

Applicability of good birth care practices: integrative literature review

Aplicabilidade das boas práticas de atenção ao parto: revisão integrativa de literatura

Aplicabilidad de las buenas prácticas de atención del parto: una revisión bibliográfica integradora

Leila Cristiane da Silva Lopes¹, Ricardo Saraiva Aguiar¹

How to cite: Lopes LCS, Aguiar RS. Applicability of good birth care practices: integrative literature review. REVISA. 2020; 9(1): 133-43. Doi: <https://doi.org/10.36239/revisa.v9.n1.p133a143>

REVISA

1. Universidade Paulista.
Nursing Department. Brasília,
Federal District, Brazil.

Received 17/11/2019
Accepted: 19/01/2020

RESUMO

Objetivo: Analisar a aplicabilidade das boas práticas de atenção ao parto através de uma revisão integrativa da literatura. **Método:** Trata-se de uma revisão integrativa da literatura, no período de 2010 a 2017, de artigos pesquisados nos bancos de dados BIREME, LILACS e SciELO. **Resultados:** Foram selecionados 20 artigos científicos, sendo interpretados e sintetizados todos os resultados, através de uma comparação dos dados evidenciados na análise dos artigos ao referencial teórico. **Conclusão:** Pode-se que a atuação do enfermeiro obstetra é indispensável para a prática do parto humanizado, visto que a atuação desse profissional contribui para uma assistência individualizada à parturiente e para a aplicação das boas práticas de atenção obstétrica de modo a favorecer mais o empoderamento da mulher sobre seu próprio corpo.

Descritores: Cuidados de Enfermagem; Humanização da Assistência; Parto Humanizado.

ABSTRACT

Objective: To analyze the applicability of good birth care practices through an integrative literature review. **Method:** This is an integrative literature review, from 2010 to 2017, of articles searched in the BIREME, LILACS and SciELO databases. **Results:** Twenty scientific articles were selected, being interpreted and synthesized all the results, through a comparison of the data evidenced in the analysis of the articles to the theoretical framework. **Conclusion:** It may be that the performance of obstetric nurses is indispensable for the practice of humanized childbirth, since the performance of this professional contributes to individualized care for parturient women and the application of good practices of obstetric care in order to further empower empowerment of the woman over her own body.

Descriptors: Nursing Care; Humanizing of Assistance; Humanizing Delivery.

RESUMEN

Objetivo: analizar la aplicabilidad de las buenas prácticas de cuidado del parto a través de una revisión bibliográfica integradora. **Método:** Esta es una revisión bibliográfica integradora, de 2010 a 2017, de artículos investigados en las bases de datos BIREME, LILACS y SciELO. **Resultados:** Se seleccionaron veinte artículos científicos, y todos los resultados se interpretaron y sintetizaron, mediante una comparación de los datos evidenciados en el análisis de los artículos con el marco teórico. **Conclusión:** es posible que el papel de la enfermera obstétrica sea indispensable para la práctica del parto humanizado, ya que el desempeño de este profesional contribuye a la asistencia individualizada a la mujer parturienta y a la aplicación de buenas prácticas de atención obstétrica para favorecer un mayor empoderamiento de la mujer en su propio cuerpo.

Descritores: Cuidado de enfermería; Humanización de la asistencia; Parto humanizado.

Introduction

Historically, until the mid-nineteenth century, pregnancy and sex were those of a private nature, with no collective interest, with reflexes restricted to small groups. But the scenario begins to change due to the intense suffering and some cases of maternal death, thus being assisted by other women in the community. From then on the midwives emerged initially due to the difficulty of access to the health network, accompanied by the social and regional inequalities that were present, especially in the rural area due to the isolation situation, making the work of midwives indispensable in these communities, that for a long time was the only form of obstetric care.¹⁻³

Subsequently, there was a change in the obstetric context, increasingly leading the role of health professionals in childbirth experiences. The main reason for the occurrence of these changes was the high maternal and perinatal mortality, which despite the technological advances, the rates are at high levels, having as main factors the absence or inadequacy of prenatal care, the poor conditions of delivery and postpartum complications.¹⁻⁴

