

## BIRTH PLAN AS A FEMALE EMPOWERMENT STRATEGY

PLANO DE PARTO COMO ESTRATÉGIA DE  
EMPODERAMENTO FEMININOPLAN DE PARTO COMO ESTRATEGIA DE  
EMPODERAMIENTO FEMENINO

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**Objective:** to analyze how the birth plan promoted female empowerment during the labor and delivery. **Method:** exploratory and quantitative study. The data was collected during semi-structured interviews between May and June 2016. The used analytical treatment was content analysis. Content analysis showed results in three categories: the birth plan – a female right that is still unknown; the birth plan – a technology integrated to the obstetric nurse assistance; the birth plan – a technology in favor of female empowerment during labor. The research shows a lack of knowledge about the birth plan regardless of the interviewee's age, education or the number of previous pregnancies. **Conclusion:** the research indicates the fundamental role of the obstetric nurse in taking action during deliveries by following the birth plan as a non invasive technology. The creation of the birth plan during the prenatal contributes to the favorable development of the labor.

**Descriptors:** Obstetric nurse. Humanized birth. Power. Woman.

*Objetivo: analisar como o plano de parto propiciou o empoderamento feminino durante o trabalho de parto e parto. Método: estudo exploratório qualitativo. Os dados foram coletados mediante a entrevista semiestruturada, entre maio e junho de 2016. O tratamento analítico empregado foi a análise de conteúdo. Resultados: a partir da análise dos dados emergiram três categorias: Plano de parto – um direito da mulher até então desconhecido; Plano de parto – uma tecnologia integrada à assistência do enfermeiro obstétrico; Plano de parto – uma tecnologia a favor do empoderamento feminino no parto. Com esse estudo, percebemos que existe um desconhecimento acerca do plano de parto, independentemente de idade, escolaridade ou número de gestações das entrevistadas. Conclusão: destacou-se a importância do enfermeiro obstétrico atuando em partos e utilizando o plano de parto como uma tecnologia não invasiva. A construção do plano de parto durante o pré-natal contribui para o desenvolvimento favorável do trabalho de parto.*

*Descriptores: Enfermagem obstétrica. Parto humanizado. Poder. Mulher.*

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*Objetivo: analizar cómo el plan de parto propició el empoderamiento femenino durante el trabajo de parto y parto. Método: estudio exploratorio cualitativo. Los datos fueron recolectados mediante entrevista semiestructurada, entre mayo y junio de 2016. El tratamiento analítico empleado fue el análisis de contenido. Resultados: a partir del análisis de los datos emergieron tres categorías: Plan de parto - un derecho de la mujer hasta entonces desconocido; Plan de parto - una tecnología integrada a la asistencia del enfermero obstétrico; Plan de parto - una tecnología a favor del empoderamiento femenino en el parto. Con este estudio percibimos que existe un desconocimiento acerca del plan de parto, independientemente de la edad, escolaridad o número de gestaciones de las entrevistadas. Conclusión: se destacó la importancia del enfermero obstétrico trabajando en partos y utilizando el plan de parto como una tecnología no invasiva. La construcción del plan de parto durante el prenatal contribuye al desarrollo favorable del trabajo de parto.*

*Descriptores: Enfermería obstétrica. Parto humanizado. Poder. Mujer.*

## Introduction

Society has considered childbearing a “naturally” painful and, therefore, feared process. Moreover, it is usually taken into an interventionist obstetric assistance model to which the woman has no choice but submit herself to become a mother<sup>(1)</sup>. During the last 20 years in the Brazilian society fortunately some changes can be noticed, especially regarding the avoidance of interventionist practices, like the episiotomy and the Kristeller maneuver, since their benefits to mother and child health are not yet established. Having humanized and personalized births's assistance has been ultimately of fundamental importance in order to assure the female autonomy during the child bearing experience, and thus encouraging empowerment<sup>(2)</sup>.

The humanized assistance to the labor/childbirth allows obstetric nurses a performance based on the respect to the female physiological process, meaning the avoidance of unnecessary interventions and the understanding of the social and cultural aspects of labor and childbirth experiences. Options like the offering of emotional support to the woman in labor and her family and the dispensing of not pharmacological practices and methods of pain relieve may assure the assistance quality. It is important to note the use of non-invasive methods of supporting women during labor have as a main goal to demystify this process as something pathological and painful, at the same time that it values self-awareness and control over their own bodies<sup>(3)</sup>.

