On the 25th of September the Social Affairs Committee (CAS) approved a bill which forces units of the Unified Health System to offer humane conditions for birth.

Humanized Birth - a term with several interpretations - according to writer Senator Ana Rita (EN - ES):

The regulatory provisions issued by the managers of SUS should be the main guidelines and technical standards that guide the delivery of care at birth, ensuring that conditions of quality and humanized care are met.

This theme could, in principle, not arouse the interest of many people, but there is much to think about, especially when it comes to sexual and reproductive rights in the health system, which serves primarily black or mixed low income and little or no schooling. Women with better socio-economic level are mostly being met in the private sector or health supplement.

One must keep in mind that we are only born once, so it figures that this moment of giving birth/or being born should be surrounded by care and respect. For the woman who is giving birth, information on the options will make a difference in choice and decision making. Not all women, even if they have information, can rely on assistance from the team they choose, many do not have access to the place of delivery of their choice, and not having access to information, they will not know that it is their right to choose the location and type of birth. A series of reports “birth pains” and the project “1:4 Portraits of Obstetric Violence”, clearly show how women have been raped in their deliveries. With these data, I want to show that violence is real, it exists, especially when it comes to the public health system. A system which meets in most cases, poor black women, teens who have not had access to sex education and family planning, with little or no information. These, especially, have their rights infringed upon, are easily coerced and hostages of the institution, do not recognize violence, accepting it because I believe that is how it should be, and know that they can and should claim their rights. We have heard of the Humanized Birth SUS for some time now, the 'birth partner law' (2005), ‘Stork Network’ (Rede Cegonha) which guarantees quality care maternity care, but in practice none of these actions works effectively, and when they do work, the cared for person is made to feel they have been done a favour, becasue she doesn’t know her legal rights as a citizen and taxpayer.

Humanized Birth, contrary to what most people think, is not background music and/or low light at birth, but a set of actions aimed at a satisfying birth experience, in which the woman and the baby are the protagonists, where attention and care are fully focused on the mother and baby dyad, and not
focused on the doctor and institution. So humanizing labour and birth, is not only about the institution and obstetrician or midwife but also entails the right of choice of place of birth according to the WHO.

Photo: Sofia Feldman Hospital

The model of training of maternal and child health professionals is technocratic and medic-centric, ie, centered on the doctor and techniques, regardless of the wishes of the laboring woman. Fortunately, few humanists, amid a great amount of professionals produced by the system and the system, are doing an excellent job, given the fact that there are hospitals like Sofia Feldman and ISEA with multidisciplinary team coordinated by Dr. Melania Amorim.

Only with knowledge can we beat the system and have our rights valued. And moreover, there is no sign of progress made by the Senate. A law that already exists, little is said about it, and there is no provision for sanctions, that is, there is nothing to celebrate. Having a bill that provides for humanized birth SUS is undoubtedly an achievement, but we need to insist that this law be enforced, something that does not happen in practice with existing policies. To learn more about humanized birth, obstetric violence, how and where to report, visit Parto o Principio.