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BIRTH PLANS AS ADVANCE DIRECTIVES

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The will of the human person is one of the most fundamental rights one possesses, since it guarantees autonomy over oneself and one's decisions, being the materialization of the real intention of the being in relation to oneself, which from a philosophical and religious point of view is called free will.

The Universal Declaration on Bioethics and Human Rights (UNESCO, 2005) also values the freedom of science, research and the well-being of individuals, families, groups or communities and humanity as a whole, where above all respect for the autonomy of individuals is sought.

Autonomy consists of the individual's ability to act independently, with knowledge, without receiving external influence or coercion. It can be said that respect for the person, their convictions, moral values and beliefs are an integral part of autonomy, which can only be exercised in an environment free from interference. One must act consciously, without suffering any kind of coercion. As man is endowed not only with a pure will, but also with a will that can be determined, the moral law, for us, takes the form of a categorical imperative, which orders the following principle in an unconditional and necessary way: "Act in such a way that the maxim of your will can always be valid as the principle of universal legislation" (KANT, 1974, p. 43).

Autonomy can be considered more than a principle, a true bioethical pillar, because in its absence all the other principles would be mitigated, since freedom is the minimum element for any lawful conduct.

> It can be seen that the current Constitution represents a milestone in the normative treatment of private autonomy in the Brazilian legal system, since public and private norms coexist, with the guarantee of individual rights, such as the right to freedom, and social rights, such as the right to health (DADALTO, 2019, p. 9).

The autonomy of the individual is enshrined in principles, and in Brazil it is protected by the Federal Constitution and the Civil Code. Initially, the principle of autonomy of will was a corollary of the liberal state, which intervened minimally in private relations. This situation culminated in the emergence of formal justice, a circumstance in which the state was inert in the face of possible social injustices as long as the acts that caused them were in accordance with the legislation in force at the time of the facts. Here, "the will of the individual took precedence over that of the state due to its self-sufficiency" (DADALTO, 2009, p.17).

> The private autonomy of the individual should be understood as the possibility, the power to pursue their individual interests without this clashing with public autonomy, thus preserving the coexistence of all citizens' life projects (DADALTO, 2009, p.37).

The great consecration of autonomy comes with the elevation of informed consent to the category of indispensable to the practice of medicine, "several jurisprudential decisions around the world have consolidated the patient's right to consent before any procedure is carried out" (DADALTO, 2019, p. 15-16).

Luciana Dadalto (2019, p.16) once again cites:

> According to Beauchamp and Childress, informed consent can be justified as a way of minimizing the harm suffered by research subjects or even as an instrument to protect the subject's autonomous choice.

The human being must be fully respected, both as a person and in terms of their personality and dignity. Their value is superior to any other guarantee, even a constitutional one, such as the right to scientific or technological research. This is why bioethics combats conduct that conflicts with this guarantee, because if it were allowed, man would be reduced to the status of a thing, which is unacceptable, as it would be a denial of his dignity and personality. For Alexandre de Moraes (1998, p.138), the dignity of the human person is:

> a spiritual and moral value inherent to the person, which manifests itself singularly in the conscious and responsible self-determination of one's own life and which brings with it the claim to respect from other people, constituting an invulnerable minimum that every legal statute must guarantee, so that only exceptionally can limitations be made to the exercise of fundamental rights, but always without underestimating the necessary esteem that all people deserve as human beings. The right to privacy, to intimacy, to honor, to image, among others, appears as an immediate consequence of the consecration of the dignity of the human person as a foundation of the Federative Republic of Brazil.

These higher, essential values are therefore inviolable. Should the need arise for any limitation on the exercise of fundamental rights, it should be done in an exceptional way, preserving the esteem that every individual deserves due to their special condition, as they are a human being (MORAES, 1998). Personality rights can be considered general clauses protecting the individual, since they are not concerned with describing conduct, but rather establishing guidelines, values and parameters for interpretation (TEPEDINO, 2002).

In this way, the protection of the individual is based on three fundamental constitutional principles: the dignity of the human person; social solidarity; and isonomy, or equality in the broad sense (TARTUCE, 2005).

From this perspective, bioethics raises questions about the will of these patients, including their autonomy and dignity. This will expressed by the patient is called Advance Directives of Will (ADW), which are nothing more than the patient's express manifestation of what their decisions will be for when they can no longer express their will, which is done in advance, preferably by means of a written document.

The issue of ADCs makes part of self-management explicit, i.e. prior instructions anticipate people's wishes, making clear the therapeutic limits that should be undertaken in the event that the person can no longer express them at some point in their life (KREUZ, FRANCO, 2017).

In this scenario, the main actor is the patient, who uses their freedom to dispose of their well-being. There are also health professionals, especially doctors and nurses, who, after an exhaustive discussion of the possibilities and in light of the ethical foundations, will understand the patient's wishes and implement them in their care. Also involved is the patient's family who, not infrequently, for various reasons, many of which are relational, tend to want to obstruct compliance with advance directives.

