

Doula's role in humanized childbirth

Atuação da doula no trabalho de parto humanizado

Actuación de la doula en el parto humanizado

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RESUMO

Objetivo: compreender como a doula pode influenciar no trabalho de parto humanizado, em uma revisão integrativa. **Metodologia:** revisão Integrativa da Literatura de artigos publicados nas bases de dados virtuais, sendo eles: Biblioteca Virtual em Saúde (BVS), Literatura Latino Americana e do Caribe em Ciências em Saúde (LILACS), National Library of Medicine (MEDLINE), e Base de Dados de Enfermagem (BDENF). **Resultados:** Foram encontrados 538 estudos, dos quais 15 foram selecionados para compor a revisão integrativa. Foi possível observar uma grande prevalência de artigos relatando sobre como um acompanhamento adequado no momento do trabalho de parto pode influenciar no emocional e na dinâmica do parto, o que evidencia a necessidade de implementação da profissional doula, para proporcionar um momento marcante de uma forma positiva na vida da mãe e de seus familiares. **Considerações Finais:** Conclui-se por tanto que os estudos aqui feitos, e futuras pesquisas realizadas nesta temática, sejam de grande contribuição para o meio acadêmico na área da saúde, pois contribui diretamente para a enfermagem, a saúde pública, os programas de saúde da mulher e seus diretos reprodutivos.

Descritores: Doulas; Parto Humanizado; Trabalho de Parto.

ABSTRACT

Objective: to understand how the doula can influence humanized childbirth through an integrative review. **Methodology:** This is an integrative review of articles published in virtual databases, namely: Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS), National Library of Medicine (MEDLINE), and Nursing Database (BDENF). Results: A total of 538 studies were found, of which 15 were selected to compose the integrative review. A significant prevalence of articles was observed reporting how proper support during labor can influence the emotional well-being and dynamics of childbirth, highlighting the need for the inclusion of doula professionals to create a positively impactful moment in the lives of mothers and their families. **Final Considerations:** It is concluded that the studies conducted here, along with future research on this topic, can greatly contribute to the academic field of health, particularly in nursing, public health, women's health programs, and their reproductive rights.

Descriptors: Doulas; Humanized Childbirth; Labor.

RESUMEN

Objetivo: comprender cómo la doula puede influir en el trabajo humanizado, en una revisión integradora. **Metodología:** Revisión integradora de la literatura de artículos publicados en bases de datos virtuales, a saber: Biblioteca Virtual en Salud (BVS), Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Biblioteca Nacional de Medicina (MEDLINE) y Base de Datos de Enfermería (BDENF). **Resultados:** Se encontraron 538 estudios, de los cuales se seleccionaron 15 para componer la revisión integradora. Se pudo observar una alta prevalencia de artículos que relatan cómo un adecuado seguimiento en el momento del parto puede influir en la dinámica emocional y dinámica del parto, lo que destaca la necesidad de implementar la doula profesional, para proporcionar un momento notable de forma positiva en la vida de la madre y su familia. **Consideraciones finales:** Por lo tanto, se concluye que los estudios aquí realizados, y las futuras investigaciones que se realicen sobre este tema, son de gran aporte al ambiente académico en el área de la salud, ya que contribuye directamente a la enfermería, la salud pública, los programas de salud de la mujer y sus derechos reproductivos.

Descriptor: Doulas; Parto Humanizado; Trabajo.

REVIEW

Introduction

Doulas have played a significant role in childbirth care for centuries. The term "doula" originates from Ancient Greece and means "woman who serves" or "servant". Originally, doulas provided assistance to puerperal women in various domestic activities. Currently, its performance involves humanized support during all stages of pregnancy, with the aim of providing a light and peaceful experience. The role of doulas encompasses emotional and physical support and active listening¹.

Pregnancy and childbirth are social events of great importance, and the humanization of care for these stages has been gaining relevance in recent years. The concept of humanized care, as described by the Ministry of Health², encompasses practices, knowledge and attitudes that make labor and birth safer and healthier, in addition to contributing to the reduction of maternal and perinatal mortality³.

Throughout the twentieth century, childbirth began to be performed predominantly in hospitals, which resulted in greater medicalization and distancing from family environments. This process involved technological interventions that were often impersonal and unnecessary, compromising the woman's role in childbirth. Historically, Western medicine has fostered an influx of male professionals into previously female-dominated fields such as obstetrics⁴.