Given this, in the last two decades the World Health Organization (WHO) has recorded a high maternal (pregnancy and childbirth-related) and infant mortality rates worldwide, and most of the reported cases were concentrated in underdeveloped countries or in developing countries. development. Studies show that most of these deaths could have been prevented and, on this basis, the United Nations Millennium Conference in 2000 launched the Millennium Development Goals (MDGs), which set targets for improving the health of pregnant women. consists of reducing maternal and child mortality by three quarters.⁵

In the Brazilian context, attention to women at childbirth remains a challenge, both regarding the quality itself and the philosophical principles of care, still centered on a technocratic and medicalizing model. However, the Ministry of Health has been creating a series of alternatives to improve this scenario.⁴⁻⁵

Based on physiological configuration and evidence-based practice, WHO since 1996 has categorized good obstetric care practices and the Ministry of Health has advocated that practices that are clearly useful should be encouraged; whereas clearly harmful or ineffective practices should be eliminated; practices without sufficient evidence to support a clear recommendation that should be used with caution until further research clarifies the issue; and finally, practices that are often misused should be abolished.⁵

In this regard, regarding the good obstetric practices performed by the parturient health team, the following stand out: oral fluids, empathic support by the service providers, respect for the choice of women as their companion during parturition, clarifying doubts, providing information women desire, the use of non-evasive and pharmacological pain relief methods such as massage and relaxation techniques, fetal monitoring through interval auscultation, freedom of position and movement, and the use of the partogram.⁶

Given the above, this study becomes relevant because it may contribute to the reflections of health professionals, a discussion of relevance, making it possible to identify the weaknesses of childbirth care and the reasons why they are not rigorously performed, thus aiming at improving care practices.

Therefore, this research aims to analyze the applicability of good childbirth care practices through an integrative literature review.

Method

This is an integrative literature review, based on 20 researches, comprising articles available from publicly available electronic scientific databases (BIREME, Latin American and Caribbean Health Sciences Literature (LILACS) and Scientific Electronic Library Online (SciELO), published between 2010 and 2017.

Thus, an integrative literature review with descriptive analysis enables the synthesis and analysis of scientific knowledge already produced on the investigated theme, disseminating critical knowledge through grounded practice, allowing nurses to decide on their daily activity.⁷⁻⁸

To determine which studies would be included in this research, the means adopted to identify relevant questions, as well as the information to be extracted from each selected study, the process of defining the guiding question was started, which is considered the most important phase of the study review.⁹

Thus, we went through the phases for the elaboration of an integrative literature review that consisted of six steps. The first step consisted in formulating the guiding question, namely: What is the perception of health professionals regarding the adoption of good obstetric practices?

In the second stage, a survey was conducted in electronic databases of BIREME, Latin American and Caribbean Health Sciences Literature (LILACS) and Scientific Electronic Library Online (SCIELO), using the descriptors: "Humanization of Assistance" and "Humanized Childbirth", from 2010 to 2017.

In the third stage, inclusion criteria were adopted to answer the guiding question, considering those articles whose access to the journal is free to the full texts, articles in Portuguese language, published and indexed in the last seven years (2010 to 2017), as well as tools used by nurses to adopt the guidelines of the National Humanization Policy (PNH) in the care provided by nursing professionals.

Exclusion criteria are articles published in years prior to 2010, in languages other than Portuguese, which are not related to the proposed theme and the guiding question, and we chose not to include theses, dissertations and monographs, since a systematic search for them is logistically unfeasible. With the parameters used, 914 articles were found in the BIREME database, 459 articles in the LILACS database and 171 articles in the SCIELO database, totaling 1,544 articles.

In the fourth stage, we evaluated the articles, discarding those that are obviously not related to the theme, whose language was not Portuguese, as well as the year of publication outside the stipulated time. The articles that corroborated the inclusion criteria were 37 articles that were obtained and analyzed in full. After careful reading, only 20 articles strictly met the inclusion criteria.

