies.

Exclusion criteria
- Articles that do not address in any way the variables related to humanized childbirth.
- Articles repeated in a previous search.
- Those that do not meet the inclusion criteria.

Finally, for the final selection of the articles for this review, a more in-depth content analysis was carried out in two phases; the first phase consisted of reviewing the objectives, type of study, methodology and results of each summary. The second phase consisted of evaluating the theoretical approach underlying each study and the author's conclusions and considerations in light of its objectives, which resulted in a total of 25 articles. The publications were analyzed according to the classification proposed by evidence-based practice, which describes seven levels of evidence, namely: those derived from a systematic review, meta-analysis or all relevant randomized controlled clinical trials; those derived from at least one well-delineated randomized controlled clinical trial; those obtained from clinical trials without randomization; those derived from well-delineated case-controls; those originating from systematic reviews of descriptive and qualitative studies; those derived from a single descriptive or qualitative study; those derived from other sources of information such as the opinion of authorities or specialist reports.

III. RESULTS

In this case, the following are the results obtained from the systematization process of each of the articles reviewed, which complied with a selection process that began with the identification of the publications in the search engines according to the key words, followed by the screening and then the eligibility process that allowed the selection of the articlesthat, according to their contribution to the research, were included as part of the study.

Analyzing the data of the 25 publications included in this article, it was observed that 80% of them were written in the last three years (2018-2019-2020)-, which reflects topicality in the subject and the emerging need to discuss this topic not only in local scenarios but due to its incidence in global scenarios, since in the eligibility process there were a large number of articles in other languages addressing the same subject matter of which three articles in English language were included in the study. In relation to the distribution of the study designs, 40% were qualitative in nature, 40% were quantitative and 20% were characterized as narrative-discursive. Likewise, it is important to highlight that 100% of the articles coincided in humanized childbirth as a descriptor of health, which constitutes the main variable that is the object of this study. For better identification of the publications that make up this review, a summary table was constructed in Excel with information pertinent to: year of publication, title of the article, authors, type of study, associated keywords, general objective and results of each of the publications.

N	Year	Author	Title	Type of study	Associated keywords	General Objective	Results
1	2017	Cáceres F, Nieves G.	Humanized childbirth care. Differential according to clinical and social social condition of the mother	Reflection article	Labor, humanized childbirth.	Reflecting on the concept of concept of humanized childbirth care (HCP) and the differential differential performance of health personnel and institutions according to the clinical and socioeconomic conditions of the mothers.	Inequality in the experience of AHP according to age AHP according to age, risk, and socioeconomic level shows inequity in health care for women living in conditions of poverty and marginalization. The commitment of health professionals and institutions is required in order to build scenarios equitable AHP

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2	2018 a	Borges L, Sánchez R, domínguez R, Sixto A.	Humanized childbirth as a necessity for the integral care of the woman	Bibliographic Review	Humanization, childbirth, health team.	To reinforce the theoretical knowledge of the health team on the humanization of childbirth, which transforms, in health care practice, the integral care of women.	A historical analysis of the humanization of childbirth was carried out. This approach will reinforce the contributions to the health team that attends the woman during this process by offering a material that goes from the origins of the humanist currents to the importance of this approach for the woman and the health team during the labor process.
3	2018 b	Borges L, Sánchez R, domínguez R, Sixto A.	An integral conception of humanized childbirth in Cuba.	Review article	Humanized childbirth, care, woman.	Characterizing humanized childbirth in Cuba	From this theoretical analysis, presumptions arise in relation to the process of in the context of Cuban maternity wards, where there are health professionals with a high scientific and technological and a high level of scientific and technological expertise to guarantee a satisfactory outcome for the mother-child binomial. satisfactory results in the mother-child binomial, but it is necessary to include the humanizing and integral humanizing and integral component.
4	2020	Bedoya L, Agudelo A, Restrepo D.	Women in pregnancy, childbirth and postpartum: A view from feminist thought.	Review Article	Pregnancy, childbirth, right to health, gender	To analyze the contributions of the gender approach of feminist thought to understand the feminist thought to understand the relationship of women in pregnancy, childbirth and postpartum with health services personnel.	It is necessary to establish dialogues that allow biomedicine to integrate women's right to be healthy and to have non-violent PPE experiences, which requires a critical vision of the staff in the face of the structural transformation of the commodified health system, and the social conditions of poverty and inequality that affect health. the structural transformation of the marketized health system, and the social conditions of poverty