The reintroduction of doulas in the modern obstetric scenario has proven to be fundamental for the qualitative improvement of childbirth care services. Studies indicate that its presence contributes to the increase in natural vaginal births, reduced labor time, and decreased need for cesarean sections. These benefits favor the mother-child bond and have economic advantages⁵.

In Brazil, modern obstetrics often adopts a model that considers pregnancy and childbirth as pathological conditions, resulting in excessive medical interventions. The high prevalence of cesarean sections, with rates of 84% in the private network and 40% in the public network, reflects this approach. These rates are often supported by misperceptions that cesarean delivery is safer, despite studies showing a tenfold higher risk of death from this procedure compared to vaginal delivery^{6,7}.

Research shows that, at the beginning of pregnancy, 66% of Brazilian women prefer vaginal delivery, while 27.6% opt for cesarean section and 6.1% do not have a defined preference. However, at the end of pregnancy, 51.5% end up choosing cesarean section, and 65.7% of these surgeries occur without the confirmation of labor.³

Since 2001, the performance of doulas has been recognized in public health policies, such as in the guideline "Childbirth, Abortion and Puerperium: Humanized Assistance to Women", which recognizes the importance of doulas in the movement to humanize childbirth⁸. In 2013, the Ministry of Labor and Employment included the "doula" category in the Brazilian Classification of Occupations (CBO), defining it as the professional who offers constant support to women during pregnancy and the puerperium, promoting well-being and evolution of childbirth⁹.

Law 11.108/2005 guarantees the parturient the right to a companion of her choice, which does not invalidate the importance of the doula, but

reinforces its complementary role in supporting the parturient. The doula does not replace the obstetric team but collaborates for a more welcoming and less invasive birth, ensuring that the woman's emotional and physical needs are met.¹⁰

The presence of a doula can significantly reduce the rate of unnecessary cesarean sections, being considered a light and effective technology in promoting humanized childbirth. Studies show that women accompanied by doulas feel more empowered and prepared for childbirth, which contributes to a less painful and more positive process.¹¹

The hospitalization of childbirth in the twentieth century brought physiological, emotional, and psychological changes to parturients, often prolonging labor and intensifying pain. The implementation of invasive techniques reduced the role of women during childbirth, limiting their autonomy¹¹. Doulas play an essential role in humanized care, promoting physical and emotional well-being for pregnant women. Their performance creates a relationship of trust with the parturient, facilitating a welcoming and respectful environment. Given the positive impact of doulas, this study aims to understand their influence on humanized labor, addressing issues related to methods, benefits, and implications for public health.

In this sense, the objective of this study was to understand how the doula can influence humanized labor, through an integrative literature review.

Methodology

Study design

This study is characterized as an integrative literature review, which aims to gather and synthesize the results of existing research on the role of the doula in humanized labor. This method was chosen because it offers a consolidated knowledge base, enabling a deep understanding of the topic addressed¹². According to Mendes, Silveira and Galvão (2008)¹², the integrative review follows six structured stages:

1. Identification of the theme and formulation of the hypothesis or guiding question;
2. Definition of inclusion and exclusion criteria for systematic literature search;
3. Extraction and categorization of information from the selected studies;
4. Evaluation of included studies;
5. Interpretation of results;
6. Synthesis and presentation of the knowledge obtained.

This approach ensures a comprehensive and critical analysis, providing reliable results to support future practices and studies.

Sampling and literature search

To answer the guiding question: "What is the importance of the role of doulas in humanized childbirth, and how does this reflect on the humanization of the childbirth process?" the bibliographic search was carried out in the Virtual Health Library (VHL), with consultation of the following databases:

- Latin American and Caribbean Literature in Health Sciences (LILACS);
- National Library of Medicine (MEDLINE);
- Nursing Database (BDENF).

The research used the descriptors: "doulas", "humanized birth" and "labor", defined by the Health Sciences Descriptors (DeCS) platform. The inclusion and exclusion criteria applied were as follows:

Inclusion Criteria:

- Original, complete and available in full articles;
- Published between 2016 and 2021;
- Written in Portuguese;
- That they address the object of study.

Exclusion Criteria:

- Incomplete texts;
- Publications prior to 2016;
- Studies written in foreign languages;
- Theses, dissertations and monographs.

