Federal University of Rio de Janeiro State
Journal of Research Fundamental Care Online
ISSN 2175-5361
DOI: 10.9789/2175-5361
RESEARCH

Vantagens e desvantagens do parto normal e cesariano: opinião de puérperas

Advantages and disadvantages of labour and normal cesarean: view puerperal

Ventajas y desventajas de un parto normal y cesárea: opinión de puerperal

Jácia Kaline Ferreira de Melo [1] , Rejane Marie Barbosa Davim [2]

ABSTRACT

Objective: to identify the opinion of postpartum women about the advantages and disadvantages of normal and caesarean delivery. **Method:** qualitative research conducted in rooming-in in a public maternity hospital in Natal/RN, with 21 postpartum women over 20 years old after 12 hours postpartum, which had before both normal as cesarean delivery. For data collection a semi-structured interview was used in March 2012, analyzed by content analysis technique. The ethical aspect of the study was approved and CAAE 0295.0.051.000-11 opinion. **Results:** after analysis two categories for the advantage and disadvantage of normal delivery were identified: fast recovery and strong contractions; in cesarean section, the advantage to not feel pain and disadvantage of a delayed recovery. **Conclusion:** it is important that health professionals guide women, especially to pregnant woman for the first time, clarifying questions about the two types of delivery. **Descriptors:** Normal delivery, Cesarean section, Rooming-in.

RESUMO

Objetivo: identificar a opinião de puérperas quanto às vantagens e desvantagens do parto normal e cesariano. **Método:** pesquisa qualitativa desenvolvida no alojamento conjunto de uma maternidade pública de Natal/RN com 21 puérperas acima de 20 anos após 12 horas de puerpério, as quais já tinham passado anteriormente tanto por parto normal quanto cesariano. Para coleta dos dados, utilizou-se uma entrevista semiestruturada no mês de março de 2012, os quais foram analisados mediante técnica de análise de conteúdo. O aspecto ético da pesquisa teve parecer favorável e CAAE nº 0295.0.051.000-11. **Resultados:** após análise, foi possível identificar duas categorias para vantagem e desvantagem do parto normal: recuperação rápida e fortes contrações; na cesariana, como vantagem, não sentirem dor e, como desvantagem, recuperação tardia. **Conclusão:** é importante que os profissionais da saúde orientem as mulheres, principalmente, as primigestas, esclarecendo dúvidas sobre os dois tipos de parto. **Descritores:** Parto normal, Cesárea, Alojamento conjunto.

RESUMEN

Objetivo: identificar la opinión de las mujeres después del parto sobre las ventajas y desventajas de un parto normal y cesáreo. **Método:** investigación cualitativa realizada en alojamiento conjunto en una maternidad pública de Natal/RN con 21 mujeres en el posparto mayores de 20 años después de 12 horas del parto, que había pasado antes por tanto partos normales como por cesáreas. Para la recolección de datos se utilizó una entrevista semi-estructurada en marzo de 2012 analizados por la técnica de análisis de contenido. El aspecto ético del estudio fue favorable y con CAAE 0295.0.051.000-11. **Resultados:** tras el análisis identificaron dos categorías para la ventaja y la desventaja de parto normal: una recuperación rápida y contracciones fuertes; en la cesárea, la ventaja y que no se siente dolor y la desventaja de la recuperación demorada. **Conclusión:** es importante que los profesionales de la salud guíen a las mujeres, especialmente las primíparas con preguntas aclaratorias sobre los dos tipos de parto. **Descriptores:** Parto normal, Cesárea, Alojamiento conjunto.

