


REVIEW

Analysis of the concept of childbirth care with a cultural approach: Literature review**Análisis del concepto cuidado en el parto con enfoque cultural: revisión de literatura****Análise do conceito de assistência ao parto com abordagem cultural: revisão de literatura**Juan Daniel Suárez-Máximo ¹ <https://orcid.org/0000-0001-5687-2543>Carlos Francisco Meza-García ^{2*} <https://orcid.org/0000-0002-1549-7190>

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* Author for correspondence: cf.meza@ugto.mx**Received:** 29/04/2024**Accepted:** 18/02/2025**Abstract**

Introduction: Care during childbirth is a characteristic of the nursing discipline. This care has been provided since ancient times, when the midwife was responsible for attendance and care at the time of childbirth, in a cultural way with humanized attention and care, where the mother has decision-making power over the process. **Objective:** Analyze the concept of childbirth care with a cultural focus based on a literature review. **Methodology:** A literature review was conducted according to the method developed by Walker and Avant, which consists of eight steps in which the characteristics and attributes that define the concept were examined. Inclusion criteria were articles published in the last five years in different languages. Letters to the editor, books or chapters, conferences and posters were excluded. The final sample consisted of 28 articles. **Results:** Information was identified on the aspects, practices and constructs of childbirth with a cultural approach and their relationship with the care provided by nurses. The importance of incorporating intercultural aspects and balancing traditional knowledge with biomedical constructs

to ensure holistic care was identified. **Conclusions:** Childbirth care with a cultural approach integrates traditional beliefs and practices and promotes humanized and intercultural care. It strengthens the autonomy of the nurse and the participation of the mother in decision making, guaranteeing safety and respect for their rights. Its implementation improves the quality of maternal and child care.

Key words: Nursing; Childbirth; Delivery Environment; Culturally Competent Health Care (DeCS).

Resumen

Introducción: El cuidado al momento del parto es una característica propia de la disciplina de enfermería. Esta atención se ha retomado desde tiempos remotos, en que partería era quien era responsable de atender y cuidar al momento del parto de forma cultural con una atención y cuidado humanizado en el que la madre tiene decisión sobre el proceso. **Objetivo:** Analizar el concepto de cuidado en el parto con enfoque cultural a partir de la revisión de literatura. **Metodología:** Revisión de literatura según el método desarrollado por Walker y Avant, a través de ocho pasos en los que se examinaron las propiedades y atributos que definen el concepto. Se consideraron como criterio de inclusión los artículos publicados en los últimos cinco años en diversos idiomas. Se excluyeron cartas al editor, libros o capítulos, conferencias y pósteres. La muestra final estuvo conformada por 28 artículos. **Resultados:** Se identificó información sobre los aspectos, prácticas y construcciones del parto con un enfoque cultural y su relación con la atención brindada por enfermería. Se determinó la importancia de incorporar aspectos de interculturalidad y equilibrar los saberes tradicionales con los constructos biomédicos para garantizar un cuidado holístico. **Conclusiones:** La atención de enfermería en el parto con enfoque cultural integra creencias y prácticas tradicionales, promoviendo un cuidado humanizado e intercultural. Fortalece la autonomía de la enfermera y la participación materna en decisiones clave, garantizando seguridad y respeto a los derechos. Su implementación mejora la calidad del cuidado materno-infantil.

Palabras clave: Enfermería; Trabajo de Parto; Entorno del Parto; Asistencia Sanitaria Culturalmente Competente (DeCS).

Abstrato

Introdução: O cuidado no momento do parto é uma característica da disciplina de enfermagem. Essa atenção vem sendo adotada desde a antiguidade, quando a parteira era responsável por assistir e cuidar do momento do parto de forma cultural, com atenção e cuidado humanizados, em que a parturiente tinha poder de decisão sobre o processo. **Objetivo:** Analisar o conceito de assistência ao parto com enfoque cultural a partir de revisão de literatura. **Metodologia:** Revisão bibliográfica segundo o método desenvolvido por Walker e Avant, através de oito etapas nas quais foram examinadas as propriedades e atributos que definem o conceito. Foram considerados como critérios de inclusão artigos publicados nos últimos cinco anos em diversos idiomas. Cartas ao editor, livros ou capítulos, conferências e pôsteres foram excluídos. A amostra final foi composta por 28 artigos. **Resultados:** Foram identificadas informações sobre aspectos, práticas e construções do parto com enfoque cultural e sua relação com o cuidado prestado pela enfermagem. Foi determinada a importância de incorporar aspectos interculturais e equilibrar o



conhecimento tradicional com construções biomédicas para garantir um cuidado holístico.

