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## NURSING CARES FOR WOMEN IN PRE-CHILDBIRTH OF A PRIVATE MATERNITY OF TERESINA-PI

**Rosane da Silva Santana<sup>1,\*</sup>, Maria do Amparo Ferreira Santos e Silva<sup>2</sup>, Carolina Silva Vale<sup>2</sup>, Felipe Nascimento Vidal<sup>2</sup>, Rilma dos Santos Pinheiro Albuquerque Rios<sup>2</sup>, José Pereira Leal<sup>3</sup>, Ronnara Kauênia da Silva<sup>4</sup>, Cynthia Araújo Frota<sup>4</sup>, Camila de Araújo Batista<sup>4</sup>, Claudiane de Oliveira Santos<sup>4</sup> and Francisca Jéssica Abreu da Silva<sup>4</sup>**

<sup>1</sup>PhD in Public Health, Federal University of Ceara, (UFC), Fortaleza, Ceará, Brazil

<sup>2</sup>Nurse, University Hospital of the Federal University of Piauí- (HU-UFPI), Teresina, Piauí, Brazil

<sup>3</sup>Nurse. Children's Hospital Lucídio Portela, Teresina, Piauí, Brazil

<sup>4</sup>Nurse, Maurício Nassau University Center (UNINASSAU), Teresina, Piauí, Brazil

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#### \*Corresponding author:

Rosane da Silva Santana,

### ABSTRACT

This study aims to analyze nurses' pre-childbirth care. This is a descriptive research of a qualitative approach, developed in a private maternity hospital in the city of Teresina-PI. The study subjects were 06 nurses who work in the prepartum sector in the morning, afternoon and evening shifts. The collection was divided into two stages. The first presents the characterization of the subjects, and the second one, referring to the guiding questions of the study. For the analysis of the results, the Collective Subject Discourse method was used. The results were arranged in three categories: Nurses in the care of pre-childbirth women; Nurses' orientations to pre-childbirth women according to the humanization program; and Difficulties that the nurses experience in the care the woman in the pre-childbirth. It was evidenced that nurses provide care to the pregnant woman and follow the guidelines of the Ministry of Health, but the fragility and insecurity presented by the woman often hamper the development of integral care. It is essential that the nurse and her team work to rescue the triad of childbirth and birth, aiming at the autonomy and protagonism of the woman during her delivery, the adoption of methods with strong scientific evidence and the work with the multidisciplinary team, providing a holistic assistance.

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## INTRODUCTION

For many years, childbirth and birth were spent in a family environment. The care of the pregnant woman in the prepartum and delivery was done by the midwives and by women in the family. With technological and scientific advances in the health area, childcare left its side humanized, becoming hospitalized and medicalized, in order to mitigate the risk for mother and child (Brazil, 2014). With this, childbirth care was marked by unnecessary interventions, such as the abusive practice of cesarean section, isolation of pregnant women from their families, long stay in prepartum rooms, usually a collective space, along with other women also in labor or with other obstetric complications, without any privacy or attention to their particular needs (Santos; Sousa, 2015).

In this hospital context and in care, nurses have evidence in the team, as they are a professional able to care for women, playing an extremely important role during prepartum and in the humanization policy. For the effective functioning of care for pregnant women, it is necessary that nurses adopt a differentiated posture, which demands knowledge about the needs of puerperal women (Silva et al., 2015; Ribeiro 2018; 2019). A quality service to women in labor is a fundamental right to ensure that they can exercise motherhood with confidence and well-being. The professionals involved in the follow-up of pregnant women should be prepared for the reception of the parturient, creating an environment of tranquility and trust. The team that assists pregnant women plays an important role in the commitment of the parturition process, putting into practice their knowledge at the service of the well-being of pregnant women (Brazil, 2014; Andrade

2018). The Ministry of Health (MH) created the Prenatal and Birth Humanization Program (PBHP) that aims to establish a decent and quality care during pregnancy, childbirth and puerperium. Since the implementation of the PBHP in 2000, it has been sought to rescue integrated obstetric care, humanized in state, municipal networks and public and private health units, aiming at a decent care during pregnancy until the moment of birth (Silva; Birth; Rabbit, 2015). It is notorious that according to the program of humanization of childbirth, the care provided by nurses in prepartum requires a set of knowledge and care practices for the promotion of healthy delivery and in the prevention of maternal and baby mortality (Mark; Days; Azevedo, 2016). The nurse is the professional qualified to provide direct care to pregnant women when they go into labor. Therefore, it is important that nurses provide clear information about the procedure to be performed, giving the pregnant woman the opportunity to give opinions and make decisions during the parturition process, remembering that decision-making takes into account aspects such as previous knowledge, fear and anxieties of the parturient (Ribeiro et al., 2015).