							and inequality that affect health
5	2019	Bastos A, Vierira E, Goncalves J, Nóbrega R, Almeida R, Oliveira W, Barreto L.	Level of knowledge of pregnant women in the public service on service about humanized birth	Descriptive Study	Humanizing childbirth, knowledge, nursing, knowledge, assistance, assistance.	To analyze the level knowledge of humanized birth in pregnant women from two public services and to characterize public services and to characterize the sample epidemiologically.	The majority of those who did not know about humanized childbirth, were from the countryside with lower income, preference for normal preference for normal birth, were not informed about the types of birth by the doctor (mostly physicians) who types of childbirth by the physician (mostly doctors) they knew well. Adequate concepts of humanized childbirth, even in the absence of prior information, were associated with socioeconomic and prenatal variables.
6	2020	Caicedo Y, Castro A, Jiménez M, Ramírez F, Vellejo L.	Satisfaction with humanized childbirth in users attended in the gynecology and obstetrics service of a high complexity hospital during the IV trimester of the year 2021.	Descriptive-Transversal	Satisfaction, humanized childbirth, obstetric violence	To identify the Humanized Childbirth Satisfaction of users attended in the gynecology and obstetrics service of a high complexity hospital, in the IV trimester of 2021, through structured surveys.	It is expected to obtain a level of satisfaction with humanized childbirth corresponding to "satisfactory"
7	2019	Iglesia S, Conde M, González S.	Humanized labor and birth: evaluation of an evidence-based clinical pathway	Original Article	Humanization of Childbirth.	To evaluate the results of the implementation and degree of compliance with an evidence-based clinical pathway for childbirth care..	The implementation of the clinical pathway improved the quality of care, bringing it closer to WHO recommendations.
8	2017	Gaitán H, Eslava J.	Childbirth: Event that demands quality excellence in health services	Critical-reflective study	Humanization, childbirth, pregnant women.	To analyze the differences observed in the quality of delivery care that negatively affect pregnant women with fewer economic resources, adolescents and those with high-risk pregnancies	The care of the pregnant woman during prenatal control and pregnancy should be one of the care processes where evidence derived from clinical research, good practice, experience, solidarity, respect for the professional and the absence of barriers should come together for the benefit of the fruit of the pregnancy

							and the mother
9	2018	Jiménez G, Peña Y.	Adherence to WHO recommendations on humanized labor and birth care	Descriptive-cross-sectional study	Humanized labor and delivery, assistance	To describe the degree of adherence of health personnel to the recommendations of the World Health Organization in the care of humanized labor and birth in Medellín, Colombia	The proportion of cesarean sections was high 34.8 %; the partogram was not filled out in 29.3 %; women's privacy was violated 26.2 %; there were no facilities for ambulation 92.2 %; the use of forceps was still present, although in a low proportion of 7.4 %; episiotomy was performed in 16.8 % of deliveries.
10	2016	Knupp R, teixeira R, Nocolini A, Spanavello A, Correa A, Prado D.	Humanized care: insertion of obstetric nurses in a teaching hospital.	Descriptive-cross-sectional study	Nurse midwives, humanized childbirth.	To analyze the care provided in the Prepartum/Partum/Postpartum (PPP) unit of a teaching hospital after the insertion of nurse midwives..	The results suggest that the insertion of nurse-midwives of nurse-midwives contributed to the qualification of the care provided at labor and delivery, with a reduction in interventions such as episiotomy and cesarean section, with an incentive reduction of interventions such as episiotomy and cesarean section, and there was an incentive to choose practices that did not interfere with the physiology of the birthing process. practices that did not interfere with the physiology of the birthing process, generating good perinatal results.
11	2020	Lanero S, Lanero A.	Obstetric humanization from a woman's perspective: perceptions of support and beliefs about childbirth care practices.	Original Article	Pregnancy, humanized childbirth	To know the perception of pregnant women in relation to the support they receive from professionals, and to define their beliefs about the optimal implementation of the different childbirth care practices	A total of 298 pregnant women participated in the study. The women's perceptions of support from the professionals were moderately positive. The pregnant women showed little involvement in making decisions related to childbirth, delegating responsibility to the professionals. However, when they made decisions about their birth, their beliefs were more in line with a

