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## Towards a Cultural History of Childbirth in Portugal

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Thank you very much Maria. Can I just reiterate her enthusiasm for this event. When we first organized this meeting we were worried that not enough people would come and we have had such interest – we were over-subscribed – there is such interest from different stakeholders: medical professionals, civil society, the general public. It's great to have such a good mix of people here today and also our international guests who I think are going to be able to contribute from their experiences in different countries. Just to tell you more about why Soo Downe and the other international guests are here in Lisbon this week, we have been having a meeting of the COST Action project IS0907. In your package you all have a one-page summary of the Action project and what it is about<sup>1</sup>, but to quickly summarise, it's a network project called COST Action IS0907, 'Childbirth Cultures, Concerns and Consequences': creating a dynamic EU framework for optimal maternity care<sup>2</sup>. The objective of the Action is to advance scientific knowledge about what works for whom under what circumstances, by identifying and learning from the best. And this is across Europe – even beyond Europe - we have many partners, we have regular meetings at various cities within Europe. We have joint scientific missions, and joint project proposals and publications so it's a very active networking project and it is thanks to this project that we have Soo Downe with us here today.

I would like to briefly summarise the situation in Portugal, as we understand it. Many of you are from Portugal and you probably know some of this information but I just want to share, for our international guests as well, in order to show what is happening with childbirth in Portugal. And I'd like to say what our motivation for this meeting is. We are both anthropologists, and are involved in research on maternity and childbirth. "Normal birth" is a term which is used widely within the framework of maternity and childbirth but

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<sup>1</sup> [www.cost.eu/domains\\_actions/isch/Actions/IS0907](http://www.cost.eu/domains_actions/isch/Actions/IS0907)

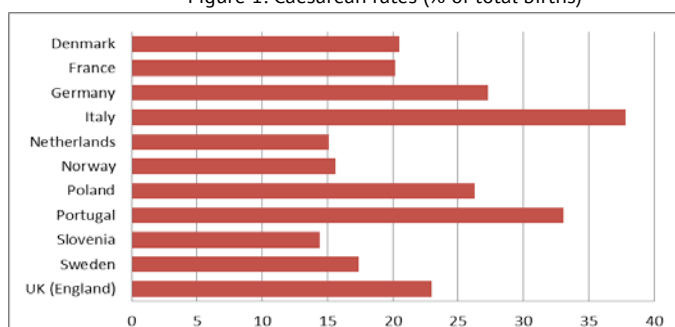
<sup>2</sup> [www.cost.esf.org/domains\\_actions/isch/Actions/IS0907](http://www.cost.esf.org/domains_actions/isch/Actions/IS0907); <http://www.iresearch4birth.eu/iResearch4Birth/>

there are different definitions of what normal birth is. I think we'll go on to discuss later about normal birth in the Portuguese context. There are various definitions of normal birth and normal birth practices. So what we'd like to do today is share information about research and practices related to normal birth from an international level and also here in Portugal, and also promote and discuss new initiatives related to normal birth in Portugal. We have some speakers here today who will be sharing their experiences of normal birth.

So, a brief overview of the situation in Portugal. As many of you know there was a long homebirth tradition until the 1970s. In fact, until 1961 80% of births were homebirths (Savona-Ventura, 1993: 44<sup>3</sup>) usually supported by women with no formal training (one of the Portuguese terms for these individuals being *curiosas*). There is a very rich cultural history of homebirth in Portugal, with the use of traditional birthing chairs, for example<sup>4</sup>. But also during that period perinatal mortality rates were high; the perinatal mortality rate reported in 1975 (defined here as the number of stillborns plus the number of deaths in the first week of life, following at least 28 weeks gestation) was 31.8 per 1,000 births<sup>5</sup>.

So from the 1970s onwards there was a move to bring childbirth into hospitals, there was a shift to hospital-based birth and also an impressive drop in the rates of perinatal mortality was observed over that period: in figures from 2012 you see 4.2 out of 1000 births – a dramatic drop in rates<sup>6</sup>. But with the hospitalization process childbirth became more medicalized, so we have high rates of caesareans and other forms of intervention. A lot of the comparative data I am showing are from the Euro-Peristat project, which some of you may be aware of. This is a project which is trying to compare data across Europe. The data we have from Euro-Peristat are from 2004 so these data are slightly old but in the case of Portugal these data (Figure 1) reflect the contemporary situation, where we see 33% of births are by caesarean section<sup>7</sup>.

Figure 1: Caesarean rates (% of total births)



Source: Euro-Peristat, 2004

<sup>3</sup> Citing Joint Study Group of the International Federation of Gynaecology and Obstetrics and the International Federation of Midwives (1966). *Maternity Care in the World: International Survey of Midwifery Practice and Training*. Oxford: Pergamon Press.

<sup>4</sup> Examples can be found in Cole, 1994: 52-53; Nunes, 1997: 97-115; Ribeiro, 1990; Joaquim, 1983; Martins, 2007

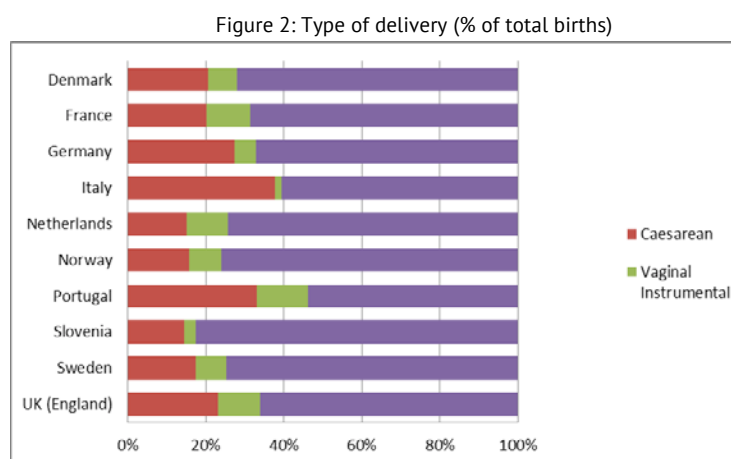
<sup>5</sup> Source: Pordata: [www.pordata.pt/Portugal/Taxa+de+mortalidade+perinatal+e+neonatal-529](http://www.pordata.pt/Portugal/Taxa+de+mortalidade+perinatal+e+neonatal-529). Accessed: 28 January, 2014.

