

DOI: <https://doi.org/10.36489/nursing.2020v23i268p4654-4665>

# Challenges faced by obstetric nurses for the promotion of home birth in contemporary times

**ABSTRACT** | Objective: To investigate the difficulties experienced by obstetric nurses in the promotion of home birth, in order to compare with the data presented in the literature. Methods: Descriptive study with a qualitative approach, carried out between the months of August and October 2019, with seven obstetric nurses from two municipalities in Minas Gerais. Data collection took place through individual interviews guided by a semi-structured script, followed by an analysis of categorical thematic content. Results: From the reading and interpretation of the content, it was possible to establish the following categories: 1) Home or Hospital? The reasons for choosing the lens of obstetric nurses; 2) Barriers experienced by obstetric nurses in promoting home birth; 3) Clues for the promotion of home birth: what can an obstetric nurse? Conclusion: Obstetric nurses face challenges in promoting home birth, many of which are related to knowledge of the common curative paradigm disseminated both by the population and by the team professionals, who consider home birth to be an inappropriate practice

**Keywords:** Nurse Midwives; Home Childbirth; Health Promotion.

**RESUMEN** | Objetivo: investigar las dificultades experimentadas por las enfermeras obstétricas en la promoción del parto en el hogar, con el fin de comparar con los datos presentados en la literatura. Métodos: Estudio descriptivo, con enfoque cualitativo, realizado entre agosto y octubre de 2019, con siete enfermeras obstétricas de dos municipios de Minas Gerais. La recopilación de datos se realizó a través de entrevistas individuales guiadas por un guión semiestructurado, seguido de un análisis de contenido temático categórico. Resultados: De la lectura e interpretación del contenido, fue posible establecer las siguientes categorías: 1) Hogar u hospital? Las razones para elegir la lente de las enfermeras obstétricas; 2) Fuerzas constituyentes en el trabajo de las enfermeras obstétricas en la promoción del parto en el hogar. Conclusión: Las enfermeras obstétricas enfrentan desafíos para promover el parto en el hogar, muchas de las cuales están relacionadas con el conocimiento del paradigma curativo común difundido tanto por la población como por los profesionales del equipo, quienes consideran que el parto en el hogar es una práctica inapropiada.

**Palabras claves:** Enfermeras Obstétricas; Parto Domiciliario; Promoción de la Salud.

**RESUMO** | Objetivo: Investigar as dificuldades vivenciadas pelos enfermeiros obstetras na promoção do parto domiciliar, no sentido de confrontar com os dados apresentados pela literatura. Métodos: Estudo descritivo, de abordagem qualitativa, realizado entre os meses de agosto e outubro de 2019, com sete enfermeiros obstetras de dois municípios de Minas Gerais. A coleta de dados ocorreu por meio de entrevistas individuais guiadas por um roteiro semiestructurado, seguida de análise de conteúdo temático categorial. Resultados: A partir da leitura e interpretação do conteúdo, foi possível estabelecer as seguintes categorias: 1) Domiciliar ou Hospitalar? Os motivos da escolha pela lente dos enfermeiros obstetras; 2) Forças constituintes do trabalho das enfermeiras obstetras na promoção do parto domiciliar. Conclusão: Enfermeiros obstetras enfrentam desafios na promoção do parto domiciliar, sendo muitos desses, relacionados ao conhecimento do paradigma curativista comum disseminado tanto pela população, quanto pelos próprios profissionais da equipe, que consideram o parto domiciliar uma prática inadequada.

