

Midwives' practice in humanized childbirth: a comprehensive review.

¹Svetlana Corrêa De Oliveira, ²Henrique Almeida Assis Costa, ³Ednalva Alves Heliodoro, ⁴Jefferson Carlos de Oliveira, ⁵Janici Therezinha dos Santos, ⁶MarceloMarreira, ⁷Magda Rodrigues Leal, ⁸Misael Magalhães Santos Alves, ⁹Helbert Carlos dos Santos, ¹⁰Maria Luzinete Rodrigues da Silva, ¹¹Juan Victor da Silva, ¹²Suzana Honória de Sousa, ¹³Lorena Valter de Sousa, ¹⁴Conceição Ceanny Formiga Sinval Cavalcante.

¹(Nurse by College Ruy Barbosa- BA,Brazil)

²Nurse, Master's in Health Promotion – UNASP-SP, Brazil)

³(Infermeirthe, PhD student and Master of nursing UFBA, Brazil)

⁴(Professional Master's degree in Nursing from the University Center São Camilo, Brazil)

⁵(PhD in Biotechnology and Innovation in Health- University Anhangueraof São Paulo, Brazil)

⁶(PhD in Biophonics Applied to Health Sciences, Uninove, Brazil)

⁷(Master's in health sciences, SP, Brazil)

⁸(Nurse at the State University of Piauí, Floriano – PI, Brazil)

⁹(Enfermeiro pela Universidade Nove de Julho, São Paulo, Brazil)

¹⁰(Nurse, master's in health Promotion - UNASP-SP, Health Strategy Specialist of the family and obstetrician by the Faculty of Adventista, Brazil)

^{11,12,13,14}(Nursingby the University EstadualofPiauí,Brazil)

Abstract:Introduction: *Pregnancy and labor are important moments in a woman's life and good care should be provided to the woman, but for a positive result, a health professional is needed to ensure that the woman is the main player in the delivery scene: the obstetric nurse. Objective:* to know the performance of the obstetric nurse in humanized childbirth as evidenced in the health literature. **Methodology:** *Integrative review, collection period from February to March 2017, through the Virtual Health Library Portal based on the descriptors Labor, humanization of childbirth care, Normal Delivery, and Obstetrical Nursing, with the following inclusion criteria: articles of research, available online in full, in Portuguese and English, in the period between 2012 and 2016, excluding theses, dissertations, monographs, editorials, literature reviews, those repeated and those incompatible with the object of study. Data analysis was performed through categorization, comparing the findings with the (inter)national health literature. Results:* A total of 23 articles were found, 16 of which did not include the research question were excluded by repetition, and 07 articles were selected which thee divided into three categories: the humanization of labor, the practice of the obstetric nurse in labor, and practice of the nurse obstetrician in childbirth. **Conclusion:***It is suggested that obstetrical nurses conduct new research to report their experiences and contribute to humanized childbirth; that conversations on the subject are held and that these humanized practices are inserted in maternity hospitals through care protocols.*

Key Word: *Labor; Humanization of childbirth care; Normal birth; Nursing obstetrician.*

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I. Introduction

Pregnancy and labor are important moments in a woman's life. In the 18th century, women starred in their deliveries, with help and care for midwives and occurred at home, but with the emergence of maternity

hospitals, childbirth becomes hospitalized, no longer a physiological, family and feminine moment and becomes a controlled event, directed to profit, where complications become routine and no longer a sudden event (SANFELICE et al., 2014).

Labor is configured by uterine contractions every 3 – 5 min at regular intervals between 20 and 60sec, which gradually increase and do not cease with rest, with signs/symptoms such as: severe pain; the rupture of the amniotic sum; the death and dilation of the cervix can last on average from 8 to 12:00 pm, and may increase with fear and stress (BRASIL, 2015), requiring specialized attention in the face of this situation.

The care of the obstetric nurse should be characterized by humanized care: providing a calm, safe environment, favoring sensitive listening and letting the parturient show her feelings and needs (BELO HORIZONTE, 2007).

The woman should have access to information about the delivery process, her rights and how it may occur to alleviate fear and anxiety now, so the woman can choose the best way to give birth and make her more prepared, the nurse becomes very important in this process, because most of this information women obtain in prenatal consultations, and many of these are put into practice with the help of the nursing professional (MARQUE; DIAS; AZEVEDO, 2006).

