

Guided Visit to the Maternity Ward: A Scoping Review

Visita Guiada à Maternidade: Uma Revisão de Escopo
Visita Guiada a la Maternidad: Una Revisión de Alcance

RESUMO

Objetivo: mapear a produção científica nacional sobre a visita da gestante à maternidade durante o pré-natal. **Método:** revisão de escopo baseada no referencial do Joanna Briggs Institute e nas diretrizes Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews. Incluíram-se estudos em português publicados entre 2014 e 2024, excluindo-se pesquisas fora do Brasil. Analisaram-se 17 publicações. **Resultados:** a visita guiada contribui para a humanização do cuidado e fortalece vínculos, tendo o enfermeiro como figura central. Os desafios incluem a escassez de profissionais capacitados, fragilidades na articulação entre níveis de atenção e ausência de padronização conceitual. **Conclusão:** a visita à maternidade é prática relevante para a segurança e humanização da assistência, e que esta revisão contribui ao identificar lacunas na literatura e orientar políticas e práticas voltadas ao cuidado obstétrico no Brasil.

DESCRIPTORES: Gestantes; Gravidez; Gravidez de Alto Risco; Terceiro Trimestre da Gravidez; Cuidado Pré-Natal.

ABSTRACT

Objective: To map the national scientific literature on pregnant women's visits to maternity clinics during prenatal care. **Method:** A scoping review based on the Joanna Briggs Institute guidelines and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for scoping reviews. Studies in Portuguese published between 2014 and 2024 were included, excluding research conducted outside Brazil. Seventeen publications were analyzed. **Results:** The guided tour contributes to the humanization of care and strengthens bonds, with the nurse as the central figure. Challenges include a shortage of trained professionals, weaknesses in coordination between levels of care, and a lack of conceptual standardization. **Conclusion:** The maternity ward visit is a relevant practice for the safety and humanization of care, and this review contributes to identifying gaps in the literature and guiding policies and practices focused on obstetric care in Brazil.

DESCRIPTORS: Pregnant women; Pregnancy; High-Risk Pregnancy; Third Trimester of Pregnancy; Prenatal Care.

RESUMEN

Objetivo: realizar un mapeo de la producción científica nacional sobre las visitas de las mujeres embarazadas a la maternidad durante el periodo prenatal. **Método:** revisión exploratoria basada en el marco de referencia del Joanna Briggs Institute y en las directrices «Preferred Reporting Items for Systematic reviews and Meta-Analyses: extension for Scoping Reviews». Se incluyeron estudios en portugués publicados entre 2014 y 2024, excluyendo las investigaciones realizadas fuera de Brasil. Se analizaron 17 publicaciones. **Resultados:** la visita guiada contribuye a la humanización de la atención y fortalece los vínculos, con el personal de enfermería como figura central. Entre los retos se encuentran la escasez de profesionales cualificados, las deficiencias en la coordinación entre los niveles de atención y la falta de estandarización conceptual. **Conclusión:** la visita a la maternidad es una práctica relevante para la seguridad y la humanización de la asistencia, y esta revisión contribuye a identificar lagunas en la literatura y a orientar las políticas y prácticas relacionadas con la atención obstétrica en Brasil.

DESCRIPTORES: Embarazadas; Embarazo; Embarazo de alto riesgo; Tercer trimestre del embarazo; Atención prenatal.

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Received: 03/26/2026

Approved: 04/27/2026

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INTRODUCTION

The Program for Humanization in Prenatal Care and Childbirth (PHPN), created in 2000, sought to reduce maternal and infant morbidity and mortality by improving the quality of prenatal care.¹ Subsequently, the Stork Network (2011) established a ma-

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ternal and child care network focused on support, access, and the reduction of maternal and neonatal mortality.² In 2024, the Ministry of Health established the Alyne Network, an update to the Stork Network, with the goal of improving maternal and child care, reducing morbidity and mortality, strengthening primary care, integrating levels of care, and humanizing care.³ A key focus is linking pregnant women to their designated maternity hospital, particularly in the third trimester, to ensure the management of complications and safety during childbirth. The goal is to prevent women from having to search for care at the time of delivery, thereby ensuring safer and more organized care.^{3, 4, 5}

Administrative Order No. 4,279 of 2010 establishes guidelines for the organization of the Health Care Network (RAS) within the Unified Health System (SUS), defining the referral system as a key point of communication within the network.⁶ Its main objective is to ensure the continuity and integration of care at all levels of the RAS.⁶ In this context, the Basic Health Unit (UBS) to which the pregnant woman is assigned is responsible for referring her to a maternity hospital for delivery, which falls under tertiary care.