Thus, Advance Directives are defined as a type of expression of will for medical treatment, in other words, they are the materialization of the patient's self-determination, and aim to guide the decisions of the healthcare team and any appointed proxy, establishing what values underpin the patient's life and what their wishes are. Advance Directives do not only deal with end-of-life wishes, but are understood as documents of prior expression of will that will take effect when the patient is unable to freely and autonomously express their will (DADALTO, 2021). among them the so-called birth plan.

The birth plan is therefore one of the first measures in a series of recommendations for good labor and birth care practices. In order for the woman to have greater autonomy and for the birth process to be humanized and individualized, it is essential that she is aware of the interventions that will be carried out. This document lists the preferences and interventions that the woman considers unnecessary during labor and delivery. It is recommended that the PP be drawn up after clarifying the

physiology of labor and birth, especially understanding the possibility of making choices (MEDEIROS et al, 2019).

Since 1996, the birth plan has been one of the World Health Organization's recommendations for normal childbirth care (WHO, 1996), reinforced in 2018 in its latest update on childbirth care, which reaffirms that it should be individualized, taking into account the preferences and needs of pregnant women (WHO, 2018). It is a document written during the prenatal period, in which the pregnant woman, after receiving information about pregnancy and childbirth and considering her personal values and wishes, develops preferences and makes informed decisions about the practice of obstetric conduct to be adopted or not at the time of delivery under normal conditions (CORTÉS, BARRANCO, CANTERAS, 2015). Thus, it contributes to empowering and encouraging women's autonomy in order to make them protagonists, exercising the power of informed decision-making (SILVA, 2017).

The birth plan is a prenatal education and communication tool, as it provides pregnant women with an understanding of the factors surrounding the parturition process and facilitates the exchange of information with the multi-professional team that provides assistance during this process (ARAGON et al, 2013), since it is through this that the team will get to know the wishes and preferences of pregnant women, helping to ensure that these are achieved and respected. The joint construction of the birth plan contributes to the development of trust and safety, as well as promoting the establishment of a bond between the pregnant woman and the professional and the service (LOIOLA et al, 2020), naturally generating a process of recognition and maturation between the actors involved, which aims, in addition to respecting the pregnant woman's wishes, to prevent any type of violence.

Thus, the birth plan is a legal document written by pregnant women after they have received information about their pregnancy and the birth process, taking into account their personal values and desires, as well as the expectations created about their birth throughout the pregnancy. The birth plan is the cornerstone of the clinical relationship established between pregnant women and the professional and can serve to guide the healthcare provided throughout the process.

The period of pregnancy is marked by doubts, fears and uncertainties related to the birthing process, especially when it is experienced for the first time. With regard to the birth plan, there is a need for greater use and dissemination of this document. Strategies for incorporating the birth plan into health services should be discussed with local management and the document needs to be developed with the involvement of health professionals working in maternity wards, so that it can be adapted and adapted to the reality and discussed with pregnant women and their companions. However, it must be constantly updated so that it is a care tool that can offer better indicators and positive childbirth experiences for everyone involved (TRIGUEIRO et al, 2021).

It is important to consider that the birth plan, as an express prior manifestation of the pregnant woman's will, is a form of communication and prior planning of the future procedure, which, in addition to expressly defining the woman's wishes and expectations in the procedure, in the event that she is unable to express her will, also aims to prevent traumatic and violent events.

The Ministry of Health (2014), in the *Caderno HumanizaSUS*, provides some recommendations for respectful care for the parturient woman, mainly so that there is a change from a hospital-centric scenario to humanized care:

> Above all, it implies a change in the attitude of teams and professionals so that the physiology of childbirth is respected, unnecessary interventions are avoided (such as ultrasounds without clinical indication, routine episiotomy, elective caesarean section without clinical indication and/or under false pretenses, touch examinations before labor without clear indication, detachment of membranes before weeks of pregnancy, early hospitalization, fasting, trichotomy and enema, restriction of freedom of movement, routine use of serum with oxytocin, routine aspiration of the newborn's airways, among others). (**Ministry of Health, 2014**, pp. 239-240)

In this way, drawing up the birth plan requires the health professional to listen carefully to the patient and provide explanations in a way that the patient can understand, with enough time to clarify all her doubts. The patient must be told in a clear, objective and understandable way about the options, alternatives and permission to make decisions about the type of procedure or treatment, after discussing it with the health professional. She must be encouraged to ask questions and resolve all her doubts, and then proceed to draw up this plan, and may even refuse to carry out any intervention, such as analgesia or even certain techniques that may be inappropriate for her.