Through humanization, parturients are provided with comprehensive care, a broad look focused on the psychological, biological, and spiritual levels, to accept their individuality, avoid unnecessary interventions, given natural childbirth (ALMEIDA; RANGE; BAHIANA, 2015). Corroborating, Scarton et al. (2014) emphasizes that the parturient should have control over her body, be free to choose the position in childbirth and use pharmacological and non-pharmacological methods for pain relief, where the obstetrician nurse should act monitoring the evolution of birth, pay attention to the care of women and families.

Non-pharmacological methods include breathing and relaxation techniques, transcutaneous electrical stimulation, hydrotherapy, lumbosacral massage, perineal exercises, Swiss ball, ambulation (SOUZA, AGUIAR, SILVA, 2015), aromatherapy (GAYESKI; BRUGGEMANN, 2010) horse and vertical posture (SILVA; STRAPASSON; FISCHER, 2011).

To establish safe delivery practices, the World Health Organization has launched a guide calling for proven beneficial practices to be encouraged; and harmful or ineffective methods should be eliminated; procedures that do not have scientific evidence should be used with caution until further research is carried out (BRASIL, 1996).

In addition, in 2001, the Ministry of Health created the Prenatal and Birth Humanization Program (PHPN), whose focus is to reorganize care, ensuring quality, where the team works with human parameters throughout the pregnancy-puerperal cycle, expanding women's access to the Unified Health System (BRASIL, 2001).

In the current model in Brazil, outdated techniques such as episiotomy and the high rate of cesarean deliveries are still used. However, these procedures are often performed improperly, without the parturient's consent and proper argumentation for the conduct. The adoption of appropriate strategies in labor and delivery will influence the reduction of complications in childbirth and maternal mortality, in addition, there is a probability of respiratory problems in the baby and these strategies will contribute to the reduction of costs for the Unified Health System by choosing the invasive procedure (PELLEGRINI, 2015). Thus, the choice of the theme is justified, where obstetric nurses can share their experiences with labor exercises and their influence on normal delivery.

For humanized delivery to occur effectively, a health professional must ensure that the woman is the main part of the scene of childbirth, among them stands out the obstetric nurse.

Thus, the research question is: What is the exercise of the obstetric nurse in humanized childbirth? It aims to know the exercise of the obstetrician nurse in humanized delivery evidenced in the health literature.

II. Material And Methods

This prospective comparative study was carried out on patients of the Department of General Medicine at Dr. Ram Manohar Lohia Combined Hospital, Vibhuti Khand, Gomti Nagar, Lucknow, Uttar Pradesh from November 2014 to November 2015. A total of 300 adult subjects (both male and females) aged ≥ 18 , years were in this study. The present study uses as a method the integrative review of the literature, proposed by Mendes, Silveira and Galvão (2008) and De Oliveira et al. (2018) whose purpose is to gather and summarize the scientific knowledge already produced on the theme investigated, from the following stages: identification of the theme and the right question, establishment of criteria for inclusion and exclusion, search in the literature, categorization of studies, presentation and discussion of the review.

The search for publications was indexed in the following databases: Nursing Database (BDENF) and Latin American and Caribbean Literature on Health Sciences (LILACS) through the Portal of the Virtual Library of Regional Health (VHL - Regional) with a collection period from February to March 2017 through reading of titles, reading abstracts and reading the texts in full.

