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The autonomy of pregnant women in the implementation of their birth plan: an integrative review

A autonomia da gestante na implementação de seu plano de parto: revisão integrativa

La autonomía de las gestantes en la implementación de su plan de parto: una revisión integradora

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RESUMO
Objetivo: analisar a produção científica no período de 2013 a 2023 acerca da autonomia da gestante na implementação de seu plano de parto. **Método:** estudo de revisão integrativa da literatura com abordagem qualitativa. A busca foi realizada nas bases de dados no período de julho e agosto de 2023. **Resultados:** a análise de conteúdo gerou 44 códigos, divididos em três categorias, plano de parto na garantia de direitos e melhoria desfechos perinatais, papel educativo do plano de parto, barreiras na implementação do plano de parto. **Considerações finais:** o plano de parto pode representar um avanço significativo na busca por práticas obstétricas centradas na mulher e seus direitos fundamentais durante o processo de parturição.
Descritores: Parto; Humanização; Gestação; Autonomia.

ABSTRACT
Objective: to analyze the scientific production from 2013 to 2023 regarding the autonomy of pregnant women in implementing their birth plan. **Method:** integrative literature review study with a qualitative approach. The search was carried out in the databases from July to August 2023. **Results:** the content analysis generated 44 codes, divided into three categories: birth plan in guaranteeing rights and improving perinatal outcomes, educational role of the birth plan, and barriers to implementing the birth plan. **Final considerations:** the birth plan can represent a significant advance in the search for obstetric practices centered on women and their fundamental rights during the birthing process.
DESCRIPTORS: Childbirth; Humanization; Pregnancy; Autonomy.

RESUMEN
Objetivo: analizar la producción científica de 2013 a 2023 sobre la autonomía de las mujeres embarazadas en la implementación de su plan de parto. **Método:** estudio integrativo de revisión de la literatura con enfoque cualitativo. La búsqueda se realizó en las bases de datos en el período de julio y agosto de 2023. **Resultados:** el análisis de contenido generó 44 códigos, divididos en tres categorías, plan de parto en la garantía de derechos y mejora de los resultados perinatales, rol educativo del plan de parto, barreras en implementar el plan de parto. **Consideraciones finales:** el plan de parto puede representar un avance significativo en la búsqueda de prácticas obstétricas centradas en la mujer y sus derechos fundamentales durante el proceso del parto.
Descriptors: Parto; Humanización; Embarazo; Autonomía.

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INTRODUCTION

When we think about the phenomenon of childbirth and the various challenges it entails, we see that the fear of the unknown, the pain, the violence and the lack of control over the process is something remarkable for women who go through this process. In light of this, it is necessary to consider a question that has been very much debated: who is the real protagonist of the birth scene?

In spite of all the debates that have already taken place, it is still possible to observe in the obstetric scenario, in a marked way, the lack of protagonism and autonomy of women during labor and childbirth, leaving room for decisions to be made only by health professionals directly involved in the care of women. It should be noted that their decisions often override those of the parturients, who are often not heard.

Obstetrics was constructed as a specialty in a context in which all of medicine was very interventionist and medical-centered. In addition, there was a false notion of a permanent pathologization of the female body, which was considered defective in several aspects, requiring constant corrections.[1]

Besides to the process of pathologizing childbirth, the occurrence of numerous forms of violence experienced by women during obstetric care is highlighted, regardless of the professional category to which the service provider belongs; these types of violence can be characterized by physical, psychological, verbal acts or as a form of coercion, humiliation or imposition of interventions that override their desires.

This violation of rights has several denominations, such as disrespect, mistreatment, or obstetric violence (OV). It is worth mentioning here that the choice of words used to express an idea, even if not consciously, is not arbitrary.[1]

The study entitled "*Nascer no Brasil: Inquérito nacional sobre parto e Nascimento*" or "Birth in Brazil: National Survey on Labor and Birth," published in 2014, showed a delicate picture of Brazilian perinatal care. The results indicated a high rate of interventions, inequalities and unfavorable outcomes for both women in labor and newborns.