							vision of humanized childbirth - currently advocated by official health institutions - than of interventional childbirth
12	2020	Lozano C. Huamani R.	Humanized childbirth: the beginning of a new life	Review article	Humanized childbirth, violence against women	To analyze the implications of humanized childbirth, not only from the mother's point of view, but also how it affects her environment and society, taking as a reference the actions of some Latin American countries.	This model should be reinforced in health by professionals, be it the obstetrician or the gynecologist, leaving aside the excessive use of medications, instrumentation, or distancing pregnant women from family support at the time of delivery when they need the most help. by distancing pregnant women from family support at the time of delivery when they need the most help.
13	2019	Macías M, Galarza G, Haro J, Quishpe M, Piloso F, Triviño B.	Importance and benefits of humanized childbirth	Review article	Humanized childbirth, importance.	Explore the importance and benefits of humanized childbirth, in which the woman must present the birth plan, which is a document where the woman expresses her preferences, needs, desires and expectations about the labor and birth process..	Humanized childbirth is natural childbirth or respected childbirth where affectionate communication is established between the parents and the team, where both the rights of the mother and the baby to be cared for and assisted with all the knowledge possessed during the years of experience are considered, the assistance of the team in accompanying the couple who imagine the birth of their baby, respecting their fears and anxieties doing their best for the birth of the baby
14	2018	Moreno A, Celis C, Posadas A, Martínez L, Villafán L.	Description of the labor curve in a tertiary care hospital.	Original Article	Labor curve.	To describe the labor curve in a sample of patients attended at the Hospital de Ginecoobstetricia Luis Castelazo Ayala at the Hospital de Ginecoobstetricia Luis Castelazo Ayala and lay the foundations to define normal labor in the primigravid patient and, therefore, its	A total of 370 healthy primigravid patients were included. Labor lasted, on average, 862 minutes (14 hours and 12 minutes). The labor curve plotted was an upward sloping curve, with an acceleration phase from the onset of 4 centimeters of dilatation; thereafter, the mean average duration of labor was 234

						alterations.	minutes (3 hours and 54 minutes), with a dilatation pattern of 0.4-0.7 cm per hour
15	2018	Muñoz C, Contreras Y, Manríquez C.	experiences of women with personalized birth assistance	Descriptive-cross-sectional study	Humanized childbirth, pregnant women	To explore the experiences of women who opted for a personalized birth, at home or in private clinics, in the province of Concepción, Chile.	The experience revealed six categories, three were proposed (expectations and experiences, influences associated with the decision of personalized birth and previous prenatal preparation), three emerged spontaneously (birth as feminine fulfillment, social support, facilitators and hindrances of personalized birth)
16	2020	Palma	Humanized childbirth	Critical-reflective study	Humanized childbirth, pregnant woman		The humanization of childbirth in the maternity wards of our country aims to provide qualified, adequate, efficient and timely care, according to the values, customs and beliefs of each woman, as well as to safeguard the rights of the pregnant family.
17	2015	Versiani C, Barbieri M, Gabrielloni M, Fustinoni S.	Meaning of humanized childbirth for pregnant women	Descriptive study	Humanized childbirth, pregnant women	To understand the meaning of humanized childbirth in the conception of pregnant women.	The central theme was: Understanding humanized childbirth as that in which the professional has as a prerogative the empathic relationship and technical competence that favors the woman the experience of childbirth and physiological childbirth as a protagonist during this process.

