

The role of the nurse in humanized birth: The view of pregnant women

RESUMO | Objetivo: Identificar e conhecer a visão das parturientes em relação ao papel do enfermeiro no parto humanizado. Método: Pesquisa de campo qualiquantitativo de um município do interior do estado de São Paulo. Os dados quantitativos foram tabulados no Excel, e os qualitativos analisados pela temática de Minayo. Resultado: De acordo com os dados obtidos na pesquisa 14,28% das participantes reportaram que houve ameaça, foram impossibilitadas de caminhar, procurar posições mais confortáveis e aplicação de episiotomia, a presença do acompanhante foi impossibilitada em 28,6% das participantes. Os toques vaginais por diferentes pessoas aconteceram em 57,14% das participantes, 35,71% relataram o encaminhamento do bebê para sala de procedimentos sem nenhuma justificativa considerável. Conclusão: O papel do enfermeiro é de grande importância para preparar a mulher antes, durante e após o trabalho de parto com orientações sobre os seus direitos, o enfermeiro deve estar preparado constantemente para atender a sua comunidade.

Descritores: Parto humanizado; Papel do Enfermeiro; Parto humanizado; Direitos da Gestante.

ABSTRACT | Objective: To identify and understand the view of parturients in relation to the role of nurses in humanized childbirth. Method: Qualitative field research in a city in the interior of the state of São Paulo. Quantitative data were tabulated in Excel, and qualitative data analyzed by Minayo's theme. Result: According to the data obtained in the survey, 14.28% of the participants reported that there was a threat, they were unable to walk, look for more comfortable positions and apply an episiotomy, the presence of a companion was impossible in 28.6% of the participants. Vaginal touches by different people happened in 57.14% of the participants, 35.71% reported the baby being sent to the procedure room without any considerable justification. Conclusion: The role of nurses is of great importance to prepare women before, during and after labor with guidelines on their rights, nurses must be constantly prepared to serve their community.

Keywords: Humanized childbirth; Nurse's Role; Humanized birth; Rights of the Pregnant Woman.

RESUMEN | Objetivo: Identificar y comprender la visión de las parturientas en relación al papel del enfermero en el parto humanizado. Método: Investigación cualitativa de campo en una ciudad del interior del estado de São Paulo. Los datos cuantitativos fueron tabulados en Excel y los datos cualitativos analizados por el tema de Minayo. Resultado: De acuerdo con los datos obtenidos en la encuesta, el 14,28% de los participantes reportaron que había amenaza, no podían caminar, buscar posiciones más cómodas y aplicar una episiotomía, la presencia de un acompañante era imposible en el 28,6% de los participantes. Los toques vaginales por diferentes personas ocurrieron en el 57,14% de las participantes, el 35,71% relató que el bebé fue enviado a la sala de procedimientos sin ninguna justificación considerable. Conclusión: El papel de las enfermeras es de gran importancia para preparar a las mujeres antes, durante y después del parto con lineamientos sobre sus derechos, las enfermeras deben estar constantemente preparadas para servir a su comunidad.

Palabras claves: Parto humanizado; papel de la enfermera; nacimiento humanizado; Derechos de la Mujer Embarazada.

Déborah Pereira Santana

Discente em Enfermagem pela Escola Superior de Cruzeiro-ESC, Cruzeiro-São Paulo - Brasil.
ORCID: 0000-0001-5324-7283

Renan de Souza Moreira

Student in Nursing at Escola Superior de Cruzeiro-ESC, Cruzeiro -São Paulo-Brazil.
ORCID: 0000-0002-6409-7847

Patrícia da Silva Mueller

Master in Social Sciences. Professor of the Graduation Course at Escola Superior de Cruzeiro-ESC, Cruzeiro-São Paulo-Brazil.
ORCID: 0000 0002 8158 6263

Katia Margareth Bitton de Moura

Nurse, Master in Biomedical Engineering -

University of Vale do Paraíba - UNIVAP - São José dos Campos - São Paulo - Brazil. Professor of the Graduate Course in Nursing at Escola Superior de Cruzeiro-ESC, Cruzeiro-São Paulo-Brazil.

