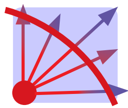

DOI: 10.15253/2175-6783.2015000600015
www.revistarene.ufc.br

Original Article

Perception of the nursing team about the pain of the parturient: perspectives for care

Percepção da equipe de enfermagem quanto à dor da parturiente: perspectivas para o cuidado

Percepción del equipo de enfermería sobre el dolor de la parturiente: perspectivas para la atención

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Objective: to understand the perception of nursing about the pain of childbirth. **Methods**: this qualitative descriptive study used semi-structured interviews with the nursing staff of a teaching hospital of Rio Grande do Sul. Data were analyzed according to thematic content analysis. **Results**: it was found that professionals recognize the importance of offering comfort methods to ease the pain of childbirth. However, some of them perceived the pain as suffering and not as a physiological process. Pain accentuated in women who felt unsafe, scared and without the presence of a companion. **Conclusion**: the humanization of obstetric care is still a challenge for professionals, institutions, and society. The incorporation of good practices and that nursing assume its role as a facilitator of the delivery process is suggested.
Descriptors: Labor Pain; Obstetric Nursing; Nursing care; Women's Health.

Objetivo: compreender a percepção da enfermagem quanto à dor do parto. **Método:** estudo descritivo de abordagem qualitativa utilizou entrevistas semiestruturadas com a equipe de enfermagem de um hospital de ensino do Rio Grande do Sul. Os dados foram analisados de acordo com a análise de conteúdo temática. **Resultados:** identificou-se que os profissionais reconheciam a importância de ofertar métodos de conforto para amenizar a dor no parto, entretanto, algumas percebiam a dor como um sofrimento e não como um processo fisiológico. A dor acentuava-se em mulheres que se apresentavam inseguras, com medo e sem a presença de acompanhante. **Conclusão:** a humanização da assistência obstétrica ainda representa um desafio para os profissionais, às instituições e sociedade. Sugere-se a incorporação das boas práticas e que a enfermagem retome seu papel como facilitadora do processo de parturição.
Descritores: Dor do Parto; Enfermagem Obstétrica; Cuidados de Enfermagem; Saúde da Mulher.

Objetivo: comprender la percepción del equipo de enfermería sobre el dolor del parto. **Métodos**: estudio descriptivo, cualitativo, que utilizó entrevistas semiestructuradas con el equipo de enfermería de un hospital universitario del Rio Grande do Sul. Datos analizados según el análisis de contenido temático. **Resultados**: se encontró que los profesionales reconocían la importancia de ofrecer métodos de confort para aliviar el dolor en el parto, sin embargo, algunos percibían el dolor como sufrimiento, y no como un proceso fisiológico. El dolor acentuaba se en mujeres con inseguridad, con miedo y sin la presencia de un acompañante. **Conclusión**: la humanización de la atención obstétrica sigue siendo un reto para los profesionales, las instituciones y la sociedad. Se sugiere la incorporación de buenas prácticas y que la enfermería reanude su papel de facilitador del proceso del parto.
Descriptores: Dolor de Parto; Enfermería Obstétrica; Atención de Enfermería; Salud de la Mujer.

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Received: Mar. 12nd 2015; Accepted: Dec. 1st 2015.

Introduction

Pregnancy can be considered as a special phenomenon in women´s lives, being a delicate process, with biological, emotional, subjective and social changes, involving not only the woman but also her partner and her family. On one hand, the experience of pregnancy and childbirth can be very positive and enriching for the woman, but on the other hand, it can be perceived as a traumatic process, which can influence negatively in future experiences[1].

The positive experience and the preference for vaginal delivery are related to the influence received by women who live with the parturient, especially the mother. However, the women describing negative meaning are more likely to feel fear, anxiety and insecurity during the experience of her childbirth[2].

This negative perception is an interesting experience for the woman because the idea of pain, suffering and distress this moment can generate and receiving the support of professionals working in the parturient care can alleviate the emotional stress and physical discomfort of this period[3]. Pain is considered a sensory and subjective experience. According to the previous learning experiences, it is an emotional experience[4] and represents an important sign of the beginning of labor.