It was found that most women were subjected to excessive interventions, confined to bed without stimulation to walk, did not eat during labor, used drugs to accelerate labor (oxytocin), underwent episiotomy (cut between the vagina and the anus), and gave birth lying on their back, often with someone squeezing their belly (Kristeller's maneuver). These procedures, when used without clinical indication, cause unnecessary pain and suffering and are not recommended as routine by the World Health Organization.[2]

In view of the above, measures are needed to support changes in the behavior of health professionals, clinical environments and health systems to ensure that all women have access to respectful, competent and attentive care. Such measures may include social support through a companion of their choice, mobility, access to food and fluids, confidentiality, privacy, informed choice, information for women about their rights, mechanisms for access to justice in case of violation of rights and ensuring the best standards of clinical care. It should be noted, however, that only the measures mentioned here are not limited.[3]

In order to humanize the experience of childbirth, it is necessary to guarantee the means for the woman to assume her position as a subject and not as a mere object of childbirth, respecting her individual autonomy and guaranteeing access to the information necessary to manage this unique moment in her life. One of these means is the birth plan.[4]

The birth plan was first developed in the United States in 1980 by Sheila Kitzinger, who argued that childbirth was a physiological process and should not be considered pathological and medicalized, as had happened over the years with the incorporation of childbirth into the hospital environment. With the intention of giving women more autonomy and reducing unnecessary interventions, Anglo-Saxon countries began to use this document.[4]

Recommended by the World Health Organization (WHO) since 1996, it consists of a document prepared by the pregnant woman, in the form of a letter or by filling in a pre-existing template, in which she states what she does or does not want to happen during childbirth.

According to the WHO[5], these notes should be prepared individually, according to the needs and preferences of each woman, and can be prepared only by the woman or together with her partner, or even with the help of a person chosen by her to accompany her throughout her pregnancy, and the professionals who accompany her, preferably from the beginning of her prenatal care, being built and reviewed throughout her pregnancy.

Through the elaboration of these recommendations, women strengthen their confidence in childbirth, express their preferences and improve communication with the professional team, in addition to being a method of quaternary prevention in face of obstetric violence and the reaffirmation of their sexual/reproductive rights and access to humanized quality care provided for in the Guidelines for Assistance to Normal Childbirth and the National Humanization Policy.[4,6]

The relevance of the study is demonstrated by the scarcity of Brazilian studies that highlight the importance of the birth plan as a fundamental tool to promote the autonomy of pregnant women during childbirth, helping to avoid unnecessary interventions and reduce the

incidence of invasive procedures that are often not based on real clinical needs, as well as its predominant role in the prevention of OV. The study aimed to analyze the scientific production in the period from 2013 to 2023 on the autonomy of pregnant women in the implementation of their birth plan.

METODH

This is an integrative literature review. This type of study is characterized by the synthesis and critical analysis of a given topic. It is a comprehensive search conducted to identify the maximum number of eligible primary sources through different strategies. This type of study allows for the inclusion of experimental and non-experimental investigations in order to understand a phenomenon more fully. Integrative reviews can combine data from theoretical and empirical literature.[7]

The integrative review has 6 phases: formulation of the guiding question, literature search or sampling, data collection, critical analysis of the included studies, discussion of the results and presentation of the integrative review.[8]

The PICO strategy was used to formulate the guiding question of the research with the acronym Participant; Interest; Context.[9] And after defining the topic, the following PICO question was elaborated: "What is the scientific approach to pregnant women's autonomy in the implementation of their birth plan?"

Database searches were conducted during the months of July and August 2023, using the advanced search form from the following databases: Latin American and Caribbean Literature on Health Sciences (LILACS) via VHL, EMBASE, and Nursing Database (BDENF) via VHL, which were selected for their academic relevance to the health and nursing fields. The following descriptors have been used: In the LILACS database, the search was as follows: (Parto) AND (humanização) AND (gestação) AND (Autonomia) AND (Pessoal) AND (plano).