1 Nurse. Graduate in Labor Nursing by the Science and Technology Metropolitan College - CENPEX – Natal (RN), Brazil. E-mail: jacia_amoreninha@hotmail.com 2 Obstetric Nurse, Associate Ph.D. Professor III from the Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. E-mail: rejanemb@uol.com.br

INTRODUCTION

Childbirth is the expulsion of the fetus to the outside world through the genital tract called normal delivery or through cesarean delivery, an incision in the abdominal wall (laparotomy) and an incision in the uterine wall (hysterectomy). In ancient times there was only one type of delivery, normal, vaginal, natural or physiological, also considered a cultural and social event. At that time, until about the seventeenth century, the delivery occurred at home and in the family environment, women gave birth their children by past experienced from mother to daughter or by the midwives.[1-2]

This usually vertical and home model has become horizontal hospital and medicalized during the eighteenth century in Europe, and in the early twentieth century, after the Second World War, for better medical knowledge in surgery, sterilization, anesthesia, blood therapy and antibiotic therapy. With these techniques, the possibility of intervention in obstetrics has expanded, emerging the cesarean as a surgery procedure, allowing a satisfactory and favorably delivery when the mother´s life or the child have some risk allowing a birth without complications.[3-4]

Over the time, cesarean became a procedure in unnecessary situations to accelerate labor and to avoid the pain of women. In the 1970s this number increased because of the organization of obstetric care, higher payment of cesarean section, association tubal ligation and women´s participation in choosing the type of delivery.[5]

Despite the benefits in risk situations, in this procedure women is submissive and dependent to the health professionals, increasing length of stay, delayed lactation, risk of infection, bleeding in the surgical wound, increasing maternal mortality rate and neonatal newborn (NB) risk going to the Intensive Care Unit (ICU), among several other factors.[1,5]

This big increase and negative points led the Ministry of Health (MS) to encourage normal delivery with campaigns and the World Health Organization (WHO) established a cesarean rate between 10 and 15%. However, this reality in the world population is higher, including Brazil, which is considered one of the record countries with cesareans.[6] The literature shows that between 1994 and 1996, Brazil had a rate of 27.1%, and continues to increase. In 2004, according to the Live Birth Information System of Rio Grande do Sul (SINASC-RS), the cesarean rate was 47.2% and in Porto Alegre 44.4%.[1-7] In 2004, SISNAC/RN pointed out a rate of 50% and 24 % in Natal. In 2011, this rate remained at 50% in the State, but in Natal has decreased to 21%, according to DATASUS.

Studies show that this index rises when increasing socioeconomic status and education of the women, when they have undergone previous cesarean, non-medical influence, fear of pain, obstetric and fetal outcome. In addition, even with this increase, women prefer normal delivery, but they undergo cesarean section on medical advice, as the professional can set the length of delivery time and have greater financial gain.[1,8]

With all this problem, who sufferers is the woman, in most cases, not being informed or do not having adequate monitoring increasing the number of maternal and neonatal morbidity and mortality. In this situation, there was the interest for the development of this research in an attempt to value the opinion of women on these two types of deliveries, emerging the following question: what are the advantages and disadvantages of normal and cesarean delivery in the opinion of mothers who already had past experiences for these two procedures?

The research could also contribute to the increase of studies in this thematic, answering questions to guide the health and other areas that are intended to reduce the morbidity and mortality of these women and provide a quite delivery. Faced with this challenge, the objective was: to identify the advantages and disadvantages of vaginal delivery and caesarean section in the opinion of mothers.

METHOD

Qualitative research conducted on a rooming-in of the Maternity Hospital Januário Cicco (MEJC) of the Federal University of Rio Grande do Norte (UFRN), located in the Eastern District of the city of Natal/RN. The MEJC is a high complexity reference hospital for the state of Rio Grande do Norte, assisting the Unified Health System (SUS), seeking to provide better care for women during childbirth and family preventing maternal and neonatal morbidity and mortality.

The population consisted of all women after normal and/or cesarean delivery. The sample was determined interviewing these women by an instrument and saturation of the data collected resulting in 21 mothers during March 2012. The instrument consisted of a semi-structured interview, featuring mothers with socio-demographic data (age, education, profession, religion, family income, marital status, origin) obstetric data (prenatal frequency and presence of their partner in the childbirth) and a guiding question: For you what are the advantages and disadvantages of vaginal delivery and cesarean section?