ORCID: 0000-0002-6222-8786

Marcela Delatore Guedes Pinheiro

Nurse, Specialist in Critical Care Nursing with emphasis in Cardiology - University of Vale do Paraíba - UNIVAP - São José dos Campos - São Paulo - Brazil. Professor of the Graduate Nursing Course at Escola Superior de Cruzeiro - ESC, Cruzeiro, São Paulo - Brazil.

ORCID: 0000-0001-7785-9671

Fabiano Fernandes de Oliveira

Nurse, Master and PhD student in Nursing

by the Graduate Program, Academic Doctorate Course at the São Paulo State University - "Júlio de Mesquita Filho" - UNESP - Botucatu, São Paulo - Brazil. Professor of the Graduate Nursing Course at Escola Superior de Cruzeiro - ESC, Cruzeiro, São Paulo - Brazil.

ORCID: 0000-0001-6768-4257

Hércules de Oliveira Carmo

Nurse, PhD in Nursing Management - Graduate Program at the University of São Paulo - USP. São Paulo Brazil. Master in Health and Hospital Technology - Federal University of the State of Rio de Janeiro - UNIRIO - Rio de Janeiro- Brazil. Professor of the Graduation Course in Nursing at Escola Superior de Cruzeiro - ESC - Cruzeiro - São Paulo. Brazil.

ORCID: 0000-0002-6996-4233



Silvia Maria de Carvalho Farias

Nurse, Master in Intensive Care - Brazilian Society of Intensive Care - SOBRATI. Professor of the Graduate Nursing Course at Escola Superior de Cruzeiro-ESC, Cruzeiro- São Paulo - Brazil
ORCID:0000-0002-0318 -2810

Recebido em: 11/10/2022

Aprovado em: 12/11/2022

INTRODUCTION

Humanization in childbirth care, including the birth of the newborn, demands changes in behavior, attitudes and conduct of the health team that monitors the woman at this moment of primary importance for the patient; this makes them ensure even more respect and dignity during this process. Therefore, it is necessary to understand what humanization really is in childbirth and all its consequences that derive from this process in the lives of all women in labor. Humanization goes beyond treating people well, it seeks to offer an active listening to parturients, by valuing their complaints, desires, doubts, which is why it is important to outline all the changes necessary to carry out the delivery(1).

The perception of parturients in relation to obstetric nursing care has experienced many changes over the years, especially when referring to delivery and birth care. These humanization practices have greatly reduced the number of deaths among women, since the performance of this class is based on strengthening the humanization of childbirth care, whether vaginally or not, making it necessary to include women as the center of the process. childbirth, respecting and encouraging their autonomy and freedom of choice in decision-making moments (2).

Nurses have the competence and autonomy to systematize and offer ideal care for women throughout labor, providing the best care through confidence, safety, well-being, comfort, seeking to

minimize pain, thus promoting empowerment to ease the pain. so feared fear of childbirth (1).

The Prenatal and Birth Humanization Program (PHPN) was developed by the Ministry of Health in order to seek scientific evidence that proves that therapeutic guidelines and care reduce maternal and neonatal morbidity and mortality, that is, when good practices are adopted from the from the beginning of pregnancy to the end, will bring several benefits to the trinomial: mother, newborn and family(3).

The participation of nursing in the obstetric scenario is of fundamental and irreplaceable importance, especially in humanized childbirth, as it adopts an empathetic, equitable, integral and individualized assistance for the parturient, without prejudgments, without damages and without unnecessary interventions, reducing the parturient's anxieties in the delivery process, providing courage and the necessary security at this unique moment in maternal life, in addition to being present 24 hours a day, attending to the bedside(4).

The choice of theme is justified by the high incidence of obstetric violence during childbirth, which has been causing damage to women's physical and psychological health, and the population's lack of knowledge about the role of nurses in all stages of the baby's birth. However, for nursing care to be carried out in a humanized, qualified and safe way, it is important that Nursing professionals have training based on humanistic principles, that they have the necessary scientific knowledge and are qualified to act in this assistance effectively, promoting the safety of the patient. binomial mother and child.