Conclusões: O cuidado de enfermagem ao parto com enfoque cultural integra crenças e práticas tradicionais, promovendo um cuidado humanizado e intercultural. Fortalece a autonomia da enfermeira e a participação materna nas decisões-chave, garantindo segurança e respeito aos direitos. Sua implementação melhora a qualidade do atendimento materno-infantil.

Palavras-chave: Enfermagem; Trabalho de Parto; Ambiente de Nascimento; Assistência à Saúde Culturalmente Competente (DeCS).

Introduction

Care, as a fundamental pillar of the nursing discipline, shows itself throughout all stages of life, from the reproductive cycle to childbirth and death. In this context, culture, which is the basis of beliefs, values and practice in a given context, is a crucial aspect. Culture influences how women experience the birth process; childbirth care has been provided since ancestral times, in which midwives were, and in some places still are, responsible for attending and caring during childbirth, which, over time has been incorporated into nursing ^(1,2). In Cuba, one of the countries whose health system has had a positive impact, it is reported that nursing is the mainstay of childbirth care and has been able to give prominence to the discipline in the field of obstetrics. For this reason, the nursing team takes a scientific, human and disciplinary approach to maternity care, always respecting the culture and tradition of the geographical area in which the woman lives ⁽³⁻⁵⁾.

According to historians, who have shown that there has always been female assistance in childbirth, there is evidence of this in cave paintings and in Hippocrates' book "The Nature of the Child", which talks about normal childbirth assisted by the community's midwives ⁽⁶⁾. The care provided respected traditions, with a profound influence of religious beliefs and supreme deities associated with fertility and maternity, as well as customs on position, feeding and accompaniment, being culture one of the pillars that supported the community ^(5,7). Therefore, care with a cultural approach should be retaken at the time of childbirth as the nursing core, due to the humanized treatment that this implies at the time of practicing the nursing profession ⁽⁸⁾.



This is why, by not respecting cultural preferences in childbirth care, women tend to show greater fear and anxiety, since what should be a process in which she should be the center of attention, on the opposite, it becomes a purely medical process. A recent study shows the importance of intercultural childbirth because it offers humanized attention and care in which the mother has a decision-making role in the process she is experiencing, either in terms of her position, her accompaniment, her opinion on the procedures and the care she receives during and after childbirth (5,9).

Similarly, a gap in the scientific literature is identified when analyzing the concept of childbirth care with a cultural approach, which is an essential aspect for the evolution of nursing practices. This will contribute to the strengthening of the discipline by providing a deeper understanding of how cultural beliefs and traditions can influence birth experiences, which will enable nursing to provide respectful and inclusive care. In recent years, much has been written about attention and care during pregnancy, childbirth and the postnatal period, but an analysis of the concepts in the scientific literature has not been identified (10).

A concept should be identified that includes a relationship with care and the constructs of 'care', 'childbirth' and 'cultural'. In this study, the analysis of the concept of care in childbirth was identified as a key tool for health and social sciences, which allows a thorough breakdown and understanding of the concepts used in relation to care with a cultural approach to childbirth. Analysis of this concept is critical to understanding cultural practices and beliefs that may influence the birth experience, decision-making and quality of care. Many women in delivery, particularly in multicultural contexts, often face challenges related to the integration of values, practices and beliefs.

In addition, the analysis of this concept allows the construction of a clearer and more operative definition of childbirth care with an intercultural approach, which would facilitate the integration



of culturally sensitive approaches in health services, promoting a more inclusive and respectful care. It also opens up space for future research, allowing the relationship between cultural practices and care processes to be explored and documented in detail. Therefore, the aim of this study was to analyze the concept of maternity care with a cultural approach, based on a literature review.