Those noninvasive practices are named non invasive technologies of midwifery or obstetric

nurse assistance (NITONA)<sup>(4)</sup>. The NITONA gather all scientific knowledge used by the nurses during the labor process and the childbirth in order to encourage and to offer the woman empowerment. This knowledge allows, by using proper techniques and procedures, to the woman in getting into the hold of her power and so entrusting her well-designed body to bear a child, then, then it results in the natural birth<sup>(4,5)</sup>.

Thus, female empowerment is a way of winning her inner power, also a way of being part of the control of all her relationships and of all surroundings, as much as defending her rights. Moreover, female empowerment assures to the parturient to establish a decision-making power over all the delivery process' dimensions. Being part of these dimensions the childbirth place the significant other, the doctor and nurses to assist her, and the noninvasive assistance technologies to be applied to the process as a whole: being pregnant, bearing and giving birth<sup>(6)</sup>.

The NITONA may be characterized by 7 aspects: relational, open, living, establishing, comforting, complex and potentiator. They are relational when create links between people; open, when can integrate several popular knowledge to the obstetric assistance and practices; living, when they are adaptable and renewable regarding the circumstance and situation; establishing, as they are renewed depending upon the situation; comforting, when meaning to help the woman to deal with different sensations related to the childbirth and delivery, they mean to comfort her; complex, when they gather several knowledges and emotions; potentiator, when they encourage the woman to understand her body

and so potentialize her capacity of dealing with the childbearing act<sup>(6)</sup>.

The birth plan may be used as a strategy or resource to access the female empowerment entirely. It is a legal document that conveys the pregnant woman personal wishes, expectative, and personal necessities, accordingly to the good practices and according to her preferences, when in labor and deliverance, under normal circumstances<sup>(7)</sup>. The birth plan has been included in a highlighted position among the conducts to be encouraged during the pregnancy, according to the World Health Organization<sup>(8)</sup>. Even it has been recognized long time ago, the birth plan remain unknown by health practitioners, hospitals and maternities, therefore it cannot be put into practice.

In order to help to disseminate the birth plan creation and execution, this research analyzed how the birth plan had facilitated the empowerment of interviewed women during the labor/child birth experience.

## Method

This research means to be an exploratory case study within qualitative approach. The chosen researches subjects are puerperas who have done the birth plan during the pre-natal procedures in a Childbirth Home in city of Rio de Janeiro, Brazil.

The informants' selection has happened by the snowball or snowball sampling<sup>(9)</sup> research approaching technique, also known by chain of informants. So the participant's selection procedure occurred from one key-participant, who delivered in the Birth Home, she was the seed participant, and then she indicated the others

Thesemi-structured interviews follow a previous script and as a collecting data method, were conducted in a location of the interviewees' preference, close to the Childbirth Home, which was of easy access. Also the study included 11 puerperas ranging from the first to 45 days *post-partum* (late *puerperium*), and the first contacted puerpera named the seed. All the interviews had been conducted between May and

June 2016, during their available time and they will be identified, for privacy reasons, as the following initials PE, followed by the interview number, therefore: PE1, PE2 and so forth to PE11.

As an inclusion criteria, all the selected interviewed had elaborated the birth plan and had delivered at the Birth Home. On the other hand, others participants who had elaborated the birth plan but delivered in hospitals were excluded, finally, all accepted participants had signed the Free and Informed Consent Term – FICT.

The results had been analyzed according to the categorical or content analysis<sup>(10)</sup> technique. In order to apply the technique the following steps were observed: pre-analysis, data exploration or codification and results treatment, inference and interpretation.

This study was approved by the Ethics Committee of the State University of Rio de Janeiro (UERJ) under de following Protocol n. 1455317.

## Results

The study included 11 participant puerperas from 19 to 31 years old, with a slight prevalent single marital status (55%) and the absolute majority consisted of primiparas (82%). In terms of education level follows the statistics: two of them earned Superior degrees (18%) as nurse and pedagogue; one under graduating in nurse (9%); six of them had high school equivalent completion (55%) and finally, two had primary school equivalent grades (18%).