**Palavras-chaves:** Enfermeiras Obstétricas; Parto Domiciliar; Promoção da Saúde.

## Natália Rodrigues de Souza

Nursing student at the State University of Minas Gerais, Divinópolis unit. Technician in clinical pathology. Doula.  
ORCID: 0000-0003-1766-9280

## Giovana de Sousa Cunha Lacerda

Nursing student at the State University of Minas Gerais, Divinópolis unit.  
ORCID: 0000-0003-3266-770X

## Marla Ariana Silva

Nursing student at the State University of Minas Gerais, Divinópolis unit.  
ORCID: 0000-0003-0136-7122

## Ana Luiza Marques Carneiro

Nurse. Master in Health Sciences.  
ORCID: 0000-0003-4443-7338

## Camila Souza de Almeida

Nurse. Master in Sciences. PhD from the UFMG School of Nursing. Professor at the State University of Minas Gerais, Divinópolis Unit.  
ORCID: 0000-0002-7032-0945

## Sumaya Giarola Cecilio

Nurse. Master in Nursing. Assistant Professor I. Department of Collective Health, Faculty of Medical Sciences of Minas Gerais. Belo Horizonte- Minas Gerais- Brazil.  
ORCID: 0000-0002-4571-8038

## Débora Aparecida Silva Souza

Nurse. Master in Health and Nursing Education. Professor at the State University of Minas Gerais, Divinópolis Unit.  
ORCID: 0000-0002-8937-584X

**Received on:** 07/29/2020

**Approved on:** 08/20/2020

## INTRODUCTION

Historically, discussions on the themes of Home Birth (HB) and Planned Home Birth (PHB) are standing out in the academic and collective scenarios of women assistance, due to the era of a family, female event, which was interrupted in the 17th century and gave way to a male participation, the doctor, leading to an anti-hegemonic movement to institutionalize hospital birth, be it vaginal or cesarean.<sup>(1)</sup>

Governmental actions were developed, such as the National Humanization Policy (Política Nacional de Humanização - PNH), launched in 2003, with the aim of producing changes in

the way of managing and caring, and the Childbirth Humanization Program (Programa de Humanização do Parto - PHP) in force since 2000, in an attempt to offer women's health a scenario to promote autonomy and enhance their subjectivity.<sup>(2)</sup> In addition, new guidelines such as the National Guidelines for Assistance to Normal Childbirth have been made available to the population, stressing that the risks of childbirth performed at home may be lower than those performed in the hospital environment, provided that the parturient has a low risk pregnancy and is aware of the risks and benefits it entails. They also point out that the numbers of hospital transfers and complications due to home birth are minimal, including the need for caesarean sections or blood transfusions.<sup>(3)</sup>

It is believed that, at home, the parturient has the benefit of being an active participant during labor and, thus, remains less anxious and more confident in the physiology of her own body, which favors positive outcomes. The home as an ideal setting for childbirth is justified by allowing the right of women to choose the place of birth, in addition to their autonomy, less risk of contamination and hospital infection.<sup>(3)</sup>

However, home birth still represents a minority when compared to the total number of institutionalized births, justified by the socioeconomic and socio-demographic characteristics of women, the need for prior financial planning with the active participation of a professional, which would demand more costs for the parturient and your family. In addition, the fear of having an attitude that is contrary to what is established by most professionals and the common curative paradigm of their family and social circle is cited.<sup>(4)</sup>

In this scenario, the educational importance of the obstetric nurse in promoting the construction of knowledge between the woman and her family about their perspectives on childbirth,

combined with their right to choose, stands out. As the nurse is the most qualified professional to perform home birth, it is your role to favor the professional / parturient bond and promote the occurrence of home birth, if this is the parturient's will, and in accordance with the guidelines of the Ministry of Health.<sup>(5-6)</sup> Therefore, this study was developed based on the following guiding question: What are the difficulties faced by obstetric nurses in the promotion of home birth in contemporary times?

The aim of this study was to investigate the difficulties experienced by obstetrical nurses in promoting home birth, in order to confront the data presented in the literature and, above all, update them. From this, it will be possible to mediate discussions about the potential and limitations of promoting home birth, with a view to supporting the work of these professionals.

## METHODS

Descriptive study with a qualitative approach, carried out between the months of August and October 2019, with seven obstetric nurses from two municipalities in Minas Gerais. The choice of municipalities occurs through the possibility of access to the interviews between the researchers.