In this respect, nurses should implement effective and safe care in the different clinical and obstetric indications, guided by the principles of the humanized model of delivery care. Allowing the puerperal to decide the best conduct to be taken so that everything occurs in the most comfortable way (Ribeiro et al., 2015). Care actions are directly linked to the awareness of professionals in recognizing that the main part in the parturition process is only pregnant women. And that she participates directly in the process, deciding with the help of the nurse, the best conduct for her delivery (Corrêa et al., 2015). Nurses should recognize that each pregnant woman has a different perception of childbirth, has unique experiences and fears and presents anxieties, since childbirth is one of the most expected moments for pregnant women (Pieszak et al., 2015). It is believed that this research can contribute to a new perception of nurses in relation to the care of women in the puerperal moment, thus making them analyze their way of working, so that they can improve and make more humanized care to women. The main objective of the study was to evaluate the care of nurses to women in the prepartum of a private maternity.

## MATERIALS AND METHODS

This is a descriptive study of qualitative approach, developed in a private maternity hospital in the municipality of Teresina, capital of Piauí. She has comprehensive women's care services at all stages of her life. Motherhood was chosen because it is a reference in the municipality in high complexity care. The study subjects were all nurses working in the prepartum sector in the morning, afternoon and night shifts. Only nurses working in prepartum were included, and substitute and on-call professionals or those who did not accompany women in prepartum were excluded. All participants received information about the objectives of the study and were able to express willingness or not to participate without any harm. The survey was conducted in August and September 2016. For data collection, individual interviews with the subjects were used, guided by a semi-structured script. The interviews were recorded on a mobile device and transcribed in full. The participants were identified with the letter E, followed by an Arabic numeral following the interview's achievements, so that all the subjects of the research could make sure that their

identities remained anonymous. The collection was divided into two stages. The first presented the characterization of the subjects, such as: age, gender, educational level. And the second, referring to the guiding questions about what care is performed during prepartum, which orientations are provided to women according to the humanization program, and whether nurses have difficulties in the care of pregnant women in prepartum. For the analysis of the results, the Collective Subject Discourse method was used. It is a methodological technique that allows the rescue of the significant social representations present in society and in the culture of a given universe, in which individual interviews are made with open questions, rescuing thought, as discursive behavior and social fact internally internalized, and can be disclosed and preserving its qualitative characteristic (Alvântara; Vesce, 2008; Ribeiro, 2019). The study followed ethical precepts and obtained approval from the Research Ethics Committee of the Santo Agostinho University Center, under Opinion No. 1,685,952.

## RESULTS AND DISCUSSION

**Characterization:** All subjects in the study were female, aged between 29 and 48 years. Only two of the six professionals had specialization in Obstetric Nursing and the others did not have any type of specialization.

**Analytical categories:** The results were arranged in three categories: Nurses in the care of women in prepartum; Nurses' orientations to women in prepartum according to the humanization program; e Difficulties that nurses experience in the care of women in prepartum.

**Nurses in the care of women in prepartum:** The care provided by nurses to pregnant women requires skills that are safe and endowed with ethical, human and scientific care, aiming at gestures of affection. There should also be a differentiated care that aims at attention and understanding with pregnant women, transmitting positivity, valuing women's rights, respecting their autonomy and personality (Martins et al., 2015). It was verified by most of the interviewees' statements that there were humanized actions in relation to the care of pregnant women in the maternity research, always respecting their autonomy of choices, offering the greatest number of necessary information about childbirth and valuing the presence of the family. According to the statements, favorable and favorable care was noted with the pregnant woman, developed in a humanized and profitable way, aiming to provide the woman with comfort and tranquility to make choices of which methods and techniques preferable to be performed during childbirth.