The selection process consisted of the rigorous application of these criteria, prior reading of the abstracts, and detailed analysis of the full articles. The extracted data were organized in tables, synoptic tables and figures, according to the recommendations of Mendes, Silveira and Galvão (2008)¹².

Selection Process

Initially, 25,318 articles indexed in the VHL were found with the combined descriptors. After the first filter (full texts), the number was reduced to 6,596 articles. Then, by restricting the publication period to 2016-2021, 3,067 articles were identified, 538 of which were developed in Brazil.

Table 1 - Presents the quantitative summary of the filtering process of the articles.

Databases	Descriptors in Health Sciences (DeCS)	Full Text	Publications from 2016 to 2021	Developed in Brazil
BVS	Doulas	177	109	14
BVS	Labor	5.639	2.576	218
BVS	Humanized Childbirth	780	382	306
TOTAL	25.318	6.596	3.067	538

After applying the inclusion and exclusion criteria, 57 articles were selected for detailed analysis. However, 42 articles were excluded after reading the abstracts, resulting in 15 studies that made up the final sample (Table 2).

Table 2: Distribution of selected articles, excluded articles, and included articles.

Databases	Descriptors in Health Sciences (DeCS)	Selected Articles	Excluded Articles	Included Articles
BVS	Doulas	17	12	5
BVS	Labor	20	15	5
BVS	Humanized Childbirth	20	15	5
TOTAL		57	42	15

The included articles were then distributed according to the databases consulted (Table 3):

Table 3 - Distribution of the selected articles according to the indexed databases.

Databases	Total
LILACS	5
BDENF	5
MEDLINE	5
TOTAL	15

Table 4 - Presents the distribution of the selected articles by year of publication:

Year of publication	Total
2016	1
2017	1
2018	2
2019	3
2020	0
2021	8
TOTAL	15

Data Analysis

The data extracted from the selected articles were systematically organized by means of synoptic tables and categorized to facilitate interpretation and presentation. For data analysis, the recommendations of Mendes, Silveira and Galvão (2008)¹² were adopted, ensuring methodological rigor in the evaluation of studies.

The articles were identified by codes (from A1 to A15), and were classified according to author/year, journal, place of production, sample characteristics and study design. In addition, the levels of evidence were categorized according to the criteria of Evidence-Based Medicine (EBM).

Chart 1- Distribution of articles on the Role of the Doula in Humanized Childbirth, according to coding, author/year and journal.2024.

Code	Author/Year	Journal
A1	SILVA, L.C.C. et al., 2018	Psicologia Revista
A2	JUNIOR, A.R.F.; BARROS, N.F., 2016	Physis Revista de Saúde Coletiva
A3	MELLO, R.S.F. et al., 2021	Revista Femina
A4	RONDON, M.C.S. et al., 2021	Revista Nursing
A5	SANTOS, S.; FABBRO, M.R.C., 2018	Ciência e Enfermagem
A6	LINS, H.N.S. et al., 2019	Revista de Enfermagem UFPE
A7	MAFFEI, M.C.V. et al., 2021	Revista de Enfermagem UFPE
A8	SOUZA, B. et al., 2021	Journal of Nursing and Health
A9	REIS, L.A.M. et al., 2021	Enfermagem em Foco
A10	ALMEIDA, J.S. et al., 2021	Revista de Pesquisa
A11	SANTOS, F.S.R. et al., 2019	Caderno de Saúde Pública
A12	GAMA, S.G.N. et al., 2021	Ciência e Saúde Coletiva
A13	LEAL, N.P. et al., 2021	Ciência e Saúde Coletiva
A14	CAVALCANTI, A.C.V. et al., 2019	Revista Gaúcha de Enfermagem
A15	REIS, T.L.D.R. et al., 2017	Revista Gaúcha de Enfermagem

Chart 2- Distribution of articles on Doula Performance in Humanized Childbirth, according to coding, full title and level of evidence.2024.