Obstetric nurses who assist in home births, autonomous, working in their own office with training time over two years and working in the area for at least one year were included. As an exclusion criterion, it was established to obstetric nurses who had employment in maternity hospitals.

Data collection took place through individual and face-to-face interviews. These were carried out by two nursing students from the tenth period, previously trained, under the guidance of the responsible researcher, in the home of obstetrical nurses, in an environment conducive to dialogue, without noise or elements that could inhibit the expres-

sions and impressions of individuals on the researched theme. To conduct the interview, a semi-structured script was used, jointly prepared by the study researchers from the current discussions in the literature on the subject studied here. The script consisted of seven semi-structured questions and a structured section with questions related to socio-demographic data. Composed of seven questions, namely: How long have you been an obstetric nurse? During this period, in your opinion, did the performance of home births increase, decrease or have there been no changes? When do you talk about childbirth with women? Do women who choose home birth have any characteristics in common? And those who opt for cesarean section? What are the main factors, in your opinion, that interfere in the pregnant woman's choice for home birth? Do you face challenges in promoting home birth? If so, what are they? What are the main actions, in your opinion, that obstetric nurses can use to promote home birth?

With regard to the collection of sociodemographic data from the participants, a structured script was used in which the participant was identified by the initials of his name and answered questions related to gender, age, education, marital status, area of professional activity. Each interview lasted an average of twenty minutes and was recorded using a smartphone. Sequentially, the statements were transcribed and analyzed based on Bardin (2011)<sup>(7)</sup>. The transcription took place in a database with coding of the speeches listed in A1 to A7 to protect the confidentiality of the participants.

According to the proposed method for analysis, the phases were followed: 1) pre-analysis, with partially oriented reading of the material, so that the researcher could approach the expressed content; 2) exploration of the material, during which the material was organized so that the initial ideas were syste-

matized, requiring several readings and re-readings and; 3) treatment of results, a process in which all the material was separated into units of record on each theme and category (inference and interpretation).

From the reading and interpretation of the content, it was possible to establish three categories: 1) Home or Hospital? The reasons for choosing the lens of obstetric nurses and 2) Constituent forces in the work of obstetric nurses in promoting home birth.

The research followed CNS Resolution No. 466/2012, of the National Health Council and obtained approval from the Research Ethics Committee of the State University of Minas Gerais, Brazil, under opinion No. 3,358,937, CAAE: 11250219.6.0000.5115. Respondents agreed to participate and signed the Free and Informed Consent Form (ICF).

## RESULTS

Regarding the sociodemographic characteristics of the obstetric nurses participating in the study, all are female, aged between 24 and 53 years old and had completed higher education in nursing with a specialization or residency in obstetrics. Among the participants, 5 were married and 2 maintained a stable relationship. They worked professionally in Hospital Institutions in the State of Minas Gerais, covering Divinópolis and Belo Horizonte. The length of professional experience ranged from 1 to 19 years of experience.

### Category 1- Home or hospital? The reasons for choosing the lens of obstetric nurses

After analyzing the reports, it was possible to identify in the speech of the interviewed participants the reasons related to the choice of the pregnant woman for home or hospital delivery, which were organized into two subcategories. This information emerged in the

midst of the interviews as a response to the participants' movement to explain about the scenario of the promotion of home birth and its difficulties.

#### Subcategory 1- The choice for home birth

Regarding the choices surrounding home birth, the study participants mentioned that the level of education of women has a great weight in the choice, since this ends up favoring the search for more elaborated scientific knowledge and its updates available in the communication channels in the current days:

[...] they are women with greater guidance, who seek information, who read and who have this curiosity about physiology, the naturalness of childbirth, so we realize that it is an audience with this differentiation from the search for information [...] (A2).

[...] Women who choose home birth, I realize that they do have some characteristics in common ... one of them is that she has a more advanced level of education. They are usually women with higher education, or more, right? [...] (A3).

