
HumPar: The Portuguese Association for the Humanization of Childbirth

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HumPar



I am very sorry that the other speakers could not make it but it was very nice that we could come at such short notice to be here because we've been working with the original invited presenters (João Arriscado Nunes and Marta Roriz) on a project for the Centre of Social Studies at the University of Coimbra.

I apologise in advance for the presentation, which is not as complete as we would like, but we didn't have much time to prepare. So, for those who don't know, HumPar is the Portuguese Association for the Humanization of Childbirth (Associação Portuguesa Pela Humanização do Parto)¹. It all started in 2005. We will say a little bit more about the association during the presentation, but as Professor Soo Downe was saying, it is very difficult to define what a normal birth is and so it is similarly difficult to define a "humanized birth". It was a term that we imported from Brazil, because at the time (2005) none of this was being talked about in Portugal; things were moving in Brazil. So we imported that name, but even today we have some difficulty understanding what it is. So

¹ www.humpar.org

briefly, it's a birth that trusts in physiology, like a normal birth it should be based on physiology and respect the cultural heritage of the woman giving birth. There is something very important here which it is important to highlight, which is the distinction between physiology and pathology in how we understand the pregnant and delivering body. In contrast with an approach founded on biomedicine which sees the body as something requiring intervention or to be "cured", a humanized approach focuses more on physiology and the equilibrium of the body during the care given to pregnant and delivering women².

So, how are things in Portugal? Joanna gave a brief and very good description of what is happening in our country, but basically, this phrase sums it up, unfortunately: "it depends". Everyone knows this; I see someone grinning and smiling, because it's true. It's not very scientific to say this, but it is the actual truth. In Portugal if you get lucky and find a nice midwife or a nice doctor, you may have a wonderful birth in hospital or whatever place you choose. If you get unlucky and find someone that is not available to understand you as a person and listen to you, which is of course something that a professional care giver should really be doing, you will not be so lucky. In Portugal there is not much choice and unfortunately women are not the centre of the "operation".

We have seen many changes already, which is good. In the seven, almost eight, years since HumPar was founded, things have changed a lot in Portugal. A lot of associations have brought the issues into the public eye, there has been a lot of consciousness-raising from the professionals and from the public. And so it is also good to have a positive approach and see that things are changing. But the actual reality is that in 90% of the hospitals, or amongst 90% of the women who give birth, what happens is based on luck. There are a lot of complaints about obstetrics abuse; two years ago an association was created in Portugal to make denouncements of obstetric abuse public³. So, unfortunately, this is something very common. And we also see that there are many private hospitals providing birth services that could easily be orientated into something different like a birth centre or something, where the woman could have more freedom to move around during labour, and the professionals can work in a better way. But it seems, the profit incentive still predominates.

Homebirth in Portugal is this mysterious "undercover" thing that everybody knows is happening. Nobody knows how it is happening but it's there, and we all know it's there. In reality it is expensive because you have to pay for the midwife yourself, for proper care, because having a home birth is not like going into the jungle and giving birth on your own. This is metaphorically speaking of course, because the first time we started talking about homebirths in Portugal that was the image some of the doctors presented: "oh you want to be a savage and get out of the hospital and do things your way"! Of course it's not like that, you need a professional, and we all need to get paid - we all have our lives - and it is very expensive for a woman who has to pay a midwife out of her own pocket, because this support is not provided by the public health system. Plus there are not many midwives

² Marta Lima, HumPar, personal communication to the editors.

³ www.malmequer.org/products/historia-do-projecto/

available. I can count on the fingers of two hands, or maybe one, the number of professionals available in Portugal to provide homebirth support, which of course is not good for the professionals or for the women. There is no training for perinatal care out of the hospital and no training for attending homebirths at all, so midwives or specialised nurses are not trained here to attend homebirth.

And so you cannot have quality standards, you have no guidelines, no official guidelines telling professionals how to work, what to do based on medical evidence and good medical practice, and there are no regulations, which is obviously not good for any of those involved. The few midwives who work on homebirth in Portugal have no access to medication, which is also a problem. By medication we mean simple things that are absolutely necessary for a homebirth, in the case of an emergency. And there is also another thing, there is an issue related to the advice given to Portuguese midwives (*enfermeiras-especialistas* – nurse-specialists)⁴ by the Board of Nurses (*Ordem dos Enfermeiros*)⁵. There are no indications that two midwives (*enfermeiras-especialistas* – nurse-specialists) are better than one in supporting delivery, but this is what is recommended. There are indications that the fewer people present at a birth, the better. Also the Board of Nurses has no protocols for homebirth; they use the same protocol used by the hospital when they need to attend a homebirth. So this is a brief description of what is happening in Portugal in relation to homebirth. I would like to hear the opinion of many of those in the audience who are quite acquainted with what I am talking about. I tried to be brief.

