



## ORIGINALES

### Elaboration and Validation of a Booklet on Humanized Childbirth

Elaboración y validación de una cartilla sobre parto humanizado

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#### ABSTRACT:

**Introduction:** Humanized childbirth care focuses on the good treatment of pregnant women; however, some mothers experience obstetric violence, which affects their wellbeing. It is necessary to have validated tools that permit informing, communicating, and educating on practices that contribute to making the delivery process a humanized experience.

**Methods.** This was a validation study consisting on the development of an educational-communicative booklet on humanized childbirth, from a bibliography review, along with subsequent validation by 16 specialists and 100 participants from the target population, in 2020.

**Results:** The specialists scored the booklet with a content validity index (CVI) median of 0.94 and Cronbach's alpha reliability of 0.81. In the target population, the level of positive response ranged between 87% and 100%, with a median of 97.9%.

**Discussion:** Through a literature review and by heeding to writing details, form, and depth, the study managed to elaborate a booklet that showed high CVI to provide education on humanized childbirth to pregnant women and relatives. Study strengths included process rigor, pollster suitability, and simple size. The principal weakness is that information collection was carried out in health institutions.

**Conclusions:** The booklet elaborated is valid to guarantee understanding, by mothers and their relatives, of humanized childbirth. It is considered relevant and innovative material to educate on this theme, as an impacting event in the lives of the mother-child binomial and their family.

**Key words:** Humanizing Delivery; Communication; Education; Validation Studies

#### RESUMEN:

**Introducción:** La atención humanizada del parto se centra en el buen trato a la gestante, sin embargo, algunas maternas experimentan violencia obstétrica, lo cual afecta a su bienestar. Se hace necesario contar con herramientas validadas que permitan informar, comunicar y educar sobre prácticas que contribuyen a hacer del parto una experiencia humanizada.

**Material y método:** Estudio de validación con el objetivo de desarrollar una cartilla educomunicativa sobre parto humanizado, a partir de la revisión bibliográfica, la posterior validación por parte de 16 especialistas y 100 participantes del público objetivo, en 2019.

**Resultados:** Los especialistas calificaron la cartilla con una media del índice de Validez de Contenido (IVC) de 0,94 y una confiabilidad, *Alfa de Cronbach* de 0,81. En población objetivo, el nivel de respuesta positiva osciló entre el 87 y el 100 %, con una media de 97,9%.

**Discusión:** Haciendo revisión de literatura y cuidando los detalles de escritura, forma y fondo, se logró elaborar una cartilla que mostró alto IVC para brindar educación sobre parto humanizado a gestantes y familiares. Algunas fortalezas fueron: la rigurosidad del proceso, la idoneidad de las encuestadoras y el tamaño de muestra. La principal debilidad es que la recolección de la información se llevó a cabo en instituciones de Salud.

**Conclusiones:** La cartilla elaborada es válida para garantizar el entendimiento, por parte de maternas y familiares, del parto humanizado. Se considera material relevante e innovador para educar en este tema, como un evento de impacto en la vida del binomio madre-hijo y su familia.

**Palabras clave:** Parto Humanizado; Comunicación; Educación; Estudios de Validación.

## INTRODUCTION

Humanization in providing health services, understood as human-centered care, is a challenge, given the conditions and commitments that must be fulfilled by institutions and health staff <sup>(1)</sup>. The aim of humanization is to concentrate care on the individual's, rights, needs and expectations of the women as the protagonist, seeking for their optimal health and wellbeing<sup>2</sup>. Within this context, it is expected that delivery care becomes a loving, pleasant, and positive experience <sup>(2)</sup>. However, some mothers manifest having gone through obstetric violence. This is cause for concern, especially when globally 830 women die due to preventable causes related with gestation and childbirth; 16.7% of them due to complications during delivery <sup>(3)</sup> because of outcomes related with abuse <sup>(4)</sup>.

In search for the highest level of humanized care during childbirth, programs have been promoted to improve the quality of care <sup>(5)</sup>. Thus, the International Conference on the Humanization of Childbirth, in Fortaleza, Brazil, established the search for wellbeing as a factor of progress and human development for the players in the process: mother, child, and family <sup>(6)</sup>. This makes necessary to have strategies and validated tools that permit communicating and educating on practices that contribute to turning childbirth into a humanized experience for pregnant women and their families. Educommunicative strategies generate knowledge and attitudes in the construction of environments and spaces for dialogue and respect <sup>(7)</sup>, with the advantage of encompassing different areas of knowledge and achieving citizen participation <sup>(8)</sup>.

