

Time and parting: substances of childbirth humanization¹

Tempo e Despedida: Substâncias da Humanização do Parto

Tiempo y despedida: substancias de la humanización del parto

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RESUMO

ABSTRACT

Childbirth is a very powerful and intense experience for the whole family and implies changes in the way each one sees oneself and the other, as well as each recalls the experience. For the author, to humanize childbirth is to know it as part of a history. Here, we understand history as a process of integration and articulation of experiences (personal, of the couple, of the family and cultural) in order to build an identity of becoming a father and a mother, and to erect a personal sense of maternity and paternity. There is no history without time. In this sense, to humanize childbirth means to include time. To include it is also to recognize the human limit, its condition: to be human is to be limited, finite in time and mortal. It is upon these two pillars, time and death (parting), that this text seeks to fundament childbirth humanization

KEYWORDS: Psychology. Childbirth. Humanization.

Parto e nascimento são experiências muito intensas e poderosas para toda a família e implicam em mudanças na maneira como a pessoa se vê e como vê o outro, assim como na forma como a experiência é relembrada e contada. Para a autora, humanizar o parto é sabê-lo parte de uma história, ponto transitivo. Entendemos história, aqui, como processo de integração e articulação das experiências (pessoais, de casal, familiares e culturais), para a construção de uma identidade própria de ser pai e de ser mãe, e para a construção de um sentido pessoal de maternidade e paternidade. Não há história sem tempo. Nesse sentido humanizar significa incluir o tempo. Incluí-lo é também reconhecer o limite humano, sua condição: ser humano é ser limitado, finito no tempo, mortal. É sobre esses dois pilares – o tempo e a morte (despedida)- que este artigo busca fundamentar a humanização do parto.

PALAVRAS-CHAVE: Psicologia. Parto e nascimento. Humanização.

RESUMEN

Parto y nacimiento son experiencias muy intensas y poderosas para toda la familia e implican en cambios en la forma como las personas se ven y como ven al otro, así como en la forma como la experiencia e recordada y contada. Para la autora, humanizar el parto es hacerlo parte de una historia, punto transitivo. Entendemos historia como el proceso de integración y articulación de las experiencias

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(personales, de la pareja, familiares y culturales), para construir una identidad propia de ser padre y de ser madre, y para construir un sentido personal de maternidad y paternidad. No hay historia sin tiempo. En ese sentido humanizar significa incluir el tiempo. Incluirlo es también reconocer el límite humano, su condición: ser humano es ser limitado, finito en el tiempo, mortal. Es sobre estos dos pilares – el tiempo y la muerte (despedida)- que este artículo busca fundamentar la humanización del parto.

PALABRAS-CLAVE: Psicología. Parto y nacimiento. Humanización.

Introduction

The experience of childbirth may be compared to a guitar string which has been intensively played, and reverberates in waves which will slowly recede.

“Love and humanity start where the touch starts: in the few minutes interval that follow birth.”¹

Postpartum. Time of elaborating the experience of birth. Time of resonance which needs space for listening. Fathers, grandparents, family and specially the mother are dilated, opened. There is much more to come out from inside than the baby. There are other dilations and contractions than the uterine ones. All family is dilated: overflow, search and wait for the moment to express something vital about them.

Often what emerges in the postpartum period is the willingness to talk about the experience of childbirth. Describe the beginning, the middle and acknowledge that it hasn't finished yet. Tell and retell the story, give it some finishing, perfect it, improve here or diminish there, be faithful to reality, or to color it with wishes and feelings. It's a way to take hold of the event experienced, to take care of it. To tell the story is to care for it (just as the shepherd counts his sheeps, caring for the herd), elaborate

what has been lived, remembering and feeling again, understanding and integrating elements perceived and discovered, looking from outside and diving in. By telling it, father and mother realize. What has been lived will progressively become a story.

To humanize childbirth is, no doubt, to know it as part of a history. Here, we understand history as a process of integration and articulation of experiences (personal, of the couple, of the family and cultural) in order to build an identity of becoming a father and a mother, and to erect a personal sense of maternity and paternity. There is no history without time (“One may only redeem oneself as a human being insofar as he recomposes the dispersed pieces in the clothes-line of his historicity, oh his roots, of his projects [...] And that, we are losing – the dimension of history as time”)². In this sense, to humanize childbirth means to include time. To include it is also to recognize the human limit, its condition: to be human is to be limited, finite in time and mortal. It is upon these two pillars, time and death (parting), that this text seeks to fundament childbirth humanization (To avoid real death – this is the main medical task. However, this does not exclude death as an existential issue, sensitive and acting in many moments of human life, especially when one gets sick and in birth. Humanization of childbirth is intrinsically related to a revision of the omnipotence of health agents).