In addition to education, the participants related the experiences lived by women to the choice for home birth. Generally, the experience of a previous hospital birth reverberates in the choice for the home patient the next time. This experience, usually connoted by a negative content, guides a different choice:

[...] we realize that these women (...) have already had a normal hospital birth and [due to experiences that were negative] they chose home care in the second pregnancy [...] (A4).

There are also women who choose

home birth in search of respect or privacy, because they believe that within hospital institutions procedures will be performed many times without authorization from the parturient herself, resulting in some obstetric violence with negative consequences, both for the mother and for the baby.

[...] I believe that the biggest characteristic would be, the search for respect for their bodies and that of their children, they want a moment of respect for themselves and they want to guarantee the care of the individualized baby with respect [...] (A1).

[...] ... it may be to escape the obstetric violence experienced in previous births, among other reasons, such as experiencing a unique, intense experience without interventions [...] (A7).

Another factor pointed out in the interviewees' statements is the feeling of security offered by the family environment, a place where the parturient has support from family members and close people who offer affection and comfort during labor. Thus, the parturient, when opting for home birth, is able to exercise some control over the variables involving labor:

[...] Women have opted for home birth thinking mainly about the convenience of being at home [...] and they also report a lot the desire for the participation of several family members, sometimes (A2).

[...] Another factor they talk about a lot is feeling more secure and welcomed at home [...] (A3).

#### Subcategory 2- The choice for hospital delivery

The choice for hospital delivery is often in response to the power that su-

port networks have over the decision. In the context, the family and professional support network were mentioned. The first, in most cases, condemns or stereotypes home birth as an inappropriate action due to the risks it can offer to the parturient and the baby, differently from the hospital. In the second network, pregnant women find health professionals who are still unfavorable to home birth and, therefore, advise against it:

[...] what can also interfere are obstetrical medical professionals, who mostly condemn the practice of home birth "[...]. [...] also the lack of support from the family, from the husband who does not understand that he does not agree that he did not study about the subject [...] (A3).

Still, there is the knowledge built over the life of the woman herself, which, most of the time, is guided by the "cesarean-safety" binarism. Pregnant women, influenced by different factors:

They are very afraid of what can happen in a normal birth, because they have no information, the fear stands out, the fear of something wrong happening (A1).

In addition to this factor, there is the issue of fear of experiencing pain during childbirth. According to obstetric nurses, pregnant women experience the desire of:

[...] practical and painless delivery (A1).

[...] and, therefore, they opt for cesarean section (A2).

### Category 2 - Constituent forces in the work of obstetric nurses in promoting home birth

The work of obstetric nurses in the

promotion of home birth is permeated by different forces that, sometimes go in favor of the practice, sometimes present themselves in an opposition format. These forces, which we will name here as forces that favor the promotion of home birth and forces that oppose home birth, strain the work of obstetric nurses and end up placing them in a dichotomous and constantly fighting position in the promotion of home birth.

#### 2.1 The forces that oppose home birth

Among the forces that oppose home birth, the curative paradigm stands out, which has the main figure in the doctor and prevails both among pregnant women and among health professionals themselves, members of multidisciplinary teams.

This paradigm, which relates to the thought of home birth being somewhat clandestine and even illegal, causes resistance to the support of this practice and inhibits obstetric nurses in its promotion:

[...] There are couples who come to us and sometimes they think they are looking for a clandestine service, even in 2019 we need to say that home birth is not illegal [...] (A1).

The biomedical model also relates to the idea that home birth is risky because it exposes the parturient to a greater risk of infection:

[...] the culture of risk versus security in which normal delivery is seen as grotesque, laborious, dirty, insecure and risky while cesarean delivery is a clean, safe, fast, planned delivery (A3).

The curative paradigm, which usually passes through the multidisciplinary team, is reflected in positions favorable to hospital birth with justifi-

cations of a subjective nature, without scientific basis:

[...] the colleagues in the health field, in women's health care, [...] both doctors, nurses and psychologists, all health professionals who understand little about childbirth safety at home and, instead of seeking understanding about it, they will always print their own concept about it [...] (A3).