In Embase, Boolean operators and controlled terms in English were used as follows: ('birth' OR 'parturition') ') AND 'pregnancy' AND 'autonomy' AND 'plan'. Finally, when searching the BDENF database, the following strategy was used (Parto) AND (gestação) AND (Autonomia) AND (Pessoal) AND (plano). The search strategy in each database is shown in Figure I.

Inclusion criteria were: full texts, available in Portuguese, English and Spanish, published between 2013 and 2023. The exclusion criteria were: duplicate publications; paid publications; thesis; dissertations; experience reports; reflective articles; letters; editorials; monographies; productions not related to the purpose of the study (eligibility).

In order to carry out the data analysis, an analytical framework was elaborated, which allowed the agglomeration and synthesis of the basic information about the studies, going on to the interpretation and comparison between the productions and the elements contained in each one, with the scope of finding relevant information, based on the categorization of the results.

The results were presented and discussed in a descriptive way, in order to allow the recognition of the applicability of the study and the survey of the evidence that can support the nursing care regarding the applicability of the birth plan. Regarding ethical aspects, all articles used in this review were properly referenced according to authorship and year of publication.

RESULTS

Based on the search performed and the combination of descriptors, 45 articles were selected from the different databases (LILACS, BDENF and EMBASE). After reading these titles, abstracts and keywords, 22 publications in the different databases were preselected by approximation to the focus of the study, of the preselected articles 14 were excluded for duplicity and respecting the pre-established inclusion and exclusion criteria.

Thus, after searching for scientific evidence and reading the full publications, 8 articles were selected, respecting the research question. Figure I present the identified, excluded and preselected articles according to the databases found. Chart I presents in detail the eight studies included in the analysis, with the year of publication, title, journal and objective.

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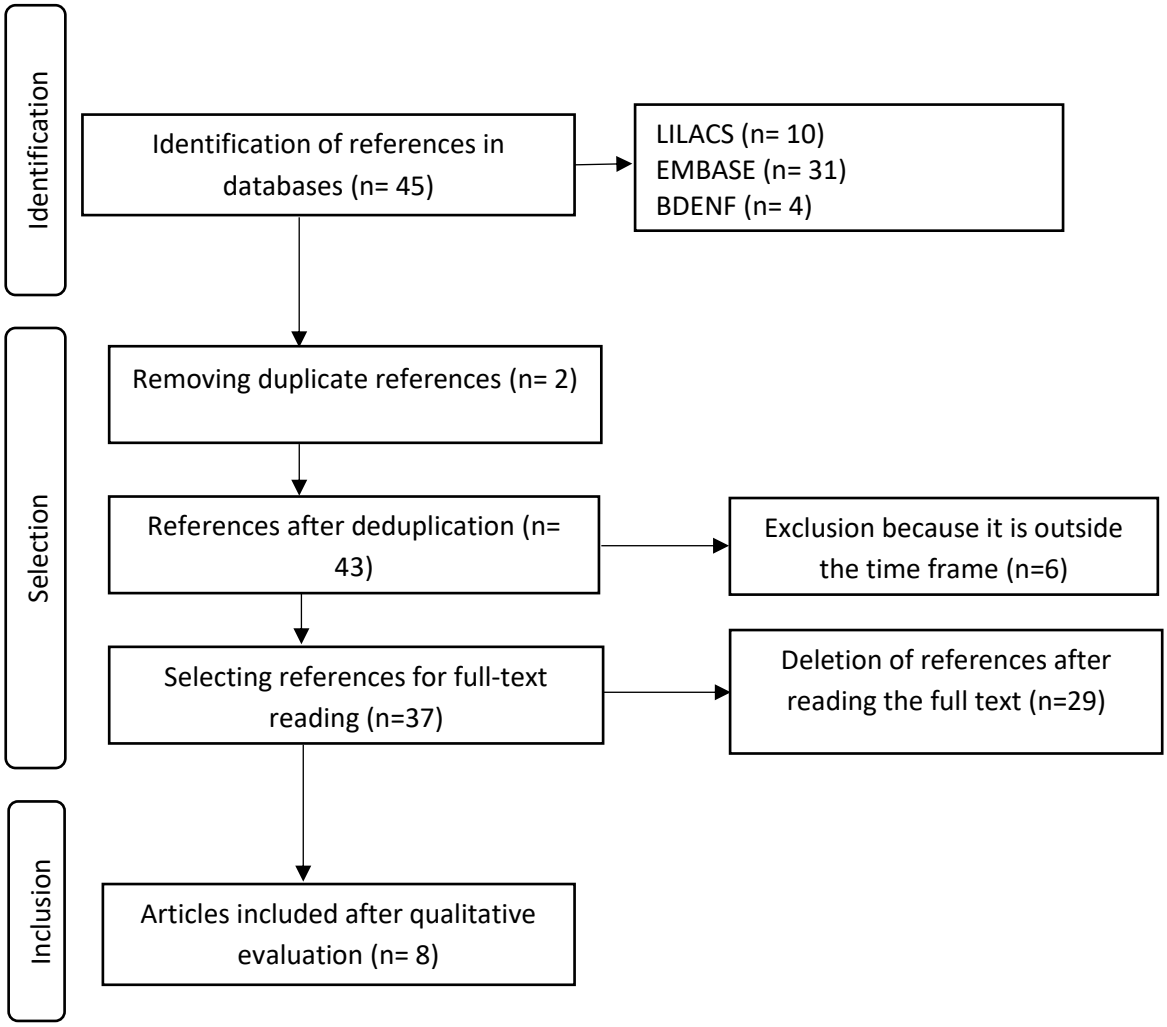
Figure 1 - Characterization of the studies included in the sample by year, title, author, journal and objectives, Rio de Janeiro, RJ, Brazil, 2024.[9]