In the fifth stage, the topics that emerged from the reading were discussed. Finally, the sixth stage contemplates the analysis of the selected articles. It is noteworthy that both the analysis and the synthesis of information extracted from the articles were made descriptively, which made it possible to

observe, describe and classify the information, in order to gather the published knowledge on the topic chosen for this review.⁸

To extract the relevant data from the selected articles, a previously designed instrument was used to gather and synthesize the key information, minimizing the risk of transcription errors, ensuring accuracy in checking the information to serve as a record.⁸ Thus, a table was adopted as a consolidation tool, in which the following information was grouped: article order number in order to have a better view when reading the discussion, title of the paper, author (s), objective (s), method (s), conclusion and year of publication.

Results and discussion

Overview of selected articles

Table 1 gives general information on the 20 articles included in this integrative review. All results were interpreted and synthesized through a comparison of the data evidenced in the analysis of the articles to the theoretical framework.

Chart 1 – Distribution of articles according to title, authors, purpose, method, conclusion and year of publication.

	Title	Author	Objective	Method	Conclusion	Year
Article 1	Analysis of mother-baby binomial care in Centro de Paro Normal	Rocha FR, Melo MC, Medeiros GA, Pereira EP, Boeckmann LMM, Dutra LMA	Understanding mother-baby binomial care in a birth center	Descriptive study with qualitative approach	The study highlighted the empowerment of women in seeking information about the birth process and their rights and reinforces the construction of more Normal Birth Centers.	2017
Article 2	Perceptions of the woman's choice companion about the organization and ambience of the obstetric center	Frutuoso LD, Brüggemann OM, Monticelli M, Oliveira ME, Costa R	Knowing the companions perceptions about the organization and ambience of the obstetric center and identify which aspects make it easier and harder to stay	Descriptive research with a qualitative approach	Despite some difficulties, especially due to the lack of orientation and inappropriate accommodation for the companion, in general, they did not become obstacles to stay with the parturient	2017
Article 3	Good practice-based obstetric nursing care: from childbirth to childbirth	Vieira MJO, Santos AAP, Silva JMO, Sanches METL	Evaluating the care of obstetric nurses in childbirth, based on good obstetric practices	Descriptive, retrospective and documentary study with a qualitative approach through the analysis of 500 medical records.	We found the use of good WHO recommended obstetric practices used by obstetric nurses in childbirth care.	2016
Article 4	Practices in childbirth care in maternity hospitals with obstetric nurses insertion, in Belo Horizonte, Minas Gerais	Sousa AMM, Souza KV, Rezende EM, Martins EF, Campos D, Lansky S	Discussing practices in childbirth care in health institutions, where doctors and obstetric nurses work together	Cross-sectional study that had as its data source the research "Born in Brazil" in Belo Horizonte	Even in institutions that strive to change the obstetric care model, practices that reproduce the technocratic model have been identified.	2016
Article 5	Implementation of care practices for prevention and repair of perineal trauma in childbirth	Santos RCS, Riesco MLG	Implement care practices for prevention and repair of perineal trauma in normal delivery	Quasi-experimental study, carried out at the Mãe-Luzia Women's Hospital, Macapá, AP	Educational intervention has improved care and perineal outcomes, but there are gaps in the implementation of evidence and inadequate management of perineal care.	2016
Article 6	Humanized care: the insertion of obstetric nurses in a teaching hospital	Medeiros RMK, Teixeira RC, Nicolini AB, Alvares AS, Corrêa ACP, Martins DP	Analyzing the care provided in a Prepartum / Childbirth / Postpartum (PPP) unit of a teaching hospital after the insertion of obstetric nurses	Cross-sectional study conducted at a PPP unit of a teaching hospital in the state capital of Mato Grosso	The insertion of these nurses contributed to the humanization of obstetric and neonatal care.	2016

