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THE SOCIAL SUPPORT NETWORK FOR BRAZILIAN AMAZONIAN WOMEN WHEN MAKING THE DECISION TO HAVE A PLANNED HOME BIRTH

ABSTRACT

Objective: To understand the social support network of Amazonian women when making the decision to have a planned home birth.

Design: descriptive, exploratory, qualitative research.

Setting: a team of professionals providing home birth care in the state of Pará, Brazil.

Participants: 20 women who had a home birth in the metropolitan region of the state of Pará, Brazil. In-depth semi-structured interviews were conducted between August 2021 and February 2022, with the audio captured on an mp3 device. The data was analyzed concurrently with the data collection. Each interview was transcribed and content analysis was used to process the data.

Results: The social support network shares experiences and knowledge between women in order to guarantee knowledge and not perpetuate traumatic episodes during childbirth. This network is a link to women's power of choice in childbirth, which culminates in successful experiences in the birth process.

Conclusions: understanding the social support network for home birth decisions is central to guaranteeing women's rights and expectations regarding birth. Social support networks need to be expanded by non-governmental groups and by the Unified Health System itself, especially in primary health care.

Keywords: Women; Home birth; Social support; Access to information; Nursing.

Strengths and limitations of this study

- The data analyzed is based on information obtained from women who had their last child at home in the last 24 months.
- This is the first study of Amazonian women, since most of the research has been carried out in other regions of Brazil.
- The visibility of Amazonian women, in order to provide subsidies for public policies for home birth in the Amazon.
- The results of this study were applied to a specific population, with no intention of generalizing the study data.

- The information obtained from the study participants may be subject to their sense of memory.

INTRODUCTION

Childbirth is a unique moment for many women, and at this time they need a social support network to ensure that they can make informed and qualified decisions about their childbirth. An effective support network for women is able to mobilize them to make decisions about the Planned Home Birth (PHB). Thus, the support network is a system structured by various social objects and that guides an interrelationship between individuals with a system of exchanges and reciprocities, being a key element of interlocution such as emotional, instrumental and knowledge support for women, whether it is intra-family or extra-family support, and also on the part of institutions and health professionals.[1-2] This relationship aims to guarantee all the knowledge needed to make the decision to give birth at home.

Meanwhile, the social support network is established in each individual's life and transforms over the course of their life, consisting of systems of people or institutions with the aim of social interaction, with the focus of meeting an individual's needs, with protective, emotional, financial and knowledge resources.[3] This network is established when overcoming crises and is a protective factor as well as helping with possible decisions. At this point, social support must be established in this relationship of providing protection for women when making decisions, promoting stability in the face of crises (seeking support to make decisions) and the main factor in belonging to this social support network, producing self-esteem and emotional stability.[2,4] These connections between women and individuals, whether intra- or extra-familial, contribute effectively to supporting women in their decision-making power for PHB.

In this way, home birth is an alternative and a process of escaping from experiencing care situations. Hospitals have always been synonymous with safety, but the high number of interventions such as episiotomies, Kristeller maneuvers, amniotomies and elective caesarean sections[5-7] has often demonstrated the (in)safety of the birth process in the context of Brazilian public health.

Thus, there is a great demand for home birth, especially in Brazil. However, universality and equity, which are guidelines of the Brazilian Unified Health System, are far from being realized,[8] as is the guarantee of their right to a successful birth and to professionals who base their conduct and guidance on scientific evidence. It is therefore necessary to break with the hegemonic model of obstetric care, transforming everything from the setting to the home environment for low-risk women. This fact can be transformed with an obstetric health social support network and guarantee decision-making for women, demystifying all the aspects that involve PHB, such as its safety and thus

contributing to the drastic reduction in obstetric interventions and obstetric violence, which has been increasingly constant in care.[9]

The safety of home births[10-15] and the support of professional and non-governmental organizations, as well as the World Health Organization (WHO), express the real need for support for women,[10] in order to guarantee informed decision-making about the PHB. Since home birth is as safe as hospital birth, the specialized literature has already shown this in studies.[11-15] The safety of home birth shows that there are no differences between fetal and early neonatal death, risk of bleeding, maternal mortality in relation to the place of birth, and also shows that home birth has a lower risk of obstetric interventions, such as episiotomy, severe lacerations and caesarean section or instrumental delivery.[7-15] Thus, the social support network is a foundation for women to consciously and safely establish their decision-making power, when they have the support to make this decision.

In this context, there is a need for both the social support network and the promotion of public policies to guarantee women's decision-making in home birth.[16] The high cost is a major barrier to childbirth, given that the country does not have this PHB recommendation in both the private and public healthcare spheres, as the Ministry of Health has established that hospitals are the safest place for childbirth. And because of these numerous issues, women do not have a social support network, which can also be financial, subsidizing the PHB in the event of the woman's decision to use this modality.

This interlocution of knowledge by the social support network in obstetric health allows an exchange with their support network of women, where they show their experience of home birth, and this knowledge and connections between these women is effective for decision-making for PHB. Based on this argument, the study had the following guiding question: What is the dimension of the social support network of Amazonian women when it comes to making home birth decisions?

It also mentions the Amazonian context, especially that of traditional peoples and communities, who are socially constituted in relation to parturition as a natural, familiar moment, established in historical knowledge, full of meanings and exchanges of knowledge, as occurs in the PHB. Their social support network is made up of women, who are central figures in this sharing of childbirth. In this way, the relationship between Amazonian women and home birth is perennial, and is therefore established in their history and social context, with their network establishing care and sharing knowledge.

The study aimed to understand the social support network of Amazonian women when making the decision to have a planned home birth.

METHODS

This was a descriptive, exploratory, qualitative study, guided by the Consolidated criteria for reporting qualitative research (COREQ) instrument. This research approach was established to guide the experience of social support for women's decision-making in home birth. The study involved 20 women who had a planned home birth in the Amazon region, state of Pará, Brazil.

The study was approved by the Ethics and Research Committee of the Institute of Health Sciences of the Federal University of Pará under protocol No. 4463.291/2020, following the recommendations of the National Health Council with Resolution No. 466/2012.

First, a search was made for health professionals who provided PHB care in the region, and the Naiá Home Birth Obstetric Nursing team was found to be the only team providing home birth care. The nurses were contacted to ask for the women's e-mail addresses and telephone numbers.

Once the respective contacts had been passed on, an initial invitation was sent via WhatsApp to each potential participant, following the eligibility criteria: participants over 18 years of age; having had their PHB in the metropolitan region of the state of Pará between 2020 and 2022; not being transferred to a hospital unit. Women who had their home births performed by an obstetrician or midwife were excluded. A total of 30 invitations were sent out and 25 participants returned, which was a convenience sample. Data collection was completed through theoretical saturation, when there is a similarity of meanings as the data collection techniques are carried out, thus ending the collection.

The participants who gave feedback were scheduled for an individual, face-to-face semi-structured interview, which took place at a location of the woman's choice, in most cases her home or professional environment. The interviews took place only in the presence of the interviewee and the participants, without the presence of third parties, guaranteeing privacy at all times. Before the data was collected, the participants were asked to sign an Informed Consent Form, which guarantees their right to anonymity, using an alphanumeric code, P (Participant), followed by a numeral, according to the order in which the interviews were carried out (P1, P2, P3, ..., P20). The interviews were conducted by talking to the woman about: Tell us about the support you received in making the decision to have a home birth? Each interview lasted an average of 120 minutes and took place between August 2021 and February 2022. This process used Mp3 recording, which was authorized by the participants, which was submitted to full transcription and later data processing.

It should be noted that the researcher has no conflict of interest with the team and the participants, as well as being proficient in the interview technique and the instruments used, since she received all her training from members of the research team.

The data was processed using content analysis.[17] The analysis takes place in three distinct moments: 1) pre-analysis, with the organization of the transcribed material and the floating and

exhaustive reading to formulate hypotheses or objectives with the scientific literature, with knowledge of the material; 2) Exploration of the material and treatment of the results, coding and categorization, with the cutting out of the units of meaning, arising from the frequency of repetition of meanings, through the following units of records: Influence of other women; participation in women's/childbirth and birth groups; restriction of information on the choice of PHB; orientation and knowledge about the team; assertiveness/reliability/insecurity and preparation of the team; 3) inference and interpretation, the last stage of the analytical process, which constitutes the interpretation of the results, based on inference and the support of constructive elements for the units of meaning.[17]

This analysis allowed for a non-aprioristic categorization, which led to the following unit of meaning: Support and information for home birth, which formed the basis of two categories: 1) Social support network for women in making decisions about PHB; 2) Social support network for making decisions about planned home birth. The results were supported by the specialized literature on PHB.

RESULTS

The social support network of women in the decision making process for the PHB

Amazonian women have a social support network to influence their choice of home birth plan - the experiences of other women who have given birth at home. This social support from woman to woman provides important emotional support for the shared experiences of the PDP, supporting the decision to have a home birth. Because these experiences of a positive birth in the Amazon region guarantee women's right to information for their home birth experience.

> *But I talked to this friend of mine who had a baby and she told me about it, she told me about the nurses she met, she told me about her birth. She had a normal birth at home too. And she told me about the nurses and everything, but the point that made her decide to have a home birth. She said: if you can, go for a normal birth, but we didn't know how it would be, if it would be at home, but she said: go for a normal birth. So I went to the nurses, my first contact, and it was essential.* (P2)
>
> *This started after I was sure it would be safe, because our [couple's] biggest concern is this: looking for quality information from people who will give you quality information. So I thought: why not home care? Then I opened my mind to this and started researching more, and I chose to have it at home.* (P10)

The meeting with the social network of Amazonian women is an important strategy for social support, with the dissemination of exchanges of experiences and knowledge that contributed to the decision to have a planned home birth. These exchanges of knowledge constitute a constant movement of links and relationships with other women, in order to guarantee the (de)mythification of home birth.

> *There were a few meetings here in Belém of a women's group, and I got to know the girls, I got to know a colleague, I got to know the girls and we would exchange our experiences. And, at that time, it wasn't a very strong movement, it was still at the beginning of the group, but we were sure that, after a while, I began to be sure that home birth was the best choice for my son. (*P1)
>
> *Ah, all the women in the women's group, for example, were a group that helped a lot and it was basically them, my partner was a bit hesitant, he didn't really believe me, my ex partner, my mother too, my family was a bit indecisive, but I went anyway. It was basically women who supported me.* (P20)

Previous negative experiences of childbirth, with traumatic experiences for Amazonian women, encouraged the participants to tap into their social support network to make the decision to have a home birth. This is a way for them not to experience the same traumas and to change the way women view birth, especially unnecessary interventions in childbirth, disrespect and obstetric violence.

> *I was always very scared and it didn't work out, I ended up giving birth in a hospital, my first birth. And the birth of my first son was very bad, I suffered obstetric violence, the nurse, but she pushed my belly to get him out, I had an episiotomy, I had all the right stuff, I was very, very bad after he was born. And with my second child and the others, which I said would never happen again, I chose to give birth at home so as not to be disrespected. I went to have it at home so I wouldn't be raped*. (P11)
>
> *My son's first doctor, I decided not to keep him because, during labor, he had twice refused the touch and, both times, he did the touch, and he also told me to stay in a chest-up position, that I didn't want that position, because it hurts a lot and he did something on my lap that tore my lap! And so I decided that I wouldn't be him and that I would have my son in other circumstances, outside the hospital.* (P17)

In this way, the social support network is a central point of support for Amazonian women and its positive influence on their decision to have a home birth.

The social support network for the decision to have a planned home birth

The initiative of the Amazonian woman herself and of other women to find information about home birth was a continuous and crucial process that made it possible to guarantee the decision to have a planned home birth.

> *We organized and prepared ourselves for this birth, I read a lot, I took part in online forums, in short, I did a lot of mental preparation to be able to live it. It was a birth, even though the pregnancy had been planned and I couldn't afford it, but I planned this birth, I sought out all kinds of information, of my own volition and that of my colleagues in the group. I really worked hard to make it work.* (P6)
>
> *And it was such an overwhelming experience that I started to look for knowledge about it, even more than I had done as a pregnant woman, because I was doing my master's degree at the time, I lived in Recife, so I started to research scientific articles in depth. I became very attached to evidence-based medicine, which is now very much on the agenda, with the latest moments in the recent history of obstetrics and this was very good and when shared by others it helped a lot.* (P19)

The social support network through the media, such as films, specialized websites, women's blogs, social networks such as Facebook and Instagram were important strategies for disseminating knowledge and for discussing home birth and pregnancy itself, providing a link for Amazonian women in terms of decision making about the PHB.