Source: Survey data, 2024.

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Chart 1 - Characterization of the studies included in the sample by year, title, author, journal and objectives, Rio de Janeiro, RJ, Brazil, 2024.

Nº	YEAR	TITLE	JOURNAL	OBJECTIVES
A1	2023	O papel dos planos de parto na tomada de decisões partilhadas sobre as escolhas de parto das mulheres grávidas nos cuidados obstétricos: uma revisão de escopo.[10]	Women and birth: journal of the Australian College of Midwives	Synthesize current evidence. To determine the role of the birth plan in shared decision making by pregnant women during childbirth.
A2	2023	Experiência de profissionais e residentes atuantes no centro obstétrico acerca da utilização do plano de parto.[11]	Escola Anna Nery	To understand the experiences of birth center professionals and residents with the use of the birth plan.
A3	2023	Planos de parto: definições, conteúdo, efeitos e melhores práticas.[12]	American journal of obstetrics and gynecology	To discuss the role of birth plans, detail their components, and review perinatal outcomes, patient satisfaction, and professional outcomes.
A4	2021	Autonomia relacional e parto humanizado: o desafio de aproximar desejos e práticas no SUS.[13]	Physis: Revista de Saúde Coletiva	It is proposed to reveal the limits of women's autonomy at the time of childbirth in a hospital of the Stork Network.
A5	2020	Reflexividade, autonomia e consentimento. Uma análise das experiências das	Sexualidad, salud y sociedad: revista Latinoamericana	To make visible the importance of the experiences of women who construct their personal experiences as fight spaces.

		mulheres na busca de um parto fisiológico na cidade de Buenos Aires.[14]		
A6	2019	Autónoma e dependente - A dicotomia do nascimento: Uma análise feminista dos planos de parto na Suécia.[15]	Midwifery	To extract pregnant women's perceptions of childbirth as expressed in their birth plans and to analyze, through a feminist lens, their desires, fears, values and beliefs about childbirth, as well as their expectations of their partner and midwife.
A7	2015	Utilização e influência dos Planos de Parto e Nascimento no processo de humanização do parto.[16]	Revista latino-americana de enfermagem	To know, analyze and describe the current situation of birth plans in the context studied, comparing the birth process and its completion between women who presented a birth plan and those who did not.
A8	2013	Perspectivas das mulheres grávidas e dos prestadores de cuidados de saúde sobre os planos de parto.[17]	Journal of obstetrics and gynaecology Canadá	This study aimed to understand the perspectives of women, health care providers and support persons regarding the use of birth plans.