In this way, the present research has the following objectives to identify, to know the vision of the parturients residing in a municipality located in the Historical Valley of the interior of the State of São Paulo about the relation of the role that the nurse plays in the humanized

childbirth, through a questionnaire, semi-structured created by the authors.

METHODS

It is an exploratory, descriptive and qualitative approach, developed from February 2021 to May 2022, which after defining the theme and application of the investigation, a Basic Health Unit (UBS) was defined in which the existence of the public target has been identified. In order to be able to carry out the research, contact was made with the secretary of health and the nurse responsible for the target unit to obtain authorization for the study.

At that moment, both the research project and the entire methodological course were presented. According to Resolution nº 466 of December 12, 2012, secrecy was guaranteed in order to keep the identity of the subjects anonymous. Therefore, in the present study, the collaborators were identified as Brazilian precious stones, to reference their speeches.

The data collection procedure was through the application of a questionnaire elaborated by the researchers containing 20 closed questions and 1 open question. During data collection, the assistant researchers and the nurse responsible for the UBS used the following PPE: N95 mask and face shield. Hand hygiene was performed with 70% alcohol gel before and after each interview, maintaining a distance of at least 1.5 meters between the researcher and the woman in labor during the interview.

The pens used to sign the informed consent form and to complete the questionnaire were offered by the researchers themselves, who had their hands sanitized and the parturient who agreed to participate in the research was wearing a mask covering her nose and mouth at the time of the interview.

The inclusion criterion was women who gave birth through the Unified Health System. Women under 18 years of age and those who did not agree to participate in the study were excluded.

The quantitative data obtained were organized, tabulated, presented in the form of graphs and the qualitative ones were discussed based on the theoretical framework based on Minayo.

The relative information for closed questions were tabulated and the data were analyzed through tables, in a descriptive way using the Microsoft Office Excel program. This information underwent analysis and confrontation with the existing literature.

The open question was analyzed, with clippings of the speeches according to the importance of the written answers and their relevance to the research, focusing on the literature used for comparison with the results obtained in the current study.

The ethical aspects of the research were safeguarded at all times during the study, emphasizing that data collection was initiated after the consent of the Municipal Health Department by signing the Letter of Authorization for data collection. The research participants received the Free and Informed Consent Form - TCLE and the approval of the project by the Ethics and Research Committee (CEP) of Plataforma Brasil, with opinion number 4,879,259, of August 2, 2021.

RESULTS

The average age among the research participants is 28.3 years, about 79% of the public have completed high school, 7.14% have completed higher education and 14.28% have completed elementary school, in the department type 64 ,29% of the responses were cesarean section, 35.71% were for normal delivery, all participants responded that there were no complications during labor.

In the question "During hospitalization to deliver your baby or home care by your health team, how intense were these experiences with a health professional". Mark the question, according to the degree of intensity of what happened to you, being 1 (little intense) and 10

(very intense). If you have not experienced what is mentioned in the alternative, mark 0.

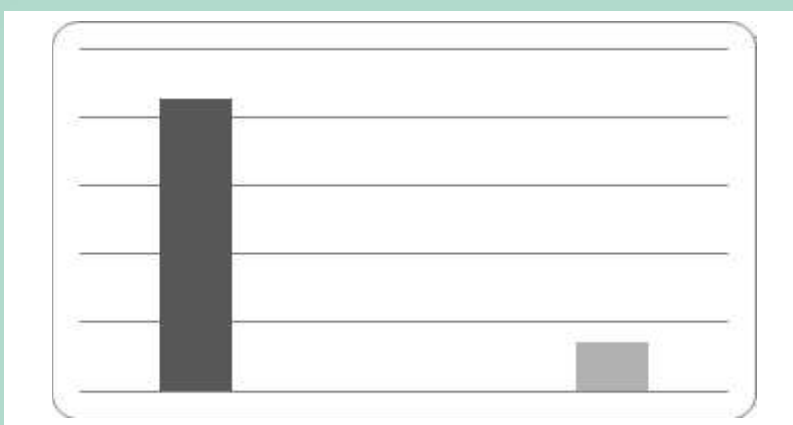
Regarding the data obtained in Graph 1 "He threatened you", 14.28% reported that there was an intense threat, and 85.72% concluded that there was not even one type of threat.