*[...] We evaluate the contractions, how long the contraction and the interval between one contraction and another, to see if labor will be feasible or not [...] In addition if they want some objects like ball, we also guide and deliver the balls to them feel more comfortable, the position they feel better they will stay, if it is crouched, can be squatting, can be thrown [...] we advise that anything, that they call us in the post, that we will assist and guide. (E1)*

In this statement, the interviewee showed that she is not at the side of the pregnant woman at all times, she mentioned that in case of any complications the pregnant woman should call the nurses at the post to help her. Thus making it clear that the

woman is alone in some moments of childbirth. Nursing care should be permeated by affection, attention and patience. Professionals need to commit themselves to humanization and always act with a focus on parturient, aiming to make the moment less aggressive and traumatizing possible (Apollinário, 2015).

*First, what we do, we make the patient's admission, take the patient to accommodation, do the orientations, if she has any loss of liquid, for her to warn us, do the measurement of the belly, to see how many centimeters is, and also guides to lie on the left side for better comfort of her and the baby. (E2)*

Nurses' actions with pregnant women require a lot of attention, especially with regard to knowledge, responsibility, respect, honesty and ethics, making it extremely important to listen to patients individually, in order to meet their needs and desires, focusing on the well-being and comfort of both the parturient and the family involved in this important moment (Aguiar et al., 2014).

*Anamnesis and welcoming are done, so that we use humanization and we collect information to make our nursing evolution and program our care. First moment we will evaluate the patient's situation, if she is feeling pain, if she is not, try to solve anxiety, and gives guidance. [...] It is welcoming the family and the parturient and gives the first orientations. (E3)*

According to Aguiar et al. (2014), basic care for pregnant women is of paramount importance for high-risk pregnancies, such as preeclampsia. In this case, some steps should be taken, such as: airway maintenance to reduce the risk of aspiration, oxygenation with nasal catheter or wet oxygen mask, indwelling bladder probing, and venous puncture in a calibrous vein.

*[...] I think that the primary care is aimed at pregnant women with some pathology, with risky pregnancy, such as patients with preeclampsia, patients who arrive with premature placental detachment, with some pathology that runs a mother's risk to the child. [...] I think that the care that asks for more attention is these, of some basic pathology, fetal death can occur, not only the risk of child, but mother also because of hemorrhage. (E4)*

The nursing care provided to pregnant women with preeclampsia in the prepartum period also consists of the care with the administration of medications to identify adverse effects, performing reflex tests and is always alert to the occurrence of some convulsive crisis. Another aspect of the indispensable care is to keep the woman informed about her pathology and about the facts that are currently occurring.

Only one of the interviewees mentioned the care regarding some pathologies that may interfere at the time of delivery, taking into account the care that should be offered by nurses in risky pregnancy. Two cited the essential care that should be performed with pregnant women in prepartum, evidencing that both are acting in a way that mitigates the possible risks of childbirth and treating women as they really should be treated. Care since admission, welcoming, the concern to improve the anxiety of pregnant women in relation to pain, even the most complex care associated with pathologies such as preeclampsia and previous placental detachment were mentioned. The following discourses showed that nurses inform and guide parturients about what delivery really is, they take the

necessary care to have a peaceful delivery, always taking into account the presence of the family and the doula at this very important moment.

*Well, the care that we do here with prepartum is to make guidelines for the pregnant woman of how is childbirth, try to give the greatest number of information about all the steps that will happen [...] So we try to give as much information at this moment, and we are also doing vital signs, guiding the best position that she should stay for childbirth, and also trying to talk to the family, because the family at this moment is very important, the support of the spouse, the doula and the family in general. (E5)*

*With regard to prepartum, being the prepartum of normal delivery I particularly try to go see if it is a patient who has had a child or not, if she has done prenatal care, if she already has bleeding, when the pain began, I do an interview with her to be able to make my evolution and admission. If it is cesarean delivery usually when the patient is undergoing clinical treatment and progresses to cesarean section, then I will evaluate the issue of fasting, see if the trichotomy is ready, if the baby is pre-mature we advise the family of the possibility of the baby going to the ICU. It is a little different the care in the prepartum of normal delivery and cesarean section, but in normal prepartum we can have more comprehensive care. (E6)*

The interviewees considered the presence of the companion a significant factor for the pregnant woman and for labor, because the presence of the family ends up making the woman calmer, relaxed, feel safer and have reduced anxiety levels.

They showed the importance of doula in prepartum, as they are responsible for providing physical and emotional support to women, encouraging and guiding the parturient, offering comfort during labor. The two interviewees recognized that the companion contributes to support and leave the woman better in the prepartum, and that they also try to pass information to the family they are accompanying. The care mentioned is focused on both normal delivery and cesarean section, where she emphasizes that both deliveries require different care, but that, in normal delivery, care is more complete. Emphasizing the importance of guiding the family on the possibility of the baby being referred to the ICU after birth, in cases where the newborn is premature.