The study interpretation had reveled three categories of analysis as following:

1. The birth plan as a recently known female/female right;
2. The birth plan as a form of obstetric care technology integrated to the nurse assistance practice;
3. The birth plan as a form of obstetric assistance technology to facilitate the female empowerment during labor.

### *Category 1 analysis: The birth plan as a recently known female right*

The birth plan is included among the procedures and techniques to be encouraged during

the pregnancy, according to the international norms of World Health Organization (WHO). As we had understood, although strongly recommended the birth plan still has not yet obtained the importance it should have in the living reality of the birth healthy practices and institutions who receives and provides pregnant and parturient woman with health services. During the interviews only one of the 11 puerperas declared had known the bare existence of the birth plan, all the others denied it:

*I knew, I have already heard about it, it's to tell how we want to have the baby, if we do want the massage or not, if want to go to bath tub, or to the ball, things like these (PE8).*

*No, I just came acquainted with it in the Birth Home. I even didn't know we had this right, in fact it was presented to me here (PEC4).*

*No, I haven't known before. If I do remember well, at the university we have not been taught this and in the everyday life I had never heard before, nobody had never told me about it (PEC2).*

The Birth Homes constitute differentiated places since they offer to woman quality pre-natal procedures, also providing them tranquility in labor and childbirth moments. Inside those places women have been offered a better chance of getting acquainted to their rights and also better chances of labor and childbirth taboos' breaking.

*Until I have known the Birth Home, not. I even didn't know it was possible, I have just found out here in the house (PE9).*

The birth plan is not enough used that the pregnant women misunderstand it as a birth tool to be used only in the Birth Home dependences:

*I had no idea of it, I had here in the Home, they had oriented me and it was cool, a way of telling what you prefer, very cool, this tool they use here [...] I liked the chance of saying the way I want to have the baby and that they do that way here (PE6).*

Through the time and the medical technology evolution, the woman had gradually lost her place in labor and childbirth experience, loosing her role as protagonist and being replaced by the hospital-centered model. Immersed in the labor and childbirth hospitalization culture, the parturient forgets she is the responsible for conducting the experience in that moment.

The NITONA had appeared to change this paradigm by bringing back the very conception of the labor as a physiologic process and an exclusive female experience. The birth plan, as an obstetrical assistance tool, may be considered a non invasive technology of assistance and may be classified as potentiator. The woman is the protagonist during the making out of the plan, and she's having respected her decisions, and taking the advantage of a real supportive way to deal with the on going transformations into her life.

*Its nice to know we are welcome to speak out and to decide the ways our baby will come to the world, it was really nice (PE6).*

### *Category 2 analysis: The birth plan as a form of obstetric assistance technology integrated to the nurse assistance practice*

The health professional's responsibilities in the labor and childbirth assistance are of a major significance, once the professional is supposed to support the woman, to assure safety and respect, privacy and to promote her knowledge about her own body and the labor physiological process, thus facilitating the parturient empowerment and favorably acting to the post-parturient lowering risks and complications diminishing.

The obstetric nurse duty begins during the prenatal procedures, meaning during the birth plan presentation, which is the right circumstance and when its elaboration by pregnant woman should be encouraged. The prenatal procedures are also the right circumstance for clarifying doubts and best time to get help on the birth plan elaboration, if needed.

*There in the Labor Home we have support groups, they talk about a lot of things and also birth plans conversations, teaching how to do the birth plan (PE2).*

Thus, to elaborate the birth plan consist in a significant act regarding the labor conduction, since the plan ensures the woman confidence by clarifying the woman's desires and also what may happen during the child birthing process. The woman elaboration of the plan in a shared way with her health care practitioners is also a significant deal. The process allows the bonding

between the nurse and the pregnant woman, them supporting the idea of her unique identity, since as in each child birth, her special personal particularities must be respected and fulfilled. The daily routine at Birth Home includes birth plans discussions and the woman speech coming next make evident its importance for them.

