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The Construction of Women's Autonomy Towards Choosing the Mode of Delivery

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Introduction: Choice of mode of childbirth by women has been addressed for some decades. In Brazil, cesarean delivery rates reached 55% in 2018 and, according to doctors, this is mainly due to women´s request. Understanding how women perceive autonomy in choosing the mode of childbirth is, though, important. Bioethics allows us to reflect broadly on the issue.

Objectives: There are many ways to view the autonomy, thus, this paperwork goal is to understand how women who had recently given birth viewed their empowerment over choosing their mode of delivery and also draw a possible path of autonomy construction or the lack of it that may contribute to giving women more empowerment over choosing their mode of delivery.

Methodology: A questionnaire was applied to ten women who gave birth for the first time within 12 and 48 hours after labor in a specific hospital between July of 2019 and November of 2019. Then, the interviews were analyzed using Bardin's content analysis method.

Results: *Financial expenditures and work:* within the 10 interviewed women, 7 referred to work and/or split their home expenses which was a way to see whether they had financial autonomy or not. The women's empowerment also reflects their reproductive planning and their anti-pregnancy chosen methods. *Contraception:* it was observed that some of our interviewees did not participate on the contraception choices, despite the existing concern on educative practice, because they were reduced to an informative moment showing off that the health professional is the knowledge owner and the woman does not actively participate of the contraception and pregnancy planning. But the questionnaire was not effectively implemented to assess further information on this issue. *Preliminary information and Healthcare professionals:* childbirth preliminary information is essential to women's full autonomy on the pregnancy. However, in the current assistance system it is seen an asymmetric relationship between the physician and the pregnant woman by not prioritizing the women's knowledge over their bodies and reproduction processes which were observed in most of the interviews. *Decision and mode of delivery choosing participation:* only one of the interviewed women referred that she did not participate in the mode of delivery choice. However, despite choosing their mode of delivery, 6 interviewed women had shown that they had no autonomy on other areas of life that the questionnaire came up - financial expenditures and work, contraception, information about labor and decision and participation on choosing the mode of delivery.

Discussion: The obtained data allowed us to imply that there are flaws in the women's autonomy construction mainly about the mode of delivery which affects directly on choosing it, even though sometimes the woman believes she has chosen, but she didn't know her options and by not knowing it she did not have a complete autonomy over her choices, indicating that there's a long path in order to women to conquer the right of choosing the mode of delivery of their children.

Conclusion: Women's autonomy construction is affected by many factors. Health professional information is essential to this process, and the lack of it may directly affect the choice of the mode of delivery by women.

Keywords: Personal autonomy; Bioethics; Cesarean section; Normal childbirth.