The role of the partner in childbirth: interfaces between physical support and affective bonding

O papel do parceiro na parturição: interfaces entre suporte físico e vínculo afetivo

El papel de la pareja en la parturición: interfaces entre el apoyo físico y el vínculo afectivo

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RESUMO

Objetivo: Descrever as vivências das mulheres, no processo de parturição, tendo como acompanhamento a parceria. Material e método: Trata-se de um estudo qualitativo, exploratório de campo, longitudinal e descritivo, realizado entre 2022 e 2025, atendendo aos critérios do Consolidated Criteria for Reporting Qualitative Research (COREQ) com 15 mulheres no processo de parturição utilizando instrumento semiestruturado. A análise dos dados foi feita por meio da técnica de análise de conteúdo com apoio do software ATLAS.ti 5.2. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa (CAEE: 83336017.7.0000.5076 e parecer Nº 3.032.866). Resultados: A idade média das mulheres foi de 30 anos, majoritariamente pardas. Predominaram primíparas (60%), com pré-natal no 1º trimestre e ≥6 consultas (73,3%). Partos vaginais, métodos não farmacológicos e presença contínua do parceiro em 100% dos casos. Emergiu-se duas categorias temáticas a saber: Categoria 1 — O suporte físico do parceiro na parturição: presença contínua, cuidado corporal e mediação com a equipe de saúde; e Categoria 2 — Vínculo afetivo como interface do cuidado: segurança emocional, validação e fortalecimento da autonomia feminina. Considerações finais: A presença do parceiro articulou suporte físico e vínculo afetivo, promovendo segurança e autonomia na parturição. O envolvimento contínuo favoreceu cuidado centrado na mulher. Destaca-se a importância de reconhecer o acompanhante como parte do cuidado.

Descritores: Parto humanizado; Cuidados de enfermagem; Nascimento; Relações Interpessoais.

ABSTRACT

Objective: To describe women's experiences during the childbirth process, with partner support. Materials and Methods: This is a qualitative, exploratory, longitudinal, and descriptive field study conducted between 2022 and 2025, in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ). The study included 15 women in the childbirth process, using a semi-structured instrument. Data were analyzed using the content analysis technique, supported by the software ATLAS.ti version 5.2. The study was approved by the Research Ethics Committee (CAEE: 83336017.7.0000.5076; approval number 3.032.866). Results: The mean age of the women was 30 years, predominantly mixed-race. Most were primiparous (60%), with prenatal care initiated in the first trimester and ≥6 consultations (73.3%). All births were vaginal, with the use of non-pharmacological methods and continuous partner presence in 100% of cases. Two thematic categories emerged: Category 1 — The partner's physical support during parturition: continuous presence, bodily care, and mediation with the healthcare team; and Category 2 — Affective bond as an interface of care: emotional security, validation, and strengthening of female autonomy. Final considerations: The partner's presence articulated physical support and affective bonding, promoting security and autonomy during parturition. Continuous involvement favored woman-centered care, highlighting the importance of recognizing the companion as part of the care process.

Descriptors: Humanized childbirth; Nursing care; Birth; Interpersonal relations.

RESUMEN

Objetivo: Describir las vivencias de las mujeres durante el proceso de parto, con el acompañamiento de la pareja. Materiales y métodos: Se trata de un estudio cualitativo, exploratorio, longitudinal y descriptivo de campo, realizado entre 2022 y 2025, de acuerdo con los criterios del Consolidated Criteria for Reporting Qualitative Research (COREQ). Participaron 15 mujeres en proceso de parto, mediante el uso de un instrumento semiestructurado. El análisis de los datos se realizó a través de la técnica de análisis de contenido, con el apoyo del software ATLAS.ti versión 5.2. La investigación fue aprobada por el Comité de Ética en Investigación (CAEE: 83336017.7.0000.5076; dictamen Nº 3.032.866). Resultados: La edad media de las mujeres fue de 30 años, predominantemente de raza mestiza. Predominaron las primíparas (60%), con inicio del control prenatal en el primer trimestre y ≥6 consultas (73,3%). Todos los partos fueron vaginales, con uso de métodos no farmacológicos y presencia continua de la pareja en el 100% de los casos. Emergieron dos categorías temáticas: Categoría 1 — El apoyo físico de la pareja en la parturición: presencia continua, cuidado corporal y mediación con el equipo de salud; y Categoría 2 — El vínculo afectivo como interfaz del cuidado: seguridad emocional, validación y fortalecimiento de la autonomía femenina. Consideraciones finales: La presencia de la pareja articuló el apoyo físico y el vínculo afectivo, promoviendo seguridad y autonomía durante la parturición. La participación continua favoreció un cuidado centrado en la mujer, destacándose la importancia de reconocer al acompañante como parte del cuidado.