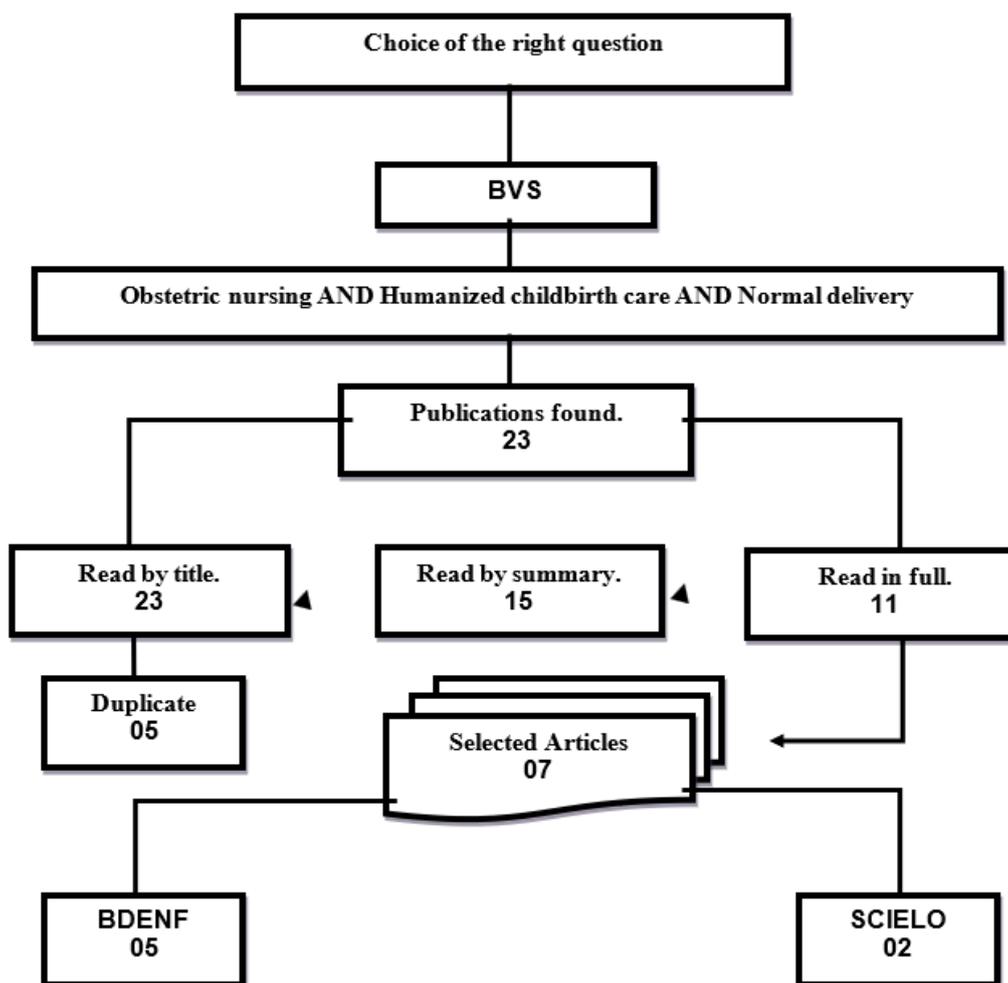
The operator boolean and obstetric nursing, AND Humanized Childbirth Care, normal delivery and obstetric nursing, normal delivery AND normal delivery, AND labor, using the descriptors recorded in the Descriptors in Health Sciences (DeCS): Labor, humanization of childbirth care, Normal Delivery and Obstetric Nursing were used, using the descriptors recorded in the Descriptors in Health Sciences (DeCS): Labor, humanization of childbirth care, Normal delivery and obstetric nursing.

The inclusion criteria were articles, available online in full, in Portuguese, in the period between 2012 and 2016. Exclusion criteria: theses, dissertations, monographs, editorials, literature reviews, repeated ones and incompatible with the object of study.

Data analysis was through categorization, compacting the findings with the (inter)national health literature.

For a better understanding of the methodology used, a synthesis flowchart was constructed for better understanding, as shown in Figure 1 below.

Figure 1 – Selection and search of articles for this integrative review. Salvador 2017.



Source: Tabulation of articles of the integrative review in the VHL-Regional

III. Result

Twenty-three articles were found, excluding 16 that did not contemplate the research question and by repetition, selected 07 articles, distributed in the table below according to the article, author, year, title, objective, and results, as shown in chart 1.

Table no 1: Summary of the articles selected in the integrative review. Salvador, 2017.