Source: Survey data, 2024.

Of the 8 articles included in this integrative review, 1 (12.5%) was published in 2013 and repeated in 2015, 2019, 2020, and 2021. The remaining 3 materials (37.5%) occurred in 2023.

Regarding the language, 1 (12.5%) article were Brazilian, in Portuguese, 4 (50%) in English, and 3 (37.5%) in Spanish.

After the content analysis, 44 codes were generated, divided into nine (9) categories. Chart II presents the codes generated, whose description and absolute and percentage recurrence are described.

Chart 2 - Analysis and Codification Chart

Code	Description	Absolute recurrence	Percent Recurrence
Code	Description	3	1,32%
Obstetric violence.	Impact of the birth plan on reducing obstetric violence.	8	3,52%
Barriers.	Barriers and difficulties to the and use of birth plans in maternity care.	3	1,32%
Empowerment and self-confidence	It describes the impact of the elaboration and use of birth plans on women's sense of empowerment and self-confidence.	5	2,2%
Educational role.	It discusses the role that the development of the birth plan plays in the education of pregnant women, companions and families.	10	4,4%
Guarantee of rights.	It shows how the birth plan works to guarantee several rights of pregnant women.	5	2,2%
Perinatal outcomes.	How the use of the birth plan can modify perinatal outcomes.	2	0,88%
Physical and emotional outcomes.	The physical and mental health implications of a birth guided by the wishes expressed in the birth plan.	6	2,64%
Communication with the team.	The importance of the birth plan in establishing effective communication, bonding, and dialogue between the health care team, the pregnant woman, and the attendant.	2	0,88%

Source: Survey data, 2024.

Next, the three categories that emerged after defining the codes, using thematic analysis, are presented.

Category I - Birth plan in guaranteeing rights and improving perinatal outcomes

This category consists of the grouping of the 7 codes related to the positive effects of the use of the birth plan, presented below: OV, empowerment and self-confidence, educational role, guarantee of rights, perinatal outcomes, physical and emotional outcome, communication with the team.

In this category, it is highlighted that the predominant codes in the selected materials concerned the protective role of the birth plan in relation to the rights of pregnant women, its educational role, as well as the improvement of communication between pregnant women and their companions with the health team.

Therefore, it is essential to discuss the importance of promoting the use of prenatal care in the context of obstetric care as a way of achieving such benefits for the parturients.

Category II - The educational role of the birth plan

It has been possible to affirm that, before the birth plan is exercised as a tool for the protection of rights, it can be configured as an educational tool, since its elaboration requires a search for information on the topics to be formulated and can bring to the understanding of the pregnant woman and the support network, concepts and subjects that are now unknown, if it is carried out by a qualified professional or a reliable source of information.

One study[17] indicated that one of the main benefits reported by participants was the role of the birth plan as a communication and education tool.

Category III - Barriers to the implementation of the birth plan

The elaboration of this category was carried out through the definition of 2 codes related to the difficulties encountered by both women and health professionals involved in obstetric care for the implementation and use of the birth plan. The codes related to this category were Barriers and Breach of Expectations. Although most studies indicate greater satisfaction with the birth experience among women who have used the birth plan, there is a greater tendency for women to feel disappointed, frustrated, and dissatisfied if the birth does not occur as described in the birth plan.[18]

Therefore, it is possible to infer that there were barriers to the use of the birth plan and that health professionals experienced difficulties in implementing and using the birth plan.