*[...] I have discussed in the group, I also had discussed with the nutritionist, everybody wanted to know, have you already elaborated your birth plan. How is it going to be and so on, always (PE2).*

*Yes, I have discussed some ideas of what I had put in my birth plan, I had discussed with them, asking if it was possible then receiving orientation (PE9).*

*[...] They gave me speaking opportunities, so my husband and I told them together the ways we would like to (PE8).*

The birth plan allows the health professional the chance of offering a personalized and high quality service to each parturient, so, from this on supporting and favoring the labor and child-birth. So, once again, we can say the birth plan is a non invasive obstetric nurse practice technology. The relational NITONA are supposed to offer good professional-woman practices like receiving, bonding, and interpersonal relationships. The birth plan favor the good practices so the woman can feel comfortable in the presence of the professional she knows.

*I thought it was very interesting having a natural childbirth and having accomplished all the procedures I asked them to do (PE1).*

*[...] I knew they were going to do the best possible to be that way, they always told us, what we want to us we also tell the women to be the way they would like it to be (PE2).*

The birth plan activities execution flows in dynamic ways, meaning the pregnant woman has the power to elaborate the way she wants her labor and childbirth, the changing management responsibility belongs to the nurse, during the labor experience, dealing with it in order to conduct the childbirth towards the woman's ways.

*If I wanted some things I had written in my plan to change the nurses would allow the changing (PE1).*

*[...] I didn't knew what to want, then I told them I wanted to leave, so every time they suggested if I wanted to go for the ball I accepted, then, whenever I told them I didn't wanted it anymore, they were OK with*

*it. There was always a nice alternative, and this was very interesting. We never stopped, you know (PE2).*

*[...] I have changed some things, but the changing was my choice not the professional's, they gave me free will to choose (PE8).*

That's the reason we can say the birth plan is considered a NITONA, due to the fact it can, by being dynamic, be considered a living category, besides being adaptable and renewable. So it is regarding the institutive technology due to the recreation ability following each circumstance.

Inside the professional-pregnant woman bonding process, the emotional support, the approaching and attitudes of seeing the pregnant woman as a unique person constitutes in effective measures which convey pain and tension reliefs from labor. The confidence the woman may feel all over the process by knowing what's going on or going to be also may provide some relief. Those measures offer a positive influence in the woman assistance as showed by the follow speeches:

*It was a nice experience here in the Birth Home, because they have done our ways, so where people say there's suffering in the labor time, I could not feel it, I think it was like this, for me it was wonderful in every moment, from prenatal to the childbirth, it was very good (PE6).*

*I felt what I had felt before during all prenatal, confidence in the house professionals, that I always had because of the way they welcomed me, the way they treated us and how they always clarified us with informations. So once again it has been confirmed the confidence I would feel in the professionals. Differently from the mostly times we go to a hospital, because we are touched without permission, we are submitted to procedures without any asks or explanations, then like this I felt myself in a different way relating the others procedures I had already dealt with (PE4).*

### *Category 3 analysis: The birth plan as a form of obstetric assistance technology to facilitate female empowerment during labor*

The woman empowerment during the childbearing act takes place when the woman is able of trusting and of understanding her body, when she is able of enduring and of transforming the labor pain into pleasure.

According to our analysis of the puerperas' collected interviews who had done the prenatal

at the Birth Home and who had elaborated the birth plan during this time, the birth plan elaboration and its completion during the labor and childbirth had propitiated the empowerment of those women.

The birth plan worked as empowerment strategy due to the fact its elaboration had encouraged the puerperas to their self knowledge and to understand the important and necessary points in order to their labor and childbirth to occur in a humanized and physiological form. The parturient had freedom and total autonomy to plan in advanced and to figure out the labor and childbirth moment and so, by doing these way, they could feel their anxiety decreasing and could be more confident everything would go well, that they would be able to overcome the pain and would be respected.

*[...] so, it helped because I have already reasonably known how it would be then knowing it could already eliminated the anxiety that you feel when not knowing how it is going to be. It concealed somewhat of the anxiety (PE2).*

*It has helped a lot, to us, not getting nervous, you know. Everything were planned in advanced. Even we know it was only a plan, not guaranteed results, but everything was calm thus helping a lot (PE5).*

*Yes, because I have thought everything in advanced, we study and get ready, I knew that the bench, for example, were the best option. Then, when I felt difficult having the baby in the bed, because that's where I began, I changed for the bench due to the fact I was conscious of it. Otherwise in the labor time I would not think in that possibility, then probably would stay at bed and use all strength and then could get more tired. So it really helps (PE4).*

A few puerperas mentioned the birth plan elaboration added to the freedom to choose in each moment about their labor and childbirth propitiated a significant increase in their humanity feelings, meaning they felt respected as woman, unique individual, each one with its own personality, desires and particularities.