<sup>6</sup> Source: Pordata: [www.pordata.pt/Portugal/Taxa+de+mortalidade+perinatal+e+neonatal-529](http://www.pordata.pt/Portugal/Taxa+de+mortalidade+perinatal+e+neonatal-529). Accessed: 28 January 2014.

<sup>7</sup> Euro-Peristat project: [www.europeristat.com/](http://www.europeristat.com/). Since the seminar took place the latest Euro-Peristat report has been released citing 2010 data, showing Portugal with a caesarean rate of 36.3% (Euro-Peristat, 2010).

As you can see from the graph, Portugal has the second highest rate of caesarean intervention in Europe, after Italy. But caesareans are not the only form of medical intervention in childbirth; if we look at vaginal instrumental births – forceps and ventouse – then Portugal is ahead in Europe; if we look at both caesarean and vaginal instrumental births then Portugal has very high rates of intervention (Figure 2). Other issues to add are that also when we talk about medicalization we can include episiotomy and epidural rates, and the use of induction, and we do not have those data for Portugal nationally. There are many countries which do not yet collect those data systematically, but we also need to include these interventions when we discuss what kind of medical processes exist in relation to childbirth<sup>8</sup>.

I would also like to mention homebirth because homebirth still does take place in Portugal, but it kind of exists in a legal void, it does not seem to be explicitly illegal but it is not supported by the state. Women who choose to have a homebirth: in some ways it's a very risky enterprise, women are doing it, but it's a very risky thing to do because you don't have actual systematic support from government services.



Source: [www.europeristat.com](http://www.europeristat.com) (2004 data)

In fact, if you look at the homebirth rate in Portugal it is 0.5% which to me is surprising as officially it does not even exist<sup>9</sup>! But there are definitely homebirths taking place. And another new development is birth in transit – at “other locations” outside of hospital (described as *noutros locais*) which has increased dramatically over recent years and seems to be associated with the closing down of some hospitals in rural areas. If all birth is hospital-based and hospitals are the only service available and you are closing down small hospitals in rural areas then women are going to have further to go to get to hospital and it

<sup>8</sup> The Euro-Peristat project aims to systematize data collection throughout Europe. According to the Euro-Peristat report released after the seminar took place the proportion of women in Portugal having vaginal deliveries who received an episiotomy was 72%. See [www.europeristat.com](http://www.europeristat.com) (2010 data). Induction and epidural rates are still not available at national level.

<sup>9</sup> By this was meant that homebirth is not a recognized option within Portugal's National Health Service.

seems that there are a lot of cases of women trying to get to hospital but then ending up giving birth at home or in transit.

Just to summarise some more recent developments, the movement towards normal birth here in Portugal. The movement “For the Right to Normal birth” (*Pelo Direito ao Parto Normal*) is an initiative led by medical professionals, midwives and doctors, and we have a representative of that movement, Vitor Varela, here today. They have produced a document in Portuguese<sup>10</sup>, but if any of our Portuguese participants would like to have a hard copy of this then we will distribute it later. And if anyone has questions about the movement then Vitor can possibly discuss them with you later.

Within civil society there is “HumPar”, which is the Portuguese Association for the Humanization of Childbirth, and a representative of HumPar, Rita Correia, will be speaking a bit later on. And another new initiative from the government is the intervention to reduce caesarean rates. This has been piloted in the north and the results have recently come through. Between 2009 and 2011 there was a reduction in caesarean rates from 36% to 32%. As part of this initiative there has also been a move to create a single computer programme for all obstetric data, to include all the indicators I mentioned earlier, to have a more sophisticated system for collecting data. This was planned to start in the north in 2013, and there’s also a plan to spread the whole programme nationwide, finances allowing. Another recent development as we’re all aware is the crisis, and austerity pressures<sup>11</sup>. But this makes it a very interesting moment because the pressure on funding health services may cause policy makers to think about how expensive some interventions are – how expensive caesarean section is – and are there ways of reducing caesareans and making childbirth more cost-effective.

So that was just my quick summary of the situation in Portugal, and why we are here today is to talk about what we are doing now: what is the future of childbirth in Portugal? History is taking place right now, so I hope everyone will feel free to participate in the discussion.

Now I would like to introduce Soo Downe, Professor of Midwifery of the University of Central Lancashire in the UK.

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<sup>10</sup> [www.ordemenfermeiros.pt/publicacoes/Documents/Livro\\_Partto\\_Normal.pdf](http://www.ordemenfermeiros.pt/publicacoes/Documents/Livro_Partto_Normal.pdf)

<sup>11</sup> In 2010, the extent of the public deficit led the Portuguese government to request a bail-out with the “troika” group composing the IMF, the EU and the European Central Bank. As part of this agreement drastic austerity measures were implemented in order to cut state expenditure, affecting the Portuguese economy and wider society. The ensuing cuts to public servants’ wages and in social benefits and higher taxes, led to a decrease in spending power. In addition, unemployment soared and many public services experienced wide-ranging cuts.