Regarding the data obtained in Graph 2, "Prevented the presence of a companion", 28.6% answered that it was very intense, and 71.4% said that it did not occur.

Regarding the data obtained in Graph 3, "During labor you:"14.28% reported that they were unable to walk and find more comfortable positions according to their needs, and 85.72% reported that this did not happen.

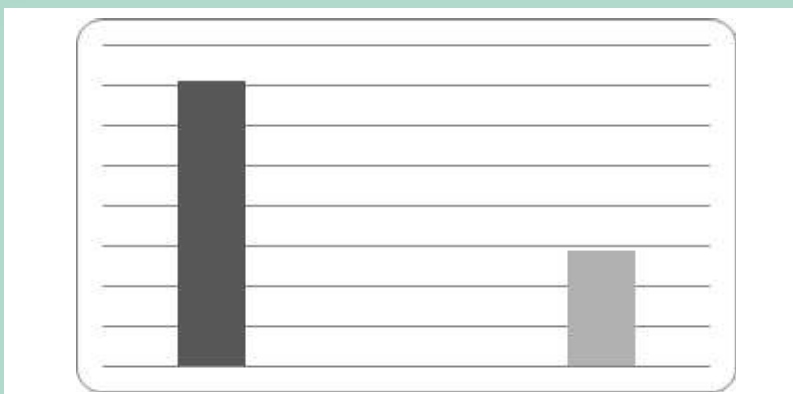
Regarding the question "During labor and delivery, were the following medical procedures performed without having asked for your consent or explained why they were necessary?", 57.14% of the participants reported that there were vaginal examinations perfor-

Graph 1- Distribution of the percentage of intensity experienced in the patient - health professional relationship, 2022.



Source: Research Data (2022)

Graph 2-Percentage data on the presence of a companion, 2022.



Source: Research Data (2022)

med by different people, in addition to 14.28% of the participants also opted for this option, reporting that an “epi-siotomy” was used.

Regarding the data obtained in the question “Remembering the moment right after birth, or even in the delivery room/cesarean section, before the first care for the baby (weighing, measuring, etc.). Mark ONLY the situations that happened to you:”, 35.71% answered that “their baby was immediately taken to the procedure room, without any professional explaining what was happening to him”, and 64.29% answered that “It didn’t happen”.

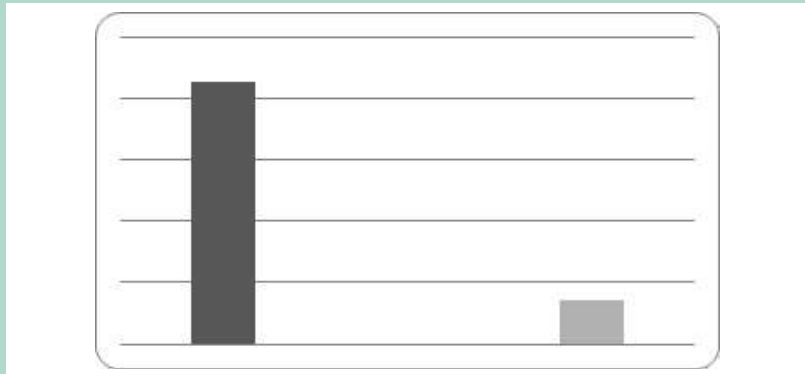
The open question makes the interviewee more comfortable to report her experience in a personalized way and brings different data to the present study. When asked about: “How was your experience directly related to the Nurse at the time of delivery? ”The clippings below show exactly the feelings expressed by the target audience.