Article 7	Women's knowledge about different birth positions: a contribution to caring	Silva LS, Leão DCMR, Cruz AFN, Alves VH, Rodrigues DP, Pinto CB	Analyzing the meaning of women's knowledge attributes to the possibilities of choosing an alternative birth position	Exploratory and descriptive study with a qualitative approach	Autonomy, in terms of more vertical positions, allows the empowerment of women during the process of gestating and giving birth.	2016
Article 8	Adherence to good practices in normal delivery care: instrument construction and validation	Carvalho EMC, Göttems LBD, Pires MRM	Describing the stages of construction and validation of an instrument for analyzing adherence to good practices in childbirth care	Methodological research, carried out in three stages: elaboration of dimensions and items; apparent and content validation; and semantic analysis of items	The three-dimensional instrument (organization of the birth and birth care network, scientific evidence-based practices and work processes) followed the steps recommended in the literature, completed with 50 items and total CVI of 0.98.	2015
Article 9	Obstetric Nursing: Contributions to the Millennium Development Goals	Reis TR, Zamberlan C, Quadros JS, Grasel JT, Moro ASS	Characterizing and analyze the delivery and birth care performed by Obstetric Nursing Residents	Quantitative and retrospective study of 189 normal deliveries assisted by Obstetric Nursing Residents	It was possible to identify that the Nursing Residency Program enables the reduction of obstetric interventions, directly reflecting on the improvement of maternal health.	2015
Article 10	Normal childbirth care process in a public maternity hospital in the state of Piauí, 2015	Almeida BF, Ribeiro JF, Araújo KRS, Lavôr TBSL	Analyzing the process of natural childbirth care in a public maternity hospital of reference for the state of Piauí	Descriptive study with a quantitative approach, conducted with 120 mothers who had a normal birth, between April and May 2015.	The process of natural childbirth care is being performed properly, but it is necessary to search for new studies that enable the identification of new procedures to reduce or remedy the difficulties encountered.	2015
Article 11	Obstetric interventions during labor and delivery in Brazilian women at usual risk	Leal MC, Pereira APE, Domingues RMSM, Filha MMT, Dias MAB, Pereira MN, Gama SGN	To evaluate the use of good practices and obstetric interventions in the care of labor and delivery of women at usual obstetric risk.	We used data from the survey "Born in Brazil", a hospital-based study conducted in 2011/2012, with interviews of 23,894 women	In order to improve the health of mothers and children and promote quality of life, the Unified Health System (SUS) and, especially the private sector, need to change the obstetric care model by promoting care based on scientific evidence.	2014
Article 12	Born in Brazil: the portrait of birth in women's voice	Fioretti B, Leal MC	Knowing the determinants, magnitude and effects of obstetric interventions in childbirth including unnecessary caesarean sections, as well as women's movement for choosing childbirth	Cohort study	Only 5% of women had this experience, many procedures were routinely used causing more trauma than benefits.	2014
Article 13	Obstetric interventions during labor and delivery in Brazilian women at usual risk	Leal MC, Pereira APE, Domingues RMSM, Filha MMT, Dias MAB, Pereira MN, Gama SGN	Evaluating the use of good practices and obstetric interventions in the care of labor and delivery of women at usual obstetric risk.	We used data from the survey "Born in Brazil", a hospital-based study conducted in 2011/2012, with interviews of 23,894 women	In order to improve the health of mothers and children and promote quality of life, the Unified Health System (SUS) and, especially the private sector, need to change the obstetric care model by promoting care based on scientific evidence.	2014
Article 14	Childbirth and birth: humanized knowledge and practices	Malheiros PA, Alves VH, Rangel TSA, Vargens OMC	Describing the concepts instituted by health professionals who work in childbirth care about the humanization of childbirth	Qualitative descriptive-exploratory research conducted at the Maternity Hospital of the University Hospital Antônio Pedro	We concluded that professionals have knowledge about the health policies they have about the humanization of childbirth and birth, follow these precepts and their professional practice meets what is recommended by the policies.	2012
Article 15	Systematization of nursing care in an Obstetric Center	Santos RB, Ramos KS	Proposing a protocol for Systematization of Nursing Care for parturients in the Obstetric Center of a public hospital in Recife-PE	This is a descriptive and exploratory study with a quantitative approach.	The incorporation of ICNP® into nurses' activities will lead them to obtain better results in the quality of their care in the obstetric center, facilitating communication between their peers.	2012