ARTICLE	AUTHOR /YEAR	JOURNAL NAME	TITLE	OBJECTIVE	RESULTS
A1	MOTTA et al., 2016.	Rev enferm UFPE on-line	Implementation of the humanization of natural childbirth care	To analyze the implementation of humanized practices in natural childbirth care.	The parturients' lack of knowledge limits them in choosing their rights and benefits.
A2	SILVA; NASCIMENTO; COELHO, 2015.	Rev. Esc. Anna Nery [online]	Practices of nurses to promote the dignity, participation, and autonomy of women in normal childbirth	Knowing the care practices used by nurses involved in the processes of autonomy, dignity, and participation of women during normal delivery.	The parturient and nurse relationship without coercion is important, as the stimulation of participation, access to information, with dignifying practices.
A3	SANFELICE, et al., 2014	Rev. Rene	From institutionalized childbirth to home birth	Describe the experience experienced by a group of obstetric nurses from the city of Campinas.	It is observed that nurses even with many obstacles are satisfied in this type of care, due to the degree of care that is given to women and newborns.
A4	SOUZA, SOARES; QUITETE, 2014.	Rev de Pesq.: cuidado é fundamental online	Home natural childbirth: a power of the feminine nature and a challenge for obstetric nursing	Identify the reasons that led women to opt for home birth; evaluate the obstetric care received by parturients in their homes.	The reason for choosing childbirth outside the hospital environment is linked to several factors, such as lifestyle, personality, reports of experiences by other women.
A5	PRATA; PROGIANTI; 2013	Revista de enfermagem UERJ	The influence of the practice of obstetric nurses in the construction of a new social demand	Discuss women's perceptions about the practice of obstetric nurses and analyze the effects of this practice on women	The women had positive statements about the nurses' practices, and even an acceptance of normal delivery and overcoming pain was observed.
A6	CAUS, et al., 2012	Rev. Esc. Anna Nery [online]	O processo de parir assistido pela enfermeira obstetra no contexto hospitalar: significados para as parturientes	Understand the meanings that the parturient attributes to the process of giving birth assisted by the Obstetrician Nurse in the hospital context; identify the contributions of this process to promote humanistic care.	The woman observes in the nurse the female figure and caregiver where it is possible to better express and feel safer.
A7	PEREIRA; BENTO; 2012	Rev. Rene	Autonomy in normal delivery from the perspective of women attended in the delivery home.	Describe obstetrician nursing care at normal delivery and analyze the exercise of autonomy by women during this care.	Women's autonomy is directly linked to access to information, the nurse's exercise makes parturients feel able to lead the childbirth as another natural stage of pregnancy.

SOURCE: Prepared by the authors.

Regarding the year of publication, the years 2012 (2) and 2014 (2) were more frequent. Of these, 85.7% used it as a type of qualitative research with mostly parturient participants and only one reported the experience of obstetric nurses. The authors were nurses, 03 with specialization in obstetrics, 02 with a master's degree and 02 with a degree in nursing. For better training and writing, the discussion was divided into three categories (Humanization of labor, exercise of the nurse in labor, exercise of the nurse in childbirth).

The articles compile that childbirth is humanized through the exercise of nurses who use strategies in labor (welcoming the puerperal women; promoting the bond between nurse and parturient; encouraging the presence of the companion; use of non-pharmacological methods) and childbirth (empowerment of autonomy and stimulation of empowerment and the preparation of the environment and emotional support).

IV. DICUSSION

The articles bring the process of interaction between obstetric nurses and parturient nurses in a humanistic view, whether in a hospital environment or delivery houses, to understand this interaction and the experiences experienced in this process, we used testimonials from parturients and obstetric nurses.

Humanization of labor

The National Humanization Policy (NHP) aims to improve women's care and reduce cesarean sections (BRAZIL, 2003). This seeks the end of the hegemonic model, in an attempt to resignify humanized practices and eradicate unnecessary interventions, thus women will be granted more autonomy, making them the protagonist of her parturition process (SILVA; BIRTH; RABBIT, 2015).

Marque, Dias and Azevedo (2006) point out that many birthing centers have been implemented to enforce the NHP, where the Ministry of Health encourages the exercise of obstetric nurses, who bring a new professional practice with efficient strategies and the demystification of the hospital-centered model. In this context, obstetric nurses become mediators in the application of this policy, always seeking a current technical-scientific basis to provide holistic and qualified care.