In this sense, the educommunicative booklets are strategies proven through investigation-action, as useful to reach changes in relation to the perceptions and behaviors of the individuals <sup>(9)</sup>, with positive impact on education and generation of participation settings <sup>(10)</sup>. This requires an adequate validation process, to guarantee levels of understanding and comprehension of the different factors intervening, in this case, on humanized childbirth care <sup>(11)</sup>. The aim of this study was to elaborate and validate a booklet on humanized childbirth to disseminate knowledge on the theme among pregnant women and the general population in Colombia.

## METHODS

Elaboration and validation was conducted on an information, education, and communication booklet on humanized childbirth. This included a process of production, evaluation, and improvement of the booklet in Bucaramanga, Colombia, during December 2019 <sup>(11)</sup>. Table 1 displays the stages and steps followed.

**Table 1. Stages and validation steps of a booklet on humanized childbirth. Colombia, 2019.**

Stage	Steps developed
Production	<ol style="list-style-type: none"> <li>1. Establishment of the goal group</li> <li>2. Bibliography search</li> <li>3. Selection of contents and referencing</li> <li>4. Design of illustrations</li> <li>5. Production of the material's first draft</li> </ol>
Validation	<ol style="list-style-type: none"> <li>1. Elaboration of the validation format</li> <li>2. Selection of the personnel in charge of applying the formats</li> <li>3. Preparation of materials and environment</li> <li>4. Call on the validation group; both specialists and target population</li> <li>5. Evaluation of the result</li> <li>6. Adjustments of the validated material according to the results</li> <li>7. If the changes are significant according to the validation scale, the process is reinitiated from the preparation of materials and environments</li> <li>8. If the changes are not significant, it is considered as valid material</li> <li>9. Reproduction, dissemination, and use of the material</li> </ol>

The goal group was established as being that to which the booklet is directed, a population that could be interested in the care of humanized childbirth, especially women in reproductive age, pregnant women, and their relatives. The exclusion criterion considered those individuals who had cognitive disability that hindered comprehension of the booklet.

Thereafter, the bibliography search was conducted in the LILACS, SCIELO, and PUBMED databases, using the keywords: humanized childbirth, obstetric violence, and educational-communicative strategies, resulting in 56 scientific articles. The study also reviewed national <sup>(12)</sup> and international <sup>(13, 14)</sup> norms and guidelines on humanized childbirth.

The contents for the booklet were selected by bearing in mind relevant information, obtained from the previous search. The booklet was organized via the following themes: a. rights of women during childbirth and postpartum; b. duties of the women; c. unnecessary practices during low-risk childbirth; c. when to attend the health service due to the start of the delivery?; d. stages of childbirth; e. complications of delivery and childbirth; and f. role of the companion during delivery and childbirth.

The illustrations were designed in digital format based on the reflexive reading of the contents. The booklet sought to transmit the message of humanization in the contents through attractive and harmonious illustrations according to situations alluding to humanized childbirth. The initial version of the booklet had 12 pages in color, with dimensions of 14 cm by 22 cm.

The second stage elaborated two validation formats. One aimed at specialists, another to mothers and relatives. The questions for the formats were adapted from those used in prior studies by Piaui <sup>(10)</sup> and Ceara <sup>(15)</sup> in Brazil, respectively. The specialists were asked to assess objective, content, language, structure, presentation, illustrations, and relevance of the booklet, using Likert-type scoring options, like inadequate, partially adequate, and adequate. The content validity index (CVI) was calculated, which suggests considering acceptable an index > 0.60 and discarding or reevaluating those

below said value <sup>(16)</sup>. Pregnant women and relatives evaluated: a. general perception of the booklet; b. writing style; c. presentation; and d. motives. In this case, the scoring system was adopted with dichotomy yes/no responses. For the total adequacy rating, the sum of scores obtained was divided by the maximum score and multiplied by 100, to transform it into percentage (%). It was established that scores between 70% and 100% correspond to approved material; between 40% and 69% material subject to changes; and 0% to 39% to inappropriate material.

The tools were applied by two physicians, young researchers, experienced in approaching human beings and trained in the application of research instruments.

Prior to opening the call for the group of experts, specialists in the field of interest were defined as professionals with specific knowledge in gynecology and Obstetrics, public health, and humanization of care. Sixteen specialists were chosen, selected intentionally due to their suitability, according to that expressed in their curriculum vitae, using a scale from 1 to 6 in which each potential participant should obtain at least four points <sup>(17)</sup>, as shown in Table 2. Contact was made in their places of work, along with the invitation to participate, the procedure and signing the informed consent. The place and date to apply the tool was agreed upon, according to the specialist's availability.