After authorization of the institution, the research was sent to the Research Ethics Committee of UFRN, according to Resolution 196/96,9 with a favorable opinion and CAAE 0295.0.051.000-11. The exploitation of the field began with reading the medical records of each postpartum mothers, aiming to find those that could be within the inclusion criteria. To facilitate the research a tape recorder was used, preserving the identity of users with names of flowers proposed by the surveyed mothers after signing the Informed Consent Term (TCLE).

In the data analysis, the recorded interviews were transcribed in full. The result of the transcription was submitted to Content Analysis, to thematic analysis.10 After these results, there were four categories: fast recovery; strong contractions; not feeling pain during childbirth and delayed recovery.

RESULTS AND DISCUSSION

Participants were from 21 to 44 years old, most of them (38%) were young, from 21to 25 years old. Regarding marital status, 24% were single mothers, just one of them was dating and the others had a partner by consensual union or marriage. The level of education ranged from illiterate and completed high school, only one was illiterate, but she knew how to write her name, and most of them (38%) had incomplete elementary school.

The low level of education reflects in fewer people working and receiving low payment. In this study, most of them had no remuneration, being only housewives (62%); 48% had a family income of only a minimum wage, and they were Catholic. In addition, as the MEJC is a reference maternity throughout the state, most of the respondents (57%) lived in the interior of Rio Grande do Norte.

In prenatal care consultations, most of them (57%) had at least the six recommended consultations by MS and 43% between three and five. During delivery, 38% had a companion, justified by the cesarean procedure, restricting it in the operating room. These users had between 2 and 12 pregnancies, two to nine living children and one dead; the majority (67%) had aborted between one and three miscarriages.

In the interviewees´ speeches, when asked both younger women as over 35 years old about the advantage of normal birth, most of them referred to the fast recovery of this type of delivery, , only one of the participants said that there is no advantage.

As a disadvantage for normal birth, besides the pain, they reported fear of complications and discomfort when it is done an episiorrhaphy, especially when it inflames. There are also reporting that, even with the pain, vaginal delivery is not a disadvantage. **Strong contractions** were the main desadvantage in normal birth.

Most of the participants reported that the cesarean advantage was **not feeling pain during childbirth**, perceiving that the advantage was together with a disadvantage, showing dissatisfaction with this type of delivery.

Only two mothers of the entire sample did not show dissatisfaction after surgery, proving that there are few women who do not feel pain after cesarean section.

The delayed recovery was one of the disadvantages reported by pregnant women in cesarean section and with more arguments.

Studies developed about age, compared to this data, are similar, indicating on average the same results. A research carried out first mother´s pregnancy in Barbalha-CE, showed most of them from 20-25 years old. In others studies developed in Santa Cruz-RN and Rio de Janeiro-RJ, they were from 16 to 30 and from 20 to 34 years old, respectively.[6,11-12]

Regarding marital status, this study agrees with other research showing 26% of singles, and another research with 25%. This is a satisfactory data since the presence of the companion is very important in relation to the family.[8,12-13] Similar situations are found in the same studies mentioned above about education.[6,8,12]

The presence of these women in prenatal consultation, is not satisfactory for pregnant women assistance.[14] These data are similar to those found in two studies in Ceará, but different with one in Rio Grande do Norte, in which 98% of mothers had more than six consultations and other study in Rio de Janeiro with 100%.[6,11-12,15]

When asked about the advantages of natural birth and saying about the fast recovery, this data is confirmed with a research in a city in the interior of São Paulo, where most of the patients preferred vaginal delivery, due to the fast recovery.[8] Other studies have also reported that advantage, highlighting the speech of very similar speeches of women[16-17] on those found in this study:

> *The advantage of vaginal delivery is that at the same time you are already well, and the child can go home soon. They just do not go because doctors do not let them go, but you are already well. (Jasmine, 39 years old)*
> *The advantage of natural birth is that we get well soon and the next day we are well and have discharge. (Dahlia, 44 years old)*

Pain at its subjective nature, is a symptom difficult to assess. Studies on labor pain intensity have shown that it can be considered intolerable for a large number of women, referring to a disadvantage. A study by an MS manual says that the practice of restricted use of episiotomy has less risk of posterior perineal trauma, need for sutures and healing complications.[18] This was confirmed in this study, since only one of the 21 participants had such complaint related to inflammation of episiorrhaphy and other disadvantages of normal birth.

