

Being a woman: gestation and giving birth: meanings in transition and challenges for the health sector

The inclusion of women into the formal labor market and the advent of contraception was an agenda that gained ground from the second half of the twentieth century onwards. It enabled women to make their own life plans, reduce their dependence on marriage and family of origin, and decide on the desired number of children and the best time to have them. There have been substantive changes in conceptions about maternity, pregnancy, and childbirth¹. However, such changes did not occur in a linear manner for all women. Social hierarchies produced in the intercession between class and race/ethnicity determined different accesses to the possible benefits gained in this transition, to the detriment of the poorest. Even the social advances made in recent years in Brazil – stemming in part from policies to reduce poverty and social inequality – have not been sufficient to guarantee quality and equality in women's health care during pregnancy and childbirth².

Curiously, the above-mentioned inequalities did not prevent a new discourse in relation to motherhood from becoming hegemonic. It was no longer the idea of a biological contingency and a supposed instinct. Becoming a mother became the choice and question of the self-realization of women. In this perspective, practices related to childbirth and breastfeeding become part of a project to build the self as a woman-mother, requiring the support and recognition of her role as agent of her own reproductive process by the health sector.

The articles presented in this edition deal in different ways with the repercussions of the changes of significance attributed to motherhood for health practices. Thus, in the definition of the necessary competencies to act on sexual and reproductive rights in basic care, ethics gains prominence, pointing to the approach required to meet the current comprehension of the act of gestation and giving birth.

From another perspective, the texts on the delivery models available reveal the participation of the health sector in the process of change in the relation of women to the act of giving birth. Some articles point to challenges for the provision of quality care. For example, the authors highlight the presence of prejudices on the part of professionals against non-white women, including the Rede Cegonha (Stork Network). Such discrimination reflects how gender ideologies and racism conflict with health work. Other articles also reveal challenges in the guarantee of reproductive security. Some authors analyze other aspects of women's health: problems related to the menopausal phase, obesity, the situation of incarceration and exclusion trajectories.

As suggested by various authors, health practices related to the production of human beings from the body of women still do not recognize motherhood as feminine social work for the benefit of society, which urgently needs to be done, along with the recognition of women as agents of their own lives.

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References

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