It is therefore possible to conclude that in order to achieve the benefits of the birth plan, it is first necessary to overcome the challenges imposed on its implementation, such as the resistance of care professionals to receive and use the birth plan within the possibilities, as well as the problem of breaking the expectations of the parturients in face of situations that require changes in the expected course of the parturition process.

DISCUSSION

In the literature, there is a great recurrence of benefits related to the use of birth plan in terms of guaranteeing the rights of women and pregnant women, as recommended by the WHO since 1996.

Among these rights are: the right to be accompanied during labor and childbirth by a person of their choice; to be informed by professionals about the procedures that will be performed on them and the baby; to adopt the position of their choice at the time of childbirth; to walk and make movements during labor; to receive fluids and food during labor, without excesses; to receive massages or other relaxation techniques; to wear comfortable clothes during labor; to take warm baths; to receive the baby to breastfeed immediately after giving birth; to be called by name and to know the identity of the professionals who will attend them.[19]

Federal Law No. 11,108/2005 guarantees mothers the right to have an attendant in the SUS throughout labor, childbirth and the immediate postpartum period. The choice of this companion is at the discretion of the parturient and must always be respected. Scientific evidence shows that the presence of a caregiver contributes to the improvement of health indicators and the well-being of the mother and the newborn.[20]

In addition to guaranteeing rights, the introduction and use of the birth plan is an effective strategy for achieving better perinatal outcomes and a delivery with fewer interventions.

Studies[12,16-17] show an increase in the rate of timely cord clamping, initiation of breastfeeding in the delivery room, improved nutrition and fluid intake during labor, and an increase in the rate of normal births among women with birth plans. As well as a reduction in early amniotomy, use of synthetic oxytocin, use of epidural analgesia and a significant reduction in the number of cesarean deliveries.

This document centralizes the woman's right to information regarding her autonomy, allowing her to be the protagonist of her childbirth, so that her decisions and wishes are respected, bringing the bioethical principle of autonomy, including the right to liberty, privacy, individual choice and free will.[12-13] Pregnant women with birth plans are more satisfied with their childbirth experience. It is necessary to reflect on and know in advance the wishes of the pregnant woman in order to be able to discuss them from a point of reference that is meaningful for that woman and, in particular, for that family.[13] The birth plan, thought beyond the prescription of procedures and environments, whether desired or not, could be

contextually constructed and understood as the materialization of informed choices and manifest desires during prenatal care, within the reality of the care in question.

In this way, power struggles are less likely to overlap with the care itself, and the conflicting aspects of interpersonal relationships, in addition to preventing the experience and recognition of autonomy, only highlight the negative aspects of normal birth experiences. In fact, the closer relationship between women and assistance teams (prenatal and hospital), based on cooperation, mutual understanding and trust, can lead to unique experiences in which women's autonomy is respected and valued.[13]

As a professional involved in maternity care, I was able to understand the dynamics created around the use of a birth plan, from the moment of receiving the document to the act of discussing it with the team and the parturient, expanding the dialogue between professional, patient and family. In addition to the benefits of the preparation and use of the birth plan, studies[12,17] discuss its role in promoting communication between women and their care providers, in addition to increasing trust and building bonds between them, suggesting an increase in postpartum satisfaction and improved perinatal outcomes.

However, there still seems to be a gap between women's wishes at the time of childbirth and what is offered by the care team. For a true humanization experience, it is necessary to strengthen the dialogue between parturients and the health care team, in order to gather desires and clinical protocols, as a way of affirming the autonomy of women in face of childbirth, to the extent that the parturient is given a voice, her subjectivity and her rights are considered, as well as the uniqueness of her feelings in relation to childbirth. In this way, the implementation of the birth plan can create a closer relationship between women and the assistance teams (prenatal and hospital), based on cooperation, mutual understanding and trust, and can lead to unique experiences.[13]

This document is prepared by the pregnant woman together with the professionals who accompany her, preferably from the beginning of her prenatal care, and is updated throughout her pregnancy. For this to be possible, prenatal care needs professionals who are well aligned with the health system's guidelines and updated with scientific evidence, so that they can provide the pregnant woman with a complete perinatal education.[11,13,16]