Descriptores: Parto humanizado; Cuidados de enfermería; Nacimiento; Relaciones interpersonales.

ORIGINAL

Introduction

The act of giving birth is one of the most significant and transformative moments in a woman's life. Beyond being a biological event, childbirth encompasses emotional, social, and cultural dimensions that profoundly affect women and their support networks.[12]

Within the context of humanized childbirth, it is essential to consider and value women's culture, beliefs, and religiosity, as well as their support networks, with the aim of strengthening self-care and ensuring the safety and well-being of both the mother and the newborn (NB).[3–5] In recent years, the movement advocating for humanized childbirth and the appreciation of women's autonomy has emphasized the importance of the presence of a companion—especially the partner—as a source of support, safety, and comfort during labor and birth.[6–7]

Despite recommendations from the World Health Organization (WHO) and Brazilian legislation that guarantee women in labor the right to a companion of their choice,[6] structural, institutional, and cultural barriers still persist, hindering the effective implementation of this practice.[3] In many settings, the partner's presence is neglected or undervalued by health services, often restricted to a formal aspect without considering the subjective and relational impact of this experience.[3–7]

Women's experiences in this context reveal not only aspects of the care received, but also how the partner's support can influence perceptions of welcoming, respect, empowerment, and protagonism during childbirth. However, qualitative studies addressing the experiences of women accompanied by their partners during labor remain scarce, particularly within the Brazilian public health system.

In this context, partner participation in the childbirth process has become increasingly relevant as a source of support, an active agent in care, emotional assistance, and a means of strengthening family bonds.[8]

This study sought to address the PICo framework,[9] in which: P (Population) – women in the process of childbirth; I (Interest) – experiences during labor and birth; Co (Context) – the presence of the partner as a companion during the childbirth process. Accordingly, the guiding question was: What are women's experiences during the childbirth process when accompanied by their partners?

Thus, the aim of this study was to describe women's experiences during the childbirth process when accompanied by their partners.

Materials and Methods

This is a qualitative, exploratory, longitudinal, and descriptive field study,[10] conducted between 2022 and 2025, in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).[11,12]

A convenience sample was used, consisting of 15 women in the process of childbirth. Data collection was carried out through the administration of a semi-structured questionnaire. The study was conducted in the municipality of Anápolis, located in the state of Goiás, in the Central-West region of Brazil.

According to data from the 2022 Demographic Census released by the Brazilian Institute of Geography and Statistics (IBGE),[13] the municipality has an

estimated population of 398,869 inhabitants and a territorial area of approximately 918.3 km². Approximately 98% of the municipality's population resides in urban areas, and the Human Development Index (HDI) is 0.737, based on data from the 2010 Demographic Census published by IBGE and updated in 2022.[13]

Participants' statements were identified using the prefix "Interviewee," followed by a numerical identifier. The narratives were analyzed using Bardin's content analysis technique,[14] with the support of ATLAS.ti software, version 5.2.[15] The software does not automate the analytical process but assists in the organization and management of coded data, thereby facilitating interpretation by the researcher.[15],[16] This tool is widely used across different fields of knowledge for the systematization of empirical material.[17]

The study complied with Resolution No. 466/12 of the Brazilian National Health Council (CNS)[18] and received approval from the Research Ethics Committee (REC), under Certificate of Presentation for Ethical Consideration (CAAE) No. 83336017.7.0000.5076, with approval opinion No. 3.032.866.