About time

“What is time, really?... It exists, this is for sure. But no one can catch it. Hold it, neither. Would it be like a kind of perfume? But it is something that is always passing by, it must come from somewhere. Is it like the wind? Maybe it is a kind of music that we do not listen because it is always there.”³

“What is it, then, time? If no one asks me, I know; but if I try to explain it to whom asked me this question, then I don't know it anymore.”⁴

What is time in pregnancy?

“It looks like I’ve got pregnant with her....I put on some weight....I have desires, I eat everything children like: chocolate cookies, chocolate balls...” (Paulo)

(Citations with names in parenthesis are personal statements of mothers and fathers to the author).

It is as if parents returned to childhood – time of fantasy and desires – a preparation to contact and track their own child. It is not only the “desires” that signal this getting closer to the childhood world. Often, at the onset of pregnancy, mothers report higher sensitivity to smells, sometimes provoking nausea and dizziness. We all know that the discriminatory sense of smell of newborn babies is available at birth “by 6 days old babies may already recognize the smell of their mother”⁵. There is a sensitivity that seems to prepare for the encounter mother-baby. Time for waiting, of preparation.

What is time in childbirth?

“In the delivery room, each one measured time in one’s own way. I measured it by contractions....I guess I know better how many contractions I had than how long I stayed in that room...”(Luciana).

“Pain doesn’t let us notice the time that passes, but make us want it to end quickly. I think that not taking anesthesia helped me to collaborate more intensively with the exit of the baby” (Sonia).

Pain brings us to the present time. Rosa Maria B. Clauzet, obstetrician dedicated to redeeming childbirth as a unique and personal experience for each couple, used to say that “childbirth is the art of enjoying intervals”. To know that pain goes away and being able to enjoy the intervals between the contractions is very important to make a woman more

peaceful and reinvigorated. To know that is fundamental, not only to prepare a future the mother for labor, but also to prepare the caretaker. Time of contraction and relaxation.

What is time in the postpartum period?

“When we have a child, all changes, and a lot....I think that nothing will ever be like it was before! (Solange).

Time to elaborate losses. Time of changes.

“In the beginning I felt at a loss. On one side the baby cried, on the other, cried the older sister, naughty and jealous. Both wanted me all the time. The routine of one mended by the routine of the other...and there was no time for me. One day I got very angry. What I recall is that I started to cry, I called my husband complaining and crying, complaining and crying...It was my turn to cry. And you know what? I calmed down. I figured out that I wouldn’t be able to do everything perfect all the time, so I started to calm down. I realized the calmer I was, calmer the children became too” (Clara).

No more lack of time, of being in a hurry. Time for dedication, since raising children isn’t only a matter of quality of the relationship, but also time for dedication. To watch your children growing up changes time: now (s)he is alive, growing and continuous. It is an experience of a cycle.

Rough, traumatic and violent events are part of hurry and lack of time. Time was excluded from them. The absence of prenatal care, the short duration of the visits, the unjustified anticipation of birth, its unnecessary augmentation, the lack of follow up and of postnatal care are a few of the ways of excluding time and therefore de-humanizing the process of birth. In this sense, it is worth noting that technology is a resource for humanization if it is based on amplifying the quality of care to a

person; on the other hand, it may become brutal when used “only” to “save time”. Here are some statements where we may reveal the conflict between the institutional time (routines) and the time of the mother, baby, father and family.

“I think I know why they talk so quickly about c-sections in prenatal classes. It is actually really fast. It is not our birth, it is of the doctor’s. It seemed as if the baby was born, but I hadn’t given birth.” (Valéria).

Here “fast” means what couldn’t be captured by the parturient.