In addition, many professionals and residents considered that in order to have a greater use of the birth plan, it is necessary to explain this document in PHC. For this process to be carried out with empowerment and responsibility, it is essential that health professionals and women seek to build this tool together, during prenatal consultations, as it is an environment for listening to pregnant women and their companions.[11]

Primary Health Care (PHC), a service responsible for most of the usual risk prenatal care, is a powerful space to work and encourage the construction of prenatal care and birth.[11,16] It is also reinforced that PHC corresponds to the space where the first contact of pregnant women with the information that will serve as tool for empowerment occurs, in addition to being the ideal space for promoting bonds that allow the verbalization of possible feelings and anxieties.

The nurse is part of a multidisciplinary team and has important attributions for the process of welcoming and following the care of these women, especially in the context of primary health care, as they have specific attributions. One of them is the nursing consultation, with a comprehensive assessment of the woman. These professionals can be facilitators during prenatal care, thanks to their training focused on care. To guide the pregnant woman to empower herself and to be the protagonist of the pregnancy. In addition to increasing the autonomy of this woman through care, and all this through the tool of sensitive listening and care centered on the person, centered on the parturient, centered on the woman.[21]

Prenatal care by obstetric nurses and midwives for pregnant women at usual risk is widely recommended in national and international guidelines, including those of the Brazilian Ministry of Health. The International Confederation of Midwives (ICM) internationally defines the essential competencies for the practice of midwifery by obstetric nurses and/or midwives, from routine prenatal care to the identification of complications requiring referral, in addition to perinatal health education activities.[22]

In this environment, after receiving information about the pregnancy and childbirth process, taking into account their personal values and desires, in addition to the expectations created during pregnancy about their delivery, and also meeting their specific needs, they should agree with the primary health care professional, and later with the hospital care professional, which alternatives, within good practice, they prefer during childbirth, under normal conditions. In addition, this developed tool will have a positive impact on the birth and its completion, increasing the dimensions of safety, efficacy and satisfaction of women, as well as their empowerment.[16]

In addition, women wanted to be cared for in such a way that they felt involved in decision-making and that their integrity and dignity were respected. These demands are hardly unattainable, and the fact that women feel the need to state them in their birth plans tells us what kind of birth culture they expect.[15]

Feminist theorists have criticized this vision of autonomy that guides bioethics and have sought to develop a concept that takes into account the subjective experiences and interrelationships between individuals, especially with regard to women's decisions. The way of life and the baggage of women's experiences in their social, cultural, racial, etc. environment is considered by feminist theorists to be what creates the substrate for reflection and informed decisions (or not) by women faced with ethical dilemmas or concrete challenging situations.[13]

It should be noted that, in addition to the elaboration and implementation of a birth plan, this document has an educational role that consequently benefits women in their understanding of OV in an attempt to protect themselves, in addition to increasing their capacity for dialogue and communication with the care team. In this sense, authors [11,17] believe in the importance of the birth plan in empowering women to express their preferences and expectations.

Recognizing that oral education can manifest itself in different ways, including exaggerated interventions that are often not supported by scientific evidence, the importance of educating women about recommended best practices in maternity care, and especially about their rights, so that they can have an active voice in all processes, is emphasized.

Disregard for the birth plan may be associated with a higher incidence of abuse. Women have expectations about childbirth that are reflected in this document, and when these expectations are not met by various circumstances, women may perceive this as a violation of their rights.[23]

The birth plan also plays an important role in women's right to experience childbirth free from any form of OV, as it gives women a prominent role in making decisions about their care and allows them to express their wishes, consents and expectations for childbirth.[13-15]

The positive relationship between the use of this tool and an increase in "skin-to-skin contact", "delayed cord clamping" and the rate of "normal deliveries" is also highlighted. In addition, it increases women's autonomy through "choice of dilation and position of delivery", "food or fluid intake".