**Table 2. Selection criteria of specialists in the area of interest**

<b>Item for specialist classification</b>	<b>Score</b>
Thesis completion in the area of interest	2 points
Specialization in the area of interest	1 points
Participation in groups/projects in the area of interest	1 points
Teaching experience in the area of interest	0.5 points
Work experience in the area of interest	0.5 points
Academic supervisor in the area of interest	0.5 points
Author of articles published in the area of interest	0.25 points
Participation in conferences in the area of interest	0.25 points

Adapted from Sheyla C. *et. al.*<sup>(10)</sup> and Holanda de Moura I. *et. al.*<sup>(15)</sup>

The population of interest was comprised of 100 individuals, between mothers and relatives who were contacted in the outpatient or hospitalization services in a private institution caring for people from all social security regimes. The participants were explained the objectives of the validation process, informed consent, delivery of the booklet, and evaluation of such according to the format.

The findings were transcribed in separate databases in Excel in double tabulation and verification of digitization quality. Upon correcting the databases, these were exported to analyze the information in the Stata14 statistical program.

## RESULTS

A booklet on humanized childbirth was designed, aimed at the general public, especially pregnant women and their relatives. In 12 brief and attractive pages with color illustrations, the booklet introduces theoretical content on humanized childbirth, based on findings from the literature, national legislation, and international agreements. To guarantee interactivity, an alphabet soup was used with keywords from the humanization process in childbirth care.

Sixteen experts validated the booklet, among these: nurses, general physicians, gynecologists, and health professionals. Table 3 shows the format questions, number of specialists who scored them in each of the scale options and the respective CVI.

**Table 3. Results of the evaluation conducted by specialists in humanized childbirth.**

Questions formulated per theme	Score			CVI*
	Inadequate	Partially adequate	Adequate	
<b>Objective</b>				
1. Is the objective clear?	-	5	11	1
2. Is the material proposed aimed at the objective?	-	1	15	1
3. Does it meet the mother's needs?	-	5	11	1
4. Is it consistent with the childbirth process?	1	-	15	0.875
<b>Content</b>				
5. Does it agree with scientific knowledge in Obstetrics?	1	3	12	0.875
6. Does it comply with requisites of humanized childbirth?	-	-	16	1
<b>Language</b>				
7. Is the message clear?	-	2	14	1
8. Is the message concise?	-	-	16	1
9. Is the information presented in adequately?	-	4	12	1
10. Does the information presented agree with the scientific knowledge?	1	3	12	0.875
11. Is the material culturally adequate to the audience?	1	3	12	0.875
12. Is the content written appropriately for the level of knowledge of the general population?	1	7	8	0.875
<b>Writing and presentation</b>				
13. Is the content presented in logical sequence?	-	6	10	1
14. Is the information well written?	-	2	14	1
15. Does the writing style facilitate understanding the text?	-	3	13	1
16. Does the title have an adequate size?	-	-	16	1
17. Do the texts have adequate size?	1	5	10	0.875
18. Is the Font type pleasing?	-	-	16	1
19. Is the booklet length adequate?	-	10	6	1
20. Is there harmony between the text and the figures to transmit the message?	-	7	9	1

## Illustrations

21. Is the front cover presentation consistent with the content?	2	6	8	0,75
22. Does the front cover attract the reader's attention?		-	16	1
23. Does the front cover express the purpose of the material?	3	6	7	0,625
24. Is the back cover presentation consistent with the content?	1	11	4	0.875
25. Do the illustrations introduce the visual message by themselves?	1	10	5	0.875
26. Do the illustrations agree with the theme?	1	1	14	0.875

## Relevance

27. Do the topics reflect the key aspects to highlight?	1	8	7	0.875
28. Does the booklet fulfill the purpose of educating on humanized childbirth?	-	3	13	1
29. Does the booklet guide on relevant aspects in the preparation for childbirth?	-	1	15	1
30. Could the booklet be used for health professionals to educate on humanized childbirth?	-	4	12	1

\*CVI: content validity index

As seen in Table 3, the calculated CVI was  $> 0.60$  in all items, which indicates that the booklet's content is valid. Items 6, 8, 16, and 22 were scored as adequate by all the experts, which show that the message is concise, explains what humanized childbirth is, the title size is adequate and the front cover attracts the reader's attention. The item with the lowest score was # 23: the front cover expresses the purpose of the material. Eleven items obtained scores  $< 1.0$ , principally those assessing the illustrations, but the score was always  $> 0.60$ , which is why it was deemed not to compromise the booklet's validity. The CVI median was 0.94; Cronbach's alpha reliability was 0.81.