18	2019	Vialart N.	The management of humanized nursing care in the digital era.	Review Article	Nursing, nursing care	Addressing the management of humanized care as a necessary issue, accompanied by the development of informatics as a complement, without abandoning ethical aspects of information in health services.	Informatics should be seen as an instrument that facilitates the management of humanized care based on the interaction between the professionals themselves and all the actors involved in care. Furthermore, its application should be considered as a way of providing anticipatory care, promoting health with quality and ethics. It constitutes another way of caring that does not exclude its realization with humanity and respect.
19	2019	Borges L, Sánchez R, Peñalver A, Linares E, González A, González M.	Symphonological bioethics applied to the humanized care of women during childbirth in Cuba.	Review Article	Humanized childbirth	To relate the theoretical contributions of the Symphonological Bioethics theory to the achievement of humanized care to women during childbirth in Cuban hospital obstetric services.	Symphonology provides the Obstetric Nursing professional with an incentive for a paradigm shift regarding the process of childbirth focused on achieving its humanization by promoting humanized care framed in the woman as the protagonist of her own childbirth with respect for her rights.
20	2019	Chiliquinga S, Aguirre R, Serra M, Fontaines T, Núñez T, Agudo B.	Sociocultural factors in relation to the decision of the type of delivery in Ecuadorian adolescents.	Descriptive study	Childbirth	To describe the relationship between sociocultural factors and the decision of the type of birth in Ecuadorian adolescents.	the highest preference was for transpelvic delivery, with 82.4 transpelvic delivery, with 82.4 %. Seventy.2 % of the women belonged to urban areas, and 66.2 % of them had no previous deliveries. 70.2 % of the women belonged to urban areas, and 66.2 % of them had no previous deliveries. The majority of the young women decided to have a transpelvic delivery, despite the reasoning given for the different sociocultural factors. different sociocultural factors. There was a statistically significant relationship between the reasoning and the decision.

21	2019	Lafaurie M, Angarita M, Chilatra C.	Humanized pregnancy care: the perspective of pregnant women attending a hospital health unit.	Descriptive study	women's rights, pregnancy, gender, humanized childbirth	To make a reading, from the humanization of maternal health care, of the perspective of pregnant women attending a hospital health unit that implements the humanized childbirth model in Bogota;	According to the findings of the study, pregnancy for the group of participants is a positive event that, nevertheless, brings with it moments of tension, fears and worries, which fall, especially, on the the delivery of the baby. These circumstances can be minimized through the humanized action of the health team, strengthening their empowerment.
22	2021	Martín L.	as natural as possible: Narratives of primary care and hospital midwives in the paradigm of humanized childbirth.	Descriptive-cross-sectional study	humanized childbirth	To explore the visions of the midwives interviewed on the intersection between humanized childbirth and nature.	The informants construct the natural applied to reproductive processes as a continuum of fluid options with two poles: that of interventionism with negative connotations and that of naturalism, linked to positive elements. On the other hand, the Cartesian mind/body dichotomy is inverted at the evaluative level: the mind conveys biomedical and therefore negative elements while the body must take control.
23	2019	Carlosama D, Villota N, Benavides V, Villalobos F, Hernández E, Matabanchoy S.	Humanization of health services in Iberoamerica: A systematic review.	Systematic review	Humanization of care, bioethics, human dignity.	To learn about the advances in the approach to humanization in health in Ibero-America in the last ten years.	The search yielded 60 documents after application of the inclusion criteria and elimination of duplicates. After selection based on the exclusion criteria, 30 articles were obtained and reviewed in the present study.
24	2019	Hernández C.	Cesarean section epidemic as a constraint to humanized childbirth	Critical-reflective study	Humanized childbirth	Determine the significance of cesarean section in the context of humanized childbirth by analyzing the figures related to it and its abuse compared to the necessary use suggested by the	The fact of performing actions that affect the normal course of childbirth, including the performance of cesarean sections without adequately justified indications, represents a violation of the humanized process of childbirth.

						WHO.	
25		Mantilla M, Di Marco M.	Reflexivity, autonomy and consent. An analysis of the experiences of women seeking physiological childbirth in the city of Buenos Aires.	Critical-reflective study	Pregnancy, obstetric violence	Analyze the tensions experienced by pregnant women in their attempts to have their needs, rights and choices respected.	Informed consent is not only a formal medical procedure used by physicians to endorse their decisions and take the patient's acceptance for granted, but it is also a tool through which women appropriate and mobilize in their interactions with the health system.