“As soon as the baby was born I just wanted to keep looking at him. Nine month curious, ever more curious. I don’t know why they take the baby so fast to the nursery. It seemed like he was more of the hospital than mine” (Luciana)

“As soon as the baby was born, I slept. When the nurse brought me the little baby, she told me to breastfeed him. But he was sleeping, and I didn’t feel like nursing him either. At that time, I just wanted to keep looking at him, look and look and look. I just wanted to know him more” (Marta)

Humanizing birth is to respect the physiologic time and devote time to listen, and to acknowledge and birth other elements that are emerging.

“I am so grateful to the circumstances and to my obstetrician to have allowed me some time to accept and to work out the fact that it had to be a cesarean section. Fortunately I had time to absorb this news. Even so, it wasn’t easy for me...I can imagine when it is an emergency, all in a hurry” (Monica).

In this testimony we notice the “internal” labor that preceded the cesarean section: an

effort to open herself to accept it, a “dilation” as well.

Would such time to listen be so important to humanize childbirth?

Please let me tell you a conversation I had with a friend about diverse approaches in psychotherapy. He defended with vigor that the only efficient psychological treatment was the psychoanalytic one, because according to his words: “to open an avocado is easy, to get from the peel to the pit, any approach may do it; but to open the pit itself, only Psychoanalysis will do it”.... And he ended with a more personal bit: “at least for me, stubborn as I am, I need to lie down on a couch at least 4 times a week”. The issue was not psychoanalysis, but time. Four times a week. Time to work it out. Time for awaiting. The challenge of psychoanalysis was displayed as an image of opening an avocado’s pit. Anyone who had the opportunity to open one knows that inside, right in the middle, well guarded, there is a sprout.

Forty weeks. Time of awaiting. Contractions more frequent and more regular. Time to open oneself. Childbirth opens the “avocado’s pit”, exposes the center, the most intimate and inner depth of oneself. Childbirth shows the “sprout”, that’s why it is renewal time. Yielding.

Six days after his daughter was born a father told me:

“It was a c-section, I thought I wouldn’t want to watch, but the moment the doctor said “she’s coming”, I asked for sterilized gloves. They didn’t give me any, but I wanted to bring my little girl out...she was right there in the cozy belly! So well kept! I was surprised by myself. My wife’s belly open, this body that I already knew, that had accepted me earlier and that now was compensating me” (Sergio).

Childbirth experience, which contains and makes intimacy so alive, may regenerate and resuscitate the psychic life, like a

psychotherapeutic process. Marie Bertherat expresses it in a sensible manner:

“...Now, after three months, I know that what happened on those hours was something disruptive and for sure vital. I wrote on my diary about that midwife that explained the pain felt during labor as the pain we bring inside us. She was right.... on my daughter birth....a story of another little girl was being told. A girl who had lost her father forever. Her pain was brutal and mute, because she was unable to communicate. That was the pain that I felt again, twenty-six years later, when I was giving birth to my daughter.....there was a wounded little girl. Now there is a woman giving birth to a new life. The emotion of birth plucked out the tight lid that carefully covered my childhood pain. Maybe better than any psychoanalytic treatment... Childbirth stimulated some areas of my memory that till then were inaccessible. Re-living the emotion of death when one's giving birth makes that pain much more tolerable. I believe I wouldn't have been the same mother for my daughter if I hadn't gone through this path again and cured my pain...I think a lot about women that chemistry manages to shut down, that the techniques muzzles, for whom the memories, their own story is erased. What a pity to lose a therapy so amazing as childbirth is!... What a pity not to take advantage of such opportunity to experience rebirthing and to redeem oneself”⁶

Childbirth pain “is the pain that we carry inside of us”. A recent consultation illustrates this well. The woman was on her 38th week of pregnancy, she was forty years old and repeated several times that she suffered from panic syndrome since she was twenty five. Since then, her life had changed a lot, she that loved to travel was afraid of it, as well as of driving ... “Once, I used to go to Rio de Janeiro hitchhiking!” Since fifteen years ago, her life had become more

restricted, everything tightened, she wishing and willing to get out, but feeling how difficult it was to do it all by herself.

On her last prenatal visit she asked her doctor to perform a c-section right away and ended by stating: “I can't bear it anymore, I can't even breathe, the baby moves a lot (she put her hand over her stomach), he must also be willing to get out, he must also be too tight, he is big. If the decision was mine, I would take this baby out right now, he is already ready!”