Law No. 11,634/2007 guarantees the pregnant woman's right to know in advance the maternity hospital as well as the referral facility for care in cases of complications during prenatal care, reinforcing the organization and qualified access to maternal and child health services.^{7, 8}

It is known that physical, psychological, and environmental factors directly influence the childbirth experience. In this sense, the pre-admission visit becomes essential to expand access to information, reduce fears, and increase the pregnant woman's confidence during this crucial moment.⁸ It allows for familiarization with the maternity ward and the facility's layout, and serves as an opportune moment to

address questions and provide information on basic procedures—such as required documents, what to bring, how to get there, visiting hours and limits, rules regarding companions, and other concerns.⁹

Given this context and the importance of the link between primary care and the referral maternity hospital for pregnant women, the objective of this study was to review the scientific literature on what has been published in Brazil regarding pregnant women's visits to the maternity hospital during prenatal care.

METHOD

This is a scoping review conducted according to the *Joanna Briggs Institute* (JBI) methodology, consisting of five stages: development of the guiding question; search for relevant studies; selection of studies based on inclusion and exclusion criteria; data extraction and analysis; and synthesis and presentation of the findings.¹⁰ Structured according to the flowchart of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-Scr) for scoping reviews.¹¹ Scoping reviews allow for mapping the available literature on a specific topic, identifying gaps and areas for future research.¹²

The guiding question presented in this review was “What has been pub-

lished regarding pregnant women's visits to referral maternity hospitals in Brazil? Thus, the research question was clarified using the PCC strategy recommended for scoping reviews, where “P” stands for the population (pregnant women), “C” for the concept (maternity ward visit/guided maternity ward visit/bonding visit), and “C” for the context (Brazil).

The descriptors used to construct the search strategies according to the Descriptors in Health Sciences (DeCS) / Medical Subject Headings (MeSH) index were: Pregnant women; Pregnancy; High-Risk Pregnancy; Third Trimester of Pregnancy; and the keywords: Maternity ward visit; Maternity ward visit; Visits to maternity wards; Guided maternity ward tour; Bonding visit; Scheduled maternity ward visit; Welcome visit for pregnant women; Pregnant women's preliminary visit to the maternity ward.

After selecting the descriptors and equivalents, an electronic search for studies was conducted in the following databases: BVS (Virtual Health Library) and a search for gray literature on the CAPES (Coordination for the Improvement of Higher Education Personnel) Portal for Journals, Theses, and Dissertations, as well as Google Scholar.

In selecting the articles, a combination of the Boolean operators AND and OR was used, as shown in the table below:

Table 1 - Search strategies, Curitiba, Paraná, 2025.

SEARCH STRATEGY	DATABASE
((Gestantes) OR (Gravidez) OR (Gravidez de Alto Risco) OR (Terceiro Trimestre da Gravidez) AND (visita a maternidade) OR (visita as maternidades) OR (visita guiada a maternidade) OR (visita de vinculação) OR (visita programada a maternidade) OR (visita de acolhimento as gestantes) OR (visita prévia das gestantes a maternidade))	BVS
"Gestantes" OR "Gravidez" OR "Gravidez de Alto Risco" OR "Terceiro Trimestre da Gravidez" AND "visita a maternidade" OR "visita as maternidades" OR "visita guiada a maternidade" OR "visita de vinculação" OR "visita programada a maternidade" OR "visita de acolhimento as gestantes" OR "visita prévia das gestantes a maternidade"	GOOGLE ACADÊMICO
((Gestantes OR (Gravidez) OR (Gravidez de Alto Risco) OR (Terceiro Trimestre da Gravidez)) AND (visita a maternidade OR (visita as maternidades) OR (visita guiada a maternidade) OR (visita de vinculação) OR (visita programada a maternidade) OR (visita de acolhimento as gestantes) OR (visita prévia das gestantes a maternidade))	PORTAL CAPES

Source: From the authors (2025)

The inclusion criteria were online texts, available in full in Portuguese and published between 2014 and 2014, that addressed the topic within the scope. Publications not conducted in Brazil were excluded.