*I felt human you see, felt happy and human, I didn't know it was possible, I didn't know it was going to be so good, and then, I felt myself happy and realized, that's it (PE9).*

*Oh... I think we don't use to feel like this, respected all the time, I don't know how to explain, but we feel a better human been, you know... When the person respects what you want especially at the very moment of the bearing of your child, that's a singular*

*circumstance, so receiving respect makes all the difference, it's a lifetime thing (PE7).*

The autonomy and freedom to make decisions deconstruct the hospital-centered model idea in which the doctor is the protagonist, and that the labor and childbirth are pathologic processes to be quickly solved in order to save the mother and baby's lives. Thinking like this turns the labor and childbirth into a painful and cold job, in which the pregnant woman loses her body and her child birth autonomy.

*Differently from the mostly times we go to a hospital, because we are touched without permission, we are submitted to procedures without any asks or explanations, then like this I felt myself in a different way relating the others procedures I had already dealt with. Because I felt myself respected, I felt in control of the situation (PE4).*

*Yes I believe, it takes the tension away from you when you gave birth in a hospital, by that cold way. I would say it gets more kind, like if you were at home, then I think it helped a lot because of that (PE7).*

The birth plan elaboration during the prenatal and its utilization during labor and childbirth reveal to them both, pregnant woman and nurses the ways the parturient would like it to be, and get possible for the professionals to respect the woman's decisions, assisting her accordingly to her wishes providing her a chance to be listened, respected, in other words, facilitating the process of her empowerment.

*Look, I do not remember all things I had written in my birth plan, but I said I would like to be free to do what I would like to in the labor time, going to the bath tub and everything else. I had received respect all the time [...] (PE3).*

*Oh it has helped a lot, you know, because it was in the way I had planned during all my pregnancy and everything happened in details as I had written in my birth plan (PE9).*

*I felt empowered, that's the right word, over empowered (PE3).*

## Discussion

The technologies cannot be seen only as concrete or tangible something but also as a result of a practice that gathers, by its turn, a whole group of abstracts or concrete actions toward a goal, likewise the health care. It can permeate

the practices, processes and may bring contributions to the *savoir-faire* building. It can be present from the initial idea to the results, passing through the elaboration/implementation of the *savoir-faire*. This way, technology is simultaneously process and product. It may also appear to be in the ways the agents create bonds, as well as in the way the health assistance occurs, once it is understood as a living practice in action<sup>(11)</sup>.

By bringing those concepts to the nursing core, it is possible to notice a connection due to the fact the science of nurse being lined by theories and laws while the technology are the scientific produced knowledge. It's worth mentioning several soft technologies are applied by the obstetric nursing, mostly by the woman health anti-medication perspective. The experts develop assistance technologies defined as techniques, procedures and knowledge to be used during the bearing and being born different steps. Those technologies are soft in their essence and constituting a whole group of structured *savoir-fairs*, with origin in the practices, that are applied in an intentional form and justified, that make results<sup>(12)</sup>.

By the value of the natural birth rescue, the WHO says the obstetric nurse is the most indicated person to accompany the woman during the pregnancy, the low risk natural birth and the puerperium, taken into account the effectively cost of its assistance<sup>(13)</sup>. In the Birth Home the nurses by using the soft technologies target the assistance principles embodiment and to encourage the bearing physiology, the sensitiveness expression, subjectivity and inter-subjectivity, thus propitiating the parturient to perform as her labor protagonist<sup>(14)</sup>. In this environment it is noticeable the significance of the birth plan utilization as a NITONA by the obstetric nurse. When the nurse encourages and helps the woman to elaborate the birth plan during the prenatal, using it later during the labor assistance, the nurse accomplishes the professional task as educator and health caregiver, promoting knowledge interchange between them, nurse and the woman. Moreover the obstetric professional has a chance of encourage a conception of care giving discussion and humanization in the labor and childbirth

assistance. By doing so, the birth plan became an interesting tool of a freeing and transforming experience opportunity to women, once it allows reflection and decision chances about the appropriated care giving ways to them<sup>(14,15)</sup>.