IV. DISCUSSION

According to the findings found in the literature reviewed regarding the process of humanized childbirth, it is necessary to recognize that the premise of this approach has been to attend to the will of the woman, respecting her own personal physiological times, since it is a process in which relevant aspects of life are presented that allow this process to be inscribed not only within the framework of human rights (integrity, life, well-being, health) but also as a way of vindicating the sexual and reproductive rights of women by the health system. 9

In this way, studies such as that of Muñoz 10 show that humanized childbirth requires that all decisions and procedures be oriented to the benefit of the woman, not only to guarantee her rights, but also to attend to her particular needs, tastes and preferences, that is, that there be more personalized attention centered on maternal needs. Another relevant aspect that was evident in most of the studies reviewed is that the mother and the child are the protagonists of the process.11-12-13

Based on this analysis, we agree with the definition of humanized childbirth proposed by specific studies5 whose perspective coincides with the fundamentals recommended by organizations such as the WHO that demand comprehensive care for the woman and her family during the childbirth process, who is recognized as a subject of care who has the right to actively participate in satisfying her needs, exercising her autonomy and freedom while preserving her dignity and integrity. From the perspective of the definition, health professionals who provide care during the birthing process should be concerned about improving the comprehensive care of the pregnant woman, first through their scientific knowledge of the birthing process in each of its phases, second through their understanding of her experience and respect for her rights as a human being, and third through good ethical and moral practices that, in addition to performing the procedures in an optimal manner, allow them to provide the service with tolerance, patience, benevolence, among other values that further humanize the process.14

In this sense, the support that women perceive from the professionals from the emotional, instrumental and informative point of view has a great impact on how they qualify their childbirth processes and constitutes a differential indicator of humanized childbirth where their beliefs seem to adjust to this model of childbirth rather than to the interventional one, especially in relation to the more invasive practices.15

From the evaluation of labor that has been carried out in different contexts worldwide and that have sought to establish lines of action that do not compromise the health, welfare and integrity of either the mother or the child, a set of recommendations have been established by these actors that favor the process of childbirth framed in a human rights approach as is the model of care during childbirth proposed by the WHO where it indicates that humanized labor should: be respected and attended with the respective emotional support that the mother deserves, urging her to have a companion to live this experience with her; it also urges that communication by the staff be effective and assertive, which should also choose to implement strategies to mitigate the mother's pain during the process, regularly monitor the process and record it efficiently, allow the intake of fluids and food as well as mobility in labor and the choice of position at the time of delivery. All of these suggestions are made with the understanding that essential physical resources and a competent and motivated staff must be available.16

Likewise, several studies show that to achieve a complete humanization of childbirth that minimizes obstetric violence, it is necessary to adopt certain clinical practices in childbirth and postpartum that, in addition to being respectful, are also effective. For this reason, many recommendations are oriented towards the profound transformation of health services, as well as a change in the paradigms of medical and health care personnel that will allow them to improve their attitudes. Therefore, the proposal of this type of strategy can be a quality tool that favors this transformation.17

After a thorough review of the studies associated with this research, it was determined that among the most relevant characteristics of humanized childbirth is its

capacity to favor the process without unnecessary interventions that could alter its naturalness, understanding that this is part of a physiological process that requires intervention only to correct some type of eventuality that contravenes this natural process.18

Likewise, this is a process that offers particular care based on the needs of each pregnant woman, respecting her autonomy of will, where clinical decisions correspond to those of the mother and do not threaten either her safety or her wishes. This, in turn, generates a climate of trust, respect and confidentiality among the parties involved (pregnant woman, physician and health care personnel).15

This last aspect is part of the bioethical approach to humanized childbirth, since it is based on the principles where the woman's dignity and autonomy are expressed through the right she exercises when she participates in the decisions about how her birth plan will be approached, because although there must be an important scientific rigor, the balance is achieved when the technique and the procedures respond to the mother's wishes. Therefore,19 she stresses that on this premise we can speak of decisional autonomy (freedom of choice), informational autonomy (protection of personal data in accordance with her right to privacy) and functional autonomy (freedom of the patient to act and decide)

For its part, the importance of humanized childbirth prioritizes the needs of the patient and recognizes the parents as the protagonists of the process, which is evident in each of the actions of the health personnel who perform the minimal interventions. It is also important to understand that this model actively involves both the couple and the family in the birth of the baby.20 Another relevant factor in this type of delivery is that it respects the opinions and needs (emotional, psychological and physiological) of the woman and her family through measures that are beneficial to them, avoiding unnecessary interventionist practices that may be detrimental to human dignity and integrity.20