Article 16	Characteristics of labor and delivery care in three models of care in the SUS, Belo Horizonte, Minas Gerais, Brazil	Vogt SE, Diniz SG, Tavares CM, Santos NCP, Schneck CA, Zorzam B, Vieira DA, Silva KS, Dias MAB	To evaluate the frequency of interventions on low-risk women labor in the three defined care models.	This is a cross-sectional study with 831 pregnant women, performed with data from medical records.	The results suggest resistance to the selective use of interventions in all care models, although they favor ANC as a strategy to control interventions during labor and delivery in pregnant women with normal risk without harming women and newborns.	2011
Article 17	Living the experience of parturition in a humanized care model	Silva LM, Barbien M, Fustinoni MS	Understanding the experiences of mothers who experienced labor and childbirth in a humanized care model	Qualitative study based on the phenomenological approach	The reports showed feelings such as pain, fear and anxiety, but allowed the participation and rescue of autonomy.	2010
Article 18	Postpartum view of not using best practices in childbirth care	Oreano JM, Bruggemann OM, Velho MB, Monticelli M	Identifying the reasons given by the mothers for not using good practices in labor / delivery	Descriptive and qualitative exploratory research	We concluded that the non-use of some of the good obstetric practices is largely related to the attitude of professionals, but in some situations the decision of women	2010
Article 19	Mother and son: the first bonds of approach	Rosa R, Martins FE, Gaspen BL, Monticelli M, Siebert ERC, Martins NM	Identifying and analyzing maternal feelings expressed by mothers during intimate contact with their children soon after delivery	Exploratory-descriptive qualitative study	We concluded that the first contacts, in the perception of women, are preponderant to provide recognition between mother and child, stimulating and encouraging the learning of cultural tasks of mothering.	2010
Article 20	Humanized practices performed by obstetric nurses in hospital delivery care	Porfírio AB, Progiante JM, Souza DOM	Discussing the practices incorporated and developed by nurses since the implementation of the humanized model of childbirth care	Qualitative study conducted in two municipal maternity hospitals in Rio de Janeiro	We concluded that despite adverse conditions, nurses are following the principles and guidelines of the World Health Organization and the Ministry of Health in their hospital delivery care practice.	2010

Among the articles included in this integrative review, all are authored by nurses. It was observed that the large number of publications written by nurses clearly defines that this is a topic very addressed among nursing professionals and that they should be closely linked in the preventive process of this pathology. There was no predominance of publication vehicle, and the articles were published by various health journals and studies conducted in different states.

Frequency of good practice in health institutions

Created by WHO and emphasized by the Ministry of Health, humanization measures aim to provide well-being to the parturient and the family with the aim of reducing unnecessary caesarean sections. Thus, good obstetric practices were established, divided into four categories⁹⁻¹⁵:

- Category A: Practices that are clearly useful and should be encouraged;
- Category B: Practices that are clearly harmful or ineffective and should be eliminated;
- Category C: Practices for which there is insufficient evidence to support a clear recommendation and which should be used with caution until further research clarifies the issue; and
- Category D: Frequently misused practices.

Practices that are clearly useful and should be encouraged

According to article 3, the use of partograms as an evaluation mechanism for the evolution of labor has been recommended by the WHO since 1994 in order to reduce maternal and fetal mortality and morbidity, but it is still little explored in the daily practice of health professionals.¹²

According to article 10, about 81.7% of parturient reported being encouraged to walk, emphasizing by article 5 freedom of position and movement as one of the most effective means for the evolution of normal labor.^{14,19}

Articles 4, 7 and 8 point out that in Brazil about 90% of women had their children lying down because it is a culturally accepted position by health professionals and also by parturient who express little autonomy over labor due to little knowledge regarding this process. However, this scenario has been changed with the strengthening of the adoption of the vertical position that allows less frequent but more intense contractions, especially in births attended by obstetric nurses.^{13,16-17}