> *So, I didn't really look. I used to look more in specific places, such as blogs and the internet, websites of researchers in the field, precisely so that I could have more qualified information and not be left guessing, my daughter.* (P4)
>
> *I had already seen some reports on the subject and I saw [a colleague] post something about it [on the Internet]. That's when I got in touch with my colleague in the network, saying that I had seen it, I wanted to know a bit more and that's when she [friend from the network] started to explain how it worked, her experience. Then it grew and grew, and I searched for more and more information. It was studying, looking for some articles, a few that I found talking about it, videos about it, and then they helped me with books, reports of humanized births, both at home and in hospital. As far as information was concerned, it was really through reports, videos and books, and it was really the team that guided me in terms of books and some articles that I read looking for, that I don't even know I still have, that talked a bit about this. But my main focus was the videos themselves, looking for people who had done it, what it was like, and that was it*. (P9)

The women's social support network, with the referral of the specialized team, which provides qualified support, based on scientific evidence. This constitutes a valuable support network for

Amazonian women when it comes to making decisions and experiencing a planned home birth. This support represents an important step for women as a way of guaranteeing their rights to home birth, which were accessed by seeking out teams for the home birth process.

> *My husband and I, we're not ones to make a decision like that without thinking about the risks and everything, so we thought about all the issues and the nurses who accompanied us, they also have a very great concern, they surround us with all the care and information, so this brought us a lot of security, a lot. Otherwise, I wouldn't have embarked. Which was something totally different from what I experienced in my first birth. Their support and the information were essential to my choice*. (P2)
>
> *So, meeting the nurses, having the information they [the nurses] passed on at the time, was a watershed, that's when I met them. So I got a lot of reciprocity from the nurses, even though we hadn't planned to have a home birth. Was there a possibility? There was, because I'd had a series of follow-ups during my pregnancy that made it possible to have a home birth*. (P7)

The social support network by different means is one of the strategies to help guarantee decision-making and their rights as Amazonian women in planned home births.

DISCUSSION

On the road to the right to PHB, the social support network in the field of health is a milestone for the appropriation of health care, especially obstetric care. This network constitutes an interlocution with the sharing of various forms of knowledge between people, family members and Amazonian women, whether individually or collectively, and this exchange gives women the opportunity to make decisions, whether by sharing the positive experience of home birth or the traumatic experience of hospital care.[1,2,8,18] The network is a combination of social knowledge exchange for information and empowering women's decisions, which enhances women's empowerment, as they decide how to give birth and how they want to go through childbirth. In this way, the socialization and sharing of these successful experiences through the social support network becomes valuable and brings a sense of reality closer to these women, as well as confirming the safety and professionalism involved in the process of carrying out a home birth.

The empowerment of Amazonian women is a process that involves their social support network, which gives them the self-confidence to make decisions and control over their lives, including psychological, biological, social, financial and political aspects.[19] In this sense, this network is a milestone for empowerment in sexual and reproductive health decision-making.

Recognition of women's decision-making knowledge is the driving force behind organizing the right to their bodies. The social support network in obstetric health is based on values related to the emotional and bodily experiences of birth, evoking and deepening the meanings that these experiences represent for each woman.[20] This transmutation of knowledge enhances and builds possibilities that guarantee rights based on social support as a safe source mechanism, which also includes the woman's search for professional information and (re)knowledge of the obstetric nursing team working in the region as a potential foundation for guaranteeing choice. The information is made available so that each woman is given the opportunity to choose.

The Health Care and Clinical Excellence guidelines state that it is important for women to receive the information they need when deciding where to have their baby, so that they can make a fully informed decision, i.e. social support is an important guideline for ensuring decision-making. In this network, the provision of information on the rates of interventions, transfers and perinatal outcomes of home births are important points for the empowerment of Amazonian women and for informed decision-making. What can be observed is that there is a gap in the social support network for women's decision-making regarding the place of delivery.[21] In addition to this social support, the search for professional information should be based on scientific recommendations and care data, in order to support women's decision-making, as determined by the scientific literature.[20-22]

The exchange of knowledge in this network of social support from woman to woman also reveals the vulnerability interpreted from the care provided in hospital units, because, as part of an institutional culture, it represents obstacles to connecting with one's own body during the labor and birth process. In this way, the hospital is synonymous with a place that is interventionist, patriarchal and based on the hegemonic model of obstetrics, which does not take into account the particularities of women, with their personal, social or cultural needs during childbirth.[20] There is a narrative of the risk of childbirth, which means that birth must take place in hospital units and with the presence of a medical professional, showing that the PHB is not a safe way to give birth, a fact that contributes significantly to blame and blame in the event of any complications, with the aim of restricting women's decision-making.[23]

The consequences of these disconnections are violations of women's rights that emerge in narratives of previous negative experiences, whether their own or those of others, because in this sharing of knowledge and the transmutation of knowledge between women, there are not only narratives of successful PHB experiences, but also of violations, power relations, cohesion and violence that are conditioning factors for the decline of giving birth in hospitals. The literature[4,5,24] corroborates the claim that the hospital becomes a space of fear, especially because of the caesarean section, obstetric interventions and violence. This social support network pushes women to resist the

hegemonic model and to seek information that builds trust for their empowerment and decision making regarding the place of birth.

One study[25] showed that only 9% of women opt for home birth and do so because of a previous traumatic hospital experience, whose motivation is based on negative experiences of childbirth or apprehension about the conventional maternity care model. In this way, the social support network perpetuates in its sharing and potentiates an escape on the part of Amazonian women from experiencing traumatic experiences during childbirth and from the hegemonic model of obstetrics. This experience often involves routine interventions and a general lack of respect for women's autonomy and decision-making,[26] nullifying their wishes and rights.

Despite the advances in the field of labor and birth, which include the contribution of scientific knowledge, the subject of planned home birth needs greater dissemination of knowledge. There is a gap in scientific production on home birth and the social support network in the decision-making field. Home births need guidelines/regulations within the Brazilian health system, especially regarding the confrontation between professional classes in search of a field of activity and a market(8). In the search for knowledge about PHB, there is an association with the woman's own initiative, as observed in studies,[20,21,23-25] since women have the attitude of seeking the knowledge necessary to support their own decision-making, through various forms of knowledge, such as scientific events, articles, books, the internet, films and with health professionals. This social support is extremely important for ensuring an informed decision.

In this context, the popularization of the internet has boosted the search for information through specialized websites, articles and events, which provides contact with a greater amount of qualified information, an essential variable for making informed decisions.[8] In addition to the support of qualified professionals who are crucial to directing and refining the information, there is a construction of knowledge through a social support network propagated on the Internet, with a continuous construction of the means of information to support the decision-making of Amazonian women in the PHB. As information becomes available, they have greater self-confidence to be aware of the decision on the place of delivery. In this way, the internet is a social support network for women to filter the information they receive and establish the knowledge they need to make the decision to give birth at home.

The information media, and especially the internet, provide a huge amount of information that can quickly bring women's interests and needs into confrontation worldwide. And with the spread of groups and social networks, such as Instagram and Facebook, it has contributed to the mobilization of policies, innovative information among individuals, assuming an important role in health education for labour and birth and, therefore, for the autonomy and empowerment of users and professionals.[27]

One study[28] showed that internal motivation is a key element in the decision to have a planned home birth. It also highlights that in the PHB, psychological and emotional issues are also particularly important factors, as well as the relationship with the midwife/obstetric nurse, who, by assisting women with care, enhance successful experiences with meeting the expectations of childbirth, representing greater satisfaction for Amazonian women. However, this was only achieved by seeking information as a way of gaining knowledge and exchanging experiences with the social support network, with information about PHB professionals. The home birth social support network is a foundation for guaranteeing their rights and empowerment.

There is a need for further studies to investigate and deepen home birth, especially in the north of the country, as there is a real limitation of studies in this region and a concentration of research in the south and southeast. As well as studies on the social support network in obstetric health, which is articulated for PHB decision-making, and thus subsidize policies and guidelines for the maternal and child care network in Brazil.

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Supplementary material

Funding statement

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Declaration of conflicting interests

I declare that the authors of this study have no conflict of interest.

Patient consent for publication

Not required.

Authorship contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis or interpretation of data for the work: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.
Drafting the work or critically reviewing it for important intellectual content: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.

Final approval of the version to be published: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.

Agreement to be responsible for all aspects of the work, ensuring that issues relating to the accuracy or completeness of any part of the work are properly investigated and resolved: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.

Ethical approval

Permission to conduct the study was obtained from the Ethics Committee of the Federal University of Para receiving approval opinion no. 4.463.291/2020. All methods were performed in accordance with the relevant guidelines and regulations: we followed the 2013 Declaration of Helsinki Guidelines. Respondents received written information about various aspects of the study; their rights to participate voluntarily and to withdraw from the study at any time were explained to them, as well as their rights to privacy and confidentiality. Respondents also gave their written informed consent to participate in the study and permission to use nationally collected data for professional and scientific purposes.

Provenance and peer review

Not commissioned; externally peer-reviewed

Data availability statement

The data analyzed in this study are available online at the repository of the Federal University of Pará, Brazil, at: https://repositorio.ufpa.br/handle/2011/15305. Permission to use the data is granted free of charge upon request from UFPA.

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Dear Editor-in-Chief

I am pleased to send you the article entitled: "The social support network for Amazonian women in the decision-making process of planned home birth", for your consideration of the publication of the topic related to planned home birth, Brazil.

The aim of the study was to understand the social support network of Amazonian women when making the decision to have a planned home birth. The study is based on a qualitative approach, with semi-structured interviews with 20 women who had a home birth in the state of Pará, Brazil between August 2021 and February 2022. The data was processed using Bardin's content analysis.

The results of the study showed that the social support network shares experiences and knowledge between women in order to guarantee knowledge and not perpetuate traumatic episodes during childbirth. Understanding the social support network in order to make the decision to have a home birth is the key to guaranteeing women's rights and expectations regarding birth. Social support networks need to be expanded by non-governmental groups and by the Unified Health System itself, especially in primary health care.

We believe that this manuscript is suitable for publication in BMJ Open. Having this study published in the journal is very important for us, who mediate research related to the topic of home birth in Brazil, due to the recognition of the high quality of the articles published in this journal.
This manuscript has not been published and is not being considered for publication elsewhere. Furthermore, we have no conflicts of interest to disclose.

Thank you for your consideration!
Sincerely,

Dr. Diego Pereira Rodrigues
Graduate Program in Nursing
Federal University of Pará, Brazil

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Dear Editor-in-Chief

The authors of the manuscript entitled: The social support network for Amazonian women in making the decision to have a planned home birth, hereby request, if the study is approved, a discount on the publication fee in the journal.
The study will be funded in part by the Federal University of Pará, Brazil, and with this process, the authors must request a discount on the fee to proceed with the process with the institution. In the event of approval, we will await a response to the request.

Thank you for your consideration!
Sincerely,

Dr. Diego Pereira Rodrigues
Graduate Program in Nursing
Federal University of Pará, Brazil

UFPA - INSTITUTO DE CIÊNCIAS DA SAÚDE DA UNIVERSIDADE FEDERAL DO PARÁ

PARECER CONSUBSTANCIADO DO CEP

DADOS DO PROJETO DE PESQUISA

Título da Pesquisa: VIVÊNCIA DE MULHERES NO PARTO DOMICILIAR PLANEJADO NO CONTEXTO AMAZÔNICO: DIREITO DE ESCOLHA

Pesquisador: Diego Pereira Rodrigues

Área Temática:

Versão: 1

CAAE: 39952720.3.0000.0018

Instituição Proponente: Instituto de Ciências da Saúde da Universidade Federal do Pará - ICS/ UFPA

Patrocinador Principal: Financiamento Próprio

DADOS DO PARECER

Número do Parecer: 4.463.291

Apresentação do Projeto:

As discussões sobre parto e assistência obstétrica no Brasil, vêm sendo norteadas por tendências sociais, culturais, econômicas, e mais atualmente sanitárias, em diferentes realidades de acesso e/ou escolha do processo parturitivo, e tendo a perspectiva do "direito" das mulheres, para a opção ao parto domiciliar planejado, visto que a "assistência obstétrica no Brasil é predominantemente hospitalizada e medicalizada, tendo em vista que mais de 99% dos nascimentos ocorre em ambiente hospitalar, em sua grande maioria assistidos por profissionais médicos" (CURSINO; BENINCASA, 2020, p. 1434).A pesquisa apresenta um problema recorrente no cuidado à mulher no campo do parto e nascimento, em relação para o respeito da mulher quando a sua escolha do PDP.

