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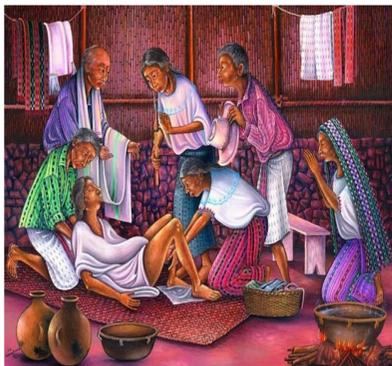
## INTRODUCTION

Humanized childbirth refers to providing care, respecting the traditions, ideologies of the pregnant woman, besides including her partner in the participation of childbirth; being a physiological process in which the health personnel must include moving actions, interventions focused on improving, this process.(1) Muchas mujeres desconocen acerca de sus derechos, la manera de elegir como tener su parto, es por ello que se pretende realizar esta investigación



## JUSTIFICACION

The 2012 National Health and Nutrition Survey reports that Mexico ranks fourth in the world (after China, Brazil and the United States) in the use of cesarean sections without medical indication. (2) Its practice is related to an increased risk of maternal and neonatal morbidity and mortality, a higher number of preterm births and placental accretion in the following pregnancy.



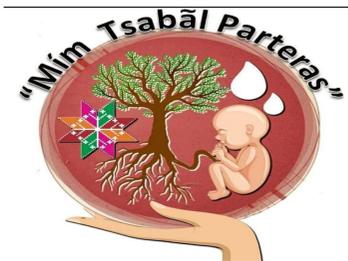
In the study "Model of care for women during pregnancy, childbirth and puerperium. humanized, intercultural and safe approach" the variable of number of vaginal touches was analyzed, stratified into three ranges. 66% of the women had a maximum number of three vaginal touches in their Health Center, while 29% of four to more touches, of which 5% reported 7 or more vaginal touches. (3)

## OBJETIVOS

To assess the degree of knowledge about humanized childbirth, rights of pregnant women, as well as obstetric violence in pregnant women who attend or carry out their prenatal care at the Basic Community Hospital of Aquismon, S.L.P during the month of November-December of this year, in addition to comparing the degree of knowledge before and after providing educational sessions.

Identify :

1. Determine the percentage of the population that knows the benefits of humanized childbirth.
2. The degree of knowledge about the different positions to give birth, as well as ask and identify the multigestas, what was the position chosen when they stopped?, know their opinion and whether it was comfortable for them.
3. The level of knowledge about the rights.
4. The degree of knowledge about obstetric violence



## MARCO THEORETICAL

### Perception of humanized childbirth in patients in the puerperium period

- Zona generak hospital NO.1 IMSS questionnaire professional treatment
- Accompaniment and free choice of delivery position
- 108 (56.8%) the level of perception of humanized childbirth was considered inadequate. The most common pregnancy resolution was cesarean section in 98 patients (48.9%) and in the question of what positions for labour do you know?. Of the total number of patients, 121 (63.2%) answered "lying down".

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- 37.7% of the women surveyed perceived some type of obstetric violence by health personnel, inability to express fears or concerns (37.8%), nicknames or diminutives (28.9%), prevent changes of position and prevent contact with the newborn (26.7%) and ironic, disqualifying comments, jokes (22.2%), such actions are considered as obstetric violence. (4)

Recomendaciones de la OMS: cuidados durante el parto para una experiencia de parto positiva. Washington, D.C.: Organización Panamericana de la Salud; 2019. Licencia: CC BY-NC-SA 3.0 IGO.

de Souza, K., da Silva, T., Damasceno, A., Manzo, B. F., Souza, K. V., Filipe, M., & Matozinhos, F. P. (2021). Coexistence and prevalence of obstetric interventions: an analysis based on the grid of membership. BMC pregnancy and childbirth, 21(1), 618. <https://doi.org/10.1186/s12884-021-04092-x>

Machado, N. X., & Praça, N. (2006). Centro de parto normal e assistência obstétrica centrada nas necessidades da parturiente [Delivery center and obstetric assistance focused on the parturient's needs]. *Revista da Escola de Enfermagem da U S P*, 40(2), 274–279. <https://doi.org/10.1590/s0080-62342006000200017>

García-Torres O, Félix-Ortega A, Álvarez-Villaseñor AS. Percepción del parto humanizado en pacientes en periodo de puerperio. *Rev Med Inst Mex Seguro Soc.* 2020;58(3):258-264.

## MATERIAL AND METHODS

This is a non-experimental, quantitative, correlational cross-sectional study, which will be applied at the Basic Community Hospital of Aquismon S.L.P it is intended to study 60 pregnant women in any trimester of pregnancy as well as primigestas, multigestas, of different ages who wish to participate in this study.

**Inclusion criteria:** pregnant woman who wishes to participate in the project and attends the sessions

**Exclusion criteria:** pregnant women with hearing and visual impairments, incomplete questionnaires, pregnant women who do not wish to participate in the project or did not attend the classes



A questionnaire on socio-economic data will be applied to assess the age, socioeconomic status, language, ethnic group to which they belong; health status, questionnaire on knowledge, attitudes and practices related to humanized childbirth, as well as a validly informed consent.

## CONCLUSIONS

Childbirth must focus on the needs of the woman, she must be the protagonist of her pregnancy, childbirth and puerperium, she must be able to make decisions and have knowledge of her rights in medical care where they provide her with a dignified and integral treatment, with trained medical personnel, we must respect her ideology, disseminate and emphasize respected childbirth as well as professional midwifery