In the interviewed perspective, the birth plan existence as a female right has not yet been totally disseminated, and remains unknown regardless the woman age, education or delivery number, since the interviewed woman belonged to different classification with the same argumentation.

This lack of knowledge refers not only to the pregnant woman but includes also the health professionals according to recent researches<sup>(16,17)</sup>. It also has been understood however, those professionals relate it to the pregnant woman legal rights, as the significant other and the natural childbirth encouragement. This tool plays a fundamental role assuring the parturient choices in the labor circumstances, as the environment lightning and sound, kind of food, kind of anesthesia, the bearing position as well as the NITONA. This conducts warranties had positively influenced the births outcomes for mother and baby also to the family<sup>(18)</sup>.

Therefore, to incentive the health caretaker professionals who assists prenatal towards upgrading their understanding about the natural birth new laws and regulations by Public Health Department orientations has become of significant importance. It may fulfill the pregnant woman demands and consider their wishes and necessities, improving the obstetric services quality. Even though when the past technocratic model of obstetric care have been prevailing in the professional health care work environment, the nurse orientation and educational practices, as a group or individual, has the chance of changing the labor orientation and facilitating the women's autonomy during the labor<sup>(19)</sup>.

All the interviewed puerperas had a positive answer when asked if the prenatal birth plan had helped the labor development and during their baby birth. They also unanimously felt respected and in control of the situation. Those facts evidenced the prenatal orientations really matter in a relevant way in addition of being propitiative of their self-awareness and conscious choices. It

also turned clear that whenever women access information and elaborate the birth plan they become empowered.

So the empower process begins from the education process, and its aim is to promote the knowledge, attitudes, skills and self-awareness in order to make them take effective decision making responsibilities regarding their health<sup>(19,20)</sup>.

Thus the empowerment comprehends a radical changing in the process and structures that diminish the women subordinated position<sup>(21)</sup>. In this sense, the health professional, when becomes able to establish a relation of trust and harmony with the pregnant women, offering dialogue and information exchange, minimizing their anxiety and doubts, facilitates their empowerment, allows more autonomy in the delivery and favors their protagonism.

Then it's possible to affirm the birth plan elaboration is crucial to the labor humanization and must be as much as possible encouraged and spread to all women and society.

Although conveying a limitation regarding the solely interviews with the Birth Home puerperas in Rio de Janeiro city, this research had allowed a reunion with different ages and educations women that had been assisted only by obstetrical nurse from the prenatal to puerperium.

## Conclusion

The interviews' analysis evidences that the birth plan during the prenatal had facilitated the woman empowerment all over the bearing process, once they all felt protagonists of their labors, had respected their bodies physiology and had turned into pleasure their moment, diminishing pain and turning it unforgettable. The non-acquaintance or the superficial knowledge of the birth plan existence had been the other research finding.

Therefore it's confirmed the birth plan can and is supposed to be considered a non invasive technology of obstetric assistance, due to the fact it is potentiator, opened, instituting, complex, relational, living and comforting, in other words, it holds the demanded characteristics to be considered a NITONA.

The birth plan elaboration had promoted in women the critical thinking by reflecting their necessities, limits and desires, looking into inside themselves, and by getting self-awareness. Thus, they could express in a written way the ways they would like their labor and their babies' birth would happen.

Afterwords, as potential contributions, we hope this research findings can support the birth plan as a woman legal right during prenatal discussions, as well as it can be spread and encouraged by the health care practitioners.

## Collaboration:

1. design, project, analysis and interpretation of the data: Ricardo José Oliveira Mouta, Tania Maria de Almeida Silva, Paula Titara da Silva Melo, Natália de Souza Lopes, Vanessa dos Anjos Moreira.

2. article writing and critical review of the intellectual content: Ricardo José Oliveira Mouta, Tania Maria de Almeida Silva, Paula Titara da Silva Melo, Natália de Souza Lopes, Vanessa dos Anjos Moreira.

3. final approval of the version to be published: Ricardo José Oliveira Mouta, Tania Maria de Almeida Silva, Paula Titara da Silva Melo, Natália de Souza Lopes, Vanessa dos Anjos Moreira.

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