According to Prata and Progianti (2013), about hospital delivery, it is observed that the biomedical model usually present in these units is what often hinders or even prevents the applicability of the NHP, due to the standards already recommended by the institution. In this way, childbirth becomes verticalized, and the medical professional has greater "power" under a look of a surgical procedure.

Obstetrician nurse's exercise in labor

This category includes the nurse's exercise in the initial period where contractions still occur without regularity and the cervix is evolving and with dilation of up to 3 cm, Rio de Janeiro (2013). In this period, it is necessary to receive the moment of acceptance, when a relationship of trust will be created between an obstetrician and parturient nurse, the offer of sensitive listening, clarification of doubts and guidance on the needs brought by parturients.

The credibility of the information and the confidence are given by the technical-scientific knowledge demonstrated by the obstetrician nurse during the delivery process. These aspects are reported by parturients who experienced humanized childbirth, demonstrating that the establishment of the bond and adequate orientation contribute to normal delivery, Pereira, and Bento (2012), add that at that moment security is strengthened as well as the bond.

It is also observed that the support and presence of the obstetric nurse in the act of parting bring the woman an emotional aure and a strengthening of the relationship of trust, consequently performing a relief from the tensions that bring this moment (SILVER; PROGIANTI, 2013).

According to Silva, Nascimento e Coelho (2015), the relations between parturient and the obstetric nurse should be free from repression to exercise autonomy over their delivery, without fear of being judged or labeled. It is necessary to free them from the paradigm of professional authoritarianism because the parturient must be free to choose methods that best suit her.

According to PNH, obstetric nurses play an important role in the context of humanized childbirth, about integral and individualized care to women, not only restricting to physical statuses, such as pain, vital signs, among others but also psychosocial issues, of them the right to the companion, bringing comfort for having family next door (BRASIL, 2003).

Domingues, Santos and Leal (2004), point out that the presence of the companion is a contributing factor to the satisfaction of the parturient, in addition to the emotional support provided. The obstetrician nurse should welcome the parturient and her family, guiding her on the physiology of childbirth and inserting it into care.

Another strategy used to favor humanized delivery is non-pharmacological methods for pain relief.

According to Pereira and Bento (2012), these methods aim to prevent risks to childbirth and offer effective care for well-being. Hydrotherapy promotes the progression of labor and pain relief and may be by immersion or spray (SILVA et al., 2013). In addition, massage, use of oils, music, aromatherapy provide relaxation (PEREIRA; BENTO, 2012).

The obstetrics nurse is linked to the application of these practices, emphasizing the importance that this execution process must always be conducted, humanized so that the results are indeed favorable.

Obstetrician nurse exercise in childbirth

The obstetrician nurse in the delivery scenario in general seeks care centered on the empowerment of autonomy and stimulation of empowerment and the preparation of the environment and emotional support.

In the search to try to understand the choice of home birth, Souza, Soares and Quitete (2014), shows that women who choose normal delivery, have strong personality, have self-confidence, and believe that their body is capable physiologically, because they break with a predefined model, that of hospitalization. However, it is necessary to stimulate the obstetric nurse in favor of the active participation of the parturient in childbirth.

Empowerment is a fundamental strategy, with great connection in the process of encouraging the exercise of the parturient in childbirth. According to Silva, Nascimento e Coelho (2015), the right to autonomy is for all women, before this, the obstetrician nurse must provide quality information for their power of choice and active participation in their delivery.

Caus et al. (2012), reveal that the relationship of the obstetric nurse with the parturient nurse is also linked to gender, which is identified in a female model of sensitivity and delicate care, besides relating to modesty in which even at a moment of exposure of the body the woman may feel invaded or uncomfortable about the male sex.

Another aspect is connected to the environment. Light, temperature, location, physical structure, privacy are factors that interfere with a woman's emotional state. For Silva, Nascimento and Coelho (2015), the environment of childbirth should be prepared to promote comfort and emotional support is of paramount importance to alleviate anxiety and fear.

V. Conclusion

Given what was presented, the study showed that the performance of the obstetric nurse in labor and delivery is important for the humanization of care.

It is also necessary for obstetrical nurses to guide prenatal care so that parturients arrive empowered to implement strategies that promote bonding, psychological and emotional support and the use of methods that alleviate pain and favor comfort.