The search was conducted between December 2024 and January 2025, and the publications found were exported to the Rayyan tool. Of the total (n=339), 11 duplicate files were excluded, and 294 were excluded after reviewing titles and abstracts.

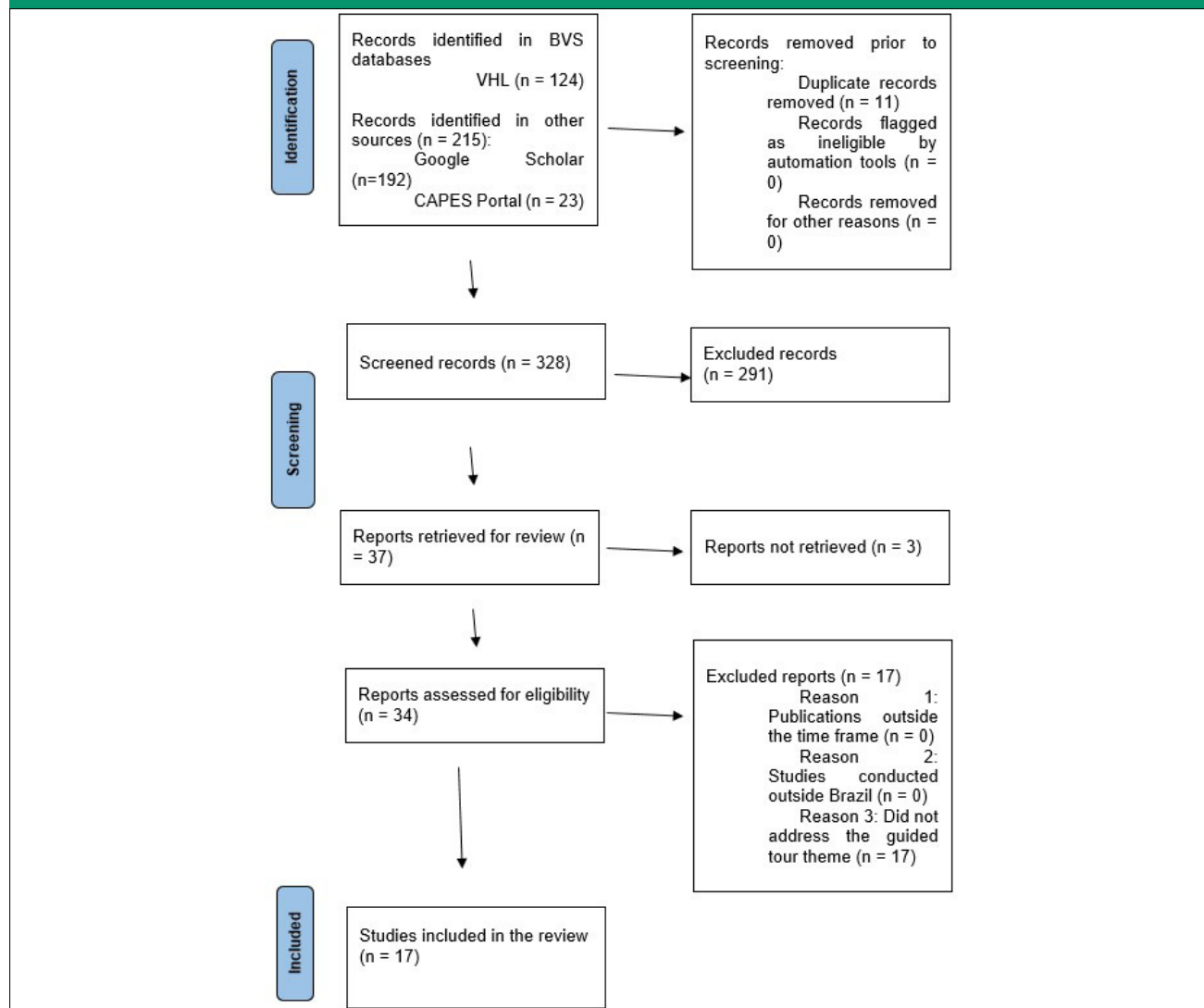
Subsequently, after full-text review by two evaluators, 17 articles were excluded for not addressing the scope topic or for lacking all required elements (introduction, method, results, discussion, and conclusion). Thus, this scoping review comprised 17 publications, as shown in Figure 1.