Methodology

This study was based on a review of the literature available in open access databases. It is a descriptive study with a qualitative approach, using a concept analysis model based on the methodology of Walker and Avant that establishes the following steps: a) Selection of the concept; b) Determination of the objectives or purposes of the analysis; c) Identification of the uses of the concept that can be found; d) Determination of the defining characteristics; e) Identification of a model case; f) Identification of borderline, related, opposite, designed and illegitimate cases; g) Identification of antecedents and consequences; and h) Definition of empirical points of reference⁽¹¹⁾. To this end, the literature review is integrated to formulate the theoretical framework of the research process, which favors a greater development of critical thinking in nursing.

The methodological procedures were data sources for the identification of the characteristics associated with the concept, based on the literature review. The guiding question was “What are the attributes, consequences and characteristics associated with childbirth care with a cultural approach?” Open access articles published between January 2019 and December 2024, written in Spanish, English and Portuguese were analyzed. Documents such as letters to the editor, book chapters, books, conferences, posters and those articles that did not contribute to the understanding of the phenomenon studied were excluded. The following databases were searched EBSCOhost database portal, Web of Science (WoS), PubMed Central (PMC), Virtual Health Library (VHL) and Multidisciplinary Digital Publishing Institute (MDPI). The articles were identified using an ad hoc instrument to structure the content of the study on the characteristics, background, attributes

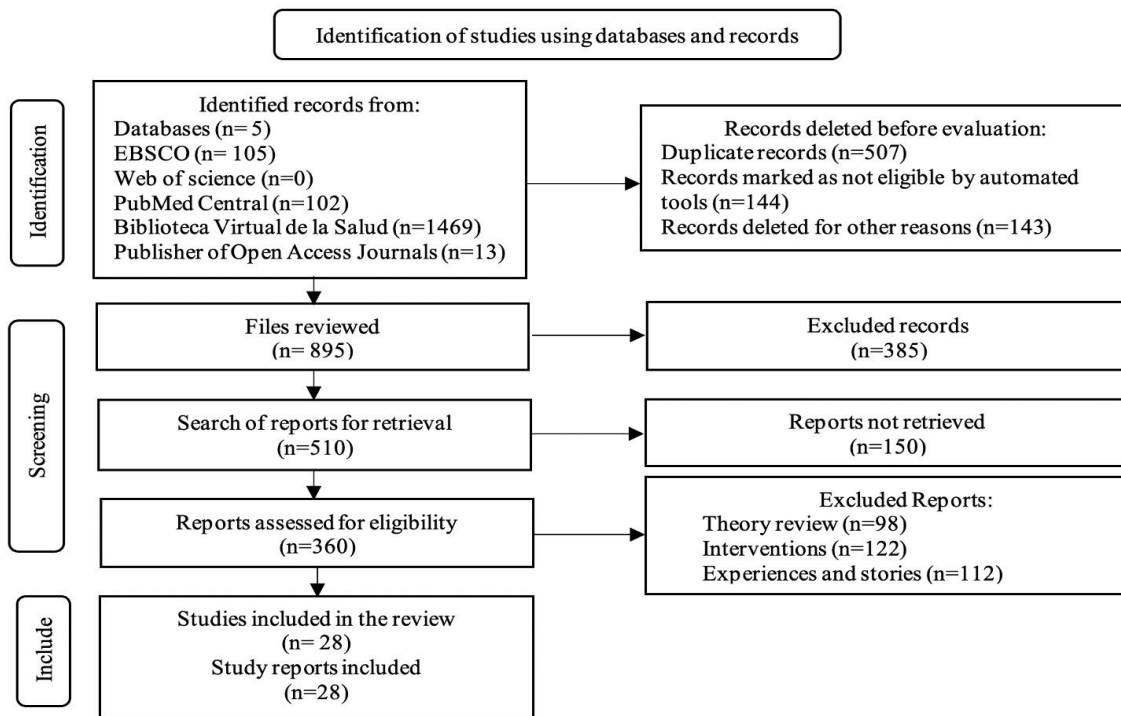


of care with an intercultural approach in childbirth. For this purpose, the following Descriptors in Health Sciences (DeCS) were used Maternal Care, Childbirth and Cultural, making combinations in different ways regarding the title, abstract and keywords, taking into account their use individually or in conjunction with the Boolean operator AND to refine the results.