Objetivo da Pesquisa:

Compreender a vivencia das mulheres no parto domiciliar planejado na região metropolitana do Estado do Pará; Desvelar a percepção das mulheres acerca da opção do parto domiciliar planejado; Identificar o processo de busca de conhecimento para a garantia da opção do parto domiciliar planejado; Analisar a vivência das mulheres no seu cuidado no parto domiciliar planejado.

Avaliação dos Riscos e Benefícios:

Ressalta-se que a pesquisa não prevê riscos eminentes, contudo quando tratamos de interação social entrevistador/entrevistado estamos sujeitos à constrangimento ou questões desta natureza

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Continuação do Parecer: 4.463.291

que podem surgir durante o processo, dada subjetividade das relações humanas, ainda que não seja desejado. Devendo tais questões ser contornadas à luz da sensibilidade e do diálogo mantido pelo pesquisador, conduzindo à compreensão sobre a importância e a magnitude do compartilhamento de experiências. Desse modo, a pesquisadora é treinada, tornando-se capacitada para a aplicação do instrumento de coleta de dados, com o propósito de evitar riscos aos participantes, e que nesse processo de aplicação, a pesquisadora irá resguardar a integridade física, psíquica e emocional de cada participante.
Benefícios: Os benefícios dos estudos estão no âmbito dos direitos das mulheres, dos profissionais no contexto da Enfermagem Obstétrica do Estado do Pará, assim como para a comunidade cientifica e sociedade de forma geral, vislumbrando contribuição na mudança de paradigmas e crescimento conjunto frente ao enfrentamento dos desafios que cercam a escolha pelo parto domiciliar planejado

Comentários e Considerações sobre a Pesquisa:

A pesquisa tem relevância científica, pertinente com clareza em seus objetivos geral e específicos Desvelar a percepção das mulheres acerca da opção do parto domiciliar planejado.Identificar o processo de busca de conhecimento para a garantia da opção do parto domiciliar planejado.Analisar a vivência das mulheres no seu cuidado no parto domiciliar planejado.

Considerações sobre os Termos de apresentação obrigatória:

Todos os termos obrigatórios foram apresentados com clareza

Recomendações:

Foram cumpridas todas as solicitações do CEP.

Conclusões ou Pendências e Lista de Inadequações:

Diante do exposto somos pela aprovação do protocolo. Este é nosso parecer, SMJ.

Considerações Finais a critério do CEP:

Este parecer foi elaborado baseado nos documentos abaixo relacionados:

Tipo Documento	Arquivo	Postagem	Autor	Situação
Informações Básicas do Projeto	PB_INFORMAÇÕES_BÁSICAS_DO_PROJETO_1657590.pdf	08/11/2020 19:41:09		Aceito
Folha de Rosto	folha.pdf	08/11/2020 19:40:44	Diego Pereira Rodrigues	Aceito
Cronograma	cronoc.docx	01/11/2020	Diego Pereira	Aceito

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Continuação do Parecer: 4.463.291

Cronograma	cronoc.docx	17:30:55	Rodrigues	Aceito
Outros	orient.pdf	01/11/2020 17:27:14	Diego Pereira Rodrigues	Aceito
Outros	termo.pdf	01/11/2020 17:26:29	Diego Pereira Rodrigues	Aceito
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Outros	cartaa.pdf	01/11/2020 17:24:36	Diego Pereira Rodrigues	Aceito
Outros	carta.pdf	01/11/2020 17:22:51	Diego Pereira Rodrigues	Aceito
Projeto Detalhado / Brochura Investigador	doc.docx	01/11/2020 17:22:07	Diego Pereira Rodrigues	Aceito
Outros	entrv.docx	01/11/2020 17:21:52	Diego Pereira Rodrigues	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	tcle.docx	01/11/2020 17:21:35	Diego Pereira Rodrigues	Aceito

Situação do Parecer:
Aprovado

Necessita Apreciação da CONEP:
Não

BELEM, 14 de Dezembro de 2020

Assinado por:
Wallace Raimundo Araujo dos Santos
(Coordenador(a))

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THE SOCIAL SUPPORT NETWORK FOR BRAZILIAN AMAZONIAN WOMEN WHEN MAKING THE DECISION TO HAVE A PLANNED HOME BIRTH

Laena Costa dos Reis[1], Jannaina Campos Beviláqua[1], Valdecyr Herdy Alves[2], Lucia Helena Garcia Penna[3] Silvio Éder Dias da Silva[1], Andressa Tavares Parente[1], Bianca Dargam Gomes Vieira[2], Audrey Vidal Pereira[2], Marcia Simão Carneiro[1], Natalia Tifanny da Conceição[1], Malena da Silva Almeida[1], Tatiana do Socorro dos Santos Calandrini[2], Rafaela Chagas Pereira[4], Diego Pereira Rodrigues[1]*

Supplementary material

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Declaration of conflicting interests

I declare that the authors of this study have no conflict of interest.

Patient consent for publication

Not required.

Authorship contributions

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Substantial contributions to the conception or design of the work; or the acquisition, analysis or interpretation of data for the work: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.
Drafting the work or critically reviewing it for important intellectual content: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.
Final approval of the version to be published: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.
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Ethical approval

Permission to conduct the study was obtained from the Ethics Committee of the Federal University of Para receiving approval opinion no. 4.463.291/2020. All methods were performed in accordance with the relevant guidelines and regulations: we followed the 2013 Declaration of Helsinki Guidelines. Respondents received written information about various aspects of the study; their rights to participate voluntarily and to withdraw from the study at any time were explained to them, as well as their rights to privacy and confidentiality. Respondents also gave their written informed consent to participate in the study and permission to use nationally collected data for professional and scientific purposes.

Provenance and peer review

Not commissioned; externally peer-reviewed

Data availability statement

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THE SOCIAL SUPPORT NETWORK OF BRAZILIAN AMAZONIAN WOMEN TO SUBSIDIZE THE DECISION-MAKING POWER OF PLANNED HOME BIRTH: A QUALITATIVE STUDY

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Secondary Subject Heading:	Patient-centred medicine
Keywords:	PUBLIC HEALTH, OBSTETRICS, Nurses, Nursing Care

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THE SOCIAL SUPPORT NETWORK OF BRAZILIAN AMAZONIAN WOMEN TO SUBSIDIZE THE DECISION-MAKING POWER OF PLANNED HOME BIRTH: A QUALITATIVE STUDY

ABSTRACT

Objective: To understand the social support network of Amazonian women when making the decision to have a planned home birth.

Design: descriptive, exploratory, qualitative research.

Setting: a team of professionals providing home birth care in the state of Pará, Brazil.

Participants: 20 women who had a home birth in the metropolitan region of the state of Pará, Brazil. These women were surveyed by a team of obstetric nurses working in home birth care. In-depth semi-structured interviews were conducted at the women's homes between August 2021 and February 2022, with the audio captured on an mp3 device. The data was analyzed at the same time as the data collection. Each interview was transcribed and content analysis was used to process the data.

Results: The social support network shares experiences and knowledge between women in order to guarantee knowledge and not perpetuate traumatic episodes during childbirth. This network is a link to women's power of choice in childbirth, which culminates in successful experiences in the birth process.

Conclusions: understanding the social support network when making the decision to give birth at home is the key to guaranteeing women's rights and expectations regarding birth. Social support networks need to be expanded by non-governmental groups and by the Unified Health System itself, especially in primary health care.

Keywords: Women; Home birth; Social support; Access to information; Nursing.

Strengths and limitations of this study

- The data analyzed is based on information obtained from women who had their last child at home in the last 24 months.
- This is the first study of Amazonian women, since most of what is presented in the study has been investigated in other regions of Brazil.
- It is about the visibility of Amazonian women, in the sense of providing subsidies for public policies for home birth in the Amazon.
- There is a limit to the diversity of care in the country and the absence of a health policy, as well as a guideline for home births.

- The study also has limitations due to the impossibility of using other data collection strategies and observing the records of the women's medical records with the team of professionals.

INTRODUCTION

Childbirth is a unique moment for many women and, at that time, they need a social support network to ensure that they can make informed and qualified decisions about their childbirth. An effective support network for women can mobilize them to make decisions about the Planned Home Birth (PHB). Thus, the support network is a system structured by various social objects and guides an interrelationship between individuals with a system of exchanges and reciprocities; it is a key element of interlocution such as emotional, instrumental and knowledge support for women, whether it is intra-family support, extra-family support or support from institutions and health professionals[1-2]. This relationship aims to guarantee all the knowledge needed to make the decision to give birth at home.

Meanwhile, the social support network is established in each individual's life, constituting systems of people or institutions over the course of their life, aimed at social interaction, with the focus of meeting an individual's needs, with protective, emotional, financial and knowledge resources[3]. This network is established when overcoming crises, and is a protective factor and also helps with possible decisions. Currently, social support must be established in this relationship of providing protection to women in their decision-making, promoting stability in the face of their crises (seeking support to make decisions) and the main factor in belonging to this social support network, producing self-esteem and emotional stability[2,4]. These connections between women and individuals, whether intra- or extra-familial, effectively contribute to supporting women in their decision-making power for the PHB.

In this way, home birth is an alternative and a process of escape from not experiencing care situations. Hospitals have always been synonymous with safety, but the high number of interventions such as episiotomy, Kristeller's maneuver, amniotomy and elective caesarean section[5-7] has demonstrated, in many cases, the (in)safety of the birth process in the context of Brazilian public health. This planned home birth is an assisted birth, which in Brazil is carried out by qualified professionals such as obstetric nurses, obstetricians and midwives.

Thus, there is a great demand for home births, especially in Brazil. However, universality and equity, which are guidelines of the Brazilian Unified Health System, are far from being realized[8], as is the guarantee of their right to a successful birth and to professionals who base their conduct and guidance on scientific evidence. It is therefore necessary to break with the hegemonic model of obstetric care, transforming settings such as the home environment for low-risk women. This can be

transformed into a social support network for obstetric health and guarantee decision-making for women. It will demystify all the aspects surrounding PHB, such as its safety, thus contributing to a drastic reduction in obstetric interventions and obstetric violence, which has become increasingly common in healthcare[9].

The safety of home births[10-15)] and the support of professional and non-governmental organizations, as well as the World Health Organization (WHO), express the real need for support for women[10], in order to guarantee informed decision-making about the PHB. Home births assisted by trained professionals for women at low obstetric risk are as safe as hospital births, and this has already been demonstrated in specialized literature[11-15]. The safety of home births shows that there are no differences between fetal and early neonatal death, risk of hemorrhage and maternal mortality in relation to the place of birth. It also shows that home birth has a lower risk of obstetric interventions, such as episiotomy, severe lacerations and caesarean section or instrumental delivery[7-15]. Thus, the social support network is a foundation for women to consciously and safely establish their decision-making power, when they are provided with support for this decision with a home birth assisted by professionals trained to assist women at low obstetric risk.

In this context, there is a need for as much of a social support network for these Amazonian women, which also takes the form of promoting public policies to guarantee women's decision-making in home birth[16]. Because the high cost is a major barrier to childbirth, given that the country does not have this PHB recommendation in both the private and public healthcare spheres, as the Ministry of Health has established that the hospital unit is the safest place for childbirth. And because of these many issues, women don't have a social support network, which can also be financial, subsidizing the PHB in the event of a woman's decision to use this modality.

This interlocution of knowledge by the social support network in obstetric health allows an exchange with their support network of women, where they show their experience of home birth, and this knowledge and connections between these women become effective for decision-making for PHB. Based on this argument, the study had the following guiding question: What is the dimension of the social support network of Amazonian women for home birth decision-making?

The study of planned home births in the Amazon context is the first with this panorama[8,14,17] in the different realities of the Brazilian context. Home births in the Amazon region are cultural, especially in places with limited infrastructure, which often have a traditional midwife, whether in communities with traditional populations such as riverside dwellers, quilombolas or indigenous peoples. Culturally, childbirth is provided with maternal care for these women and the research, which took place in urban centers in the region, has better conditions for health system services and

infrastructure. The study's object of investigation is to observe this type of birth and also how information relates to the power of choice for Amazonian women.

The social support network of Amazonian women in childbirth is made up of the women themselves, who are central figures in this sharing of childbirth. In this way, the relationship between Amazonian women and home birth is perennial, and therefore, being established in their history and social context, their network is established in care and sharing knowledge.

The aim of this study was to understand the social support network of Amazonian women when making decisions about planned home births.

METHODS

Design

The study is part of the master's thesis of the Graduate Program in Nursing at the Federal University of Pará, Brazil[18].