Results

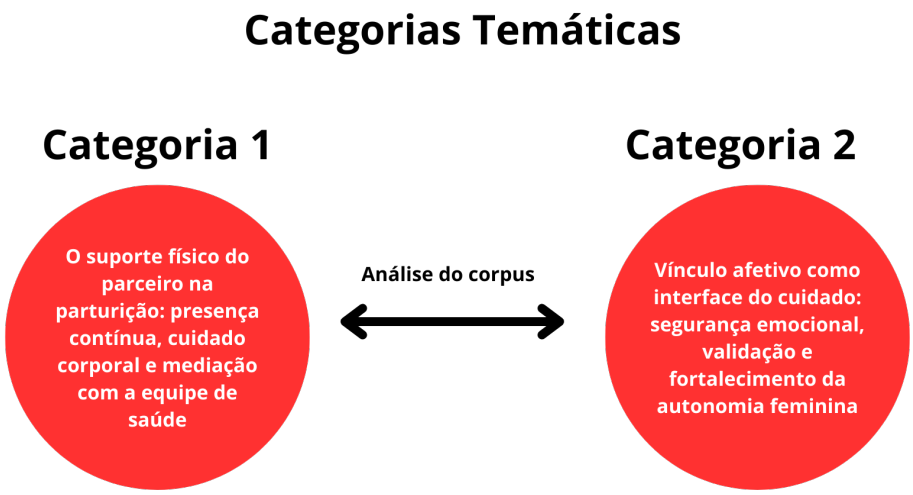
Fifteen women in the childbirth process participated in the study, aged between 20 and 35 years, with a mean age of 30 years. Most participants self-identified as mixed race (n = 10; 66.66%), had completed secondary education (n = 8; 53.33%), and reported being married or in a stable partnership (n = 15; 100%).

Regarding obstetric profile, most participants were primiparous (n = 9; 60.00%), followed by multiparous women (n = 6; 40.00%). All participants initiated prenatal care in the first trimester (n = 15; 100%), and the majority attended six or more prenatal visits (n = 11; 73.33%).

During the intrapartum period, all births were vaginal, with the use of non-pharmacological methods for pain relief (n = 15; 100%). The partner's presence as a companion was continuous in all cases, including participation in prenatal care (n = 11; 80.00%) and support during labor (n = 15; 100%).

Analysis of the *corpus* gave rise to two thematic categories: Category 1 — The partner's physical support during childbirth: continuous presence, bodily care, and mediation with the healthcare team; and Category 2 — Affective bonding as an interface of care: emotional security, validation, and strengthening of women's autonomy (Figure 1).

Figure 1: Schematic representation of the thematic categories



Category 1 — The partner's physical support during childbirth: continuous presence, bodily care, and mediation with the healthcare team

Women reported that their partners played an active and continuous role during labor, characterized by concrete actions of physical support, constant presence, and direct participation in managing both the body and the environment. This support included massage, assistance with mobility, accompaniment in different spaces (such as the shower and upright positions), verbal encouragement, and sustained presence even during moments of tension, pain, and irritability.

Narratives indicate that physical support was not limited to technical or mechanical actions, but was deeply intertwined with the partner's emotional and relational availability, remaining alongside the woman even when interventions were not immediately desired. This continued presence was perceived as a source of support, safety, and non-abandonment.

E-2. *"I got very nervous; there were moments when I had to tell him to be quiet, but even then he stayed with me. He told me not to give up, held my mother, massaged my back, went into the shower with me, even did squats. And when she was born – what an indescribable emotion – he cut the umbilical cord and cried like a child. The staff said: 'The baby belongs to the mother for at least 30 minutes; you won't be able to hold her, because this moment is important for bonding, but you can stay close the whole time and keep supporting her.'"*

E-4. *Throughout labor he never left my side. When the pain increased, he helped me change positions, massaged me, held my hand firmly, and reminded me to breathe. Even when I became impatient or nervous, he stayed there, telling me I could do it, that I was doing well. That gave me strength to continue.*

A In addition to direct bodily care, partners also assumed a mediating role with the healthcare team, protecting privacy, regulating the flow of people, and negotiating boundaries according to the woman's wishes. This mediation contributed to the construction of a care environment perceived as safer, more respectful, and welcoming.