Besides, she also mentioned how scared she was to get an injection (a shot). “It is not the fear of the pain of the shot; it is about what is going to get inside me. And what if it is bad for me, if it lowers my blood pressure? Whether I stop breathing?”

Technical information wouldn't make her feel better: “I already know everything about birth, analgesia, anesthetics, etc. I already read, I already talked to doctors and specialists. Rationally I understand everything, my problem is emotional.” When an issue is emotional, in fact, rational answers (technical information and guarantees) are not good answers. The implicit demand was about the need to “feel-again” something, hence she needed a follow-up.

What stroke my attention was the fact that she always returned to her panic syndrome. Next she told me that probably it was caused by the fact that 15 years ago she had been a victim of an assault. At a certain point, she told me, with her hand on her stomach: “I looked at the armed man and realized that I pitied myself. Than I just thought: does it hurt when the bullet gets in? The other man kept saying: “shoot, shoot, shoot quickly”, and then I thought: “it's better to shoot now, shoot, shoot...” At this moment it was difficult for her to stop saying “shoot”. Distressed, she repeated many times “Shoot, shoot now” Than she was able to make the relation between the past “shoot now” and the present “take out, take out the baby from

me now”⁷

Something alive for 15 years was being updated and meaningful again: the fear of what could get inside of her body (gun bullet, anesthetics shot, drugs administered during labor), the body memory (her hand upon her stomach), the restricted breath from the fear of the assault and her scare of stopping breathing during labor.

At first, her manifested complain in regard to pregnancy and birth was actually related to her difficulties in maintaining her inner vitality. The wish that the baby should get out quickly was, specially, the desire to expand, for her to “get out”, to travel, not anymore a prisoner of fear. To repossess all this let her achieve a new understanding, a new sense (feeling) of her own history.

Hence we realize that the pregnancy- puerperal cycle is also a time for renewal. Childbirth humanization requires this redemption of stories, of senses, of memories and meanings, lest that birth be limited to human reproduction (just a repetition for species preservation). Birth carries with it something new, it inaugurates and renews humankind. To humanize is also to find the inaugural and renewing meaning contained in each birth.

On Parting

Now we will broach another issue previously raised: what are the emerging elements in birth that must also be delivered and welcome, in the context of humanized care for pregnancy, childbirth and postpartum?

There would be much to talk about, but we will just consider the most substantial element, the one that independently of any circumstances is present. Substance, what is “sub”, is under, invisible but sensible, latent or pulsing, acting during the puerperal experience. What is this substantial aspect that we will tackle now?

Marie Bertherat, in her statement, gave us a clue: in her labor she felt an old pain of loss, of death, the farewell was still latent. Later we will see that childbirth is at once a time for meeting and of parting. While the meeting is a celebrated event, the parting is, many times, disregarded or denied.

“When my daughter was born, I didn’t want to touch her. I always thought that when she’d be born I would want to take her in my arms immediately. It didn’t happen. She was born and I looked at her, I saw she was a girl, I closed my eyes and I could see myself, a woman and now a mother. I wished to tell my husband that I was a woman, I had been a little girl and that our little girl, one day, would be possibly having a baby, just like me. From now on, my daughter would be outside of me, far away” (Sara).

In this speech we notice how this mother got nearer to the parting time that was happening. Her postpartum consultation was about this first acquaintance to her daughter. During it she managed to see, without self-demand nor feeling guilty, the reason why she didn’t want to take her little baby in her arms right after birth and she could realize that, at that time, she closed her eyes to be able to still be in labor, for she was giving birth to the feminine being that had just been given to her little daughter and to herself. What at the beginning looked like rejection (not wanting to take her daughter in her arms) was a moment of necessary withdrawal for a deeper acceptance of her female sexuality. She had not received an asexual baby, but a daughter. Because such separation made sense, she could see (from) far away. She saw 2 different persons and time that was in between them: the girl she had once been and the mother that her daughter one day would be.

To recognize the farewell that childbirth establishes, the physical distance (“...away from me, far...”- Sara) that it brings up, allows

a mother to see her child as another being.

Mother: *"-When the baby was born, I realized for the first time that he wasn't me"*.

Father: *"-Ah! Now I understand our difference because, when I saw Rafa only born, I thought: isn't it that I am him too?"*
(Flávia e Rogério)

To recognize this farewell as a temporal distance ("...From now on...") allows one to separate himself as an adult, the one who may gestate and care for the one still a little one..