The nurse was present at all times, however, without an effective action, since graduates in obstetrics could have guided much more, which unfortunately did not happen, their passages were simply to comply with the protocol (do the touch and listen the baby's heart). I expected more empathy from this professional.”Esmeralda

{Esmeralda's statement corroborates the aforementioned studies, "The importance of nursing in the face of the humanization of natural childbirth: an integrative review" by the author (16) and "Nursing in the humanization of childbirth: an integrative literature review" by the author (17).

Nurses specialized in obstetrics have the competence to provide broader assistance, such as listening, guiding, promoting pain relief through non-pharmacological methods, breastfeeding, adequate handling positions for the newborn, due to their technical

Graph 3- Percentage data in relation to the parturient's needs, 2022.



Source: Research Data (2022)

Graph 4–Data referring to the moment after the birth of the baby, 2022.



Source: Research Data (2022)

Graph 5- Data referring to the moment after the baby's birth, 2022.



Source: Research Data (2022)

and psychological knowledge, in order to promote a more humane care for the parturient woman and her companion (16).

Obstetrics is an area totally dedicated to offering better conditions for pregnancy, childbirth and the puerperium. This will benefit the parturient, newborn and family, as all follow-up will consist of good care practices, eliminating all risk of obstetric violence} (17)

Pérola, interviewed, informs that:

I had a totally satisfactory service, with all the support. I would have liked to have had a normal delivery, but I didn't have dilation and I was immediately offered the option of a cesarean section and everything went smoothly.

{The speech of Pérola, based on the studies by Mascarenhas (18) "Scientific evidence on non-pharmacological methods for relieving labor pain" and "Forms of obstetric violence experienced by puerperal women who had normal childbirth" by the authors (19) contribute with the present study.

A set of factors such as the preparation of the psychological state, evaluation of pain and uterine contractions will contribute for the labor to be carried out naturally, but often due to the shaken emotional state, many pains end up leading to opting for the cesarean section (18).

It is necessary to be patient and dimension in the Systematization of Nursing Care (SAE) the performance of certain procedures, as each human being has their time in acquiring confidence in those who administer health care. It is necessary to respect the woman's autonomy in all stages of childbirth. When you want to do everything very quickly, many professionals end up violating the natural evolution of the stages of childbirth due to the rush of professional practice. It is essential that the team has more empathy, that it puts itself in the

parturient's place to promote the best possible care, respecting the physiology of childbirth} (19).

The interviewee Cristal informs that:

At the time of delivery, I did not have much to do with the nurse, but in the postpartum period, his role was fundamental, helping with breastfeeding and caring for the newborn.

{Cristal's speech allows us to observe in the following authors' studies (20) "Obstetric violence: influence of the Senses of Birth exhibition on the experience of pregnant women" and "Guidelines for pregnant women in prenatal care: the importance of shared care in primary care in health" of (21) that the nurse is very important for all care.

Conveying confidence, well-being and safety to women before, during and after childbirth is essential for the care provided to be of total quality and to always seek respectful care. Thus, eliminating any conduct against obstetric violence, which is a matter for public policy on women's health that is increasingly present in our daily lives, therefore, it is fundamental to contribute with good practices in order to extinguish any type of obstetric violence (20).

The nursing team that provides the pre-delivery, delivery and post-delivery service is essential to prepare this woman to assume her position as a mother, with the purpose of providing essential assistance with breastfeeding, bathing, and the main care for newborns. -born promoting everyone's health (21).}

Regarding insecurity, interviewee Brillhante reports that:

Despite the insecurity and fear, I was welcomed and attended to. A very attentive nurse conveyed calm, and never left me alone, always accompanying the evolution of labor. No complaints from either the nurse or the entire team.

{ Brillhante's speech corroborates what is mentioned in the study entitled

"Nursing in the humanization of childbirth: an integrative literature review" by (17) and "The role of the obstetrician nurse in normal humanized childbirth" by (SILVA et al., 2021).