Then we have the media. Seven/eight years ago, when all these movements started the media were interested, they were asking “Who are these people? How did this come about? What are their expectations? Why is this happening? But today what we see is the media does not pay attention to the movement or to what is happening inside Portuguese society and they are always looking for negative stories and publicity. Of course we can relate this to the media crisis around the world. So we are living in a crisis, which I think is a very good thing, if I may say that, because we now have the opportunity to change things either in the healthcare system or in the economic system or the mentality of people, but the thing is today there is no objective information and every time something comes out in the news in Portugal about homebirth or humanized or physiological birth, the media likes to present these as “bad news” stories.

There has been no space for public debate, which I think would be very nice and we would all very much appreciate that. And what about women in Portugal? Well, if seven years ago a group of 20 or 30 women with their terrible stories actually got together through the internet it was because there was this enormous advance in communication that changed the world for everybody. Today they are not 20, they are probably 20,000 and

⁴ There is no precise equivalent to the “direct entry” midwife in Portugal. Training involves a degree in nursing, followed by two years of professional nursing experience, then a further specialist course in obstetric nursing, hence the literal term “nurse-specialist” (*enfermeira-especialista*) is the most accurate technical term to describe these professionals in contemporary Portugal.

⁵ This advice is in *Recomendação da Mesa do Colégio da Especialidade de Enfermagem de Saúde Materna e Obstétrica* (2012): *Informação/Recomendações à Grávida/Casal Sobre o Local de Parto, Tipo de Parto e Nascimento dos Seus Filhos*, p.2. For more on the Board of Nurses in Portugal, see: www.ordemenfermeiros.pt/Paginas/default.aspx

they will become 20,000 more because women are starting to be aware that they need to be involved in the process of giving birth to their children, and of course they need more support. And that support has been coming from projects which have already been mentioned in other countries such as India, Nepal and Bangladesh. Of course we are in a first-world industrialised country, but the *modus operandi* of the work being done is exactly the same and so I think we need and really should have more support from the medical class, from the government, from the psychologists, from everyone involved and interested in making childbirth a better experience for everybody.

Of course this slows down the civic movement, because people have their own lives. It is always difficult to be everywhere at the same time and we are always the same faces, always the same people and we need more involvement from the public. We still don't know how to make this happen.

So briefly, our association started in 2006, with 90 members, we are now, eight years later, about 500 members. We had two congresses in 2006 and 2009, with key speakers and people that had never been to Portugal at the time. The 2006 congress in particular was very important, and we had the pleasure of people like Sheila Kitzinger⁶ attending. So what can we do? The same as we've been doing since 2006: providing information, film screenings, participating in every project that we are invited to give our opinion, attending meetings, fairs, "women's encounters", talks at medical nursing faculties and participating in ENCA⁷ which is the European network for childbirth associations such as HumPar.

We were asked to talk briefly about our future plans (Figure 13).

Figure 13: Future plans of HumPar



⁶ See footnote 17, page 39

⁷ The European Network of Childbirth Associations. www.enca.info/index.php/iwrc.

These are only ideas, I am not going to go through them as they are not so important for the main theme of today, but there are still many mission statements from the start-up of our association that have not been achieved and we still want to achieve these and some new things that people have suggested.

So, to finish, because birth is a sexual, social, cultural and family event, Mary Zwart would like to say something briefly about this phrase, which is hers. She can just come up and present it.

Mary Zwart (Dutch midwife residing in Portugal): Thank you, I would like to represent the midwives working outside the hospital setting. We can see the rise in the number of women wanting to give birth at home. And if you see the difference between giving birth at home with the community involved, it is quite different to giving birth in a hospital setting. Once you already changed what is normal it is very difficult to change back. Generally speaking, if you just use the argument that homebirth is less expensive this is not persuasive to some pregnant women because they obviously want “the best” for their babies, not necessarily just the cheapest. You should say it in a different way, and say that homebirth is amazing and a wonderful experience, so stay at home. And the culture should change in Portugal towards giving birth outside the hospital setting because it is better for society and for bonding, which are so needed: love in the families, not expelled to a hospital setting. Now what I have to say, first of all is that we see that homebirth is increasing and that homebirth is in demand by women in Portugal. We would very much like to see homebirth integrated within the social care system and should not be paid for because it is for the benefit of the whole of the country.

Maria Schouten: Thank you very much to you both for this message. And it is true that there is a lack of public debate about this question; that is why we are here.

Maria Schouten: Now we have a presentation by Dr Cristina Teixeira – she has a lot of experience related to health, especially public and perinatal health, including teaching and practice. She is attached to the perinatal health unit at the Institute of Public Health in Porto and is also a teacher at the Polytechnic Institute in Bragança and is currently completing her doctoral thesis which relates to caesarean rates in northern Portugal.