Code	Title	Level of Evidence
A1	Women's perception of childbirth and the role of the doula	V
A2	Reasons for acting and professional training: perception of doulas	IV
A3	Fear of childbirth in pregnant women	IV
A4	Women assisted by doulas: an exploratory study	III
A5	The difficult task of choosing natural childbirth	IV
A6	Experiences in women's care: perception of doulas	IV
A7	Use of non-pharmacological methods during labor	IV
A8	Use of non-pharmacological methods of pain relief in vaginal delivery	IV
A9	Working Relationship between Obstetric Nurses and Doulas in Childbirth Care	IV
A10	Prevalence of vaginal delivery after cesarean section in a high-risk maternity hospital	III
A11	The meanings and senses of the birth plan for the women who participated in the Senses of Birth Exhibition	IV
A12	Childbirth care by obstetric nurses in maternity hospitals linked to the Stork Network	V
A13	Social practices of labor and birth in Brazil: the speech of puerperal women	V
A14	Complementary therapies in labor: a randomized clinical trial	I
A15	Female autonomy in the labor and birth process: an integrative literature review	I

The articles were also distributed by place of performance, sample characteristics and study design, as shown in Chart 3:

Chart 3 - Distribution of articles on the Role of the Doula in Humanized Childbirth, according to coding, location, sample characteristics and study design. 2024.

Code	Place	Sample Features	Study Design
A1	Sao Paulo	9 women, ages 19-35	Quantitative
A2	Rio de Janeiro	13 doulas	Qualitative, exploratory
A3	Sao Paulo	67 pregnant women	Transverse
A4	Sao Paulo	322 pregnant women	Exploratory
A5	Sao Paulo	7 mothers	Qualitative
A6	Recife	7 doulas	Qualitative, descriptive
A7	Minas Gerais	82 postpartum women	Quantitative, cross-sectional
A8	Rio Grande do Sul	269 women	Quantitative, descriptive
A9	Pará	7 obstetric nurses and 3 doulas	Qualitative, descriptive and prospective
A10	Rio de Janeiro	44 mothers	Cross-sectional, quantitative and retrospective
A11	Minas Gerais	781 women	Qualitative descriptive
A12	Rio de Janeiro	10,665 postpartum women in the immediate postpartum period	Quantitative
A13	Rio de Janeiro	10,665 postpartum women	Quantitative
A14	Sao Paulo	128 parturients	Randomized controlled trial
A15	Rio Grande do Sul	22 articles	Integrative literature review

Results and Discussion

The detailed analysis of the selected articles allowed us to identify the profound impact of the doulas' performance in the process of humanizing childbirth. From the data collected, it was possible to categorize the main findings into two major thematic axes: reflection on humanization in childbirth and techniques used by doulas in labor. Each category reveals how doulas contribute to transforming the birth experience into a safer, more respectful process that is aligned with women's needs and expectations.

Reflection on humanization in childbirth: the contribution of the doula in labor

Psychoemotional Support and Reduction of Obstetric Violence

The presence of the doula during labor emerged as a determining factor in reducing fear, stress and anxiety of parturients. In 95% of the reported experiences, the presence of the doula was associated with greater emotional security and control of emotions¹³. The women described the bond established with the doula as a differential to face the challenges of childbirth in a confident way.

Obstetric violence, a phenomenon widely discussed in the Brazilian context, was less frequent in deliveries accompanied by doulas. These professionals play a mediating role between the parturient and the medical team, ensuring that women's wishes and rights are respected¹⁴. Studies highlight that the continuous support of the doula contributes to avoiding practices such as unnecessary episiotomies, indiscriminate use of oxytocin, and elective cesarean sections, which often occur for institutional convenience.

Promotion of Women's Autonomy

Doulas are active advocates for women's autonomy, helping them make informed decisions about their own bodies and childbirth. This empowerment is directly linked to the movement for the humanization of childbirth, which seeks to restore women to prominence in this very significant moment¹. In addition, the doula offers unconditional support, respecting the parturient's choices and creating an environment of care and welcoming.

Impact on Maternal and Child Health

The role of the doula is also associated with clinical benefits, such as a higher success rate in normal births, shorter labor time, and better mother-baby bonding in the postpartum period. These results are particularly important in a context such as Brazil, where cesarean section rates exceed 80% in the private network, often without clinical justification⁷.

Chart 4 - Main Impacts of the Presence of the Doula in Labor. 2024.

Identified Impacts	Related Studies	Description
Reduced stress and anxiety	SILVA, L.C.C. et al., 2018 ¹³	Continuous support promotes emotional safety during labor.
Decrease in obstetric violence	REIS, T.L.D.R. et al., 2017 ¹⁴	Reduction of unnecessary practices such as episiotomies and cesarean sections.
Promotion of women's autonomy and protagonism	LEÃO; OLIVEIRA, 2006 ¹	Doulas help women make informed decisions by strengthening their autonomy.
Better mother-baby bond	GRECIA et al., 2019 ⁵	The presence of the doula improves the bond in the postpartum period and reduces the negative emotional impact.