After selecting the publications, the extracted data were grouped and organized into a descriptive table in Microsoft Office Excel® 2007, containing: title, objective, authors, au-

thors' educational background, year of publication, study location (if applicable), method, participants (if applicable), the term used, main findings regarding the guided tour, and conclusion, with the aim of understanding the organization and dynamics of the pregnant woman's pre-admission visit to the maternity ward, as shown in Table 2.

For record-keeping purposes, the scope review protocol was registered: 10.6084/m9.figshare.30888104.

Figure 1 - Flowchart of the selection of studies comprising the research according to PRISMA ScR, Curitiba, Paraná, 2025.



source: From the authors (2025)

RESULTS

The findings were organized into

tables and summarized in narrative form to present the main results of the guided tour of the maternity ward. As

shown in Table 2, 17 articles were selected for analysis in this scoping review.

Table 2 – Publications included in the scoping review, Curitiba, Paraná, 2025.

Publication	Year	Authors' Background	Location	Method	Term used
The Role of Nurses in the Initial Assessment of Pregnant Women at a Public Maternity Hospital	2022	Nursing	Public hospital located in the municipality of Belém, Pará.	Qualitative, experience report type.	Intake visit, Visit to the referral maternity hospital
Guided Tour of the Maternity Ward: Profile of Pregnant Women and Understanding of the Topics Addressed.	2022	Nursing	Maracanaú Municipal Hospital in Ceará	Cross-sectional study.	Guided tour of the maternity ward
Rede Cegonha: prenatal care and referral of pregnant women to the designated maternity hospital.	2018	Nursing and Biology	Maternity ward in the municipality of Santo Antônio de Jesus, Bahia	Qualitative.	Liaison Visit to the Referral Maternity Hospital
The pregnant woman's connection with the maternity hospital: its influence on the type of delivery.	2018	Nursing, Obstetric Nursing, Obstetrician, and Midwife	Maternity hospital located in a medium-sized municipality in São Paulo	Qualitative-quantitative.	Pregnant women's attachment to the maternity ward
Postpartum women's perceptions of best practices in labor and delivery care.	2020	Physical Therapy	Assis Chateaubriand Maternity School (MEAC) in Ceará	Cross-sectional quantitative study.	Visit to the maternity ward
Childbirth care in the health region of the Rede Mãe Paranaense	2020	Nursing and Biological Sciences	Three maternity hospitals located in the western region of Paraná	Quantitative, cross-sectional	Maternity ward visit
Knowledge and perceptions of nurses and physicians regarding the pregnant woman's connection to the maternity hospital.	2024	Nursing	University hospital in Porto Alegre, Rio Grande do Sul	Qualitative.	Referral to the maternity ward and the pregnant woman to the referral maternity ward; visit to the referral maternity ward
Systematization of Good Practices in Childbirth and Birth Care at the Maternity Ward of FUNDAJAN Hospital, Janaúba, Minas Gerais.	2017	Nursing	Maternity Ward of the Janaúba Social Assistance Foundation HospitalFUNDAJAN in Minas Gerais	Mixed Intervention project.	Visits by pregnant women to the maternity ward; guided tour of the maternity ward
Multidisciplinary residency in Primary Care and initiatives for continuity of care in primary maternal and child health care.	2019	Nursing	UBSs affiliated with the Residency Program in Caicó, Rio Grande do Norte	Qualitative Experience report.	Guided Affiliation Visit
Technological strategy to ensure access to an affiliation visit to a public maternity hospital in the state of Amazonas: experience report.	2023	Nursing	Public referral maternity hospital located in the city of Manaus, Amazonas.	Qualitative Experience report.	Orientation Visit
Guidance for the companion and the pregnant woman to experience labor in a normal delivery center in the interior of Ceará.	2018	Nursing	Maternity hospital located in the municipality of Horizonte, Ceará	Mixed Intervention project.	Guided Tour
Prenatal care as envisioned and implemented: pregnant women's perspectives.	2014	Nursing	Public Teaching Maternity Hospital, in Salvador, Bahia.	Qualitative.	Orientation visit to the maternity hospital
Guided tour of the maternity hospital for pregnant women: a university extension pilot project.	2022	Nursing	Prenatal care services at three health centers in Macapá, Oiapoque, and Santana; and three maternity wards in Amapá	Qualitative Experience Report	Scheduled visit to the maternity ward