From the beginning of pregnancy, it is essential to offer good prenatal care, during childbirth and the postpartum period, to always be prepared to answer questions, provide clarifications, welcome the pregnant woman and her companion, transmit confidence to this big moment. It is essential that the entire team is trained to provide a humanized moment. (17)

Providing safety and good care for pregnant women is the function of all professionals and a woman's right, the health team has an obligation to convey calm, and putting yourself in the person's shoes is essential to be able to offer a quality service and very effectively } (22).

The interviewee, whose name is Ruby, reports that:

My experience with the nurses every time I was in the hospital was very satisfactory, everyone was very attentive and treated me well, they answered my questions patiently and also helped a lot during the postpartum period while I was hospitalized.

{ Given Rubi's experience, the authors' studies (21) "Guidance for pregnant women during prenatal care: the importance of shared care in primary health care" and "Continuous support in childbirth care to reduce cesarean sections: synthesis of evidence for policy" (9) demonstrate the importance of good care.

Good communication on the part of health professionals is fundamental to satisfy the patient, contributing to professional ethics is also part of this process, the purpose is to promote more favorable conditions for clarifying doubts and the birth (21).

Clarifying doubts, giving attention, providing good care is satisfactory for

the woman who is about to give birth, due to her unbalanced emotional state, a gesture of love and affection can change this person's life}(9).

According to the interviewee Turmalina, she informs that:

I don't have and shouldn't complain, because the doctor and nurses were great professionals, leaving me very calm and at ease for anything.

{ Turmalina's answer refers us to the studies of (16) "The importance of nursing in the face of the humanization of natural childbirth: an integrative review" and "The puerperium and nursing care: a systematic review"(22).

Through care in a more humane way, patient safety is very important for women to feel calmer and more comfortable. their autonomy restored to face any warning during this process (16).

After childbirth, excellent care is essential due to complications such as the psychologically shaken, feeling of abandonment that are related to postpartum depression. Cases in which follow-up is not effective contribute to maternal morbidity and mortality, which has been growing a lot in recent years} (22).

According to the interviewee Ônix informs that:

It was very helpful and perfect. Profession that should be more valued in our country.

{Ônix allows us to observe in the studies of(23) "Valuation, empowerment and working conditions in nursing: a reflection" and "Health System and Work: challenges for Nursing in Brazil" that nursing should be valued(24) .

Nursing has been present in our lives for a long time, always providing assistance from the beginning of life to the end of it. Each year that passes, more attributions are required of nurses who, in turn, develop actions to contribute significantly to the health of the individual.(23)

Always ahead of the situation, the nurse is risking his health and that of the family members who are waiting for him at home after work. It is fundamental for the rehabilitation of pathologies that affect many patients. It is a fundamental function to ensure health, be it individual or community} (24).

Interviewee Jade reports that:

Only one who, in the moment of intense pain when I arrived, wanted me to walk fast, slapped me on the ass asking for speed in my walk."

{The study entitled "Scientific evidence on non-pharmacological methods to relieve labor pain" corroborates our study (18). During the parturient's pain, it is necessary to have affection and respect at this moment, showing her that you are on her side to support and provide adequate assistance at the moment} (18).

DISCUSSION

Certain behaviors and speeches of some health professionals end up turning into obstetric violence, making that moment of joy turn into a moment of pain, which can impact this woman's future pregnancies, bringing unwanted memories. Therefore, it is necessary to cover scientific knowledge and understand harmony for others so that this type of abuse does not occur (5).

In addition to obstetric violence, it becomes psychological violence that can negatively affect the life of this woman, making a moment that for her and her family members was of joy, turn into an atmosphere of tension, which can lead to both the woman and the baby(6).

The health teams realized that the more humanized the labor is, the more advantageous the parturient ends up being, several benefits such as safety, confidence, self-esteem and the level of satisfaction, spending a moment like this with someone close to support you generates a lot of joy(7).

In addition to the mental and physical health support provided by the companion, it is capable of generating greater peace of mind in order to significantly contribute to the parturient woman and the newborn, but this practice is still seen negatively by some health professionals who do not informed about the benefits provided by this process(8).