This was a descriptive, exploratory, qualitative study, guided by the Consolidated criteria for reporting qualitative research (COREQ) instrument. This research approach was established to guide the experience of social support for women's decision-making in home birth. The study involved 20 women who had a planned home birth in the Amazon region, state of Pará, Brazil.

The study was approved by the Research Ethics Committee of the Institute of Health Sciences of the Federal University of Pará under protocol No. 4463.291/2020, following the recommendations of the National Health Council with Resolution No. 466/2012. The approval material from the ethics and research committee is described in **supplementary document I[18].**

Selection of participants

First, a search was made for health professionals who provided PHB care in the region, and the Naiá Home Birth Obstetric Nursing team was found to be the only team providing home birth care. The nurses were contacted and asked for the women's e-mail addresses and telephone numbers. In this way, these women's home births were assisted by technical professionals, trained and specialized in planned home births, made up of obstetric nurses.

Eligibility criteria for selecting studies

Once the respective contacts had been passed on, an initial invitation was sent via WhatsApp to each potential participant, following the eligibility criteria: participants over the age of 18; having had their PHB in the metropolitan region of the state of Pará between 2020 and 2022; not being

transferred to a hospital unit. Women who had their home births performed by an obstetrician or midwife were excluded, since there were no professionals in the state who provided home birth care. In addition, the aim of the study was to understand this process for women who were assisted by obstetric nurses.

Data collection

A total of 30 invitations were sent out and 20 participants returned them. Data collection ended at theoretical saturation, when there was a similarity of meanings as the data collection techniques were carried out, thus ending the collection.

The participants who gave feedback were scheduled for data collection. The instrument used was an individual, face-to-face semi-structured interview[18], which took place at a location of the woman's choice, in most cases her home environment. This instrument was developed by the researchers themselves for use in this study.

The interviews took place only in the presence of the interviewer and the participant, without the presence of third parties, guaranteeing privacy in each interview. Before the data was collected, the participants were asked to sign an Informed Consent Form, which guarantees their right to anonymity, using an alphanumeric code, P (Participant), followed by a numeral, according to the order in which the interviews were carried out (P1, P2, P3, ..., P20).

In the interviews, the woman was approached with data on her age, marital status, ethnicity, level of schooling, family income, type of home, number of births, desired/unwanted pregnancies, her mother's place of birth and her birth, and whether she was transferred to a hospital. Once this data had been collected, the following questions were asked: Tell us about the support you received for your planned home birth? What was your home birth support network like? Did your support network help you with your decision? Tell us about this process? What was the decision to have a home birth like for you? What was it like for you to decide to have a home birth? The terms of the research can be found in **Supplementary Document II[18]**, the interview script used. Each interview lasted an average of one hundred and twenty minutes and took place between August 2021 and February 2022. This process used Mp3 recording, which was authorized by the participants, which was submitted to full transcription and later data processing.

It should be noted that the researcher has no conflict of interest with the team and the participants, as well as having mastery of the interview technique and the instruments applied, since she received all the training from members of the research team.

Patient and Public Involvement

No patient involved

Data analysis

The data was processed using content analysis[19]. The analysis takes place in three distinct moments: 1) pre-analysis, with the organization of the transcribed material and floating and exhaustive reading to formulate either hypotheses or objectives with the scientific literature, with knowledge of the material; 2) Exploration of the material and treatment of the results, coding and categorization, with the cutting out of the units of meaning, arising from the frequency of repetition of meanings, through the following units of records: Influence of other women; participation in women's/childbirth and birth groups; restriction of information on the choice of PHB; orientation and knowledge about the team; assertiveness/reliability/insecurity and preparation of the team; 3) inference and interpretation, the last stage of the analytical process, which constitutes the interpretation of the results, based on inference and the support of constructive elements for the units of meaning[19].

This analysis allowed for non-aprioristic categorization, which resulted in the following unit of meaning: Support and information for home birth, which formed the basis of two categories: 1) Social support network for women in making decisions about PHB; 2) Social support network for making decisions about planned home birth.

Reflexivity

From a theoretical point of view, the discussion of the data used the conceptual dimension of the support network and social support network to underpin the discussion of the results, as well as studies of planned home births and public policies in Brazil and international recommendations.

RESULTS

Regarding the characterization of the twenty Amazonian women, there was a predominance of participants aged between thirty and forty, with a marital status of married or in a stable union. They were of brown ethnicity, had completed higher education, had a family income of between four and ten minimum wages in Brazil (R$1,412.00), and owned their own home, making them middle and upper-middle class in the country.

As for the number of births, there was a predominance of primiparous women, with planned and desired pregnancies. Most of the participants' births took place in hospital and were natural deliveries. The births of the participants' mothers took place at home. There were no transfers to hospital for their births.

Women's social support network in the decision making process for PHB

Amazonian women have a social support network to influence their choice of home birth plan - the experiences of other women who have given birth at home. This social support from woman to woman provides important emotional support for the shared experiences of the PHB, supporting the decision to have a home birth. These experiences of a positive birth in the Amazon region guarantee women's right to information for their home birth experience.

> *But I talked to this friend of mine who had a baby and she told me about it, she told me about the nurses she met, she told me about her birth. A normal birth, she had it at home too. And she told me about the nurses and everything, but the point that made her decide to have a home birth. She said: if you can, go for a normal birth, but we didn't know how it would be, if it would be at home, but she said: go for a normal birth. So I went to the nurses, my first contact, and it was essential.* (P2)
> *We did a lot of research, then I already had people very close to me, friends who had had home births and they recommended the team, the people I could talk to about it.* (P9)
> *This started after I was sure it would be safe, because our [couple's] biggest concern is this: looking for quality information from people who will give you quality information. So I thought: why not home care? Then I opened my mind to this and started researching more, and I chose to have it at home.* (P10)
> *But the support we had from the team of nurses was very reassuring and, without a doubt, guaranteed 100% peace of mind and safety. We knew that they were very competent and that they would be there for anything that might happen, they passed on all the information and I felt safe to have my home birth.* (P18)

The meeting with the social network of Amazonian women is an important strategy for social support, with the dissemination of exchanges of experiences and knowledge that contributed to the decision to have a planned home birth. These exchanges of knowledge constitute a constant movement of links and relationships with other women, in order to guarantee the (de)mythification of home birth.

> *At some of the meetings here in Belém of the women's group I had, I met the girls, I met a colleague, I met the girls and we would exchange our experiences. And at that time, it wasn't a very strong movement, I was still at the beginning of the group, but we were sure that, after a while, I began to be sure that home birth was the best choice for my son.* (P1)
> *Ah, all the women in the women's group, for example, were a group that helped a lot and it was basically them. My partner was a bit hesitant, he didn't really believe me, my ex partner, my mother too, my family was a bit indecisive, but I went anyway. It was basically women who supported me.* (P20)

Previous negative experiences of childbirth, with traumatic experiences for Amazonian women, encouraged the participants to tap into their social support network in order to make the decision to give birth at home. This is a way for them not to experience the same traumas and to change the way women view birth, especially unnecessary interventions in childbirth, disrespect and obstetric violence.

> *I was always very scared and it didn't work out, I ended up giving birth in a hospital, my first birth. And the birth of my first child was very bad, I suffered obstetric violence, the nurse pushed my belly to get him out, I had an episiotomy, I had all the right stuff, I was very, very unwell after he was born. With my second child and the others, I said I wouldn't do it anymore, so I chose home birth so I wouldn't be disrespected. I had it at home so I wouldn't be raped.* (P11)
>
> *When it came to my son's first doctor, I decided not to stay with him because, during labor, he refused the touch twice and, on both occasions, he did the touch, and also ordered me to stay in a chest-up position. I didn't want that position, because it hurt too much and he did something on my cervix that ended up tearing my cervix! So I decided that I wouldn't be him and that I would have my son in other circumstances, outside the hospital.* (P17)

In this way, the social support network is a central point of support for Amazonian women and its positive influence on their decision to have a home birth.

The social support network for the decision to have a planned home birth

The initiative of the Amazonian woman herself and other women to find information about home birth was a continuous and crucial process, which made it possible to guarantee the decision to have a planned home birth.

> *We organized and prepared ourselves for this birth, I read a lot, I took part in online forums, in short, I did a lot of mental preparation to be able to live it. It was a birth, even though the pregnancy had been planned and I couldn't afford it, but I planned this birth, I sought out all kinds of information, of my own volition and that of my colleagues in the group. I really worked hard to make it work.* (P6)
>
> *And it was such an overwhelming experience that I started looking for knowledge about it, more than I had ever done as a pregnant woman, because I was doing a master's degree at the time, I lived in Recife, so I started researching in depth, scientific articles. I became very attached to evidence-based medicine, which is now very much on the agenda, with the recent history of obstetrics, and this was great and when shared by others, it helped a lot.* (P19)

The social support network through the media, such as films, specialized websites, women's blogs, social networks such as Facebook and Instagram, were important strategies for disseminating knowledge and discussing home birth and pregnancy itself, providing a link for Amazonian women in terms of PHB decision-making.

> *So, I didn't really look. I used to look more in specific places, such as blogs and the internet, websites of researchers in the field, just to have more qualified information and not just guesswork, my daughter.* (P4)
> *I watched the video, I watched that documentary Rebirth of Childbirth, it was something that influenced the decision, it strengthened the decision to have a normal birth and also the issue of home birth, it opened up the idea of home birth.* (P8)
> *I had already seen some reports on the subject and I saw [a colleague] post something about it [on the Internet]. That's when I got in touch with my colleague in the network, saying that I had seen it, I wanted to know a bit more about it and that's when she [friend from the network] started to explain how it worked, her experience. It grew and grew and I looked for more and more information. It was studying, looking for some articles, a few that I found talking about it, videos about it, and then they helped me with books, with reports of humanized births, both at home and in hospital. As far as information was concerned, it was really through reports, videos and books, and it was really the team that guided me in relation to books and some articles that I read looking for, that I don't even know I still have, that talked a bit about it. But my main focus was the videos themselves, looking for people who had done it, what it was like, and that was it.* (P9)

The women's social support network, with the referral of the specialized team, which provides qualified support throughout the prenatal process, based on scientific evidence. This constitutes a valuable support network for Amazonian women when it comes to making decisions and experiencing a planned home birth. This support from the nurse throughout prenatal care represents an important step for women as a way of guaranteeing their rights to home birth, accessed by seeking out teams for the home birth process.

> *My husband and I are not ones to decide without thinking about the risks and everything else. So, we thought about all the issues and the nurses who accompanied us were also very concerned, they surrounded us with all the care and information, which gave us a lot of security, a lot. Otherwise, I wouldn't have embarked. Which was totally different to my first birth. Their support and the information were essential to my choice.* (P2)
> *So, meeting the nurses, having the information they [the nurses] passed on at that moment, was a watershed, that's when I met them. So I got a lot of reciprocity from the nurses, even though we hadn't planned to have a home birth. Was there a possibility? There was, because I'd had a series of follow-ups during my pregnancy that made it possible to have a home birth.* (P7)

The social support network by different means is one of the strategies to help guarantee decision-making and their rights as Amazonian women in planned home births.

DISCUSSION

On the road to the right to PHB, the social support network in the field of health is a milestone for the appropriation of health care, especially obstetric care. This network is an interlocution with the sharing of various forms of knowledge between people, family members and Amazonian women, whether individually or collectively, and this exchange gives women the opportunity to make decisions, whether by sharing the positive experience of home birth or the traumatic experience of hospital care[1-2,8,20]. The network is a combination of social knowledge exchange to provide information and empower women's decision making, empowering women who decide how to give birth and how they want to go through childbirth. In this way, the socialization and sharing of these successful experiences through the social support network becomes valuable and brings a sense of reality closer to these women, as well as confirming the safety and professionalism involved in the process of carrying out a home birth.

The empowerment of Amazonian women is a process that involves their social support network, which gives them the self-confidence to make decisions and control over their lives, in psychological, biological, social, financial and political terms[21]. In this sense, this network is a milestone for the empowerment of Amazonian women to make sexual and reproductive health decisions, since the Brazilian historical context has always been one of curtailment of women's autonomy and rights, and this social support allows these women to make decisions.

Recognition of women's decision-making knowledge is the driving force behind organizing the right to their bodies. The social support network in obstetric health is based on values related to the emotional and bodily experiences of birth, evoking and deepening the meanings that these experiences represent for each woman[22]. In this transmutation of knowledge, possibilities are enhanced and built that guarantee rights based on social support as a safe source mechanism. It also includes women seeking professional information and (re)knowledge of the obstetric nursing team working in the region as a potential foundation for guaranteeing choice. Information is made available so that each woman is given the opportunity to choose.