Eu Sou SUS Circuit: a strategy to strengthen prenatal care.	2021	Nursing, medicine, dentistry	Family Health Strategy in Atalaia, Alagoas	Qualitative Experience Report	Visit to the maternity ward
Childbirth preparation group at Sumaré State Hospital.	2023	Nursing, Food Engineering	Sumaré State Hospital (HES), in São Paulo	Qualitative Experience Report	Guided tour of the Obstetric Center and Room-in
Quality of antenatal and postnatal care in the Unified Health System.	2018	Nursing	Lagarto, Sergipe	Cross-sectional study.	Maternity-based reference for childbirth
Development of audiovisual technology to support childbirth preparation,	2022	Nursing	Sobral, Ceará	Qualitative Methodological research.	Guided tour of the maternity ward

Source: From the authors (2025)

The most common methodological design was the experience report (five articles), with 10 articles using a qualitative approach. Eleven scientific articles stood out, followed by three Final Course Projects (FCP), two Final Residency Projects (FRP), and one dissertation.

Regarding the terms used, "visit to the maternity ward" appears in five articles,^{13, 17} although two of these add "visit to the referral maternity ward."^{13, 16} "Guided tour" appears in five studies,^{18, 22} with variations such as "guided tour of the maternity ward"^{18, 19, 22} and "guided tour of the Obstetric Center and Rooming-in Facility."²¹

The term "bonding visit" appears in four articles,^{23, 26} with variations such as "bonding visit to the referral maternity ward,"²³ "guided bonding visit"²⁴ and "bonding visit to the maternity ward."²⁶

The term "bonding" appears in two studies with variations such as "bonding of the pregnant woman with the maternity ward"²⁷ and "bonding with the referral maternity ward."¹⁶ The terms "intake visit,"¹³ "scheduled visit to the maternity ward,"²⁸ "pregnant women's visit to the maternity ward,"¹⁹ and "referral maternity ward for childbirth"²⁹ appear in one study each.

The analysis identified ten themes, grouped into five categories: Organization and Conduct of the Guided Tour; Health Education and the Role of the Nurse; Professional Education and Training; Bonding and the Pregnant Woman's Experience; and Childbirth Care and the Pregnant Woman's Safety.

Organization and Conduct of the Guided Tour

ded Tour

Six themes comprised this category, namely: dynamics, scope of the visit, use of educational materials, presence of a multidisciplinary team, questions, and difficulties. The dynamics involved invitations extended by Community Health Agents (ACS), nurses from the Family Health Program (PSF), and prenatal care teams,^{24, 25, 20} with prior scheduling.^{19, 25, 20} The reception was conducted by a maternity ward nurse,¹⁹ a manager, and residents who explained the purpose of the visit.²⁴

The areas visited included risk classification rooms, pre-delivery, admission, reception, the obstetric center, and mother-baby rooms.^{19, 24, 21} Environments such as the CPNI and humanized delivery rooms stood out.^{24, 25}

The guidelines covered documents, nutrition,²⁴ breastfeeding,^{20, 17} labor,^{19, 28, 17} vaginal delivery, rights, the physiology of childbirth and types of delivery,²⁰ signs and symptoms,¹³ obstetric violence,^{20, 17} pain relief,^{13, 17, 20} birthing positions,^{13, 20} when to go to the maternity ward,^{13, 28, 17} admission, golden hour, birth companion, postpartum period¹⁷, and routines.²¹