Among the professionals of the multidisciplinary team, what appears most frequently in the speeches of the study participants is the medical class. According to the obstetric nurses interviewed.

[...] one of the challenges for the promotion of home birth is the retaliation of medical professionals and their teams, who are trying all the time to open a legal process, for example, against teams that attend home birth [...] (A6).

#### 2.2 The forces that favor home birth

Despite the barriers that coexist to the promotion of home birth, the obstetric nurses signaled that there are forces that go in favor of this practice. Micro actions performed in the daily practices of obstetric nurses can help to deconstruct the dominant paradigm. Among the micro actions mentioned, the health education groups with pregnant women stand out as an example, which have the power to promote the construction of new collective knowledge about humanized childbirth at home and the role of nurses in this process.

Another point cited as favorable to the promotion of home birth was the conduct of prenatal care by the professional nurse, since this is recognized as an important agent in the care of the health of women and newborns. Nurses reported that this

practice, despite being recommended by the Ministry of Health and carried out in many Health Units, still needs greater recognition.

Finally, nurses reported the dissemination of scientific knowledge produced in the Academies and in the fields of practice as an important vehicle for communication and the construction of new paradigms in the home birth field. As an example of this practice, they cited the publication of scientific articles, participation in congresses and the sharing of this knowledge on social networks:

[...] show [people] the statistics, the benefits, together with the scientific evidence we already have from other countries (...) the current social networks could be used as a support in the dissemination of these works, reinforcing the construction of a new collective knowledge (A2).

## DISCUSSION

In the present study, it is noticed that the factors that permeate the promotion of home birth are related to the degree of knowledge that the family has on the subject, the professional who will monitor prenatal care, the prevalent curative paradigm, in addition to the partnerships made with health institutions and doctors. According to the interviewees, due to these obstacles, the promotion of home birth can be difficult and challenging. According to data from a survey on births in Brazil, most women (70%) have a desire for a normal delivery at the beginning of pregnancy, and this decision changes throughout pregnancy, as there is little support in their choice. We know that support for pregnant women in their choice of delivery influences the satisfaction and well-being of pregnancy and childbirth. <sup>(7)</sup>

With regard to the choice of home

birth, we can observe in the speeches of the obstetric nurses that pregnant women who make this option have a greater degree of information on the subject, as well as greater schooling. This evidence is corroborated by the study carried out with 14 women in São Paulo in 2014, which emphasizes the importance of seeking information for the possibility of home birth, where this choice is often related to the level of education. However, in order to improve the promotion of home birth, it is evident to disseminate, in the health area - mainly among obstetrics professionals - the expansion of information about the possibilities and benefits of this practice regardless of the educational level of the pregnant women. <sup>(1)</sup>

Home birth offers more respectful care, without interventions, in which the woman is the protagonist of her delivery. At the same time, a study carried out with 22 obstetric nurses from different states in Brazil, evidenced the dissatisfaction of institutionalized births, with interventionist approaches and practices, leaving the will of women as a background, using hard technologies to distance the natural process of giving birth. It is important to highlight that when referring to natural home birth, it is necessary to assess the clinical conditions of the pregnant woman and the baby. Pregnancy should be risk-free, and should not be performed without the indication and monitoring of the obstetric nurse or doctor. <sup>(8)</sup>

In addition, a finding that stands out in the interviewees' statements is that the choice for hospital delivery, whether vaginal or cesarean, is shown as a positive and healthy choice, making home birth as an unwanted option on the part of professionals working in the obstetrics. In addition, health professionals who are against this practice or who do not understand the subject, discourage parturients from practicing home birth. These

statements were also confirmed in a study carried out in Goiânia, with 14 participants, being obstetricians who worked in the public health network. The results showed that almost all of these doctors never had experience or contact with home birth, in addition to showing no interest in the subject, showing the lack of knowledge and experience of professionals with the practice of home birth. The study also cites the lack of this tradition of home obstetric care in our society. <sup>(9)</sup>