"When the nurse came into our room with the baby, I looked at him, so tiny and it came to my mind that once I had been like that too....someone had carried me like that too. I took Marcelo in my arms Is that addictive? (Helena)

Death in Birth:

"If people knew what death is about, they wouldn't be afraid of it. And if they weren't afraid of it, nobody could rob their time of life."³

In fact, it is much easier to turn our attention to the encounter mother-baby, then to turn the attention to the farewell that has just occurred. We lack skills to deal with it, it seems like there is a certain embarrassment, especially because parting means loss, separation, and is ultimately a substantial aspect of death.

What aspects of death bring it close to birth? The chronologic fact of beginning and ending of the life, the characteristics of natural events and the definitive character of both (Once a recent mother told me: *"To have a child was the only definitive thing I did in my whole life"*... In this woman's speech is implicit: with a child there is no way back. This is the core of the feelings of maternal imprisonment and irritation regarding the baby's dependence)⁸, the fact that both have in their essence the

unknown and the incontrollable, the symbolic aspect of "going through". In Rio de Janeiro the expression "to yield, give passage" is common when people refer to the dilation period. *"Will I give passage in order to have a normal birth?"* (Aline), reflected on these two moments are some points of intersection between birth and death.

Death is an important nucleus in the human psyche and it manifests itself in different ways and in degrees of variable intensiveness in the postpartum period. Next are some words of women who just gave birth which exemplify that:

"I feel an enormous emptiness; I wish the baby would wake up soon, for he removes my sensation of emptiness".

"I really miss the baby moving inside of me; being pregnant was as if I always had a companion."

"I never imagined that the baby would demand so much of me. The one who is born is not the one we imagined he would be."

"Now, I cannot die, I have a son to take care of and raise."

"I know is good that the room be aired, but I am afraid the baby will fall out from the window."

"I never feared airplanes, but now I'm worried about my husband's trip."

"Since my baby was born, I cry when I see the older one going to school; I'm letting him miss classes, I prefer to have him by me at home."

"I used to get out a lot before I had the baby, now I feel stuck, even when I go out, I keep my mind on him, it will never be like before."

“I dreamt that the baby was alone, on the top of a mountain, lying down. When I got there, I realized that he wasn’t moving, neither breathing. It was a nightmare.”

“I am distressed; I keep on imagining that someone could take my baby away from me.”

Anxiety of emptiness, loss of the pregnant condition, loss of fantasies and idealizations over the baby, fear of dying, fear of the baby’s death or some dear person’s death, anxiety of getting apart from the older children, dreams of death and baby’s loss, persecutory fantasies of children being kidnapped, feeling of being imprisoned and loss of the former freedom... All those express the mobilization of the substantial nucleus meant by death, in some extreme cases reaching suicide or infanticide. It is as if birth activated, turned sensible and latent this nucleus.

End of Postnatal period and maturity of Parting

It is important, however, to characterize the parting specific to birth, for it is very different from the parting experienced in death. Once, a mother who was weaning her 8 months baby felt depressed and asked: “By 8 months after childbirth, can this depression still be considered puerperal?” This question rose another thought: when does the postnatal period end?

We will have to define the postpartum period, meaning a time limitation, in order to understand and place the feeling of parting that is present at birth.

There are several terms used to nominate this moment that begins with the baby’s birth: postpartum, puerperal stage and other popular terms as quarantine, diet, convalescence after birth (“resguardo” in Portuguese). What information each of these terms brings us at the end of the postnatal stage?

Quarantine refers to the 40 consecutive days after childbirth that are needed for the recovery of the female reproductive system. “Resguardo” refers to abstention of sexual intercourse during those 40 days, given the need of genital recovery and the risk of infections. Diet refers to an old usage in which postnatal women had some food restrictions, especially red meat. These 3 terms refer to female sexuality. They determine the time (40 days) and the kind of time (abstentions) necessary for a good recovery. Then, having these 40 days passed or the woman recovered, the postnatal period would end.

The term postpartum, if considered rigorously, would be based on the chronological aspect: the time that ensue birth. Taking this term literally, only from a chronological standpoint, it would be as if one reduced all the experiences of conception, pregnancy, birth, maternity and paternity to only one specific experience of birth.