E-10. *I was accompanied by him to all prenatal appointments. He never left me. He was present the entire time. During labor, I asked him to preserve our privacy. I was very afraid of people coming in all the time and giving opinions. He protected me, asked the team for privacy, made friends with the staff, and everyone treated me very well.*

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E-15. *I felt safer because he spoke for me when I couldn't. He asked for silence, explained to the team what I wanted, and protected my privacy. Knowing someone was taking care of the environment while I focused on giving birth made all the difference in feeling welcomed.*

These findings indicate that the partner's physical support goes beyond an instrumental dimension, constituting a relational care strategy that integrates presence, action, and protection during childbirth.

Category 2 — Affective bonding as an interface of care: emotional security, validation, and strengthening of women's autonomy

The affective bond between the woman and her partner emerged as a central component of the childbirth experience, described as a source of emotional security, encouragement, and validation of women's decisions. Participants emphasized that the partner's presence was not limited to simply "being there," but involved recognizing the woman as a subject of choices, respecting her autonomy from prenatal care through labor.

Narratives reveal that affective bonding was expressed through looks, words, gestures, and attitudes that reinforced women's confidence in themselves and in the childbirth process. This emotional support was perceived as fundamental for coping with fear, pain, and the intensity of labor, strengthening women's protagonism.

E-6. *Labor really is labor – it's all very intense, and the pain is hard to describe. My companion was very frightened by my emotional unpreparedness during the first three hours of pain. I screamed a lot. He asked me to calm down and then stayed silent, just looking at me intensely and holding my hand firmly. With that gesture, he didn't need to say anything else. I understood that I needed to calm down because he was there with me. When I stopped screaming, he hugged me tightly, and in that hug, I rested and felt safe.*

E-13. *He looked at me with tenderness. He supported all my decisions since prenatal care. I even felt a bit selfish toward him; I thought, 'the body is mine, even though the baby is ours.' I said that to him, and he never questioned it. He was my support the entire time. During labor, he held my hand tightly, told me how strong and brave I was, that he loved me and wanted to be with us every second.*

The affective bond was also associated with the construction of positive and lasting memories of childbirth, understood as a form of care that transcends the immediate moment of labor and extends into the woman's life.

E-10. *No one was more important and special than my husband; his protection and care I will carry with me for life..*

Furthermore, the partner's participation at the moment of birth was described as emotionally intense and symbolic, reinforcing the idea that affective bonding functions as a relational care technology capable of humanizing childbirth and strengthening family bonds.

E-2. *And when she was born – what an indescribable emotion – he cut the umbilical cord and cried like a child.*

These results demonstrate that affective bonding, articulated with physical support, constitutes an essential interface of care during childbirth, promoting emotional security, autonomy, and a positive birth experience.

Discussion

The results align with national and international recommendations that emphasize the presence of a companion of choice throughout labor and birth as a core component of intrapartum care aimed at a positive childbirth experience. Scientific evidence indicates that continuous support during labor is associated with favorable outcomes—such as higher rates of spontaneous vaginal birth and lower likelihood of negative experiences—without evidence of harm, reinforcing that companion presence is not merely an abstract notion of "humanization," but a relational intervention with measurable and perceived effects.

The partner's role as mediator with the healthcare team—particularly in protecting privacy and regulating the environment—emerges as a relevant finding. This mediation appears to enhance women's practical autonomy during labor by allowing them to concentrate on bodily experience while the companion supports communication and boundary negotiation.

This finding is especially relevant in the Brazilian context, where the right to a companion is legally guaranteed, including presence during labor, birth, and immediate postpartum in services of the Unified Health System (SUS) and affiliated institutions. The findings highlight an interface between care norms and family experience: even when skin-to-skin contact and mother–infant bonding are prioritized, the partner's continuous presence can be legitimized and integrated into care, fostering an environment of respect and shared responsibility.

Affective bonding is not a decorative element of childbirth, but a relational technology that contributes to women's emotional self-regulation. The gaze, silence, and embrace emerge as interventions of high symbolic density, capable of transforming fear and pain into perceived safety and courage. This dimension aligns with the understanding of intrapartum care as compassionate, respectful, and woman-centered, including women's bonds and preferences.