According to the research collaborators, the biggest challenges and barriers faced by them in the promotion of home birth is the curative, interventionist and hospital-centered system rooted in society and in the training of professionals from multidisciplinary teams, that the HB is not viable or even illegal, because it is not popular or well known. Since the institutionalized method took delivery assistance as a clean and sterile cesarean, it is believed that this means is safer, making this idea popular. In the past, childbirth was seen as a family event, where midwives were formed from generations and performed births empirically, leading many women and babies to die from lack of assistance, stating the false idea that today the reality is the same. <sup>(10)</sup> However, considering the current, indisputable changes, in which giving birth with respect is a priority for pregnant women, the HB came to improve care, to consider women at the time of changing their lives and to respect their wishes. <sup>(9-10)</sup>

For the promotion of home birth, the research participants pointed out several means that help in the dissemination of this option, such as the support networks and groups of pregnant women, because in this space it is possible to offer reliable support, help and quality information. In addition, studies show that social support networks and groups make pregnant women more satisfied and safer, even

though they are not large groups, helping to strengthen them emotionally, in decision-making and in adversity. <sup>(11)</sup>

Disclosure through social networks today was also a factor cited by the interviewees to promote the HB. However, disseminating information over the Internet requires caution, due to the mass of false news or without scientific evidence that often goes unnoticed and can generate conflicts. <sup>(12)</sup>

Practicing quality care, so that women satisfied with their births can disseminate the services provided by nurses, is a factor punctuated by the study participants. A survey of 14 women who had a home birth in the city of Campinas, in São Paulo, shows that the good practices present in home birth, encourage women to have autonomy in childbirth, leaving them more satisfied and consequently recommending this practice to other women. <sup>(13)</sup>

This study pointed out that the challenges faced by obstetric nurses to promote home birth are related to the difficulty of accessing safe information or even the absence of it. Another factor found is the

myths and erroneous thoughts that were built from a socially implanted curative paradigm, often of suffering associated with natural childbirth. <sup>(13)</sup>

In order to demystify these erroneous thoughts, we must emphasize the benefits and potential of the PD, in which the mother will be in a known environment, close to the family members, emotionally and physically comfortable, with total respect for their wishes. For the baby, the most important time is the first hour of birth, and at home, if there is no complication, he will go straight to the mother's arms, can be breastfed and his first cares being done close or even by the mother. In contrast, according to the interviewees, when pregnant women seek information to study the possibility of home birth, they assume a critical and reflective attitude on the topic in a positive way, in a way that awakens their choice for this practice.

The obstetrical nurse, as the most qualified professional to provide the services of a home birth, must always have the knowledge and study neces-

sary to offer assistance with quality and safety, in addition to identifying possible complications and knowing how to deal with them.

Despite all the competence of the methodological treatment, the conclusions established in this study do not allow generalizations because it is a qualitative research. The results are restricted to obstetric nurses in this study, not allowing any association, which could be measured, in this case, by statistical methods.

## CONCLUSION

Difficulties in promoting home birth are directly related to the lack of information in the face of scientific means and to the erroneous judgments of society. Therefore, through the professionals involved in obstetric care, this scenario can be modified through the dissemination of scientifically based information, social campaigns and clearing up doubts, so that home birth is widely accepted and understood by society. 🐦