The Health Care and Clinical Excellence guidelines state that it is important for women to receive the information they need when deciding where to have their baby, so that they can make a fully informed decision, i.e. social support is an important guideline for guaranteeing decision-making. In this network, the provision of information on the rates of interventions, transfer and perinatal

outcomes of home birth and possible risks are important points for the empowerment of Amazonian women and for informed decision-making. This is especially the case given the high level of schooling of these women, as seen in other studies, which enables them to make decisions[8-9,13,16]. It can be seen that there is a gap in the social support network for women's decision-making regarding the place of delivery[23]. In addition to this social support, the search for professional information should be based on scientific recommendations and care data, in order to support women's decision-making, as determined by the scientific literature[23-24].

In the exchange of knowledge in this social support network from woman to woman, the vulnerability interpreted from the care provided in hospital units is also revealed, since, as part of an institutional culture, it represents obstacles to connecting with one's own body during the labor and birth process. In this way, the hospital is synonymous with a place that is interventionist, patriarchal and based on the hegemonic model of obstetrics, which does not take into account the particularities of women, with their needs, be they personal, social or cultural during childbirth[22]. There is a narrative of the risk of childbirth, which means that birth must take place in hospital units and with the presence of a medical professional, showing that PHB is not a safe way to give birth. This fact contributes significantly to blaming women in the event of any complications, with the aim of restricting their decision-making[25].

The consequences of these disconnections are violations of women's rights that emerge in narratives of previous negative experiences, whether their own or those of others. In this sharing of knowledge and the transmutation of knowledge between women, there are not only narratives of successful PHB experiences, but also of violations, power relations, cohesion and violence that are conditioning factors for the decline of giving birth in hospitals. The literature[4-5,26] corroborates the claim that the hospital becomes a space of fear, especially because of the caesarean section, obstetric interventions and violence. This social support network pushes women to resist the hegemonic model and to seek out information that provides a link of trust for their empowerment and decision making regarding the place of birth.

One study[27] showed that only 9% of women opt for home birth, and they do so because of a previous traumatic hospital experience, motivated by negative experiences of childbirth or apprehension about the conventional maternity care model. In this way, the social support network perpetuates its sharing and potentiates an escape on the part of Amazonian women from experiencing traumatic experiences during childbirth and from the hegemonic model of obstetrics. This experience often involves routine interventions and a general lack of respect for women's autonomy and decision-making[28], nullifying their wishes and rights.

Despite the advances in the field of labor and birth, which include the contribution of scientific knowledge, the subject of planned home birth needs greater dissemination of knowledge. There is a gap in scientific production on home birth and the social support network in the decision-making field. Home births need a guideline/regulation in the Brazilian health system, especially with regard to the confrontation between professional classes in search of a field of activity and a Market[8]. In the search for knowledge about the PHB, there is an association with the woman's own initiative, as observed in studies[22-23,25-27], since women have the attitude of seeking the necessary knowledge to support their own decision-making, through various forms of knowledge, such as: scientific events, articles, books, the internet, films and with health professionals. This social support is important in guaranteeing an informed decision. This means of information needs to be explored in greater depth as to how, based on its content, it enables women to make decisions, compared to the information passed on via the internet. However, the provision of scientific channels by nurses contributes positively to women's decision-making.

In this context, the popularization of the internet has boosted the search for information through specialized websites, articles and events, a fact that provides contact with a greater amount of qualified information, an essential variable for informed decision-making[8]. In addition to the support of qualified professionals who are crucial to directing and refining the information, there is a construction of knowledge through a social support network propagated on the internet, with a continuous construction of the means of information to support the decision-making of Amazonian women in the PHB. As the information becomes available, they have greater self-confidence to be aware of the decision on the place of delivery. In this way, the Internet provides a social support network for women to filter the information they receive and establish the knowledge they need to make the decision to give birth at home.

The information media, and especially the internet, provide a large volume of information that can quickly and globally bring women's interests and needs into confrontation. And with the spread of groups and social networks, such as Instagram and Facebook, it has contributed to the mobilization of policies, innovative information among individuals, assuming an important role in health education for labour and birth and, therefore, for the autonomy and empowerment of users and professionals[29].

One study[30] showed that internal motivation is a key element in the decision to have a planned home birth. It also highlights that in PHB, psychological and emotional issues are also particularly important factors, as well as the relationship with the midwife/obstetric nurse, who, by assisting women with care, enhance successful experiences with meeting the expectations of childbirth, representing greater satisfaction for Amazonian women. However, this was only achieved by seeking

information as a way of gaining knowledge and exchanging experiences with the social support network, with information about PHB professionals. The home birth social support network is a foundation for guaranteeing their rights and empowerment.

There is a need for new studies to investigate and deepen home births, especially in the north of the country, as there is a real limitation of studies in this region and a concentration of research in the south and southeast. As well as studies on the social support network and information through channels such as the internet in obstetric health, which is articulated for PHB decision-making, and thus subsidize policies and guidelines for the maternal and child care network in Brazil.

Dataset

[dataset] [18] Reis LC Rodrigues DP. Data from: Planned home birth in the Amazon context: women's choice and right. EduCAPES, April 27, 2024. http://educapes.capes.gov.br/handle/capes/746001

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Supplementary material

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Declaration of conflicting interests

I declare that the authors of this study have no conflict of interest.

Patient consent for publication

Not required.

Authorship contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis or interpretation of data for the work: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.

Drafting the work or critically reviewing it for important intellectual content: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.
Final approval of the version to be published: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.
Agreement to be responsible for all aspects of the work, ensuring that issues relating to the accuracy or completeness of any part of the work are properly investigated and resolved: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR.

Ethical approval

Permission to carry out the study was obtained from the Ethics Committee of the Federal University of Pará, under approval number 4.463.291/2020. All methods were carried out in accordance with the relevant guidelines and regulations: we followed the 2013 Declaration of Helsinki Guidelines. Respondents received written information about various aspects of the study; their rights to participate voluntarily and to withdraw from the study at any time were explained to them, as well as their rights to privacy and confidentiality. Respondents also gave their written informed consent to participate in the study and permission to use the data collected nationwide for professional and scientific purposes.

Data availability statement

The data analyzed in this study are available online at the repository of the EduCAPES, at: http://educapes.capes.gov.br/handle/capes/746001. Permission to use the data is granted free of charge upon request from UFPA.

UFPA - INSTITUTO DE CIÊNCIAS DA SAÚDE DA UNIVERSIDADE FEDERAL DO PARÁ

PARECER CONSUBSTANCIADO DO CEP

DADOS DO PROJETO DE PESQUISA

Título da Pesquisa: VIVÊNCIA DE MULHERES NO PARTO DOMICILIAR PLANEJADO NO CONTEXTO AMAZÔNICO: DIREITO DE ESCOLHA

Pesquisador: Diego Pereira Rodrigues

Área Temática:

Versão: 1

CAAE: 39952720.3.0000.0018

Instituição Proponente: Instituto de Ciências da Saúde da Universidade Federal do Pará - ICS/ UFPA

Patrocinador Principal: Financiamento Próprio

DADOS DO PARECER

Número do Parecer: 4.463.291

Apresentação do Projeto:

As discussões sobre parto e assistência obstétrica no Brasil, vêm sendo norteadas por tendências sociais, culturais, econômicas, e mais atualmente sanitárias, em diferentes realidades de acesso e/ou escolha do processo parturitivo, e tendo a perspectiva do "direito" das mulheres, para a opção ao parto domiciliar planejado, visto que a "assistência obstétrica no Brasil é predominantemente hospitalizada e medicalizada, tendo em vista que mais de 99% dos nascimentos ocorre em ambiente hospitalar, em sua grande maioria assistidos por profissionais médicos" (CURSINO; BENINCASA, 2020, p. 1434).A pesquisa apresenta um problema recorrente no cuidado à mulher no campo do parto e nascimento, em relação para o respeito da mulher quando a sua escolha do PDP.

Objetivo da Pesquisa:

Compreender a vivencia das mulheres no parto domiciliar planejado na região metropolitana do Estado do Pará; Desvelar a percepção das mulheres acerca da opção do parto domiciliar planejado; Identificar o processo de busca de conhecimento para a garantia da opção do parto domiciliar planejado; Analisar a vivência das mulheres no seu cuidado no parto domiciliar planejado.

Avaliação dos Riscos e Benefícios:

Ressalta-se que a pesquisa não prevê riscos eminentes, contudo quando tratamos de interação social entrevistador/entrevistado estamos sujeitos à constrangimento ou questões desta natureza

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Continuação do Parecer: 4.463.291

que podem surgir durante o processo, dada subjetividade das relações humanas, ainda que não seja desejado. Devendo tais questões ser contornadas à luz da sensibilidade e do diálogo mantido pelo pesquisador, conduzindo à compreensão sobre a importância e a magnitude do compartilhamento de experiências. Desse modo, a pesquisadora é treinada, tornando-se capacitada para a aplicação do instrumento de coleta de dados, com o propósito de evitar riscos aos participantes, e que nesse processo de aplicação, a pesquisadora irá resguardar a integridade física, psíquica e emocional de cada participante.
Benefícios: Os benefícios dos estudos estão no âmbito dos direitos das mulheres, dos profissionais no contexto da Enfermagem Obstétrica do Estado do Pará, assim como para a comunidade cientifica e sociedade de forma geral, vislumbrando contribuição na mudança de paradigmas e crescimento conjunto frente ao enfrentamento dos desafios que cercam a escolha pelo parto domiciliar planejado

Comentários e Considerações sobre a Pesquisa:

A pesquisa tem relevância científica, pertinente com clareza em seus objetivos geral e específicos Desvelar a percepção das mulheres acerca da opção do parto domiciliar planejado.Identificar o processo de busca de conhecimento para a garantia da opção do parto domiciliar planejado.Analisar a vivência das mulheres no seu cuidado no parto domiciliar planejado.

Considerações sobre os Termos de apresentação obrigatória:

Todos os termos obrigatórios foram apresentados com clareza

Recomendações:

Foram cumpridas todas as solicitações do CEP.

Conclusões ou Pendências e Lista de Inadequações:

Diante do exposto somos pela aprovação do protocolo. Este é nosso parecer, SMJ.

Considerações Finais a critério do CEP:

Este parecer foi elaborado baseado nos documentos abaixo relacionados:

Tipo Documento	Arquivo	Postagem	Autor	Situação
Informações Básicas do Projeto	PB_INFORMAÇÕES_BÁSICAS_DO_PROJETO_1657590.pdf	08/11/2020 19:41:09		Aceito
Folha de Rosto	folha.pdf	08/11/2020 19:40:44	Diego Pereira Rodrigues	Aceito
Cronograma	cronoc.docx	01/11/2020	Diego Pereira	Aceito

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Cronograma	cronoc.docx	17:30:55	Rodrigues	Aceito
Outros	orient.pdf	01/11/2020 17:27:14	Diego Pereira Rodrigues	Aceito
Outros	termo.pdf	01/11/2020 17:26:29	Diego Pereira Rodrigues	Aceito
Outros	custo.pdf	01/11/2020 17:25:45	Diego Pereira Rodrigues	Aceito
Outros	cartaa.pdf	01/11/2020 17:24:36	Diego Pereira Rodrigues	Aceito
Outros	carta.pdf	01/11/2020 17:22:51	Diego Pereira Rodrigues	Aceito
Projeto Detalhado / Brochura Investigador	doc.docx	01/11/2020 17:22:07	Diego Pereira Rodrigues	Aceito
Outros	entrv.docx	01/11/2020 17:21:52	Diego Pereira Rodrigues	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	tcle.docx	01/11/2020 17:21:35	Diego Pereira Rodrigues	Aceito

Situação do Parecer:
Aprovado

Necessita Apreciação da CONEP:
Não

BELEM, 14 de Dezembro de 2020

Assinado por:
Wallace Raimundo Araujo dos Santos
(Coordenador(a))

Endereço: Rua Augusto Corrêa nº 01- Campus do Guamá ,UFPA- Faculdade de Enfermagem do ICS - sala 13 - 2º and.
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Script:

1. Age?
2. Marital status?
3. Ethnicity?
4. Education?
5. Family income?
6. Housing?
7. Number of births?
8. Was the current pregnancy wanted?
9. Place of birth?
10. Mother's place of birth?
11. Was there a hospital transfer during your birth?

Second stage:

1. Tell us about the support you received for your planned home birth?
2. What was your home birth support network like?
3. Did your support network help you in your decision?
4. Tell us about this process?
5. What was it like for you to decide to have a home birth?