> *Vaginal birth is bad when there are stitches below. It's bad to do something. (Begonia, 21 years old)*
> *IN my normal delivery, some stitches inflamated, with this I had other difficulties, you know? (Violet, 41 years old)*
> *For me I did not find disadvantages. Because you only have that pain at that time, and then ready, it is good. (Hydrangea, 28 years old)*
> *The disadvantage is that I almost die of so much pain, I never felt a pain like that, I do not want to feel that pain any more. (Orchid, 35 years old)*
> *The disadvantage of normal birth is the pain, because it is complicated, it hurts too much. (Calla Lilies, 30 years old)*

As for the fear mentioned by one of the mothers, a study corroborates that, in which 25% was afraid something happening to her or the baby.[8] Other studies also cite this fear.[11,19]

The advantages of cesarean were reported as less exposure of the genitalia, faster delivery, vaginal delivery infeasibility and when is to save the mother´s life and/or the NB. The last two are the main objective of cesarean section.[4]

> *(...) I did not feel pain ... all those things, for me it was more advantageous ... so you know, because of the pain that I did not feel the pain, the suffering was lower. (Violet, 41 years olf)*
> *No pain at that time, but then it is almost the same as normal birth. (Rose, 37 years old)*
> *The advantage is that we do not feel pain at the time, but then we suffer longer after. (Dahlia, 44 years old)*
> *My cesarean section I thought it was good, because I did not feel any pain and I did not suffer after surgery. (Iris, 24 years old)*
> *In cesarean we do not feel much pain, for me it was good, so far I'm not feeling pain. (Calla Lilies, 30 years old)*

Three mothers said the cesarean has no advantages, for example: *"No, none. We do not feel pain, but later we do."* (Lily, 39 years old). Similar to a report of another study, "No pain at the time, but then the pain is worst."[16:1617]

In these reports risk of infection, complications such as dehiscence, longer hospitalization, dependency, restriction to talk and eat, discomfort because of the stitches, pain of anesthesia and postoperative are observed. All these factors characterize a late recovery, as in the following statements:

> *The recovery is slower. (Fleur-de-lis, 36 years old)*
> *It's bad to get out of bed, recovery is bad. (Country flower, 34 years old)*
> *The pains when getting up, that shot we take that is full of pain, spending hours on the bed without moving, with aching bones, as if suffering from column pain. (Jasmine, 39 years old)*
> *Cesarean is too bad, it's horrible. We have to wait to take the stitches, sometimes they inflame, sometimes they got infection. We have to stay without food and without speaking because of the gases. (Rose, 37 years old)*

These data are similar to other studies with women who had both the normal birth and cesarean section, in which the reasons given for not accepting more cesarean section were: more difficult and slow recovery, pain and more pain after the procedure.[16-17]

The risk of infection reported by one of the participants is evidenced by a research in a private clinic, where there was more frequency of abdominal wound infection surgery, compared to perineal of natural birth surgical wounds.[1]

The greatest length of stay in cesarean is proven in the literature. In one study, it was found that women in normal delivery had on average 24 hours of hospitalization and 60 hours for those undergoing cesarean.[1] This time may increase when there are complications such as dehiscence. There are reports of these complications in the literature, most in cesarean section.[20]

In the reporting of two participants, the fear of anesthesia and surgery they highlighted as a cesarean disadvantage, also mentioned in the literature.[11,19]

CONCLUSION

The results were confirmed by the data in the literature. Given the advantages and disadvantages reported by the women, the conclusion was that the pain of contractions were the main disadvantage. Only a minority exposed the fear to happen any complications and discomfort with episiotomy inflamation.