Preparation of the companion is also relevant: initial tension—characterized by fear, intense suffering, and the need for silence—suggests that companions benefit from simple, objective guidance on how to support without intruding, how to respond to pain, and when to speak or remain present. Such preparation can be incorporated into prenatal care routines and maternity reception protocols.

Integration between companion and healthcare team emerges when cooperation and negotiation are fostered. Institutional protocols that clarify roles, rights, and limits may enhance this integration, reducing conflicts and increasing safety for all involved.

Despite legal guarantees, national studies reveal variability in companion presence and persistent institutional barriers, reinforcing the need for consistent monitoring and implementation of this policy [34,36].

Study Limitations

This study presents limitations that should be considered when interpreting the results. The convenience sample and focus on a single municipality may reflect

local cultural, socioeconomic, and institutional specificities, limiting generalizability to other contexts. Geographic and population constraints may have influenced participants' perceptions and experiences, as hospital structures, care protocols, and organizational cultures vary across regions and institutions. Future studies are recommended to include larger samples, diverse institutional contexts, and multiple municipalities and regions, allowing for a broader understanding of the partner's role in childbirth and the interfaces between physical support, affective bonding, and relational care.

Final Considerations

The partner's presence during childbirth constitutes an inseparable interface between physical support and affective bonding, promoting security, autonomy, and a positive birth experience. Continuous involvement enhances woman-centered care and mediation with the healthcare team. Aligned with international recommendations and the Brazilian legal framework, the findings reinforce the companion of choice as a structuring component of intrapartum care.

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References

1. Papoutsis D, Antonakou A. Normal childbirth: The natural, non-medical, alternative approaches to the most common medical interventions in labor. Eur J Midwifery. 2023;7:36. Published 2023 Dec 1. Available from: https://www.europeanjournalofmidwifery.eu/Normal-childbirth-The-natural-non-medical-alternative-napproaches-to-the-most-common,174525,0,2.html. doi:10.18332/ejm/174525.

2. Lopes R de CS, Donelli TS, Lima CM, Piccinini CA. Before and after: mothers' expectations and experiences of childbirth [O antes e o depois: expectativas e experiências de mães sobre o parto]. Psicol Reflex Crit [Internet]. 2005 May;18(2):247–54. Available from: https://doi.org/10.1590/S0102-79722005000200013.

3. Alencar MSF, Carrijo JA, Tavares APC, Paula CR, Pereira ACS, Rolindo JMR, Reis MA. Good obstetric practices: women's experiences of skin-to-skin contact immediately after birth [Boas práticas obstétricas: vivência das mulheres no contato pele a pele (CPP) logo após o nascimento]. REAS [Internet]. 11 Oct 2024 [cited 18 Dec 2025];24(10):e18011. Available from: https://acervomais.com.br/index.php/saude/article/view/18011. https://doi.org/10.25248/reas.e18011.2024

4. Brazil. Ministry of Health. Department of Strategic Programmatic Actions. Humanized care of the newborn: Kangaroo Method: technical manual [Atenção humanizada ao recém-nascido: Método Canguru: manual técnico]. 3rd ed.

Brasília: Ministry of Health; 2017. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/atencao_humanizada_metodo_canguru_manual_3ed.pdf

5. Castro JC, Clapis MJ. Humanized childbirth from the perspective of obstetric nurses involved in childbirth care [Parto humanizado na percepção das enfermeiras obstétricas envolvidas com a assistência ao parto]. Rev Latino-Am Enfermagem [Internet]. 2005 Nov;13(6):960–7. Available from: https://doi.org/10.1590/S0104-11692005000600007

6. Frutuoso LD, Brüggemann OM. Knowledge about Law 11.108/2005 and companions' experiences with women in the obstetric center [Conhecimento sobre a Lei 11.108/2005 e a experiência dos acompanhantes junto à mulher no centro obstétrico]. Texto contexto - enferm [Internet]. 2013 Oct;22(4):909–17. Available from: https://doi.org/10.1590/S0104-07072013000400006