Data presented by article 10 reveal that the practice of zero diet is common in the southern region of Brazil, but in contrast articles 4 and 11 report that the prescription of free diet varies widely in health institutions in the country, with rates between 50 99.7% of parturient who adhere to this practice. In this sense, it is possible to interpret that the variation that occurs between health institutions is due to some professionals understand that during labor generates a very intense energy expenditure, so the practice of this restriction can trigger greater discomfort, in addition to a hypoglycemia. bringing risk to the parturient and the fetus.^{13,18-20}

According to articles 2, 10 and 13 the presence of the companion was present mainly in the pre-delivery room (74.1%) and in the delivery room (58.3%). It was also possible to identify lack of organization and inappropriate accommodation for the companions, as well as institutional barriers that interfere with the right guaranteed by Federal Law No. 11.108, of April 7, 2005.^{11,19,21}

Clearly harmful or ineffective practices

According to article 4, the rates of amniotomy, a procedure that consists in the rupture of the amniochorionic membranes in order to accelerate the delivery, are in agreement with the rates already performed in other studies (around 65%). Contradicting the evidence presented in articles 3 and 6 that points to relatively low rates of amniotomy. According to the same article, this procedure triggers several other interventions, thus reducing spontaneous birth rates.^{12-13,15}

Evidenced by article 4, the practice of Kristeller maneuver was identified in 9.3% of women, contrasting the data presented by article 13 which shows that this procedure was performed in 37% of parturient, being more frequent in the public health network. and in women with low education. This is an unnecessary and risky procedure that violates a woman's rights in her bodily and emotional integrity. Used in situations of fetal distress, deceleration of labor and maternal exhaustion this procedure consists of applying force on the upper uterus towards the vaginal canal.^{13,21}

Articles 4 and 10 refer to enema and trichotomy practices, which ranged from 0 to 41% in childbirth care institutions in the country, being predominantly used in units where the biomedical model predominates.^{13,19}

Practices for which there is insufficient evidence to support a clear recommendation

Regarding article 6, the care provided to parturient women should be formed by a multidisciplinary team emphasizing the performance of obstetric nurses in labor at normal risk. It was also observed the wide use of noninvasive and non-pharmacological practices in the care provided to parturient who were present in 83% of births, which contrasts with data from the Nascer Survey in Brazil, which found an index of only 17.8% in maternities in the Midwest region of the country.^{15,20}

Article 10 refers to non-pharmacological control for pain relief. In this case, it was found that only 32.5% of the parturient reported having had hot baths, massage in the sacral and dorsal region, use of boubat's balls and use of the horse.¹⁹

According to article 5, the use of manual perineal protection practices, such as the use of warm compresses and the perineal massage with vegetable oil during the expulsive period, has been mentioned, significantly reducing perineal trauma, thus eliminating the use of sutures.¹⁴

Frequently Used Practices

According to Articles 3 and 4, rates of oxytocin use are relatively high (42.8%). The use of synthetic oxytocin may correct variations in labor, but use is recommended as infrequently as possible as administration causes unnecessary pain for parturient women. Article 15 points out that one of the triggering factors for the use of synthetic oxytocin is early hospitalization, thus causing overcrowding in the unit and the need for accelerated labor.^{12-13,22-24}

Also in article 15 with regard to analgesia rates, an unusual finding in the care provided to parturient within the Unified Health System (SUS), was offered in a restricted and selective manner, thus highlighting the social inequality in childbirth care already that in private institutions practice has become a right in the humanization context of childbirth care. According to the same article the use of epidural analgesia is being replaced by the application of non-pharmacological pain relief methods.²⁴

Women's perception of humanized childbirth

In a study conducted in a public hospital in São Paulo, according to article 13, which compared the various types of models provided to parturient concluded that the degree of satisfaction when women's rights are preserved and their autonomy is encouraged is very favorable.²²

Article 18 addresses the opinion of parturient regarding having companions during the labor and delivery process, according to this article the perception of a companion is seen as adequate, because according to the

interviewees the presence of a companion brings more security. thus making the period of all labor more harmonious and less traumatic.²⁵⁻²⁶