Techniques used by doulas in the humanization of childbirth

Non-Pharmacological Methods in Pain Management

Doulas use a wide variety of non-pharmacological techniques to relieve pain and reduce discomfort during labor. Among the most reported practices are massage, controlled breathing, the use of the Swiss ball and warm baths. These techniques, in addition to being effective in pain management, provide greater physical and emotional comfort, reducing the need for drug analgesia¹⁵.

Studies indicate that parturients who used non-pharmacological methods had a faster evolution in labor, with greater uterine dilation and a

lower incidence of complications¹⁶. Combining these practices with the ongoing support of the doula has been shown to be an effective approach to creating a welcoming and less medicalized environment.

Creation of a Care and Welcoming Environment

In addition to physical techniques, doulas play an important role in creating a peaceful and welcoming environment. The use of aromatherapy, music therapy, and soft lighting has been cited in several studies as part of doulas' arsenal of resources to reduce anxiety and promote relaxation.¹⁷

Chart 5 - Non-Pharmacological Methods and their Benefits. 2024.

Method	Benefits	Related Studies
Massage	Pain relief, muscle relaxation and stress reduction.	MAFFEI, M.C.V. et al., 2021 ¹⁵
Controlled breathing	Improved oxygenation, reduced anxiety and greater emotional control.	CAVALCANTI, A.C.V. et al., 2019 ¹⁶
Swiss ball	It facilitates uterine dilation, improves mobility and reduces pelvic discomfort.	MAFFEI, M.C.V. et al., 2021 ¹⁵
Warm bath	It reduces lower back pain, promotes relaxation and improves overall well-being.	SANTOS, S.; FABBRO, M.R.C., 2018 ¹⁷
Aromatherapy	It promotes relaxation and stress reduction, with a positive impact on pain perception.	GRECIA et al., 2019 ⁵

Multiprofessional integration and economic impacts

The work of doulas is amplified when it occurs in collaboration with multiprofessional teams. Studies indicate that, in maternity hospitals where there is integration between doulas, obstetric nurses and doctors, humanized practices are more prevalent, resulting in less use of invasive interventions and greater satisfaction of parturients.¹⁸

In the economic sphere, the presence of doulas contributes to the reduction of hospital costs by minimizing the use of unnecessary medical procedures and reducing the length of hospital stay. These benefits are particularly relevant in resource-limited contexts, such as the Unified Health System (SUS), where the adoption of humanized practices can significantly improve maternal and child health indicators.

The results presented reinforce the literature that highlights the central role of doulas in promoting a more humanized obstetric model, aligned with the needs and choices of women. By reducing invasive practices and strengthening female protagonism, doulas contribute to more ethical, safe, and welcoming obstetric care.

The implementation of public policies that promote access to doulas and the training of multiprofessional teams is essential to expand the benefits observed. In addition, valuing this practice in hospital and community contexts can significantly transform the childbirth experience in Brazil.

Conclusion

The role of doulas in humanized labor is essential to transform the birth experience into a safer, more respectful event aligned with the needs of women. By providing physical, emotional and informative support, doulas promote greater autonomy and protagonism of parturients, contributing to the reduction of unnecessary obstetric interventions and to the strengthening of the mother-baby relationship in the postpartum period.

The results presented in this integrative review highlight that the presence of the doula is associated with a decrease in obstetric violence, the encouragement of humanized practices and the use of effective non-pharmacological methods in pain management. In addition, the positive economic impact, generated by the reduction of hospital costs and the need for prolonged hospitalizations, reinforces the relevance of including these professionals in the health system.

However, the implementation of humanized practices faces significant challenges, such as raising the awareness of obstetric teams, including doulas in public policies, and overcoming institutional resistance. A joint effort is needed between managers, health professionals, and public policy makers to ensure that parturients have access to obstetric care centered on their needs and rights.

Finally, this study contributes to the academic field and to professional practice by highlighting the benefits of doulas' performance in humanized childbirth. Future studies should further explore the impacts of this practice, including the perspective of parturients, their families, and multiprofessional teams. Strengthening the role of doulas can be a promising path for building a more equitable, welcoming and respectful obstetric model.

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