BMJ Open

THE SOCIAL SUPPORT NETWORK OF BRAZILIAN AMAZONIAN WOMEN TO SUBSIDIZE THE DECISION-MAKING POWER OF PLANNED HOME BIRTH: A QUALITATIVE STUDY

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The social support network of Brazilian Amazonian women to subsidize the decision-making power of planned home birth: a qualitative study

ABSTRACT

Objective: To understand the social support network of Amazonian women when making decisions about planned home births.

Method: descriptive, exploratory, qualitative research.

Setting: planned home birth care, accompanied by obstetric nurses, in the state of Pará, Brazil.

Participants: 20 women who had a planned home birth in the metropolitan region of the state of Pará, Brazil. These women were surveyed by a team of obstetric nurses working in home birth care. In-depth semi-structured interviews were conducted at the women's homes between August 2021 and February 2022, with the audio captured on an mp3 device. The data was analyzed at the same time as the data collection. Each interview was transcribed and content analysis was used to process the data.

Results: the social support network shares experiences and knowledge between women in order to guarantee knowledge and not perpetuate traumatic episodes during childbirth. This network is a link to women's power of choice in relation to their own birth, which culminates in successful experiences in the birth process.

Final considerations: understanding the social support network for women's decision-making during planned home births is central to guaranteeing rights and expectations regarding the place of birth. Social support networks need to be expanded by non-governmental groups and by the Unified Health System itself, especially in primary health care.

Descriptors: Women; Home Childbirth; Social Support; Access to Information; Nursing.

Strengths and limitations of this study

- This study is the first to investigate home birth among Amazonian women, with its characteristics identified.
- This study supports the description of women's social support network when making the decision to give birth at home.
- The information obtained from the study participants may be subject to memory bias.
- The limitation of the study was not using triangulation of methods, such as the technique of participant observation of home births.

INTRODUCTION

Childbirth is a unique moment in many women's lives. During this period, these women need a social support network to ensure that they can make informed, qualified and safe decisions. An effective support network helps to mobilize the decision-making power of the Planned Home Birth experienced by these women. Thus, this network is a system structured by various social objects and guides an interrelationship between individuals with a system of exchanges and reciprocities; it is a key element of interlocution such as emotional and instrumental support, whether intra- or extra-familial, or on the part of institutions and health professionals[1-2]. This relationship aims to guarantee all the knowledge that is capable of supporting the decision to have a home birth.

While the social support network is established in each individual's life, it constitutes systems of people or institutions aimed at social interaction, with the focus of meeting individual needs, with protective, emotional, financial and knowledge resources[3]. This network can also be established when overcoming crises, constituting a protective factor and also helping with possible decisions. Currently, social support must be established in this relationship, providing protection to instrumentalize women's decision-making, promoting stability in the face of crises (seeking support to decide) and producing self-esteem and emotional stability[2,4]. These connections between women and other people, whether intra- or extra-familial, effectively contribute to supporting women in their decision-making power for planned home births.

Historically, the hospital has been synonymous with safety for the health of women and newborns. However, in many cases, the high number of interventions such as episiotomy, Kristeller's maneuver, amniotomy and elective caesarean section[5-7] has demonstrated (in)safety during the birth process in the context of Brazilian public health.

In this way, planned home birth, when assisted by qualified professionals such as obstetric nurses, obstetricians and midwives, is an alternative and a process of escape from experiencing interventions that are currently considered unnecessary during institutional care.

In Brazil, the demand for home births has been growing. However, universality and equity, which are guidelines of the Brazilian Unified Health System (SUS), are far from being realized[8], as is the guarantee of their right to a successful birth and to professionals who base their conduct and guidance on up-to-date scientific evidence. It is therefore necessary to break away from the hegemonic model of obstetric care, transforming settings such as the home environment for low-risk women. This can be transformed into a social support network for obstetric health and guarantee decision-making for women. It will demystify all the aspects surrounding planned home

births, such as their safety, thus contributing to a drastic reduction in obstetric interventions and obstetric violence, which has become increasingly common in obstetric care[9].

The safety of home births[10-15] and the support of professional and non-governmental organizations, as well as the World Health Organization (WHO), express the real need for support for women[10], in order to guarantee informed decision-making about planned home births. Home births assisted by trained professionals for women at low obstetric risk are as safe as hospital births, and this has already been demonstrated in specialized literature[11-15]. The safety of home births shows that there are no differences between fetal and early neonatal death, risk of hemorrhage and maternal mortality in relation to the place of birth. It also shows that home birth has a lower risk of obstetric interventions, such as episiotomy, severe lacerations and caesarean section or instrumental delivery[7-15]. Thus, the social support network is a foundation for women to consciously and safely establish their decision-making power, when they are provided with support for this decision with a home birth assisted by professionals trained to assist women at low obstetric risk.

In this context, there is a need for as much of a social support network for these Amazonian women, which also takes the form of promoting public policies to guarantee women's decision-making in home births[16]. Because the high cost is a major barrier to childbirth, given that there is no recommendation in the country for planned home births in both the private and public healthcare spheres, as the Ministry of Health has established that hospitals are the safest place for childbirth. And because of these many issues, women don't have a social support network, which can also be financial, to subsidize the planned home birth if the woman decides to do so.

This interlocution of knowledge by the social support network in obstetric health allows an exchange with their support network of women, where they show their experience of home birth, and this knowledge and connections between these women become effective for decision making for the planned home birth. Based on this argument, the study had the following guiding question: What is the dimension of the social support network of Amazonian women for home birth decision-making?

The study of planned home births in the Amazon context is the first with this panorama[8,14,17] in the different realities of the Brazilian context. Home births in the Amazon region are cultural, especially in places with limited infrastructure, which often have a traditional midwife, whether in communities with traditional populations such as riverside dwellers, quilombolas or indigenous peoples. Culturally, childbirth is provided with maternal care for these women and the research, which took place in urban centers in the region, has better conditions for

health system services and infrastructure. The study's object of investigation is to observe this type of birth and also how information relates to the power of choice for Amazonian women.

The social support network of Amazonian parturients and women is made up of the women themselves, who are central figures in this sharing of childbirth. In this way, the relationship between Amazonian women and home birth is perennial, and therefore, being established in their history and social context, their network is established in care and sharing knowledge.

The aim of the study was to understand the social support network of Amazonian women when making decisions about planned home births.

METHODS

Study design

This was a descriptive, exploratory, qualitative study, guided by the Consolidated criteria for reporting qualitative research (COREQ)[18]. This research approach was established to guide the experience of social support for women's decision-making in home birth. The COREQ report is available in supplementary material III[19]. The study involved 20 women who had a planned home birth in the Amazon region, state of Pará, Brazil.

Research Ethics

The study was approved by the Ethics and Research Committee of the Institute of Health Sciences (ICS) of the Federal University of Pará (UFPA) under protocol No. 4463.291/2020, following the recommendations of the National Health Council with Resolution No. 466/2012.amazon region, state of Pará, Brazil, as can be seen in supplementary material I and its translated version in supplementary material II[19].

Study setting and study participants

First, a search was made for health professionals who provided planned home birth care in the region, and the Naiá Parto Domiciliar Obstetric Nursing team was found to be the only team providing home birth care. Thus, the home births of the women taking part in this study were attended by obstetric nurses, who are technical professionals, trained and specialized in planned home births.

It is important to mention that in the state of Pará-Brazil, during the period in which this study was carried out, only obstetric nurses were providing home birth care. Professionals such as obstetricians, midwives and obstetricians were not involved in this type of care.

It is worth noting that in Brazil, the professional practice of nurses, obstetricians and midwives is regulated by Law No. 7.498/1986[20]. At the moment, traditional midwives, professionals with no technical or specialized training, work in communities with difficult access to health professionals. An obstetrician is a professional with a degree in obstetrics, who exclusively provides care for the pregnancy-puerperal cycle. The obstetric nurse, on the other hand, is a health professional with a degree in nursing, who needs a specialization course in obstetric nursing to work during labor, birth and the puerperium. In terms of level of care, the professionals mentioned are qualified to assist women during the reproductive period, including the performance of low-risk normal childbirth.

Through contact with the obstetric nurses, the women's emails and telephone contacts were made available.

After the respective contacts were passed on, an initial invitation was sent via WhatsApp to each potential participant, following the eligibility criteria: participants over 18 years of age; planned home birth in the metropolitan region of the state of Pará (northern region of Brazil) between 2020 and 2022; not transferred to a hospital unit. Women who had an intercurrence during the period of home birth care were excluded, characterizing discontinuity of the care process. It should be noted that no participants refused to take part in the research.

A pilot study was carried out with 3 women who were not actual participants in the data, in order to evaluate the instrument and make possible adjustments, which did not need to be made.

A total of 30 invitations were sent out and 20 participants returned them. Data collection ended at theoretical saturation, when there was a similarity of meanings as the data collection techniques were carried out, thus ending the collection.

Data collection procedure

The participants who responded were scheduled for data collection. The instrument used was an individual, face-to-face semi-structured interview, which took place at a location of the woman's choice, in most cases her home environment. This instrument was constructed by the researchers themselves for application in this study. data collection techniques, thus finalizing the data collection. There was no initial relationship prior to the data collection stage, which only began on the day of the scheduled interview.

The interviews took place only in the presence of the interviewer and the participant, without the presence of third parties, guaranteeing privacy in each interview. Before the data was collected, the participants were asked to sign an Informed Consent Form (ICF), which guarantees

their right to anonymity, using an alphanumeric code, P (Participant), followed by a numeral, according to the order in which the interviews were carried out (P_1, P_2, P_3, ..., P_{20}).

In the interviews, the woman was approached with data on her age, marital status, ethnicity, level of schooling, family income, type of home, number of births, desired/unwanted pregnancies, the place of birth of her mother and her birth, and the occurrence of transfer to a hospital unit. Once this data had been collected, the following questions were asked: Tell us about the support you received for your planned home birth? What was your home birth support network like? Did your support network help you with your decision? Tell us about this process? What was the decision to have a home birth like for you? The research terms are provided in supplementary material IV[19], as is the interview script used. No field notes were taken during the interviews.

Each interview lasted an average of one hundred and twenty minutes and took place between August 2021 and February 2022. This process used Mp3 recording, which was authorized by the participants, which was submitted to full transcription and later data processing. After data collection, the participants were sent a transcript of the material for validation and feedback on their statements, in accordance with COREQ guidelines.

It should be noted that the researcher who collected the data was female, had no conflict of interest and had no personal or professional acquaintance with the team of obstetric nurses and the women taking part. The participants were aware of the reasons for carrying out the research, which was explained to them during the recruitment process.

At the time of data collection, the researcher had specialist training and an ongoing master's degree in nursing as her credentials, as well as being a postgraduate nursing student. She obtained training from professors with doctoral degrees, who are part of the research team, to carry out the data collection instruments, as well as previous experience of studies carried out using research instruments.

Patient and public involvement

Patients or the public were not involved in the design, or conduct, or reporting, or dissemination plans of our research.

Data analysis

The data was processed using content analysis[21]. The analysis takes place in three distinct moments: 1) pre-analysis, with the organization of the transcribed material and floating and exhaustive reading to formulate either hypotheses or objectives with the scientific literature, with knowledge of the material; 2) Exploration of the material and treatment of the results, coding and categorization, with the cutting out of the units of meaning, arising from the frequency of repetition

of meanings, through the following units of records: Influence of other women; participation in women's/childbirth and birth groups; restriction of information on the choice of planned home birth; orientation and knowledge about the team of obstetric nurses; assertiveness, reliability, safety and preparation of this team; 3) inference and interpretation, the last stage of the analytical process, which constitutes the interpretation of the results, based on inference and the support of constructive elements for the units of meaning[21].

This analysis allowed for non-aprioristic categorization, which resulted in the following unit of meaning: Support and information for home birth, which formed the basis of two categories: 1) Social support network underpinning women's decision-making for planned home birth; 2) Social support network for women's decision-making for planned home birth.

It should be noted that the study did not use software to support data analysis, but was carried out manually by the research team. The themes were identified not through software coding, but through the process of identifying the themes by colorimetry, which allows the themes to be identified by creating a legend with the assimilation of color, thus following the entire process, with the creation of registration units and their codes, following the stages of the analytical process of content analysis.

It should be noted that the authors did not include their professional experiences and possible motivations in the interpretation of the study data. They were only responsible for structuring the research, applying the data collection and analysis technique, describing and interpreting the results from a theoretical point of view. The analysis used the conceptual dimension of the social support network to support the discussion of the results and studies of planned home births, public policies in Brazil and international recommendations.