This preference is justified because the advantages of vaginal delivery are more than in the cesarean section. The natural birth provides faster recovery for the mother and the with cesarean, the mother does not feel pain during childbirth, but has the disadvantage of delayed recovery with various unpleasant situations, such as complications (infection and

dehiscence), longer hospital stay, dependency, restriction to talk and feed aiming to prevent gases, discomforts of stitches, postoperative pain and other women cited fear of anesthesia and surgery.

In this way, pain is a feature of both types of deliveries, one at the time of delivery and the other, after the surgery. However, according to the participants, the pain of vaginal delivery is just at that moment, as in cesarean are for several days impairing the puerperal woman, presenting negative view of cesarean section. It is important that these data are not disclosed only for health professionals but also for pregnant women in particular the first pregnancy woman, who did not have experience and according to the literature, do not know the advantages and disadvantages of these procedures.

The best place to be explained is in the prenatal and in times of educational activities such as pregnancy groups. The health professional should take all doubts and take someone who has had both types of delivery so the first pregnancy women become aware of the situation. According to the present study and others that have the same focus, in most cases, normal delivery is the best for these women.

REFERENCES

1. Zimmermann JB, Gomes CM, Tavares FSP, Peixoto IG, Melo PVC, Rezende DF. Complicações puerperais associadas à via de parto. Rev Med Minas Gerais [Internet]. 2009 [cited 2011 Apr 14];4(3):109-16. Available from: http://www.medicina.ufmg.br/rmmg/index.php/rmmg/article/viewFile/110/91

2. Aires MJ. Gestação, parto e puerpério: uma discussão sobre tecnologia, história e cultura. Caderno de gênero e tecnologia [Internet]. 2005; [cited 2011 Feb 14];4(3):1365-70. Available from: http://www.ppgte.ct.utfpr.edu.br/grupos/genero/arquivos/CadernoGen_6.pdf

3. Oliveira ZMLP, Madeira AMF. Vivenciando o parto humanizado: um estudo fenomenológico sob a ótica de adolescentes. Rev Esc Enferm USP [Internet]. 2002; [cited 2011 Jun 15];36(2). Available from: http://www.scielo.br/pdf/reeusp/v36n2/v36n2a04.pdf

4. Queiroz MVO, Silva NSJ, Jorge MSB, Moreira TNM. Incidência e características de cesáreas e de partos normais: estudo em uma cidade no interior do Ceará. Rev Bras Enferm [Internet]. 2005; [cited 2011 Feb 15];58(6):687-91. Available from: http://www.scielo.br/pdf/reben/v58n6/a11v58n6.pdf

5. Knupp VMAO, Melo ECP; Oliveira RB. Distribuição do parto vaginal e da cesariana. Esc Anna Nery Rev Enferm [Internet]. 2008 [cited 2011 Apr 15];12(1):39-44. Available from: http://www.scielo.br/pdf/ean/v12n1/v12n1a06.pdf

6. Oliveira DR, Cruz MKP. Estudo das indicações de parto cesáreo em primigestas no município de Barbalha-Ceará. Rev Rene [Internet]. 2010 [cited 2011 Apr 15];11(3):114-21. Available from: http://www.revistarene.ufc.br/11.3/a12v11n3.pdf

7. Franceschini DTB, Cunha MLC. Associação da vitalidade do recém-nascido com o tipo de parto. Rev gaucha enferm [Internet]. 2007 [cited 2011 Feb 15];28(3):324-30. Available from: http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/artcle/view/4678/2605

8. Melchiori LE, Maia ACB, Bredariolli RN, Hory RI. Preferência de gestantes pelo parto normal ou cesariano. Interação em Psicologia [Internet]. 2009 [cited 2011 Feb 15];13(1):13-23. Available from: http://ojs.c3sl.ufpr.br/ojs2/index.php/psicologia/article/view/9858/10482

9. Ministério da Saúde (BR). Resolução n0 196, de 10 de outubro de 1996. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. 2ª ed. ampl. Brasília: Ministério da Saúde; 2003.