For the validation performed by the target population, the positive response level ranged between 87% and 100%, with a median of 97.9%, sufficient to validate the booklet's content. The sections of general perception and presentation had the highest results. Table 4 shows the results obtained by each question.

**Table 4. Results of the evaluation conducted by target population**

Questions per theme	Response			
	Yes		No	
	N	%	n	%
<b>General perception</b>				
1. Did the front cover attract your attention?	96	96	4	4
2. Does the front cover relate with the theme?	100	100	-	-
3. Are the themes presented in logical order?	100	100	-	-
4. Is the content in each theme adequate?	100	100	-	-
5. Did the booklet attract your attention?	100	100	-	-

### Writing style

6. Is the content easy to understand?	98	98	2	2
7. Is the letter style attractive?	87	87	13	13
8. Is the content interesting?	100	100	-	-

### Presentation

9. Are the illustrations clear?	100	100	-	-
10. Are the illustrations complemented with the text?	99	99	1	1
11. Are the illustrations attractive?	100	100	-	-

### Motives

12. Did you feel motivated to read the booklet to the end?	95	95	5	5
13. Does the booklet guide on humanized childbirth?	98	98	2	2
14. Does the booklet facilitate knowledge on humanized childbirth?	99	99	1	1
15. Does the booklet's content motivate to learning on humanized childbirth?	98	98	2	2
16. Do you believe that people who read the booklet understand humanized childbirth?	97	97	3	3

N: Number of people. %: Percentage

The booklet's final version underwent minor changes in form, according to the recommendations by both groups of evaluators.

## DISCUSSION

This study found that, by following the steps proposed, conducting the literature review, and minding details in writing, form and depth, a booklet can be achieved with high validity index to provide education to pregnant women and their relatives. In health, communication is an aspect of importance to inform, influence, and motivate the public, principally on themes of health promotion and disease prevention, in favor of improving the quality of life of communities <sup>(18)</sup>. This educational-communicative strategy permits offering didactic information of easy comprehension to improve the population's knowledge and satisfaction. Besides propitiating comprehensive and humanized care <sup>(18)</sup>, it contributes to health education <sup>(19)</sup>, its promotion, and recognition of the needs of pregnant women <sup>(10)</sup>.

Validation of educommunicative materials is a process that permits understanding the theme introduced, analyzing different opinions, recognizing the importance of the socio-cultural component of the population, as well as correcting and improving the material to fulfill the objectives proposed. All this is done to identify the message that permits generating positive changes in the population's behavior <sup>(21)</sup>. Other studies have sought to provide spaces to improve the physician-patient relationship, along with empowering the population with the themes <sup>(22)</sup>. Using communication has also been proposed as a means to promote physical, cognitive-emotional, and social-relational wellbeing from the information and communication technologies (ICT), given that it has been found that by adopting the strategies, there is improved quality of life <sup>(23)</sup>, acceptance, level of understanding, memory of the information and of the medical instructions <sup>(24, 25)</sup>.

Regarding humanized childbirth, research whose aim was to promote humanized childbirth care, from an educational intervention of formation and sensitization of health professionals and pregnant women, showed a reduction in the rate of cesarean sections and their complications, besides improving maternal satisfaction and mother-fetus wellbeing<sup>(26)</sup>.

Among the strengths of this study is the support from the scientific literature, follow up of a structured and organized process, besides the sample size of specialists, as well as the target population, compared with other studies. The study's weaknesses focus on the collection of information, in relation to filling out the survey, given that in the target population it was conducted in the hospital environment, which could limit or mask the responses obtained, as well as the collection by the specialists, which was carried out in a work site with limited time to answer the survey.

## CONCLUSIONS

The booklet elaborated based on the literature review on humanized childbirth is valid to guarantee understanding, by mothers and relatives, of humanized childbirth. During the validation process by experts, a CVI score above 0.60 was achieved in the 30 items, with a median of 0.94 and *Cronbach's alpha* of 0.81, while the target population scored it with positive response between 87% and 100% with an average of 97.9%; which is why the booklet was deemed appropriate to educate, inform, and communicate on humanized childbirth.

The design and illustrations were carried out and organized by a graphic design professional, which is why after its validation it may be considered as relevant material to educate on humanized childbirth, as an impact event in the life of the mother-child binomial and their relatives where an adequate physician-patient relationship must exist, which leads to comprehensive care centered on the expectations and needs of the pregnant woman for which the health staff, the pregnant woman and her family must be trained.

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