RESULTS

Regarding the characterization of the twenty Amazonian women, there was a predominance of participants aged between thirty and forty, with a marital status of married or in a stable union. They were of brown ethnicity, had completed higher education, had a family income of between four and ten minimum wages in Brazil (R$1,412.00), and owned their own home, making them middle and upper-middle class in the country.

As for the number of births, there was a predominance of primiparous women, with planned and desired pregnancies. The participants in this study gave birth at home, assisted by obstetric nurses. They were not transferred and did not have any complications, participating fully in home birth care.

Social network support underpinning women's decision making for planned home births

Amazonian women have a social support network to influence their choice of planned home birth - the experiences of other women who have given birth at home. This social support from woman to woman provides important emotional support for the shared experiences of planned home birth, supporting the decision to have a home birth. These experiences of a positive birth in the Amazon region guarantee women's right to information for their home birth experience.

> *But I talked to this friend of mine who had a baby and she told me about it, she told me about the nurses she met, she told me about her delivery. A normal birth, she had it at home too. And she told me about the nurses and everything, but the point that made her decide to have a home birth. She said: if you can, go for a normal birth, but we didn't know how it would be, if it would be at home, but she said: go for a normal birth. So, I went to the nurses, my first contact, and it was essential.* (P2)

> *We did a lot of research, then I already had people very close to me, friends who had had home births and they recommended the team, the people I could talk to in order to get it done.* (P9)

> *This started after I was sure it would be safe, because our [couple's] biggest concern is this: to look for quality information from someone who will give you quality information. So I thought: why not home-based? Then I opened my mind to this and started researching more, and I chose to have it at home.* (P10)

> *But the support we had from the team of nurses was very reassuring and, without a doubt, guaranteed 100% peace of mind and safety. We knew that they were very competent and that they would be there for anything that might happen, they passed on all the information and I felt safe to have my home birth.* (P18)

The meeting with the social network of Amazonian women is an important strategy for social support, with the dissemination of exchanges of experiences and knowledge that contributed to the decision to have a planned home birth. These exchanges of knowledge constitute a constant movement of links and relationships with other women, in order to guarantee the (de)mythification of home birth.

> *At some meetings here in Belém of the women's group I had, I met the girls, I met a colleague, I met the girls and we would exchange our experiences. And at that time, it wasn't a very strong movement, it was still at the beginning of the group, but we were sure that, after a while, I began to be sure that home birth was the best choice for my son.* (P1)
> *Oh, all the women in the women's group, for example, were a group that helped a lot and it was basically them. My partner was a bit hesitant, he didn't really believe me, my ex partner, my mother too, my family was a bit indecisive, but I went anyway. It was basically women who supported me.*" (P20)

Previous negative experiences of childbirth, with traumatic experiences for Amazonian women, encouraged the participants to use their social support network to make the decision to give birth at home. This is a way for them not to experience the same traumas and to change the

way women look at birth, especially with regard to unnecessary childbirth interventions, disrespect and obstetric violence.

> *I was always very afraid and it didn't work out, so I ended up giving birth in a hospital, my first birth. And the birth of my first son was very bad, I suffered obstetric violence, the nurse pushed my belly to get him out, I had an episiotomy, I had all the right stuff, I was very, very ill after he was born. With my second child and the others, I said I wasn't going to do it anymore, so I chose to give birth at home so I wouldn't be disrespected. I had it at home so I wouldn't be raped.* (P11)

> *Regarding my son's first doctor, I decided not to keep him because, during labor, he denied the touch twice and, on those two occasions, he did the touch, and also ordered me to stay in a chest-up position. I didn't want that position because it hurt too much and he did something on my cervix that ended up tearing my cervix! So, I decided I wouldn't be him and I'd have my son in other circumstances, outside the hospital.* (P17)

In this way, the social support network is a central point for the support of Amazonian women and its positive influence on the decision to have a home birth.

The social support network for women's decision to have a planned home birth

The initiative of Amazonian women themselves and other women to seek out information about home birth was a continuous and crucial process that made it possible to guarantee the decision to have a planned home birth.

> *We organized and prepared for this birth, I read a lot, I took part in online forums, in short, I did a lot of mental preparation so that I could really live. It was a birth, even though the pregnancy had been planned and I couldn't afford it, but I planned this birth, I sought out all kinds of information, of my own volition and that of my colleagues in the group. I really worked hard to make it work."* (P6)

> *And it was such an overwhelming experience that I started looking for knowledge about it, even more than I had done as a pregnant woman, because I was doing my master's degree at the time, I lived in Recife, so I started researching scientific articles in depth. I became very attached to evidence-based medicine, which is now very much on the agenda, with the recent history of obstetrics, and this was great and when shared by others, it helped a lot.* (P19)

The social support network through the media, such as films, specialized websites, women's blogs, social networks such as Facebook and Instagram, were important strategies for disseminating knowledge and for discussing home birth and pregnancy itself, providing a link for Amazonian women when it came to making the decision to have a planned home birth.

> So, I didn't really look. I used to look more in specific places, like blogs and the internet, on the websites of researchers in the field, just to get more qualified information and not just guess, my child. (P4)

> *I watched the video, I watched that documentary Rebirth of Childbirth, it was something that influenced the decision, it strengthened the decision to have a normal birth and also the issue of home birth, it opened up the idea of home birth.* (P8)

> *I had already seen some reports on the subject and I saw her [colleague] post something about [the Internet]. That's when I got in touch with my colleague on the network, saying that I'd seen it, I wanted to know a bit more and that's when she [friend on the network] started to explain how it worked, her experience. It grew and grew and I looked for more and more information. It was studying, looking for some articles, a few that I found talking about it, videos about it, and then they helped me with books, with reports of humanized births, both at home and in hospital. As far as information was concerned, it was really through reports, videos and books, and it was really the team that guided me in relation to books and some articles that I read looking for, that I don't even know I still have, that talked a bit about it. But my main focus was the videos themselves, looking for people who had done it, what it was like, and that was it.* (P9)

The social support network of women, with the recommendation of a specialized team of obstetric nurses, who provide qualified support throughout the prenatal process, based on scientific evidence. This constitutes a valuable support network for Amazonian women when it comes to making decisions and experiencing a planned home birth. This support from the nurse throughout prenatal care represents an important step for women as a way of guaranteeing their rights to home birth, accessed by seeking out teams for the home birth process.

> *My husband and I aren't ones to make decisions without thinking about the risks and everything else. So, we thought about all the issues and the nurses who accompanied us were also very concerned, they surrounded us with all the care and information, which gave us a lot of security, a lot. Otherwise, I wouldn't have embarked. Which was totally different to my first birth. Their support and the information were essential to my choice.* (P2)

> *So, meeting the nurses, having the information they [the nurses] passed on at that moment, was a watershed, that's when I met them. So I got a lot of reciprocity from the nurses, even though we hadn't planned to have a home birth. Was there a possibility? Yes, because I'd had a series of follow-ups during my pregnancy that made it possible to have a home birth.* (P7)

The social support network by different means is one of the strategies to help guarantee decision-making and their rights as Amazonian women in planned home births.

DISCUSSION

On the road to the right to a planned home birth, the social support network in the field of health is a milestone for the appropriation of health care, especially obstetric care. This network constitutes an interlocution with the sharing of various forms of knowledge between people, family members and Amazonian women, either individually or collectively, and this exchange gives women the opportunity to make decisions, either by sharing the positive experience of home birth or the traumatic experience of hospital care[1-2,8,22]. The network is a combination of social

knowledge exchange to provide information and empower women's decision making, empowering women who decide how to give birth and how they want to go through childbirth. In this way, the socialization and sharing of these successful experiences through the social support network becomes valuable and brings a sense of reality closer to these women, as well as confirming the safety and professionalism involved in the process of carrying out a home birth.

The empowerment of Amazonian women is a process that goes through their social support network, which gives them the self-confidence to make decisions and control over their lives, such as psychological, biological, social, financial and political[23]. In this sense, this network is a milestone for the empowerment of Amazonian women to make sexual and reproductive health decisions, since the Brazilian historical context has always been one of curtailment of women's autonomy and rights, and this social support allows these women to make decisions.

Recognizing women's knowledge when it comes to making decisions is the driving force behind organizing the right to their bodies. The social support network in obstetric health is based on values related to the emotional and bodily experiences of birth, evoking and deepening the meanings that these experiences represent for each woman[24]. In this transmutation of knowledge, possibilities are enhanced and built that guarantee rights based on social support as a safe source mechanism. It also includes women seeking professional information and (re)knowledge of the team of obstetric nurses working in the region as a potential foundation for guaranteeing choice. Information is made available so that each woman is given the opportunity to choose.

The Health Care and Clinical Excellence guideline states that it is important for women to receive the information they need when deciding where to have their baby, so that they can make a fully informed decision, in other words, social support is an important guideline for guaranteeing decision-making. In this network, the provision of information on the rates of interventions, transfer and perinatal outcomes of home birth and possible risks are important points for the empowerment of Amazonian women and for informed decision-making. This is especially the case given the high level of schooling of these women, as seen in other studies, which enables them to make decisions[8-9,13,16]. There is a gap in the social support network for women's decision-making regarding the place of delivery[25]. In addition to this social support, the search for professional information should be based on scientific recommendations and care data, in order to support women's decision-making, as determined by the scientific literature[24-26].

The exchange of knowledge in this social support network from woman to woman also reveals the vulnerability interpreted from the care provided in hospital units, which, because they belong to an institutional culture, represent obstacles to connecting with one's own body during the labor and birth process. In this way, the hospital is synonymous with a place that is

interventionist, patriarchal and based on the hegemonic model of obstetrics, which does not take into account the particularities of women, with their needs, be they personal, social or cultural during childbirth[24]. There is a narrative of the risk of childbirth, which means that birth must take place in hospital units and with the presence of a medical professional, showing that home birth is not a safe way to give birth. This fact contributes significantly to blaming women in the event of any complications, with the aim of restricting their decision-making[27].

The consequences of these disconnections are violations of women's rights that emerge in narratives of previous negative experiences, whether their own or those of others. In this sharing of knowledge and the transmutation of knowledge between women, there are not only narratives of successful home birth experiences, but also of violations, power relations, cohesion and violence that are conditioning factors for the decline of giving birth in hospitals. The literature[4-5,28] corroborates the claim that the hospital becomes a space of fear, especially because of the caesarean section, obstetric interventions and violence. This social support network pushes women to resist the hegemonic model and to seek out information that provides a link of trust for their empowerment and decision making regarding the place of birth.

In a study[29], it was shown that only 9% of women choose home birth, and they do so due to a previous traumatic hospital experience, motivated by negative childbirth experiences or apprehension with the conventional maternity care model. In this way, the social support network perpetuates its sharing and enables a flight by Amazonian women from experiencing traumatic childbirth and the hegemonic model of obstetrics. For, many times, this experience involves routine interventions and a widespread lack of respect for women's autonomy and decision-making, nullifying their desires and rights.

Despite the advances in the field of childbirth and delivery, which include the contribution of scientific knowledge, the topic of planned home birth requires greater dissemination of knowledge. Indeed, there is a gap in the scientific production on home birth and the social support network in the field of decision-making. Home childbirth needs guidelines/regulation in the Brazilian healthcare system, especially regarding the confrontation between professional classes in search of fields of activity and market[8]. In the quest for knowledge about planned home birth, there is an association with the initiative of the women themselves, as observed in studies [24-25, 27-30], since women tend to seek the necessary knowledge to support their own decision-making through various sources of information, such as scientific events, articles, books, the internet, films, and interactions with healthcare professionals. This social support is relevant in ensuring an informed decision. This means of information needs to be further explored on how it enables, based on its content, women's decision-making in light of the information conveyed through the

internet. But the provision of scientific channels by nurses positively contributes to women´s decision-making.

In this context, the popularization of the internet has enhanced the search for information through specialized websites, articles, and events, a fact that facilitates access to a greater quantity of qualified information, an essential variable for informed decision-making[8]. In addition to the support of qualified professionals crucial for directing and refining information, there is a construction of knowledge through a social support network propagated by the internet, with a continuous development of information means to subsidize the decision-making of Amazonian women in planned home births. Well, as information is provided, there is greater self-confidence to be aware of the determination of the birth location. In this way, the internet constitutes a social support network for women to filter the information received and establish the timely knowledge for the decision of home birth.

The media, but especially the internet, provide a large volume of information that can quickly and globally put women in conflict with interests and needs. And with the dissemination of groups and social networks, such as Instagram and Facebook, it contributed to the mobilization of policies and innovative information among individuals, taking on an important role in health education for childbirth and birth, and therefore for the autonomy and empowerment of users and professionals[31].