In practice and in a non systematic way, the expression ‘postpartum’ reminds us not only of the experiences lived in childbirth; it has also been used to characterize mainly the organic, psychological and social implications that birthing a child carries with it.

Hence, the term postpartum doesn’t refer only to the female sexuality as the previous ones (‘resguardo’, diet and quarantine) and is not fixed exclusively on the childbirth experience as the name suggests. In practice, it broadens the description of this period including other aspects. Nevertheless, because it comes from Obstetrics, its main focus is on the woman-mother and, at last, it points out the end of the postpartum period, either by the recovery of the woman’s reproductive system, or by the return of the hormonal levels (return of the menses).

The last term ‘puerperium’ has its radical in pueri, child. In this case the emphasis is not anymore in the woman’s sexuality and

concentrates in the baby. Babies are considered new-born until 28 days old. Would the puerperal stage end when the baby reaches 28 days old, when he is no more a newborn? This criterion seems too straight to characterize the end of the puerperal stage. Maybe, if we used the term lactating and baby for mother and her son, we might associate the end of the puerperal stage with the end of breastfeeding. Therefore, the end of the postnatal stage would be characterized by the end of breastfeeding. Weaning would start a new time for mother and baby.

Summarizing, if anyone was asked when the postnatal stage would end, a common answer could be: "after the 40 days of convalescence". If the physicians were asked, possibly their answer might be: "When the hormones levels normalize, the menstrual cycle is back and maybe weaning could also be a reference." And what if one asked a psychologist? Here we return to the parting theme.

Prior to that, however, it is important to talk briefly about the mother-baby relationship in the postnatal stage. Babies are born equipped to assure their survival; however, when they are born, they are absolutely dependent of their environment. Babies know how to demand, but they are unable to satisfy themselves only by themselves, and here is when the maternal, paternal and familiar functions begin.

In the postnatal period, parents get involved with the baby intensively in order to understand him, to decode his demands. It is a less visceral relationship than pregnancy, but it is still intensively physical and corporal. Daily life, especially for the mother, becomes referenced by the baby, the compass and clock of the new family. By satisfying the baby, the mother gets satisfied. A cycle of reciprocal dependence is created.

When the baby grows up and becomes more autonomous, such extreme dependence slowly diminishes. By crawling the baby tries

his freedom of getting away and closer to his mother. More and more the child signals to the mother that he may get more distant and gradually she feels more confident to get more distant from him too.

Ideally speaking, from the psychological point of view, the postpartum period would end when the possibility of getting distance between mother and child becomes peaceful, when there is no anxiety and guilty feelings, when the parting can be lived in a conscious manner and has its space in the mother-child relationship and when the re-encounter is lived with joy.

Parting is not the opposite of re-encounter. They are complementary movements. It is like a dance: to encounter is a movement of approaching and parting goes along with getting apart. Both movements are integrated parts of the choreography of human relationships, and also in this mother-child relationship.

Certainly there is no joyous re-encounter if the previous parting was not well made. To deny the parting, not becoming conscious of it, is to open the possibility to drift away and become sick, for feelings of abandonment and rejection, to re-encounters full of ambiguities, guilt and repenting.

The end of the postpartum period, from the psychological point of view, is related both to the child's conquest of autonomy and to the maturity of the mother in regard to part with her child. Hence, one may notice that the postpartum is gradual, very imprecise and especially relapsing. Maybe, to be precise, when asked about the end of postpartum, a psychologist should answer that this is an endless story: the mothers feel "sad" when their children, already adults, get married, or when they travel long trips, or the first time they sleep out, or the first time they go to school, or when they wean....All these are circumstances of parting, experiences of getting apart, of distancing, and all require an enormous

amount of maturity of trust – trusting the child and trusting life.

Birth is a period that concentrates emotions and feelings that will reappear in a more dispersed manner during the whole maternity and paternity. It is the first time when parting concretely takes place and when these feelings are awakened, as principles that need to mature. The postpartum brings together, simultaneously, meeting and parting. Among the causes of mammary fissure, it is worth noting that there are those related both to the mother-baby encounter (the way the baby takes the nipple, frequency of breastfeeding) and to the separation mother-baby (how she takes the baby off the breast, difficulty to interrupt the breastfeeding, prolonged duration of each feeding).