Educational materials included discussion circles, a booklet,¹³ a banner,²⁸ brochures, groups¹⁶, videos,^{16, 22} and a QR code for scheduling.²⁵

Multidisciplinary participation included nurses, psychologists,^{20, 28} social workers, doulas, nursing technicians,²⁰ nutritionists, physicians, and physical therapists.²⁸

Questions pertained to breastfeeding,^{18, 19} the physical layout of the maternity ward,²⁷ analgesia, pain, birth companions, professionals assisting with childbirth, newborn care, what to bring

to the maternity ward, non-pharmacological methods¹⁹, and indications for delivery.²⁴

The challenges include policy changes, social vulnerability,¹⁶ service overload,²⁰ low adherence, ineffective communication,²⁸ and the COVID-19 pandemic.^{16, 28, 20}

Health Education and the Role of Nurses

This category encompassed health education and the nurse's presence. The studies address the importance of visits for health education,^{13, 18, 23, 20} regarding pregnancy, childbirth, and care,¹³ as well as issues not clarified during prenatal care¹⁸ and the prevention of complications.²³

Nurses play a central role in these activities,^{24, 23} in coordination,²⁰ fostering rapport,¹³ and addressing questions.^{13, 23}

Professional Education and Training

This category included deficits in prenatal care and professional qualifications. A lack of information was identified in prenatal care,^{13, 27, 28} regarding pregnancy, childbirth, the postpartum period, and rights, as well as discrepancies between guidelines,^{13, 18, 27, 28} with guidelines being neglected.¹³

Particular emphasis is placed on the importance of professional qualifications, including detailed,²³ clear,¹³ information on referral procedures and policies,¹⁶ and training for the prenatal care team on scheduling.²⁸

Prenatal Care and the Pregnant Woman's Experience

This category addressed the sense of

connection and the presence of a companion. Studies report positive experiences,^{18, 23} recognition of the importance of the visit,²⁷ development of a sense of security and peace of mind,^{23, 22, 18, 27, 16} satisfaction^{18, 23, 20} and reduced anxiety and fear.^{16, 24} Questions arise regarding the companion's right to be present, and clarification provides reassurance.^{24, 22, 27}

Childbirth Assistance and Maternal Safety

This category included encouragement of natural childbirth and data on visits. Two studies indicated an increase in preference for vaginal delivery after the visit, due to information about practices and pain relief.^{27, 21} Regarding dissemination, 61.7% of pregnant women were informed about the visit by professionals or acquaintances,¹⁸ while 41.5% received information about the referral maternity hospital.²⁹ Pregnant women in rural areas received more guidance, while low-income women, those with planned pregnancies, or those satisfied with their pregnancy received less.²⁹

DISCUSSION

Health Education was highlighted in four studies in this review, with the visit to the maternity ward identified as an opportune moment for its implementation. According to the National Foundation for Health (2007)³⁰, it is characterized by the active participation of citizens, fostering critical awareness and the search for collective solutions, with the aim of social transformation and strengthening the principles of the SUS. NOB 1/1996 recognizes Health Education as a function of federal and state managers,³⁰ integrating it into the scope of practice of professionals, with a focus on nursing, which considers educational actions a central element of care.³¹

It is the role of nursing to develop educational initiatives, such as groups for pregnant women and activities in waiting rooms, among other strategies.³²

Such initiatives promote autonomy, strengthen the nurse-pregnant woman bond, and encourage active participation by women and their families, yielding significantly positive impacts during the period of hospitalization in the maternity ward, thereby contributing to health promotion and the prevention of complications.^{33, 34}

However, this review identified shortcomings in the guidance provided and in the conduct of maternity ward visits, highlighting difficulties in coordination between primary care and hospital care. Aguilera *et al.* (2013)³⁵, in a study in the Curitiba Metropolitan Region, also pointed out the fragmentation of PHC, which, despite organizational efforts, is not yet fully implemented in the municipalities analyzed, compromising the comprehensiveness and continuity of care. For referral and counter-referral mechanisms to function properly, a prior agreement is necessary among the different levels of care regarding the cases to be accepted, defining the so-called care profile.³⁶