## References

- Sanfelice C, Shimo A. Parto domiciliar: compreendendo os motivos dessa escolha. *Texto Contexto - enferm.* [Internet]. 2015; 24(3):875-882. doi:https://doi.org/10.1590/0104-07072015002850014
- Brasil. Ministério da Saúde. Humanização do parto e do nascimento. Universidade Estadual do Ceará. – Brasília: Ministério da Saúde. 2014; 465 p.: il. – (Cadernos Humaniza SUS; v. 4). [acesso 2019 dez. 05]. Disponível em: [http://www.redehumanizausus.net/sites/default/files/caderno\\_humanizausus\\_v4\\_humanizacao\\_parto.pdf](http://www.redehumanizausus.net/sites/default/files/caderno_humanizausus_v4_humanizacao_parto.pdf).
- Brasil. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Gestão e Incorporação de Tecnologias em Saúde. Diretrizes nacionais de assistência ao parto normal: versão resumida [recurso eletrônico] – Brasília: Ministério da Saúde, 2017. [acesso 2019 dez. 10] Disponível em: [http://bvsm.sau.gov.br/bvs/publicacoes/diretrizes\\_nacionais\\_assistencia\\_parto\\_normal.pdf](http://bvsm.sau.gov.br/bvs/publicacoes/diretrizes_nacionais_assistencia_parto_normal.pdf).
- Koettler JG, Brüggemann OM, Dufloth RM, Monticelli M, Knobel R. Comparação dos resultados obstétricos e neonatais entre primíparas e multiparas assistidas no domicílio. *Cienc. Enferm.* 2015; 21(2):113-25. doi: <http://dx.doi.org/10.4067/S0717-95532015000200011>.
- Cursino TP, Benincasa M. Parto domiciliar planejado no Brasil: uma revisão sistemática nacional. *Cienc. saúde coletiva* [Internet]. 2020; 25(4):1433-1444. doi: <http://dx.doi.org/10.1590/1413-81232020254.13582018>.
- Andrade LO, Felix ESP, Souza FS et al. Práticas dos profissionais de enfermagem diante do parto humanizado. *Rev enferm UFPE on line*. 2017; 11(6):2576-85. doi: 10.5205/reuol.9799-86079-1-RV.1106sup201712.
- Ensp - Escola Nacional de Saúde Pública. Fundação Oswaldo Cruz. *Nascer no Brasil – inquérito nacional sobre parto e nascimento*. In: Sumário Executivo Temático da Pesquisa online. 2014 [acesso 2019 out. 22]. Disponível em: <http://www.ensp.fiocruz.br/portal-ensp/informe/site/arquivos/anexos/nascerweb.pdf>.
- Mattos DV, Vandenbergh L, Martins CL. Motivação de enfermeiros obstetras para o parto domiciliar planejado. *Rev. enferm. UFPE on line*. 2014; 8(4):951-959. doi: 10.5205/reuol.50065-1-ED-1.080420201421.
- Matão MEL, Miranda DB, Costa BP, Borges TP. A visão médica do parto domiciliar: factível ou utópico?. *Rev. enferm. Cent.-Oeste Min.* 2016; 6(2):2147-2155. doi: <https://doi.org/10.19175/recom.v6i2.983>.
- Pereira Marina Santos. Associação das Parteias Tradicionais do Maranhão: relato da assistência ao parto. *Saude soc.* [Internet]. 2016; 25(3):589-601. <http://dx.doi.org/10.1590/s0104-129020162542>.
- Matos GC, Soares MC, Escobal APL, Quadro PP, Rodrigues JB. Rede de apoio familiar à gravidez a ao parto na adolescência: uma abordagem moscovitiana. *J. nurs. health.* 2019; 9(1):e199106. doi: <http://dx.doi.org/10.15210/jonah.v9i1.12754>.
- Delmazo C, Valente JCL. Fakenews nas redes sociais online: propagação e reações à desinformação em busca de cliques. *Media & Jornalismo*. 2018; 18(32):155-169. doi: [https://doi.org/10.14195/2183-5462\\_32\\_11](https://doi.org/10.14195/2183-5462_32_11).
- Sanfelice CFO, Shimo AKK. Boas práticas em partos domiciliares: perspectiva de mulheres que tiveram experiência de parto em casa. *Rev. Eletr. Enf.* [Internet]. 2016; (18):e1159. doi: <http://dx.doi.org/10.5216/ree.v18i31494>.