**Nurses' orientations to women in prepartum according to the humanization program:** The PBHP established by the Ministry of Health aims to reduce maternal, perinatal and neonatal morbidity and mortality rates recorded in the country. The program's principle is to guarantee decent and quality care to pregnant women during pregnancy until the moment of the puerperium in a humanized and safe way (Fossa et al., 2014).

*The guidelines that we make, they then according to what is recommended, we advise her to be at ease, to be at all, to be in any position she finds more comfortable, the family participates in this prepartum, whenever they request we are there to help, to support, so I consider a humanized delivery. (E1)*

*Yes, we advise pregnant women, who she has the right, to bring a companion, anyone from her family if necessary if they want, to accompany this labor. (E2)*

According to the interviewees' statements, it was noticed that they performed their functions in a humanized way, as

recommended by the PHPN. They mentioned that it is of paramount importance to have a companion in prepartum and during childbirth. There was a concern to guide and welcome women in a humanized way, always valuing the family presence. According to the authors Serruya, Cecatti and Lago (2004) to have humanized care according to PHPN, it is necessary to ensure the improvement of access to childbirth and puerperium for pregnant women and newborns, respecting the dignity of women, their families and the newborn, requiring an ethical and solidary attitude on the part of health professionals and the organization of the institution.

*[...] It is to respect the patient choosing the caregiver, the doula, giving guidance, pain relief comfort guidelines for the companion, having that more sensitive look in relation. (E3)*

*[...] I think these guidelines, then aimed at the doctor and the nurse who are monitoring prenatal care, guide how it will be during childbirth, how she has to behave during normal delivery itself, so that when she arrives at the time she is more confident and not so afraid. [...] so I think she has to have psychological work for a long time, that she has to have the science that she will feel pain, she has to have a whole knowledge during the period that she is pregnant. (E4)*

In this last statement, the importance of orientations in prenatal consultations was reported, evidencing that the doctor and the nurse play a fundamental role in these orientations to be passed on to pregnant women, highlighting the relevance of the woman arriving at the time of delivery very informed of what delivery really is, so that she can feel more confident and fearless at birth.

Guidelines emphasize women's rights, highlighting humanization as a focus to improve the quality of health of pregnant women. The primary factor of the program is related to respect for women, maintaining their autonomy of choices and decisions, prioritizing the permanence of the family in prepartum and delivery to ensure more comfort and safety to women (Pavanatto; Alves, 2014).

*Yes, we make all the guidelines recommended by the humanization program [...] many patients not so agreeing with that method, or with that dimension, but we try to inform, that we are acting in the right way and that it is that way, that we have a foundation and that we are trying to perform in the recommended way. (E5)*

This last discourse reported that their care is based on the humanization program, but that it has a great difficulty with pregnant women in relation to accepting the method as they work. And even though they work accordingly as recommended by the Ministry of Health, yet many pregnant women make labor difficult because they do not trust their work.

*Here we really focus on humanization, I believe that here we do not follow all the premises of the program, but the guidelines that are made with pregnant women we try to see the emotional state, see if it is oriented with the postoperative risks, with the expectation of it with the birth of the baby, we also see the question of the family, if someone will enter to accompany her in the operating room that is a right of the patient. (E6)*

Only this interviewee mentioned that they did not work fully following the principles of the program, but that they are always seeking to treat pregnant women in a humanized way, carrying out all the orientations that pregnant women need, also taking into account the emotional side and the issue of supporting the presence of the family at the time of delivery.

Regarding the data of humanization in childbirth, most of the interviewees demonstrated to provide care committed to the proper conduct of delivery in its entirety, a holism recommended by the Ministry of Health. It was possible to infer that the interviewees were prepared to welcome the pregnant women, their partner, their family, respecting all the meanings of this moment. According to the statements, it was inferred that they assist patients aiming to create bonds, transmitting confidence, tranquility and guaranteeing the rights of women recommended by the Ministry of Health.