10. Minayo MCS. O desafio do conhecimento: Pesquisa qualitativa em saúde. 9ª ed. São Paulo: Hucitec; 2006.

11. Dias MAB, Domingues RMSM, Pereira APS, Fonseca SC, Gama SGN, Theme Filha MM, et al. Trajetória das mulheres na definição pelo parto cesáreo: estudo de caso em duas unidades do sistema de saúde suplementar do estado do Rio de Janeiro. Ciênc Saúde Coletiva [Internet]. 2008 [cited 2011Feb 15];13(5):1521-34. Available from: http://www.scielo.br/pdf/csc/v13n5/17.pdf

12. Oliveira SX, Davim RMB. Qualidade da assistência em um hospital universitário: enfoque de puérperas. Rev Recenf. 2011 [cited 2012 Apr 15];9(28):39-43.

13. Neves GMC, Pereira AV, Alves VH, Medeiros RCR. Pai não é visita: participação de homens na vida da mulher e do filho após o parto. Rev Recenf. 2011[cited 2012 Apr]; 9(28):44-8.

14. Ministério da Saúde (BR). Secretaria de Políticas de Saúde. Manual técnico. Pré-natal e Puerpério. Atenção qualificada e humanizada. Brasília: Ministério da Saúde; 2006.

15. Uchoa JL, Sales AAR, Joventino ES, Ximenes LB. Indicadores de qualidade da assistência ao pré-natal: realidade de gestantes atendidas em unidade de saúde da família. J Nurs UFPE on line [Internet]. 2010 [cited 2011 Feb 14];4(3):1365-70. Available from: http://pt.scribd.com/doc/58375532/art-reuol

16. Barbosa GP, Giffin K, Angulo-Tuesta A, Gama AS, Chor D, D'Orsi E, et al. Parto cesáreo: quem o deseja? Em quais circunstâncias? Cad Saúde Pública [Internet]. 2003 [cited 2011 Apr 16];19(6):1611-20. Available from: http://www.scielo.br/pdf/csp/v19n6/a06v19n6.pdf

17. Gama AS, Giffin K, Angulo-Tuesta A, Barbosa GP, D'Orsi E. Representações e experiências de mulheres sobre a assistência ao parto. Cad saúde pública [Internet]. 2009 [cited 2011 Apr 15];25(11):2480-8. Available from: http://www.scielo.br/pdf/csp/v25n11/17.pdf

18. Ministério da Saúde (BR). Secretaria de Políticas de Saúde. Parto, Aborto e Puerpério. Assistência Humanizada à Mulher. Brasília: Ministério da Saúde; 2001.

19. Pereira RR, Franco SC, Baldin N. A dor e o protagonismo da mulher na parturição. Rev. Bras de Anestesiologia [Internet]. 2011[cited 2012 Apr 15];61(3):382-8. Available from: http://www.scielo.br/pdf/rba/v61n3/v61n3a14.pdf

20. Nomura RMY, Alves EA, Zugaib M. Complicações maternas associadas ao tipo de parto em hospital universitário. Rev Saúde Pública [Internet]. 2004 [cited 2012 Apr 15];38(1):9-15. Available from: http://www.scielo.br/pdf/rsp/v38n1/18446.pdf

Received on: 17/03/2014
Required for review: No
Approved on: 10/01/2015
Published on: 01/10/2015

Contact of the corresponding author:
Rejane Marie Barbosa Davim
Av. Rui Barbosa, 1100, Bloco C, Apto 804 - Lagoa Nova, Natal/RN
CEP: 59056-300 - Fone: (84) 9983-4042