For data analysis, which allowed the preparation of the synthesis, an approach was used to clarify the concept under study. Therefore, a thematic categorical analysis was used to study the materials, to make codifications and to analyze and interpret the results obtained.

In order to pinpoint the uses of the concept, 1,694 items were identified. Subsequently, those that did not meet the selection criteria, duplicates and those that could not be retrieved were not considered. Then, a critical reading of the documents was carried out, resulting in the acceptance of 28 articles, (Figure 1).

Figure 1. Flow chart of the screening of selected articles according to PRISMA 2020



Source: Own-development



Results

a) Selection of the concept. It was noted that there was no concept that included the same set of words, or at least it was not found in the dictionary of the Spanish Royal Academy ⁽¹²⁾. Therefore, the term “childbirth care with a cultural approach” was proposed. A reference that deals with this matter is a guide for culturally relevant maternity care ⁽¹³⁾, which mentions that “health practices are focused on the woman and her family, which implies their active participation in the planning, provision and evaluation of care, as well as the need to respect local beliefs at the time of childbirth”.

b) Determination of the objectives or purposes of the analysis. The literature review highlighted that childbirth has been defined ⁽⁶⁾ by the Pan American Health Organization (PAHO) as “care in maternal and perinatal health services, with the incorporation of the intercultural approach in the childbirth care process” ⁽¹⁴⁾. The Ministry of Health of the Government of Mexico states that “the intercultural approach is based on the recognition of cultural diversity and the generation of care based on actions, practices, beliefs and steps to carry out the childbirth care in a culturally congruent manner” ⁽¹⁵⁾. Similarly, one study suggested that “childbirth is part of an important experience and background for every mother, in which professional care creates a positive experience, and likewise, the acceptance and inclusion of the cultural and social context favors a more positive experience during the childbirth process” ⁽¹⁶⁾. Leininger states that cultural care is “the synthesis of the two main principles (care-culture) that guide the researcher to discover, explain and take into account health, well-being, expressions of care and other human situations” ⁽¹⁷⁻¹⁹⁾.

It is important to emphasize that every time it is talked about cultural aspects in relation to health, it should be determined from an anthropological analysis, and to do that aspects of the users such as mother tongue, culture, beliefs, cultural values, lifestyle, etc., should be known. In the nursing



field, Leininger is considered a pioneer in establishing the importance of applying cultural care in all circumstances of professional practice ^(9,20,21).

c) Identify the uses of the concept. On the basis of the definitions reviewed and the scientific literature on cultural care at the time of childbirth, the following conceptual characteristics could be identified and examined: a) Care is directed towards the care of the woman at the time of childbirth ^(1,2,5), b) culturally congruent care is provided to the woman and the couple ^(5,7,9), c) cultural and intercultural approaches are used to address inequalities in care ^(1,7,13), d) women are part of the care and active participants in maternity care ^(15,16,22), e) care and culture are linked to provide culturally congruent care to women ^(25,26,30), and f) care is unique and incorporates the cultural context of the region ⁽³⁰⁻³²⁾.