The presence of a companion during labor shows that parturients receive better care in order to alleviate pain, loneliness and fear. With a close and trustworthy person, the parturient feels safe and knows that if something unwanted happens, she will not be alone(9).

In order for the parturient to feel at ease, it is important to guide and encourage, highlighting the benefits so that she can walk and find the ideal position in order to stimulate the release of hormones to provide more comfort (10).

To promote a better performance during labor, encouraging the parturient to move and find more comfortable positions will make labor faster and bring about a reduction in pain (11).

The woman during childbirth is in a very delicate moment where she needs support, understanding, encouragement, due to her remarkable moment of labor, the vaginal touches performed frequently and by different people are considered as obstetric violence that bring pain, embarrassment, nuisance, and may even cause an infection. That is why it is important to perform only with the consent of the parturient (12)

For normal delivery to occur, in a non-surgical way, it is necessary for the woman's body to be ready for this process, in which it will release hormones to stimulate triggering uterine contractions and dilations, so that the baby can be born properly, but in In some cases, a surgical incision is still used, which is often done without the woman's consent and clarification. This process ends up becoming, in addition to obstetric violence, violence against women's au-

tonomy and against ethics itself (13).

The pregnant woman during prenatal care should be guided about the various procedures that may occur to her and her baby after childbirth, so it is important for the nurse to work on this woman's psychology so that she is ready for any situation that may happen to her. she and the newborn(14).

The attention offered by the nurse in prenatal care consists of providing benefits to make the parturient ready for labor, through guidance, risk prevention, clarifying all possible doubts so that no surprises happen (15).

CONCLUSION

When carrying out this research, the importance of the nurse's role during humanized childbirth was observed, it is extremely important to provide good guidance so that the pregnant woman can know her rights and choose to have her delivery the way she always wanted. The lines that were not repeated in the form were also selected. The nurse must provide excellent humanized care, seeking to listen to the patient, clarify all doubts, explain step by step the procedures that will be performed. It is of paramount importance that the patient

has decent care and that nursing systematization is present to further develop a capable, quality service with a lot of theoretical/scientific basis.

Finally, the study carried out helps us to understand that the role of the nurse in the ESF is much more than carrying out procedures, but rather providing excellent guidance to prepare pregnant/parturient women for their labor. That is why teamwork stands out, which is fundamental to bring numerous benefits involved during this process, especially the mother, the father and the father and the baby.