A study[32] demonstrated that internal motivation is a key element in the decision-making process for planned home births. Highlighting, furthermore, that in planned home births, psychological and emotional issues are also particularly important factors, as well as the relationship with the midwife/obstetric nurse, who, by providing care to women, enhance successful experiences in meeting birth expectations, representing greater satisfaction for Amazonian women. But, which was only achieved through the search for information as a form of knowledge and exchange of experience with the social support network, with information about professionals for planned home births. The social support network for home birth is a foundation for the guarantee of their rights and empowerment.

The study was limited by the research technique employed, as the researchers did not participate in the home births reported by the women, and other techniques such as observation and field diary were not used for records on home births. Moreover, the restricted and localized sample of participants does not allow for the generalization of the results of this study.

FINAL CONSIDERATIONS

The study provides support for social support as an articulator for women's decision-making in planned home births. Where there is a need for political articulation to guarantee an equitable choice of home birth for Brazilian women, especially in the northern region of Brazil.

The need for new studies that investigate and delve deeper into home childbirth is highlighted, especially in the northern region of the country, due to a real limitation of studies in this region and a concentration of investigations in the southern and southeastern regions. Thus, studies on the social support network and information through channels such as the internet in obstetric health, which are articulated for the decision-making of planned home births, and thus subsidize policies and guidelines for the maternal and child care network in Brazil.

Dataset

[dataset] [19] Reis LC Rodrigues DP. Data from: Planned home birth in the Amazon context: women's choice and right. EduCAPES, April 27, 2024. http://educapes.capes.gov.br/handle/capes/746001

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Footnotes

Contributors: Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, DPR. Drafting the work or revising it critically for important intellectual content: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR. Final approval of the version to be published: LCR, JCB, VHA, LHGP, SEDS, ATP, BDGV, AVP, MSC, NTC, MAS, TSSC, RCP, DPR. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: LCR, DPR. DPR is the guarantor for the overall content of the study

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Competing interests: I declare that the authors of this study have no conflict of interest.

Patient and public involvement: Patients or the public were not involved in the design, or conduct, or reporting, or dissemination plans of our research.

Provenance and peer review: Not commissioned; externally peer-reviewed.

Ethics approval: The study was approved by the Research Ethics Committee of the Federal University of Pará of the Brazilian Government, under number 4.463.291/2020. All methods were carried out in accordance with the relevant guidelines and regulations: we followed the 2013 Declaration of Helsinki Guidelines. Respondents received written information about various aspects of the study; their rights to participate voluntarily and to withdraw from the study at any time were explained to them, as well as their rights to privacy and confidentiality. Respondents also gave their written informed consent to participate in the study and permission to use the data collected nationwide for professional and scientific purposes.

Data availability statement: All unpublished data related to this research project are available with the authors and can be requested by emailing to diego.pereira.rodrigues@gmail.com

COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	6
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	6
Occupation	3	What was their occupation at the time of the study?	6
Gender	4	Was the researcher male or female?	6
Experience and training	5	What experience or training did the researcher have?	6
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	5
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	6
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	5
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	4,6 4
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	4-5
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	5
Sample size	12	How many participants were in the study?	5
Non-participation	13	How many people refused to participate or dropped out? Reasons?	5
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	5
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	5
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	5
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	5
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	5
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	5-6
Field notes	20	Were field notes made during and/or after the inter view or focus group?	5
Duration	21	What was the duration of the inter views or focus group?	5-6
Data saturation	22	Was data saturation discussed?	5
Transcripts returned	23	Were transcripts returned to participants for comment and/or	5-6

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	8
			6
Description of the coding tree	25	Did authors provide a description of the coding tree?	6-7
Derivation of themes	26	Were themes identified in advance or derived from the data?	6
Software	27	What software, if applicable, was used to manage the data?	6-7
Participant checking	28	Did participants provide feedback on the findings?	5-6
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	7-10
Data and findings consistent	30	Was there consistency between the data presented and the findings?	7-14
Clarity of major themes	31	Were major themes clearly presented in the findings?	7-10
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	7-10

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

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PARECER CONSUBSTANCIADO DO CEP

DADOS DO PROJETO DE PESQUISA

Título da Pesquisa: VIVÊNCIA DE MULHERES NO PARTO DOMICILIAR PLANEJADO NO CONTEXTO AMAZÔNICO: DIREITO DE ESCOLHA

Pesquisador: Diego Pereira Rodrigues

Área Temática:

Versão: 1

CAAE: 39952720.3.0000.0018

Instituição Proponente: Instituto de Ciências da Saúde da Universidade Federal do Pará - ICS/ UFPA

Patrocinador Principal: Financiamento Próprio

DADOS DO PARECER

Número do Parecer: 4.463.291

Apresentação do Projeto:

As discussões sobre parto e assistência obstétrica no Brasil, vêm sendo norteadas por tendências sociais, culturais, econômicas, e mais atualmente sanitárias, em diferentes realidades de acesso e/ou escolha do processo parturitivo, e tendo a perspectiva do "direito" das mulheres, para a opção ao parto domiciliar planejado, visto que a "assistência obstétrica no Brasil é predominantemente hospitalizada e medicalizada, tendo em vista que mais de 99% dos nascimentos ocorre em ambiente hospitalar, em sua grande maioria assistidos por profissionais médicos" (CURSINO; BENINCASA, 2020, p. 1434).A pesquisa apresenta um problema recorrente no cuidado à mulher no campo do parto e nascimento, em relação para o respeito da mulher quando a sua escolha do PDP.

Objetivo da Pesquisa:

Compreender a vivencia das mulheres no parto domiciliar planejado na região metropolitana do Estado do Pará; Desvelar a percepção das mulheres acerca da opção do parto domiciliar planejado; Identificar o processo de busca de conhecimento para a garantia da opção do parto domiciliar planejado; Analisar a vivência das mulheres no seu cuidado no parto domiciliar planejado.

Avaliação dos Riscos e Benefícios:

Ressalta-se que a pesquisa não prevê riscos eminentes, contudo quando tratamos de interação social entrevistador/entrevistado estamos sujeitos à constrangimento ou questões desta natureza

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Continuação do Parecer: 4.463.291

que podem surgir durante o processo, dada subjetividade das relações humanas, ainda que não seja desejado. Devendo tais questões ser contornadas à luz da sensibilidade e do diálogo mantido pelo pesquisador, conduzindo à compreensão sobre a importância e a magnitude do compartilhamento de experiências. Desse modo, a pesquisadora é treinada, tornando-se capacitada para a aplicação do instrumento de coleta de dados, com o propósito de evitar riscos aos participantes, e que nesse processo de aplicação, a pesquisadora irá resguardar a integridade física, psíquica e emocional de cada participante.
Benefícios: Os benefícios dos estudos estão no âmbito dos direitos das mulheres, dos profissionais no contexto da Enfermagem Obstétrica do Estado do Pará, assim como para a comunidade cientifica e sociedade de forma geral, vislumbrando contribuição na mudança de paradigmas e crescimento conjunto frente ao enfrentamento dos desafios que cercam a escolha pelo parto domiciliar planejado

Comentários e Considerações sobre a Pesquisa:

A pesquisa tem relevância científica, pertinente com clareza em seus objetivos geral e específicos Desvelar a percepção das mulheres acerca da opção do parto domiciliar planejado.Identificar o processo de busca de conhecimento para a garantia da opção do parto domiciliar planejado.Analisar a vivência das mulheres no seu cuidado no parto domiciliar planejado.

Considerações sobre os Termos de apresentação obrigatória:

Todos os termos obrigatórios foram apresentados com clareza

Recomendações:

Foram cumpridas todas as solicitações do CEP.

Conclusões ou Pendências e Lista de Inadequações:

Diante do exposto somos pela aprovação do protocolo. Este é nosso parecer, SMJ.

Considerações Finais a critério do CEP:

Este parecer foi elaborado baseado nos documentos abaixo relacionados:

Tipo Documento	Arquivo	Postagem	Autor	Situação
Informações Básicas do Projeto	PB_INFORMAÇÕES_BÁSICAS_DO_PROJETO_1657590.pdf	08/11/2020 19:41:09		Aceito
Folha de Rosto	folha.pdf	08/11/2020 19:40:44	Diego Pereira Rodrigues	Aceito
Cronograma	cronoc.docx	01/11/2020	Diego Pereira	Aceito

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Continuação do Parecer: 4.463.291

Cronograma	cronoc.docx	17:30:55	Rodrigues	Aceito
Outros	orient.pdf	01/11/2020 17:27:14	Diego Pereira Rodrigues	Aceito
Outros	termo.pdf	01/11/2020 17:26:29	Diego Pereira Rodrigues	Aceito
Outros	custo.pdf	01/11/2020 17:25:45	Diego Pereira Rodrigues	Aceito
Outros	cartaa.pdf	01/11/2020 17:24:36	Diego Pereira Rodrigues	Aceito
Outros	carta.pdf	01/11/2020 17:22:51	Diego Pereira Rodrigues	Aceito
Projeto Detalhado / Brochura Investigador	doc.docx	01/11/2020 17:22:07	Diego Pereira Rodrigues	Aceito
Outros	entrv.docx	01/11/2020 17:21:52	Diego Pereira Rodrigues	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	tcle.docx	01/11/2020 17:21:35	Diego Pereira Rodrigues	Aceito

Situação do Parecer:
Aprovado

Necessita Apreciação da CONEP:
Não

BELEM, 14 de Dezembro de 2020

Assinado por:
Wallace Raimundo Araujo dos Santos
(Coordenador(a))

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INSTITUTE OF HEALTH SCIENCES
FEDERAL UNIVERSITY OF PARÁ

Research project data
Research title: WOMEN'S EXPERIENCE OF PLANNED HOMEBIRTH IN THE AMAZON CONTEXT: THE RIGHT TO CHOOSE
Researcher: Dr. Diego Pereira Rodrigues7
CAAE: 39952720.3.0000.0018
Proposing Institution: Institute of Health Sciences of the Federal University of Pará - ICS/ UFPA
Opinion Number: 4.463.291

Presentation of the topic

Discussions on childbirth and obstetric care in Brazil have been guided by social, cultural, economic and, more recently, health trends, in different realities of access and/or choice of the parturition process, and from the perspective of women's "right" to opt for a planned home birth, given that "obstetric care in Brazil is predominantly hospitalized and medicalized, given that more than 99% of births take place in a hospital environment, most of them assisted by medical professionals" (CURSINO; BENINCASA, 2020, p. 14). 1434).
The research presents a recurring problem in women's care in the field of labor and birth, in relation to women's respect for their choice of PDP.

Objectives
To understand women's experience of planned home birth in the metropolitan region of the state of Pará; To uncover women's perceptions of the option of planned home birth; To identify the process of seeking knowledge to guarantee the option of planned home birth; To analyze women's experience of care during planned home birth.

Assessment of risks and benefits:
It should be emphasized that the research does not foresee any eminent risks, however when dealing with interviewer/interviewee social interaction we are subject to embarrassment or issues of this nature that may arise during the process, given the subjectivity of human relations, even if it is not desired. These issues must be overcome in the light of the sensitivity and dialog maintained by the researcher, leading to an understanding of the importance and magnitude of sharing experiences. In this way, the researcher is trained to apply the data collection instrument, with the aim of avoiding risks to the participants, and that in this application process, the researcher will safeguard the physical, psychological and emotional integrity of each participant.

Benefits: The benefits of the study are within the scope of women's rights, professionals in the context of obstetric nursing in the state of Pará, as well as for the scientific community and society in general, with a view to contributing to changing paradigms and joint growth in the face of the challenges surrounding the choice of planned home birth.

Comments:

The research is of scientific relevance, clearly pertinent in its general and specific objectives Unveil the perception of women about the option of planned home birth.Identify the process of seeking knowledge to ensure the option of planned home birth. To analyze women's experiences of
care during planned home births.

Considerations on the Terms of Mandatory Presentation:
All mandatory terms were presented clearly

Conclusions or Outstanding Issues and List of Inadequacies:
In view of the above, we are in favor of approving the protocol. This is our opinion, SMJ.

Status of Opinion:
Approved

Needs CONEP appraisal:
No

Script:

1. Age?
2. Marital status?
3. Ethnicity?
4. Education?
5. Family income?
6. Housing?
7. Number of births?
8. Was the current pregnancy wanted?
9. Place of birth?
10. Mother's place of birth?
11. Was there a hospital transfer during your birth?

Second stage:

1. Tell us about the support you received for your planned home birth?
2. What was your home birth support network like?
3. Did your support network help you in your decision?
4. Tell us about this process?
5. What was it like for you to decide to have a home birth?