d) Determination of the defining characteristics of the proposed approach. It is understood that childbirth care with a cultural approach is defined as follows: “Care implies comprehensive and respectful attention that takes into account the beliefs, traditions and ancestral knowledge of the community in which the woman lives”. Childbirth care promotes the active participation of the mother and her partner in the birth process, strengthens their autonomy in decision making, and guarantees their dignity. It is characterized by the individualization of care and the validation of safe traditional practices, in balance with the mother's and child's safety standards. It also promotes intercultural dialogue between biomedicine and traditional knowledge, preventing unnecessary interventions and ensuring a holistic and humane approach. The following ad hoc examples are written to identify the model, borderline and opposite cases:

e) Identification of a model case. María, a 28-year-old indigenous woman, arrived at the hospital to give birth to her first child. When she arrived, Ana, the nurse in charge, introduced herself respectfully and asked her about her expectations and customs regarding childbirth. Maria mentioned that it was customary in her community to give birth in a squatting position and that her



mother, who was accompanying her, wanted to be present for emotional support. Recognizing the importance of these traditions, Ana consulted with the medical team to adapt the birth plan to Maria's preferences, always ensuring the safety of both mother and child. With the mother's consent, a room was prepared where she could adopt a position that was more comfortable for her and where her mother could be present. They also respected safe traditional practices, such as the use of herbal infusions for relaxation, and made sure they did not interfere with the medical care. During labor, Ana maintained constant communication with María and her family, clearly explaining each procedure and ensuring that all decisions were based on the mother's autonomy. Thanks to this approach, María experienced a dignified and respectful birth in line with her culture, strengthening her trust in health services and promoting intercultural care based on respect and safety.

f) Identification of borderline and opposite cases. Borderline case: Elena, a 32-year-old woman from a rural community, arrived at the hospital already in labor. Since her admission, she had expressed her wish to be accompanied by her traditional midwife, who had been attending births in her community for generations. However, the health personnel did not allow her to enter, arguing that only the medical team could be present in the delivery room. During the process, Elena asked to be placed in an upright position for the birth, as is customary in her community, but the nurse told her that she had to remain lying on the stretcher as this was standard procedure in the hospital. She was also given oxytocin without first explaining the reason or asking for her informed consent. Elena's mother tried to communicate with the nurse in her mother tongue to ask for information, but there were no personnel who spoke her language, which caused anxiety and mistrust in the family. The birth was without medical complications, but Elena's experience was upsetting, as she felt that her beliefs and traditions were not respected and that her voice was not taken into account



in decisions about her own body. As a result, her community is even more distrustful of health services, widening the gap between the medical system and traditional knowledge.

Opposite case: Rosa, a 25-year-old woman from an indigenous community, arrived at the hospital with her partner already in labor. From the moment she was admitted, the health personnel told her that she should strictly follow the hospital's protocols, without considering her customs or preferences. Although Rosa expressed her wish to be accompanied by her mother and husband during the delivery, the health workers refused, saying that only one person was allowed and only at certain times. She was also told that she had to be in the lithotomy position (lying down with her legs raised), despite the fact that in her community it is common to give birth in a squatting position. When Rosa mentioned the use of herbal infusions for pain relief, the nurse responded in a derogatory manner, telling her that only scientifically approved drugs were used in the hospital. They also administered oxytocin to speed up labor and performed a routine episiotomy without explanation or consent. After the birth, Rosa felt humiliated and disconnected from her maternity experience. Her family, seeing the way she was treated, reaffirmed their distrust of the medical services and decided that for future pregnancies they would only use traditional midwifery.

g) Identification of antecedents and consequences. It has been seen that an important factor for cultural care at the time of childbirth in Mexico is the possibility of reducing inequalities in childbirth attendance. Likewise, obstetric violence is a major health problem ^(7,22,23) and the discipline of nursing can promote change through care with theoretical basis, as proposed by Leininger in her theory ^(20,24); from this perspective, the discipline of nursing promotes humanized care that considers both the mother and the newborn during the birth process. In this sense, cultural care is a unique opportunity for nurses to provide maternity care based on advanced nursing practice, as it contributes to improving access to intercultural care and to strengthening universal health coverage at the three levels of care; it also promotes the relevance of independent care and



the autonomy of the profession. Similarly, childbirth, with an intercultural approach, allows for comprehensive care that includes physical, psychological, religious or spiritual and social aspects. This is supported by nursing activities and actions that incorporate affection, values, compassion and humanism during the childbirth process ^(25,26).

h) Definition of empirical references for measuring the concept through empirical indicators. A database search was carried out to analyze each indicator and to identify instruments and scales that have been developed according to the needs of the area of study, such as the scale for the well-being of the mother in labor ⁽²⁷⁾, the scale for the cultural adequacy of maternity care ⁽²⁸⁾ and the mother's satisfaction with the maternity unit ⁽²⁹⁾.