7. Brazil. Law No. 11.108, April 7, 2005. Amends Law No. 8.080, September 19, 1990, to guarantee women the right to a companion during labor, delivery, and immediate postpartum in the Brazilian Unified Health System (SUS) [Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde - SUS]. Diário Oficial da União [Internet]. Brasília; 2005. Available from: http://www3.dataprev.gov.br/sislex/paginas/42/2005/11108.htm

8. Hoffmann L, Hilger N, Riolino E, Lenz A, Banse R. Partner support and relationship quality as potential resources for childbirth and the transition to parenthood. BMC Pregnancy Childbirth. 2023;23(1):435. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10261844/. doi: 10.1186/s12884-023-05748-6.

9. Polit DF, Beck CT. Fundamentals of nursing research: evaluation of evidence for nursing practice [Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática da enfermagem]. 9th ed. Porto Alegre: Artmed; 2019.

10. Tuzzo, S. A.; Santos, I. G.; Braga, C. F. O Caráter Dialógico da Pesquisa Qualitativa. NTQR [online]. 2024, vol.19, e864. Available from: <http://scielo.pt/scielo.php?script=sci_arttext&pid=S2184-77702024000100004&lng=pt&nrm=iso>. Epub 15-Fev-2024. ISSN 2184-7770. https://doi.org/10.36367/ntqr.19.2023.e864.

11. Patias ND, Hohendorff JV. Critérios de qualidade para artigos de pesquisa qualitativa. Psicol Estud [Internet]. 2019;24:e43536. Available from: https://doi.org/10.4025/psicolestud.v24i0.43536.

12. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-357. doi:10.1093/intqhc/mzm042.

13. IBGE. Instituto Brasileiro de Geografia e Estatística. Censo demográfico. Cidades e estados. Available from: https://cidades.ibge.gov.br/brasil/go/anapolis/panorama.

14. Bardin, L. Análise de conteúdo. 3rd reimp. da 1st ed. Luís Antero Reto e Augusto Pinheiro, translator. São Paulo: Edições 70; 2016.

15. Silva Junior LA, Leão MBC. O software Atlas.ti como recurso para a análise de conteúdo: analisando a robótica no Ensino de Ciências em teses brasileiras. Ciênc educ (Bauru) [Internet]. 2018Jul;24(3):715–28. Available from: https://doi.org/10.1590/1516-731320180030011.

16. Justicia, J.M. Análisis cualitativo de datos textuales con ATLAS.ti 5: versión 3.03. Barcelona, Espanha: Universitat Autònoma de Barcelona; 2005. Available from: https://fcp.uncuyo.edu.ar/upload/Atlas5_manual.pdf.

17. Walter S. A, Bach T.M. Adeus papel, marca-textos, tesoura e cola: inovando o processo de análise de conteúdo por meio do Atlas.Ti. Adm Ensino Pesq., v. 16, n. 2, p. 275-308, 2015. DOI: https://doi.org/10.13058/raep.2015.v16n2.236

18. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Aprova diretrizes e normas regulamentadoras sobre pesquisa envolvendo seres humanos. Brasília, DF: Ministério da Saúde, 2012a. Available from: https://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf.

19. Costa LD, Girardi E, Deponti AT, Battisti GP, Possatto A. Vivências de pais no puerpério de parceiras em maternidade do Paraná. Revista de Saúde Pública do Paraná [Internet]. 28out.2025;8(4):e1039. Available from: http://revista.escoladesaude.pr.gov.br/index.php/rspp/article/view/1039

20. Holanda SM, Castro RCMB, Aquin P de S, Pinheiro AKB, Lopes LG, Martins ES. Influência da participação do companheiro no pré-natal: satisfação de primíparas quanto ao apoio no parto. Texto contexto - enferm [Internet]. 2018;27(2):e3800016. Available from: https://doi.org/10.1590/0104-070720180003800016.

21. da Silva Carvalho, CF, da Silva Carvalho, I, de Brito, RS, Vitor, AF, de Carvalho Lira, ALB. O companheiro como acompanhante no processo de parturição. Revista da Rede de Enfermagem do Nordeste, 2015; 16(4), 613-621.