Humanized childbirth is based on obstetric procedures that are aligned with some bioethical conceptions, including the recognition of the integrity of the human being, respect for his or her autonomy and will 21 throughout the process, which seek to avoid systematized care routines. Therefore, this process becomes a positive experience because human dignity prevails over any decision not contemplated in evidence-based medicine.22

In relation to the benefits of humanized childbirth, she reports that they have been evidenced in practice because it corresponds to the natural process where babies are born from women's bodies without the intervention of artificial mechanisms or techniques that cause a series of affectations not only physical but also emotional. In this context, it is understood that one of the benefits of this type of delivery is that the health personnel create an environment of respect and tranquility that gives the pregnant woman the opportunity to exercise her autonomy and allows her to be the protagonist of this moment and encourages the woman to trust her body and her natural capacity to give birth, finally, avoiding pain medication and allowing her to adopt the position she feels most comfortable in during labor.23

Among other benefits provided by this moment is the ability to prepare an atmosphere that favors the emotionality that materializes with direct contact with your child once you have it in your arms. One of the most beneficial characteristics of humanized childbirth is all the postpartum care that exists, which also happens to be a relevant differentiating aspect where the mother is assisted in breastfeeding her baby, which allows her to strengthen the bond between the two, which also favors the transfer of nutrients to her child for its growth and development. 24

With regard to the expulsion process, humanized childbirth allows the woman to freely adopt the position that is most effective, comfortable or pleasurable for her throughout labor and the expulsion period. Among the most frequently mentioned by women are those in favor of upright, squatting, sitting, kneeling or standing positions supported by her partner; according to studies such as that of13, there is evidence that there is a strong rejection of lying down, which is contradictory to the traditional obstetric practice suggested in most health systems where the woman performs her labor lying down.

It should be understood that each of the articles reviewed make reference to the incidence of obstetric violence as the main reason why different actors have fought for humanized childbirth to be considered as an action to address this problem and minimize the global rates of this type of violence. In this sense, obstetric violence is considered as the undermining of women's sexual and reproductive rights when the medical practice violates their integrity, wellbeing, dignity and autonomy. According to studies carried out in the region, obstetric violence occurs when women are subjected to abruptness (blows, use of irregular objects, verbal abuse, pushing to encourage labor, among others), when there is intentional medical negligence, when the staff is unempathetic, intolerant and capable of trivializing suffering or when the birthing process is carried out using practices that are neither clinical nor recommended by scientific evidence.16

Humanized care and attention

Humanized care and attention in labor is an approach that needs to be incorporated into this process, since it is evident, according to countless studies, that the transfer of family roles to health services and the replacement of midwives by clinical-scientific knowledge has led in practice to the undervaluation of other areas that, despite not being medical, are essential for this process to be completely effective, such as social work, nursing and psychology.26-27

V. CONCLUSIONS

The present study shows the progressive interest in humanized childbirth as a model that, based on evidence, demonstrates a high level of acceptance by pregnant women and the medical-scientific community to dignify labor and address obstetric violence, which has profound implications for the health, well-being and emotions of women. The different types of childbirth that are currently recognized in health systems do not meet the needs and demands of pregnant women and the principles of humanization.

Among the different recommendations made in relation to humanized childbirth, most of the sources consulted agree that respect for the woman, recognition of the integrity, will and autonomy of the woman constitute the philosophical basis of humanized childbirth, which in addition to recognizing the woman, her family and the baby as the protagonists of the process, seek ways to dignify this process and eradicate the spaces of obstetric violence.

The fundamental characteristic of the process is the active participation of the woman in the birth plan where her suggestions, needs and desires are respected by the authorities and medical specialists who look for ways to supervise the birth process in order to favor the positive experience of the pregnant woman with the minimum possible intervention and respecting the decisions initially agreed upon.

The importance of humanized childbirth can be specified in two dimensions, the first from the human rights approach and the dignity of this process because it recognizes not only the right to health of the woman and the baby, but also the right to integrity, dignity, autonomy and the will of the woman who becomes an active subject of law. The second dimension responds to the significance of the moment of childbirth for the woman who opts for humanized childbirth because she feels that she actively participates in the process and has autonomy over the way it is approached and her decisions are respected.

The greatest benefit of humanized childbirth is that it is a transforming process that respects sensitivity, emotion, recognition and encounter through tangible and intangible acts that are unknown and little contemplated in other types of childbirth.

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