### **The anxiety of women in prepartum experienced by nurses**

The World Health Organization recognizes the nurse who assists and participates in childbirth as a qualified professional to provide care to women from the moment of prepartum to the birth of the baby. However, there is evidence of conflicts and difficulties regarding the expansion or freedom of the actions of this professional, mainly related to anxiety and the difficulty of pregnant women to accept the way nurses provide care (Souza et al., 2013). In the reports, the interviewees showed that they do not find much difficulty, some mention small obstacles, which for them are not considered obstacles, as in the case of anxiety, both on the part of the woman and also of the family, which often ends up hindering care. Once the family is very anxious and distressed, it ends up leaving the pregnant woman in the same way, interfering in the actions of the nurses who are there to provide tranquility to the woman.

*Well the difficulties most encountered for me is mainly anxiety, anxiety because of pain, labor, anxiety to see the baby, to see how it is, if it is all formadinho, if everything is okay, and especially the anxiety of family members, which sometimes in labor, they often get in the way because of this anxiety, so the biggest difficulty I find is this. (E1)*

*Until I do not find much difficulty, but I see that they do not have the patience to have that labor, because everything for her is unknown, so they are a little apprehensive, in case the pain is unbearable, that it is taking too long, and that they do not understand much. (E02)*

In the statements, they stated that anxiety is an obstacle with regard to nursing care, since women, especially primiparous women, who do not know exactly what a delivery is like. There is a lot of anxiety, especially with regard to pain, many do not have the patience to wait for all that time-consuming and painful process of childbirth, that all this anxiety for various reasons and the family's desire to see the baby ends up compromising the nurse's performance. According to Souza et al. (2015), nurses encounter many difficulties in preparing pregnant women during prenatal care, either due to the limits exposed by these women in not accepting the professionals' orientations, interfering in the conducts or due to the lack of knowledge on the part of nurses in not guiding these pregnant women adequately during prenatal care, as well as the mandatory procedures for performing good labor.

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Another difficulty related to the care process was the lack of confidence in the adherence and follow-up of the guidelines provided by the nurse and the doctor, where pregnant women often have some difficulty in accepting the conduct of professionals.

The obstetrician nurse, nowadays, is fully aware of his role in the modern obstetrics scenario, although he still has to face severe difficulties in his field of action where the lack of structure and equipment ends up harming his activities. Another important factor that is worth mentioning is the difficulty of patients in accepting the model of actions and decision-making of nurses and physicians (Dias; Domingues, 2005). In the following statements, it was noticed that the interviewees did not find many difficulties in the care of pregnant women.

*[...] I do not understand many difficulties with pregnant women, mainly because when they arrive here, they arrive well guided by their doctor with whom they have already done prenatal care, [...] they already have all the guidance by the doctors and the rest they receive here with us, so I do not see it as difficulty. (E05)*

*[...] so we have a difficulty with relation to treatment, with the agreement between the patient and the nurse, because they want to do as the mother taught or as the neighbor said, sometimes we want to pass a more specific and scientific orientation and they think not, that in their way is correct. (E06)*

It is perceived that there is a certain divergence of perceptions about prenatal preparation. The interviewee declares the lack of attention in prenatal consultations, referring to the lack of guidelines to be passed on to women, in order to assume delivery with more calm and confidence. The other interviewee, in turn, demonstrated in her speech the inverse of the stated by E06, reporting that the woman already arrives at prepartum well guided by her doctor, specifying not to find any kind of difficulty due to this fact.

It is important that nurses do not limit themselves to the routines exposed by the delivery sector, but also add knowledge and a reflexive posture to act in the best possible way in the face of the various situations, since the appropriate orientation to pregnant women and the flexibility to act with the different obstacles, consolidate the nursing profession and thus generate greater emancipation in the workplace.

## Final Considerations

It is worth mentioning that nurses play a relevant role in the care of pregnant women in prepartum. They are the ones who develop care actions in order to provide the woman with comfort, confidence and tranquility, allowing the woman to have her autonomy preserved. It is essential that nurses and their team work to rescue the triad of childbirth and birth, aiming at the autonomy and protagonism of women during childbirth, the adoption of methods with strong scientific evidence and work with the multidisciplinary team, providing holistic care. The support provided by the nurse during prepartum dignifies nursing care so that pregnant women receive humanized and qualified care, following norms and conducts recommended by the World Health Organization, which considers women's feelings and values. With the results obtained in the study, it is expected to adopt even more specialized conducts in prepartum with an effective and resolute care based on qualified listening, where the pregnant woman is the main focus of that moment and that all attention is focused on her needs, giving her control of the situation at the time of birth, showing the options of choice based on science and the rights she has.

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