Thus, it is essential to exercise obstetric nurses with current technical-scientific knowledge to abolish unnecessary procedures that lead to discourage the autonomy of the parturient and favor cesarean delivery.

This research does not exhaust the theme, it is suggested that obstetric nurses and health professionals carry out new research to report their experiences on the contribution of humanized childbirth; that the wheels of conversations on the theme be held and that these humanized practices be inserted in maternity hospitals through care protocols.

References

- [1]. ALMEIDA, Olivia Souza Castro; GAMA, Elisabete Rodrigues; BAHIANA, Patricia Moura. HUMANIZAÇÃO DO PARTO: O exercício DOS ENFERMEIROS. Revista Enfermagem Contemporânea, [s.l.], v. 4, n. 1, p.79-90, 28 ago. 2015. Escola Bahiana de Medicina e Saúde Publica.
- [2]. BELO HORIZONTE, HOSPITAL SOFIA FELDMAN. GUIA de Práticas Assistenciais. Assistência ao parto e nascimento: Celebrando a vida e o amor. Março, 2007.
- [3]. BITTENCOURT, Maria Nydia Tavares. Implantação do programa casa de parto do estado da bahia. Revista Brasileira de Enfermagem, Brasília, v. 2, n. 37, p.135-138, jun. 1984. Mensal.
- [4]. BRASIL. Ministério da Saúde. Secretaria de Políticas de Saúde. Área Técnica de Saúde da Mulher. Parto, aborto e puerpério: assistência humanizada à mulher/ Ministério da Saúde, Secretaria de Políticas de Saúde, Área Técnica da Mulher. – Brasília: Ministério da Saúde, 2001.
- [5]. _____. Ministério da Saúde. Incentivo ao parto normal. Como identificar o trabalho de parto? Publicado em 20 de agosto de 2015 pelo site MS.
- [6]. CAUS, Eliz Cristine Maurer et al. O processo de parir assistido pela enfermeira obstétrica no contexto hospitalar: significados para as parturientes. Esc. Anna Nery, Rio de Janeiro, v. 16, n. 1, p. 34-40, Mar. 2012.
- [7]. De Oliveira, M., Lima, V. M., Yamashita, S. M. A., Alves, P. S., & Portella, A. C. Experimental planning factorial: a brief review. International Journal of Advanced Engineering Research and Science, v. 5, n. 6, p. 264164, 2018.
- [8]. DOMINGUES, Rosa Maria Soares Madeira; SANTOS, Elizabeth Moreira dos; LEAL, Maria do Carmo. Aspectos da satisfação das mulheres com a assistência ao parto: contribuição para o debate. Cad. Saúde Pública, Rio de Janeiro, v. 20, supl. 1, p. S52-S62, 2004.
- [9]. GAYESKI, Michele Ediane; BRUGGEMANN, Odaléa Maria. Métodos não farmacológicos para alívio da dor no trabalho de parto: uma revisão sistemática. Textocontexto - enferm., Florianópolis, v. 19, n. 4, p. 774-782, Dec. 2010.