Discussion

Based on the literature, it was found that there is a lack of conceptual integration that gives an answer to the concept of “childbirth care with a cultural approach”, this gap allows strengthening future publications that address the intersection between health and culture ^(13,21,28,30). It is important to include the concept of “childbirth care with a cultural approach” in holistic care and from different care and education settings where this concept can be used and transferred from theory to practice, so that care for the woman, child, husband and family can be a positive experience throughout the process, incorporating care and culture.

In addition, in recent years, nursing has begun to integrate culture into its care, identifying opportunities to enhance more holistic care strategies from a cultural perspective ^(31,32). This cultural openness allows for greater satisfaction and confidence in women accessing the healthcare system, as they can actively participate in care and integrate their family values and beliefs ⁽³³⁾.

When analyzing this concept, it is important to note that nursing remains the central axis of maternity care, contributing to the maternity area not only by caring for the maternal dyad, but also by involving the father or partner and their own beliefs. It is important to remember that within



cultural beliefs about childbirth, there should be a respectful approach to women's customs and beliefs. The health sector must actively work to prevent the marginalization of the mother during pregnancy and childbirth, respecting her beliefs and practices. In addition, phenomena such as obstetric violence, an act that constitutes a violation of human rights both nationally and internationally, must be addressed ^(21,23,30). It is essential to continue to introduce more theoretical nursing basis in childbirth care with a cultural approach, covering pregnancy, childbirth and puerperium. This will allow the development of a more humanized, intercultural and safer approach, contributing to greater coverage in areas where there is little attention, especially in nursing. This approach advocates an evolution in the management, prevention and promotion of health, in addition to the treatment and care of problems that may arise during these processes ⁽³⁰⁾. The theorist Leininger addresses transcultural nursing, but it is important to add other cultural aspects in childbirth care, as mentioned in the scientific evidence ^(31,32), care should be provided according to beliefs and customs. It can be said that it is necessary to achieve cultural competence in nursing in order to provide care that is culturally congruent with the needs of indigenous women in relation to neonatal care, as mentioned by researchers ^(32,33). From a nursing perspective, culturally appropriate delivery can be influenced by several elements, including religion ^(9,21). The different theories that can be applied to interventions from a theoretical framework include not only biological aspects, but also psychological, social and spiritual aspects of childbirth, taking into account the traditions of every woman. It is important to consider other models of care that promote self-care and humanized care ⁽²³⁾. It is also necessary to include the cultural approach to childbirth in undergraduate nursing education, both in compulsory and elective courses, as is already happening in some curricula with courses on humanized childbirth. This will make students aware of the importance of addressing cultural, emotional and social needs of women during this



process. Likewise, the creation of lines of research that deepen the study of the culture of childbirth should be encouraged, thus improving the training of nurses involved in this essential process.

Conclusions

It can be stated that the application of the cultural approach to childbirth in nursing has relevant aspects, such as the promotion of a more holistic and humanized care in the field of obstetrics. The cultural approach to childbirth mainly emphasizes the integration of traditional beliefs and practices in the birth process. However, the cultural approach to childbirth goes beyond this, since it not only incorporates the woman's tools, but also articulates them within a framework of professional care based on interculturalism, safety and respect for human rights.

This approach makes a significant contribution to the care of the woman, the newborn and her partner by promoting the mother's active participation in decision making about her care. In nursing, the implementation of childbirth care with a cultural approach strengthens the independent practice of the nurse and ensures that care is of high quality, respects women's choices and is culturally appropriate.

It is therefore essential that nursing continues to promote awareness of the importance of cultural care for women and newborn babies, with an approach that ensures humanized care. This includes the active involvement of the mother in the decision-making process regarding childbirth, including her views on the birth position, support received, procedures used and care provided before, during and after childbirth.

Conflict of interest

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Artificial intelligence

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