Information about the procedures that could be used during labor and delivery is cited as a way of preventing obstetric violence and possible actions taken by professionals that are not in the women's best interest. If this is expressly stated in the birth plan document, which will be kept with the pregnant woman's medical records and other documents, it facilitates the implementation of the patient's directives and prevents future violations of rights and the practice of violence during childbirth.

As mentioned above, this document has proved to be powerful in providing women with autonomy and a leading role in the care provided to them during labor and birth, breaking with a model of care based on biomedical knowledge. Thus, the good use of birth plans can help to minimize fragmented, impersonal, objectified and technicist care, as well as enabling changes in the care paradigm, rescuing women's protagonism, voice, desires and wishes. In addition, the use of this strategy enables information, decision-making and shared responsibility between the health professional, already trained or in the process of training, and the woman (NARCHI et al, 2019).

However, breaking paradigms is a constant challenge for health professionals who seek to humanize care for individuals. With the advances in medical technologies and therapies, childbirth has come to be treated as a routine event in hospitals, where the submission of all women to the same procedures, which are generally unnecessary, has failed to respect their dignity and privacy. The childbirth process ends up not receiving the treatment consistent with its meaning and outcome, turning the birth of a human being into a traumatic period in the mother's life (POSSATI et al, 2017).

Each mother carries with her a life story made up of experiences and attributions of values and cultures, and the very pressure to reproduce is a compound linked to social expectations of them. Romanticized motherhood, which still exists today, ends up excluding women as beings with their own desires and feelings, placing them in the background of social and health care.

Fear and anxiety are feelings commonly linked to the gestational period. The longing for the role of "good mother" installs in the psyche the need to put the child first at any cost, following society's reflexes that she is totally responsible for her offspring, while the father figure is limited to providing mate-

rially. Although family structures are subject to change as the mother becomes the head of many households, in addition to the duties she used to have, she now has to work outside the home, which makes them vulnerable to neglecting their own health (ESTRELA; MACHADO; CASTRO, 2018).

Childbirth is therefore an event of great significance in a woman's life. It marks the end of the usual nine months of pregnancy and the long-awaited meeting between mother and child, the idealization of motherhood fades away and the reality of the ambivalence that makes up the act of creating a human being who is still incapable of surviving on their own is introduced. But it is also a moment of greater symbolism of the female capacity, from giving birth to another being to enduring unimaginable pain that challenges her physical and mental conditions.

Every situation and action involved in the childbirth process has a certain impact on the parents' lives, whether beneficial or unpleasant, and will have repercussions on a psychological and cognitive level, influencing the woman's perceptions of what happened for a long time. Anxiety is the fear of a negative experience in childbirth, which can involve the fear of death and of pain, the latter being a potent inciter of anxiety. Therefore, pain is recognized as necessary and rewarding, and childbirth without pain cannot be interpreted as a positive experience.

The care provided to the mother and the immediate contact with the baby are protective factors in her seeing herself as capable of caring for someone else and for herself. According to Lopes et al (2005, p. 248), the following can also be mentioned:

> active participation in the process of childbirth, including decision-making surrounding this moment; the perception that their feelings are accepted and respected by their caregivers; the feeling that they are realistically prepared for childbirth and motherhood, with a sense of mastery of their coping strategies; that they are seen as doing the best they can; that they have ample opportunity to express their feelings about motherhood, their own birth, their mother's births and any previous experience of pregnancy and childbirth

The feelings generated during childbirth will be carried and marked throughout the woman's life. Later on, they may be seen as necessary or just as something from the past, but for her they will always be a memory that can trigger psychological triggers that go beyond the comprehension of others.

The hours or minutes it takes can correspond to years of recovery. This brings us back to the relationship between patient and health professional, where recognizing the social, cultural, personal, psychological and physical dimensions is just as important as directing the therapeutic techniques of childbirth. It's not just another patient passing through hospital, it's a life full of stories generating another life that needs to remain dignified and stable.

Medicine exerts a powerful influence on society, precisely because of the complexity involved in learning, teaching and practicing. Western culture is even more marked on the issue of treating the body separately from the mind, or from the spiritual , and rationally and scientifically carrying out all the care of any person. When separated, the human becomes an object of study, and all the subjectivity that makes them unique and individual is ignored, making care technical and superficial. Women have given birth since the beginning of human existence, because childbirth is a natural process of the body. Science has contributed to everything happening in conditions that are more favorable to health and life, but medicine attributes this as an important role to be followed and directed by it (RUSSO et al, 2019).

The body prepares itself for childbirth, the physical demonstrating in practice one of the

greatest acts of female empowerment. When the symbolic value of gestation and birth is understood, it is possible to treat the human being seeking care with dignity and respect. It is also possible to develop feelings of satisfaction and fulfillment and to go beyond developing as a professional, but also as a person.

Actions such as the birth plan and the preparation of professionals for the proper care of women are strategies for reducing violence against women. Preventing this during a human act of significance beyond earthly comprehension is the role of anyone who exercises their role as a citizen.

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