Another study conducted in Curitiba, Paraná, revealed a lack of guidance during prenatal care, particularly regarding childbirth, and highlighted the need to improve communication between the Basic Health Unit (UBS) and the maternity ward. Furthermore, the prenatal visit was recognized as a crucial moment for understanding the birth plan and for strengthening the bond with the health service.³⁷

The journey of pregnant women in search of a maternity ward is a recurring and preventable problem linked to maternal, fetal, and neonatal morbidity and mortality.³⁸ This situation is exacerbated by the disorganization and overcrowding of services, which ultimately exposes women and babies to unnecessary risks due to delays in care, potentially resulting in maternal, neonatal, and fetal deaths, especially in emergency situations.³⁸

According to CONASS (2004)³⁹, pri-

mary care constitutes a level of care that integrates preventive, promotional, diagnostic, treatment, and rehabilitation actions, both individual and collective. By valuing the user as an active participant in care and encouraging their autonomy, involving family and community in the health promotion process, primary care is organized around people's real needs, promoting humanized, comprehensive, and participatory care.³⁹

When primary care effectively functions as a gateway, it ensures a welcoming environment, continuity of care, and timely follow-up, reducing morbidity and mortality and promoting better health outcomes, in addition to contributing to the organization of the health system.⁴⁰ In this context, continuity of care becomes an essential guideline for overcoming barriers to access, especially in the late stages of pregnancy, by strengthening the relationship between the woman and the health care team and coordinating the different levels of care.³⁸

Of the studies analyzed, 15 involved nursing professionals, highlighting their importance in prenatal care. With technical and scientific training, nursing provides qualified, humanized, and non-discriminatory care, grounded in acceptance and respect for diversity. This recognition formed the basis for the best practices in childbirth and newborn care proposed by the WHO (1996).⁴¹ In Brazil, the Ministry of Health began recognizing, in 1998, humanized childbirth care provided by nurses, including normal childbirth without dystocia, and, in 1999, established Normal Childbirth Centers (CPN), managed by these professionals.³⁸

One limitation noted by the authors concerns the terminology used to describe this practice, as the lack of standardization in the terms "visit" or "bonding" may have excluded relevant studies that use different nomenclatures.

CONCLUSION

Aware of the positive effects of the pregnant woman's bonding with the maternity ward and of the third-trimester visit, this review found results that highlight the importance of visits during the gestational period. The dynamics of the visits highlighted the need to guide both pregnant women and their companions; therefore, aspects such as organization, flow, physical structure, and the materials used had a beneficial impact on the quality of the visit and, consequently, at the time of delivery.

The studies also indicate that the practice of humanization plays a fundamental role in promoting positive experiences for women during the visit, highlighting the nurse as a central figure in this care. However, significant barriers

to providing this care still exist in the country, such as the difficulty of establishing a connection between the pregnant woman and the maternity ward, the scheduling and maintenance of visits, and a lack of professional training.

The scoping review identified gaps in the scientific literature on these visits, such as a scarcity of studies evaluating their impact on birth and postpartum outcomes, as well as the absence of comparative studies between public and private institutions. This study may guide future research to deepen understanding of the needs and priorities related to the bonding visit, as well as the challenges faced in providing this type of care, especially through investigations in other regions of Brazil. It is also important to emphasize the need for investments in

the education and training of nursing professionals, so that they are prepared to welcome, guide, and support pregnant women during this crucial moment of prenatal care.

Thus, guided visits should be encouraged and coordinated between primary and tertiary care to ensure a safer, more humanized, and higher-quality child-birth experience. It is hoped that the results of this review will contribute not only to professional practices but also to institutional strategies and public policies aimed at promoting comprehensive care for pregnant women, strengthening the role of nursing in ensuring more welcoming and effective obstetric care.

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ACKNOWLEDGMENTS, FINANCIAL OR TECHNICAL SUPPORT, DECLARATION OF FINANCIAL CONFLICT OF INTEREST AND/OR AFFILIATIONS:

This article originated from the undergraduate research project titled "Guided tour of the maternity ward: a scoping review," conducted at the Federal University of Paraná (UFPR), 2024–2025 program.

Funding: The authors declared that no funding was received.

Conflicts of interest: The authors declare that there are no conflicts of interest.