References

- 1 Gomes, C. M.; Oliveira, M. P. S.; Lucena, G. P. De. O Papel do Enfermeiro na Promoção do Parto Humanizado. *Revista Recien-Revista Científica de Enfermagem*, v.10, n.29, p.180–188, 2020.
- 2 Bomfim, A. N. A. et al. Percepções de Mulheres Sobre a Assistência a Assistência de Enfermagem durante o Parto Normal. *Revista Baiana de Enfermagem*, v.35, p.1–8, 2021.
- 3 DaSilva, A. T. C. S. G. et al. O Papel do Enfermeiro na Humanização do Parto Normal. *Revista Eletrônica Acervo Saúde*, v.13, n. 1, p. e5202, 2021.
- 4 De Moura, J. W. S. et al. Humanização do Parto na Perspectiva da Equipe de Enfermagem de um Centro de Parto Normal. *Enfermagem em Foco*, v. 11, n. 3, p.202–208, 2020.
- 5 Leite, T. H. et al. Desrespeitos e abusos, maus tratos e violência obstétrica: um desafio para a epidemiologia e a saúde pública no Brasil. *Ciência e Saude Coletiva*, v.27, n.2, p.483–491, 2022.
- 6 Andrade, A.; Coelho, J.; Almeida, B. Violência Obstétrica: a Agressão Silenciosa Nas Salas De Parto. *Revista da Graduação em Psicologia da PUC Minas*, v.1, n.2, p.22, 2020.
- 7 Gomes, I. E. M. et al. Benefícios da Presença do Acompanhante no Processo de Parto e Nascimento: Revisão Integrativa. *Revista de Enfermagem da UFSM*, v.9, p.e61, 2019.
- 8 Cattâneo, L. P. et al. Presença do Acompanhante no Processo de Parto: Percepção dos Profissionais de Saúde. *Revista Saúde em Redes*, v. 7, n. 1, p.25–38, 2021.
- 9 Oliveira, C. De F. et al. Apoio Contínuo na Assistência ao Parto para Redução das Cirurgias Cesarianas: Síntese de Evidências para Políticas. *Ciência e Saude Coletiva*, v.27, n.2, p.427–439, 2022.
- 10 Rocha, B. D. DA et al. Posições Verticalizadas no Parto e a Prevenção de Lacerações Perineais: Revisão Sistemática e Metanálise. *Revista da Escola de Enfermagem da USP*, v.54, p.1–11, 2020.
- 11 Machado, G.; Davoli, L.; Valerio, P. Posicionamentos para cada fase do parto, o papel do fisioterapeuta mediante ao trabalho de parto. *BJOG: An International Journal of Obstetrics & Gynaecology*, v.3, 2022.
- 12 Peixoto, M. B.; Cardoso, R. L.; Guarido, K. L. A Violência Obstétrica Vivenciada por Mulheres de um Centro Educacional no Município de São José -SC. *Global Academic Nursing*, v.1, n.2, p.1–8, 2020.
- 13 Freitas, M. T. De et al. Os Limites entre a Episiotomia de Rotina e a Violência Obstétrica. *Revista Eletrônica Acervo Científico*, v.13, p.e4696, 2020.
- 14 Silva, S. E. et al. Atuação Do Enfermeiro No Pré-Natal. *RECIMA21 - Revista Científica Multidisciplinar-ISSN2675-6218*, v.1, n.1, p. e211976, 2021.
- 15 Rocha, C. R. F. C.; Lopes, I. M. D. Avaliação da Qualidade do Pré-Natal em um Hospital Amigo da Criança no Interior do Nordeste Brasileiro. *Research, Society and Development*, v.11, n.1, p.e5311125277, 2022.
- 16 Santos, J. G. Dos et al. A Importância da Enfermagem frente a Humanização do Parto Natural: revisão integrativa / The importance of nursing in the humanization of natural childbirth: integrative review. *Brazilian Journal of Development*, v.8, n.2, p.9138–9151, 2022.
- 17 Corvello, C. M. et al. A Enfermagem na Humanização do Parto: Uma Revisão Integrativa da Literatura. *Research, Society and Development*, v. 11, n.3, p.e37311325759, 2022.
- 18 Mascarenhas, H. V.; Lima, A.; T. R. et al. Evidências Científicas sobre Métodos não Farmacológicos para Alívio da Dor do Parto. *Acta Paul Enferm*, v.32, n.3, p.350–357, 2019.
- 19 Da Silva, I. C.; Santana, R. B. Formas de Violência Obstétrica Vivenciadas por Puérperas que tiveram Parto Normal. *Enfermeria Global*, v. 16, n. 3, p. 80–88, 2017.
- 20 Lansky, S. et al. Violência obstétrica: Influência da Exposição Sentidos do Nascer na Vivência das Gestantes. *Ciência e Saude Coletiva*, v. 24, n. 8, p.2811–2824, 2019.
- 21 Marques, B. L. et al. Orientações às gestantes no pré-natal: a Importância do Cuidado Compartilhado na Atenção Primária em Saúde. *Escola Anna Nery*, v.25, n.1, p.1–8, 2021.
- 22 Honeidy, F.; Azevedo, C. O Puerpério e os Cuidados de Enfermagem: Uma Revisão Sistemática. *Research, Society and Development*, v.2021, p.1–10, 2022.
- 23 Costa, A.; Viegas, G. Valorização, Empoderamento e Condições de Trabalho na Enfermagem: Uma reflexão. *Rev Recien*, v. 11, n. 35, p. 92–97, 2021.
- 24 Neri, M. C.; Machado, M. H. Sistema de Saúde e Trabalho : Desafios para a Enfermagem no Brasil. *Ciência e Saude Coletiva*, v.25, p.7–14, 2020.