It is also worth mentioning the positive influence on labor and its completion, increasing the dimensions of safety, efficacy and satisfaction of women, as well as their empowerment.[16]

While still discussing the benefits of the preparation and use of the birth plan, the authors discuss its role in promoting communication between women and their care providers,

in addition to increasing trust and building bonds between them, which points to an increase in postpartum satisfaction and improvement in perinatal outcomes.[11,12,17]

It is true that, in order to achieve the proposed objectives, the implementation of the birth plan in the context of hospital care still needs to overcome some obstacles, both on the part of the professionals, such as the feeling of intimidation in adopting a certain behavior, and on the part of the pregnant women and their companions, due to the violation of expectations generated when, for some reason, the course of childbirth needs to be modified. Non-compliance with this document by professionals and institutions can lead to increased tension and conflict between providers and women, and the creation of an environment of mistrust between the parties involved.[24]

Thus, studies[12-13,17] mention the possible feeling of loss of autonomy on the part of the professional as an obstacle to the implementation and respect of the birth plan, in addition to the feeling of increased professional responsibility, which can create an environment of tension between the team, the woman and her family. In view of this, the needs and desires of the pregnant woman can be silenced, distorted, protected and manipulated in the hospital environment.

Since it is an unfamiliar environment, in which it is common to have discrepancies between the agents involved, the devaluation of the nursing practice in relation to the medical practice, as well as different views of the ongoing phenomena.

The non-use of this instrument by women is mainly related to the lack of knowledge about the birth plan and its purpose, as well as to the lack of professional support necessary to understand the options available and to express preferences.[18]

A limiting factor in the effective use of the birth plan in the hospital setting is the emergence of negative emotions and disappointment in the face of the impossibility of following all the expectations described in the document in the face of unexpected situations or emergencies that require behaviors different from those expected.[11,17]

It is important to emphasize that the mother and the health professional are in agreement at the time of delivery and according to any unforeseen events that may occur during the course of childbirth.[11] It is worth highlighting the importance of the professional nurse in promoting and supporting the use of birth plans, as women who are attended by obstetric nurses are more likely to use them.[18]

CONCLUSION

In light of the above, the study fulfilled the objective of analyzing the scientific production in the period from 2013 to 2023 on the autonomy of pregnant women in the implementation of their birth plan. Studies were found that highlight the importance of prenatal care as a fundamental tool to promote the autonomy of pregnant women during childbirth. In addition, it has been demonstrated that the document in question presents itself as a proposal aimed at restoring women's control over their childbirth, respecting their choices and desires, and welcoming their expectations.

It has been demonstrated that this document plays a crucial role in the prevention of OV, since, by providing the pregnant woman with a clear and detailed document of her choices, the birth plan is a barrier against disrespectful practices and violations of her rights during childbirth. In this sense, there is the possibility of better outcomes not only for the physical health, but also for the emotional well-being of the parturients, providing a safer and more respectful environment.

It is noteworthy that this educational aspect not only empowers the pregnant woman, but also extends to her family, providing an informed and conscious support environment.

Moreover, the educational aspect of this device highlights its positive influence not only on the pregnant woman, but also on her family, contributing to a more informed, participatory and humanized birth experience.

A theoretical gap was identified due to the scarce production on the subject, a limiting factor in the effective use of the birth plan in the hospital setting, reflecting the emergence of negative emotions and disappointment in the face of the impossibility of meeting all the expectations described in the document, in face of unexpected situations or emergencies, on the part of the professional.

The important role of nurses as an integral part of the multidisciplinary team in prenatal care is emphasized to provide qualified health education so that women can build their birth plans based on their preferences.

Thus, in the context of primary care, when providing comprehensive health care, nurses present themselves as an important information channel that will guide pregnant women in the journey of preparing the document so that they can make informed choices and decisions.

The implementation and continuous promotion of this document can therefore represent a significant step forward in the search for obstetric practices that put women at the center and respect their fundamental rights during the childbirth process.

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