In this sense, for the planning of nursing actions and implementation of the parturient care, it is relevant to highlight the importance of direct, individualized and humanized care against the delivery process. Based on possibilities to ease the pain of the parturient, it is observed in the everyday healthcare practice that the care is slowly and occurring in the private sector, where surgery prevails, and the public sector has little applicability of soft technologies[5].

In this way, the process of parturition needs a unique monitoring, permeated by trust and confidence between the nursing professional and the woman. Thus, a humanized and quality care is critical to the health maintenance of the mother and the newborn[1].

Humanization care provided to women during the delivery process is synonymous to understand the woman and her family as individuals, considering their specific needs. This care goes beyond the biological issues, covering the social, ethical, educational and psychological circumstances present in human relationships[1,6].

Regarding the justification of the study, there is the existence of studies on the topic of labor pain. However, these studies refer to the labor pain with an emphasis on biological aspects. With this, it is necessary to approach the labor pain in the individual and subjective perspective.

Thus, this research question is highlighted: What is the perception of the nursing staff of the delivery room about childbirth pain? The objective of the study is to understand the perception of the nursing team about the childbirth pain.

In this sense, it is believed that this study will contribute to the strengthening of nursing care because the reflections of the results may instrumentalize nursing education and, therefore, qualify the care of the woman in labor, through good scientific backed practices.

Method

Descriptive research with a qualitative approach, performed with nursing professionals who worked in the delivery room of a teaching hospital located in the interior of Rio Grande do Sul, Brazil. This hospital is a reference to the municipality and the region in high-complexity care to pregnant and postpartum women.

Study participants were 10 professionals of the nursing team, according to the following inclusion criteria: working for more than six months due to their experience in the service, and being active in the period of data collection. The exclusion criteria were: professionals who were in health or maternity leave. The number of participants was not predetermined

since the outcome was given by the nurses indicating about their perception of pain in labor and not the quantity of the interviews. In this sense, data saturation occurred with this number of participants.

Data collection occurred by semi-structured interviews using an open question: What is your perception of the childbirth pain? The data collection occurred during September to October 2010, with interviews previously scheduled and conducted in a room available at the Obstetric Center, allowing the privacy of participants. It is noteworthy that the interviews were recorded and transcribed in full, with the permission of the study participants.

For data production, the nursing staff was invited to participate the study intentionally, opting for considering the proportionality of interviews about work shifts. The number of interviews also followed the criterion of information saturation, considering the repetition and uniformity of the answers[7].

The letter N, indicating the word “nursing”, followed by consecutive Arabic numerals to preserve the identity of the research subjects, identified the statements. Data analysis was based on qualitative analysis, basing on the following steps: pre-analysis, exploration of material and treatment of results and interpretation[8].

In pre-analysis, after data collection, interviews were heard and transcribed in full and then the registration units were elaborated. In the next stage of the exploration of the material, there was the significance of transcribed excerpts (a word, a phrase or an event). The findings were coded and grouped by similarity and distinction, culminating in the categories. The last stage had the treatment of the results and interpretation, seeking the most significant statements, and discussed from studies on the subject researched[8].

The participation in this research was voluntary and ensured anonymity, following the ethical principles of Resolution 196/1996. By agreeing to participate in the study, the subjects signed the Informed Consent Form in two ways, one for the researcher and one for the participant. The research project was approved by the Research Ethics Committee under the Protocol 23081.011252.

Results

According to the characterization of the participants, all of them were female, aged between 27 and 54 years old. These professionals performed their work activities between two to 27 years in day or night shifts and having training time between six and 29 years. Only two participants had an Obstetric Nursing Specialization.

From the analysis of the interviews, it was found that the professionals perceive the pain situations of parturient women as something subjective: *We know they feel a lot of pain in childbirth, and each of them feels the pain differently, some pain is more intense, some of them felt less pain. But, we need to be there helping them, guiding them, so they lead labor in the best way* (N1). *The pain they feel is very individual, there are women who report a lot of pain, especially in active labor, they say they will not take it, others in the same period are more quiet and concentrated. But, it depends a lot on each woman, if she has gone through this experience or not, if she is supported at the time, if she was oriented on the pain of childbirth* (N6).