In the same vein, article 17 brings to the agenda that one of the most used speeches to avoid the presence of the companion in all labor was “there was no time” since the choice would not have been made in advance. Because it is not a subject addressed in prenatal care and emphasized by few professionals working in the postpartum care.²⁶

As described in article 16, humanized care provides the parturient with great involvement in the entire process, especially the care of the newborn. Many women have experiences of self-transformation, thus becoming protagonists of their labor.²⁵

Conclusion

With the obtained results it can be evaluated that the performance of the obstetric nurse is indispensable for the practice of humanized childbirth, because the performance of this professional contributes to an individualized assistance to the parturient woman and that the application of good obstetric practices favors the empowerment of women even more. about your own body.

We also noted that the professionals of childbirth care must understand their role as they facilitate the parturition process and in this environment are protagonists in the humanization movement and their conduct should be opposed to the biomedical model, which mostly perform procedures unnecessary risks endangering the physical and psychological integrity of women.

The results also show that social class, education level and other factors contributed to unnecessary procedural practices, as well as ineffective prenatal care. Thus invigorating the indiscriminate use of technologies and interventions, disregarding the discomforts and possible temporary or permanent adverse effects.

Given the context, it is suggested a greater investment in the public policy sector focused on humanized childbirth care based on good obstetric practices, promoting methods that clarify the parturient and professionals who work in the entire process from prenatal to delivery.

Referências

1. Acker JIBV, Annoni F, Carreno I, Hahn GV, Medeiros CRG. As parteiras e o cuidado com o nascimento. *Rev. bras. enferm.* 2006;59(5):647-51.
2. Santos ACB, Silva AF, Sena LX, Gomes VR, Lima VLA. Antropologia da saúde e da doença: contribuições para a construção de novas práticas em saúde. *Revista NUFEN.* 2012;4(2):11-21.
3. Osawa RH, Riesco MLG, Tsunehiro MA. Parteiras-enfermeiras e enfermeiras-parteiras: a interface de profissões afins, porém distintas. *Rev. bras. enferm.* 2006;59(5): 699-702.
4. Barbeiro FMS, Fonseca SC, Tauffer MG, Ferreira MSS, Silva FP, Ventura PM. Óbitos fetais no Brasil: revisão sistemática. *Rev. Saúde Pública.* 2015;49(22):01-15.