Autonomy: To know how to ask and how to dismiss⁹

Until now we broached parting like a movement away, complementary to the approximation. Let's characterize it under another aspect. What is to part?

Previously we mentioned that the baby is born equipped to ask. As he gets more autonomy, he dismisses what once he had to ask. For instance: the baby cries because he is uncomfortable in his position in the cradle, he asks for his mother's help, who corresponds to his demand and changes his position. When he learns to turn on his own in the cradle, the baby dismisses the mother's help. If the mother accepts this dismissal, she will be allowing her son to grow up, besides she will be strengthening his self confidence in his capabilities. On the contrary, if the mother denies this dismissal and maintains the habit of changing her baby's position, she could be preventing his development, keeping him regressed and dependent on her. The more she does it, the more she will feel insecure, will not trust her son's capabilities, and that may hinder her child's process of independence and

building an identity.

To part is, in this sense, like quitting asking. Another example: during pregnancy the baby uses the oxygen from his mother's bloodstream. When he is born, the umbilical cord is cut, a disconnection occurs. It is as if the baby dismissed the maternal oxygen, because he is ready, he acquired cardio respiratory autonomy. Parents need time and support to learn how to see it this way, otherwise they will not trust their child's vitality. How often fathers and mothers get close to the cradle, just to see if the baby is breathing? And their worries about the nasal and respiratory noises of the baby? By that they are exercising their ability of parting, looking at the breath of the child to nourish the trust that, in fact, their babies can already breathe by themselves.

By this last example, illustrative of the fear of the baby's death, of the baby's stopping to breathe, the activation of the substantial nucleus of death becomes clearer. How can we, health professionals, humanize our care if we are so unfamiliar or inattentive to this issue? How can we help to remove fantasies, myths or fears, identifying and understanding feelings and emotions that are present, becoming part of it, on the other hand, by our interventions sometimes frightening and impeding the spontaneous fluency of the events that are happening and the family relationship?

This task is difficult because this deed should begin inside of us. We are the ones who must accept and not get scared with the fact that death goes along with birth, otherwise father and mother (family) will not find space to open (dilate) and elaborate (labor) their paternity and maternity.

Thus, as children need the trust of their parents to strengthen their self – confidence, parents need to trust the professionals who assist them for their own empowerment.

It is our task, as health agents involved in

humanization of childbirth, to support and take care of this maturation. To promote the autonomy of the pregnant women and the father is to respect the time of their search for their own solutions. If, for all difficulties, external solutions (technical or not) are offered, confidence will be deposited on this or that which is outside (professionals, cesarean sections, bottles, etc). Parents need time and support to build their own maternity and paternity. It is a role of the professionals not to hurry them nor let them deal with it alone, with no assistance. Not to hurry them means that we know how to wait. Again time. To accompany them requires our entire disposition to feel and elaborate the elements that birth, time for meeting and for parting, brings to light.

Closure

We will close with a letter wrote by Lucia, mother of Marina, in her eighth month of pregnancy. This letter was written during the pre-natal course of the GAMP, Grupo de Apoio à Maternidade e Paternidade – Group for Support to Maternity and Paternity. A beautiful and sensible letter that closes well this text, since it summarizes the themes of history, death and the concept of time in an affectionate sense.

“Dear Marina,

It was all very slow, sometimes slower that we - your father and me - would have wished, because desire and real life don't have the same speed, neither speak the same language. At start you were like mist, a dream that sometimes seemed impossible. And there was you, slowly, as a little cloud appearing in the sky and taking shape, moving yourself, drawing a little balloon story in colored comics. In some moments there was suspense, fear of losing you even before having you. But after that, came the colored part, which waved a happy ending. Our story together, the three of us, is just beginning, but it looks like it has been for so long a time... I hope this little cloud will be always of good weather,

but if it rains sometimes, it is ok, isn't it? After all, without water there is no sea, neither marina... and after the rain the sunshine always comes back (Lúcia)”.

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7. Translator's note: in Portuguese, “take out” is “tirar” and “shoot” is “atirar”: similar sounds for different actions.
8. Machado SP. *Panorama psicológico do puerpério*. In: Décio Noronha, organizador. *Tocoginecologia psicossomática*. São Paulo: Almed; 1993. p. 7.
9. Translator's note: In Portuguese, ask is pedir and part is despedir, sounding like opposites. Also, despedir is to part and to dismiss.

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