- [10]. MARQUE, Flavia Carvalho; DIAS, Ieda Maria Vargas; AZEVEDO, Leila. A percepção da equipe de enfermagem sobre humanização do parto e nascimento. Esc. Anna Nery, Rio de Janeiro, v. 10, n. 3, p. 439-447, Dec. 2006.
- [11]. MENDES, Karina Dal Sasso; SILVEIRA, Renata Cristina de Campos Pereira; GALVAO, Cristina Maria. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Textocontexto - enferm., Florianópolis, v. 17, n. 4, p. 758-764, dez. 2008.
- [12]. MOTTA, Silvia Adrya Martins Franco et al. IMPLEMENTAÇÃO DA HUMANIZAÇÃO DA ASSISTÊNCIA AO PARTO NATURAL. Revista de Enfermagem Ufpe, Recife, v. 12, n. 10, p.593-599, fev. 2016.
- [13]. ORGANIZAÇÃO MUNDIAL DA SAÚDE. Assistência ao parto normal: um guia prático: relatório de um grupo técnico. Genebra: OMS, 1996. [1] p.
- [14]. PEREIRA, Adriana Lenho de Figueiredo; BENTO, Amanda Domingos. AUTONOMIA NO PARTO NORMAL NA PERSPECTIVA DAS MULHERES ATENDIDAS NA CASA DE PARTO. Revista Rene, Fortaleza, v. 3, n. 12, p.471-477, set. 2011.
- [15]. PRATA, Juliana Amaral; PROGIANTI, Jane Márcia. A INFLUÊNCIA DA PRÁTICA DAS ENFERMEIRAS OBSTÉTRICAS NA CONSTRUÇÃO DE UMA NOVA DEMANDA SOCIAL. Revista de Enfermagem Uerj, Rio de Janeiro, v. 1, n. 21, p.23-28, mar. 2013.
- [16]. REVISTA CARTA CAPITAL: O que fazer com a epidemia de cesáreas no Brasil. São Paulo: Confiança, 18 ago. 2015. Semanal. Disponível em: <<https://www.cartacapital.com.br/saude/epidemia-de-cesareas-influencia-na-mortalidade-materna-5619.html>>. Acessoem: 15 mars. 2017.
- [17]. RIO DE JANEIRO, Rotinas Assistenciais da Maternidade Escola da Universidade Federal. ASSISTÊNCIA DE ENFERMAGEM NO TRABALHO DE PARTO E PARTO. Fevereiro 2013. Disponível em:<http://www.me.ufrj.br/portal/index.php?option=com_content&view=category&layout=blog&id=48&Itemid=58>. Acessoem: 24.mar.2017.
- [18]. SANFELICE, Clara Frões de Oliveira et al. From institutionalized birth to home birth. Revista da Rede de Enfermagem do Nordeste, [s.l.], v. 15, n. 2, p.362-370, 22 jun. 2014. Rev Rene - Revista da Rede de Enfermagem de Nordeste.
- [19]. SCARTON, Juliane et al. O CUIDADO DE ENFERMAGEM NO TRABALHO DE PARTO E PARTO: VIVÊNCIAS DE PUÉRPERAS PRIMÍPARAS. Revista de Enfermagem Ufpe, Recife, v. 6, n. 8, p.1820-1823, jun. 2014. Mensal. Disponível em:<<https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/13660/16537>>. Acessoem: 20.mar.2017.
- [20]. SILVA, Andréa Lorena Santos; NASCIMENTO, Enilda Rosendo do; COELHO, Edméia de Almeida Cardoso. Práticas de enfermeiras para promoção da dignificação, participação e autonomia de mulheres no parto normal. Esc. Anna Nery, Rio de Janeiro, v. 19, n. 3, p. 424-431, Sept. 2015.
- [21]. SILVA, Dannielly Azevedo de Oliveira; RAMOS, Marcela Greysy; JORDÃO, Vanessa da Rocha Viana. Uso de métodos não farmacológicos para o alívio da dor durante o trabalho de parto normal. Revista de enfermagem UFPE online. Recife,7(esp):4161-70, maio.,2013.
- [22]. SILVA, Eveline Franco da; STRAPASSON, Marcia Rejane; FISCHER, Ana Carla dos Santos. MÉTODOS NÃO FARMACOLÓGICOS DE ALÍVIO DA DOR DURANTE TRABALHO DE PARTO E PARTO. Revista de Enfermagem da Ufsm, Santa Maria, v. 2, n. 1, p.261-271, ago. 2011. Disponível em: <<http://cascavel.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/2526/1640>>. Acessoem: 16 mars. 2017.
- [23]. SOUZA, Émilin Nogueira Silva e; AGUIAR, Maria Geralda Gomes; SILVA, Bianka Sousa Martins. Métodos não farmacológicos no alívio da dor: equipe de enfermagem na assistência a parturiente em trabalho de parto e parto. Enfermagem Revista, Belo Horizonte, v. 18, n. 2, p. 42-56, mar. 2016. ISSN 2238-7218. Disponível em: <<http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/11693>>. Acessoem: 13 Mar. 2017.
- [24]. SOUZA, Roberta; SOARES, Lidia; QUITETE, Jane. Home parturition: power to feminine nature and a challenge for the obstetric nurse. Revi