5. Santos RB, Ramos KS. Sistematização da assistência de enfermagem em Centro Obstétrico. *Rev. bras. enferm.* São Paulo. 2012; 65(1) 13-8.
6. Porfírio AB, Proganti JM, Souza DOM. As práticas humanizadas desenvolvidas por enfermeiras obstétricas na assistência ao parto hospitalar. *Rev. eletrônica enferm.* 2010; 12 (2): 331-6.
7. Galvão CM, Sawada NO, Rossi LA. A prática baseada em evidências: considerações teóricas para sua implementação na enfermagem pré-operatória. *Rev. Latinoam. Enferm.* 2002;10(5):690-95.
8. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: Método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & contexto enferm.* 2008; 17(4):758-64.
9. Souza MT, Silva MD, Carvalho R. Revisão integrativa: O que é e como fazer. *Einstein.* 2010; 8(1):102-6.
10. Rocha FR, Melo MC, Medeiros GA, Pereira EP, Boeckmann LMM, Dutra LMA. Análise da assistência ao binômio mãe-bebê em Centro de Parto Normal. *Cogitare Enferm.* 2017;22(2):e49228.
11. Frutuoso LD, Brüggemann OM, Monticelli M, Oliveira ME, Costa R. Percepções do acompanhante de escolha da mulher acerca da organização e ambiência do centro obstétrico. *J. res. fundam. care.* 2017;9(2):363-370.
12. Vieira MJO, Santos AAP, Silva JMO, Sanches METL. Assistência de enfermagem obstétrica baseado em boas prática: do acolhimento ao parto. *Rev. eletrônica enferm.* 2016;18:e1166.
13. Sousa AMM, Souza KV, Rezende EM, Martins EF, Campos D, Lansky S. Práticas na assistência ao parto em maternidades com inserção de enfermeiras obstétricas, em Belo Horizonte, Minas Gerais. *Esc. Anna Nery Rev. Enferm.* 2016;20(2):324-31.
14. Santos RCS, Riesco MLG. Implementação de práticas assistenciais para prevenção e reparo do trauma perineal no parto. *Rev. gaúch. enferm.* 2016;37(esp): e68304.
15. Medeiros RMK, Teixeira RC, Nicolini AB, Alvares AS, Corrêa ACP, Martins DP. Cuidados humanizados: a inserção de enfermeiras obstétricas em um hospital de ensino. *Rev. bras. enferm.* 2016;69(6):1091-8.
16. Silva LS, Leão DCMR, Cruz AFN, Alves VH, Rodrigues DP, Pinto CB. Os saberes das mulheres acerca das diferentes posições de parir: uma contribuição para o cuidar. *Rev. enferm. UFPE on line.* 2016;10(supl.4):3531-6.
17. Carvalho EMC, Göttems LBD, Pires MRM. Adesão às boas práticas na atenção ao parto normal: construção e validação de instrumento. *Rev. esc. enferm. USP.* 2015; 49(6):890-98.
18. Reis TR, Zamberlan C, Quadros JS, Grasel JT, Moro ASS. Enfermagem obstétrica: contribuições às metas dos Objetivos de Desenvolvimento do Milênio. *Rev. gaúch. enferm.* 2015;36(esp):94-101.
19. Almeida BF, Ribeiro JF, Araújo KRS, Lavôr TBSL. Processo de assistência ao parto normal em uma maternidade pública do estado do Piauí. *Rev. enferm. atenção saúde.* 2015;5(2):45-56.
20. Leal MC, Pereira APE, Domingues RMSM, Filha MMT, Dias MAB, Pereira MN, Gama SGN. Intervenções obstétricas durante o trabalho de parto e parto em mulheres brasileiras de risco habitual. *Cad. Saúde Pública.* 2014;30(suppl.1):17-32.

21. Fioretti Bia, Leal MC. Nascer no Brasil: o retrato do nascimento na voz das mulheres. *Revista Eletrônica de Comunicação, Informação e Inovação Saúde*. 2014;9(2):01-04.
22. Malheiros PA, Alves VH, Rangel TSA, Vargens OMC. Parto e nascimento: saberes e práticas humanizadas. *Texto & contexto enferm*. 2012;21(2):329-37.
23. Santos RB, Ramos KS. Sistematização da assistência de enfermagem em Centro Obstétrico. *Rev. bras. enferm*. 2012; 5(1):13-8.
24. Vogt SE, Diniz SG, Tavares CM, Santos NCP, Schneck CA, Zorzam B, Vieira DA, Silva KS, Dias MAB. Características da assistência ao trabalho de parto e parto em três modelos de atenção no SUS, no Município de Belo Horizonte. *Cad. Saúde Pública*. 2011;27(9):1789-1800.
25. Silva LM, Barbien M, Fustinoni MS. Vivenciando a experiência da parturição em um modelo assistencial humanizado. *Rev. bras. enferm*. 2011;64(1):60-535.
26. Oreano JM, Bruggemann OM, Velho MB, Monticelli M. Visão de puérperas sobre a não utilização das boas práticas na atenção ao parto. *Ciênc. cuid. saúde*. 2014;3(1):128-16.
27. Rosa R, Martins FE, Gaspen BL, Monticelli M, Siebert ERC, Martins NM. Mãe e filho: os primeiros laços de aproximação. *Esc. Anna Nery Rev. Enferm*. 2010;14(1):105-12.
28. Porfírio AB, Progiante JM, Souza DOM. As práticas humanizadas desenvolvidas por enfermeiras obstétricas na assistência ao parto hospitalar. *Rev. eletrônica enferm*. 2010;12(2):331-6.

Correspondent Author

Ricardo Saraiva Aguiar
SGAS 913, Conjunct B Asa Sul. ZIP 70.390-130.
Brasília, Federal District, Brazil.
ricardo.aguiar@docente.unip.br