22. Organização Mundial da Saúde. (1996). Maternidade Segura, Assistência ao parto normal: um guia prático, OMS/SRF/MSM.

23. Motta CCL da, Crepaldi MA. O pai no parto e apoio emocional: a perspectiva da parturiente. Paidéia (Ribeirão Preto) [Internet]. 2005Jan;15(30):105–18. Available from: https://doi.org/10.1590/S0103-863X2005000100012.

24. 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. Ministério

da Saúde, Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Gestão e Incorporação de Tecnologias em Saúde. Brasília: Ministério da Saúde, 2017.

25. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. Available from: https://apps.who.int/.

26. Oliveira C de F, Bortoli MC de, Setti C, Luquine Júnior CD, Toma TS. Apoio contínuo na assistência ao parto para redução das cirurgias cesarianas: síntese de evidências para políticas. Ciênc saúde coletiva [Internet]. 2022Feb;27(2):427–39. Available from: https://doi.org/10.1590/1413-81232022272.41572020

27. Leal M do C, Bittencourt S de A, Esteves-Pereira AP, Ayres BV da S, Silva LBRA de A, Thomaz EBAF, et al. Avanços na assistência ao parto no Brasil: resultados preliminares de dois estudos avaliativos. Cad Saúde Pública [Internet]. 2019;35(7):e00223018. Available from: https://doi.org/10.1590/0102-311X00223018.

28. Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database Syst Rev. 2017;7(7):CD003766. Published 2017 Jul 6. doi:10.1002/14651858.CD003766.pub6.

29. Zanardo GL de P, Uribe MC, Nadal AHRD, Habigzang LF. Violência obstétrica no Brasil: uma revisão narrativa. Psicol Soc [Internet]. 2017;29:e155043. Available from: https://doi.org/10.1590/1807-0310/2017v29155043.

30. Dodou HD, Rodrigues DP, Guerreiro EM, Guedes MVC, Lago PN do, Mesquita NS de. A contribuição do acompanhante para a humanização do parto e nascimento: percepções de puérperas. Esc Anna Nery [Internet]. 2014Apr;18(2):262–9. Available from: https://doi.org/10.5935/1414-8145.20140038.

31. Carrijo J de A, Alencar MSF, Sales FAAS, Tavares APC, Pereira ACS, Souza SO, Ferreira SK, Reis MA dos. Cuidar que aproxima: a enfermagem e o significado do contato pele a pele o pós-parto imediato. REAS [Internet]. 7ago.2025 [citado 22dez.2025];25(8):e21110. Available from: https://acervomais.com.br/index.php/saude/article/view/21110. https://doi.org/10.25248/reas.e21110.2025.

32. Casadore, M. M; Hashimoto, F. Reflexões sobre o estabelecimento de vínculos afetivos interpessoais na atualidade. Rev. Mal-Estar Subj [online]. 2012, vol.12, n.1-2, pp.177-204. Available from: <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1518-61482012000100007&lng=pt&nrm=iso>. ISSN 1518-6148.

33. Ribeiro, C. V. Para além do inconsciente verbalizável e da memória lacunar: a psicanálise sob o olhar de Loparic. Nat. hum. [online]. 2019, vol.21, n.2, pp.220-257. Available from:

<http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1517-24302019000200016&lng=pt&nrm=iso>. ISSN 1517-2430.

34. Diniz C.S.G. Humanização da assistência ao parto no Brasil: os muitos sentidos de um movimento. Ciênc saúde coletiva [Internet]. 2005Jul;10(3):627–37. Available from: https://doi.org/10.1590/S1413-81232005000300019.

35. WHO Library Cataloguing-in-Publication Data Counselling for maternal and newborn health care: a handbook for building skills. Available from: https://www.who.int/publications/i/item/9789241547628.

36. Narchi NZ, Venâncio KCMP, Ferreira FM, Vieira JR. O plano individual de parto como estratégia de ensino-aprendizagem das boas práticas de atenção obstétrica. Rev esc enferm USP [Internet]. 2019;53:e03518. Available from: https://doi.org/10.1590/S1980-220X2018009103518

37. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Brasília: Editora do Ministério da Saúde, 2012. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf.

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