The professionals recognized the existence of pain during labor and identified the need for the application of comfort and pain relief methods to provide their care. These actions may indicate a humanized point of view by the professional: *Because lying there in pain is horrible, and then the bath helps, the breath, I tell them that it will not take away their pain, but it will help* (N2). *Patients are long trapped in the bed, students are examining them all the time, and they have no idea what a contraction is, and the size of the pain felt during labor because they make a patient lie supine for a long time. If labor is developing well, the patient chooses the way she wants to stay* (N6). *They need to move, walk, use the ball, even a warm bath helps a lot, and we need to be there with them to assist and alleviate the pain* (N8).

Also, the interaction and communication of

the nursing team with this woman will help in their adjustment process. Thus, it was evidence the need for health professionals, particularly nursing staff, to provide the necessary information during prenatal, delivery and postpartum, so that women are prepared for this moment: *I think the caring for people is a matter of personality of every human being, the person who is already human, grown up this way, for sure will treat the patients as well, worrying about her well-being, listening and guiding her (N4). A strong team makes all the difference in care, every human being reacts to pain differently, and the pain of labor should be softened and we know that there are several ways for this* (N5). *We must guide the parturient on the childbirth pain, the way she can lead with labor. That is the role of nursing: guide them, minimize pain, create comfort strategies, provide a suitable environment for them to conduct the best possible labor* (N6). *I always try to calm them, especially at the time of active labor; they need to be well guided before starting labor, to conduct better this time* (N9). *A pregnant woman should be prepared during prenatal consultations for the type of delivery. The guidance and the demystification of the labor process should be made; the doubts should be solved in prenatal care. Many pregnant women arrive in the delivery room full of doubts and fears* (N10).

The interviewees showed that crying often is associated with pain, but it can also be from emotional issues such as weakness due to the separation of family members, the lack of their support, and being in an unfamiliar environment. This fact leads to the identification of the meaning of pain in the perception of the nursing staff: *Because many pregnant woman who has come here in active labor are teenagers with no education, without a family care, with no one to protect them. They destabilize, cry a lot and refer a lot of pain, which it must be for her to be helpless, insecure, afraid* (N3). *They cry a lot when they come into active labor, even more if they are patients who did not have adequate monitoring of prenatal, who are teenagers or have not a companion. We know that it is a very important moment in a woman´s life, and labor causes a lot of pain, it is inevitable, they are very sensitive and start crying* (N6). *When they are shaken emotionally, they end up crying a lot, they do not hold their breath properly, they scream too. We know that crying is related to their pain, but we need to explain that often crying hinders labor progress* (N8). *Pregnant women who have an unwanted pregnancy were not accompanied, or who do not have the support of a family, become more tearful, poorest, and find it more difficult to conduct labor* (N9).

It was found that in the perception of nursing professionals, the pain felt by the woman in labor was identified as a suffering phenomenon for women and not as a natural and physiological process*: I always tell them that, after all, the pain they feel during childbirth, it comes to the reward, the baby is born and has surpassed all that suffering* (N1). *Because she is lying there in pain, it is something that it seems that they will not survive that moment, but then it passes* (N2). *Because, in the contraction, the pain is very strong, so we have to understand and help them, because they suffer a lot (N6). Because they are in a very difficult situation of pain and suffering, and we need to understand this* (N7).

Discussion

The results indicate that there was concern from nurses to assist the needs of the parturient, as well as ease the pain felt during childbirth. The interviewees felt sensitized about woman´s care, being worry about staying together with the mother, emphasizing the need to support them and assist them in the labor and childbirth.

It was found that the professionals appreciated the humanization actions, agreeing with the proposal created by the Humanization of Delivery and Childbirth Network, which includes five main objectives, as encouraging women's autonomy and decision-making about their bodies and deliveries[9]. These objectives have been achieved by improving the quality of services in delivery and birth.

In the midst of the humanization policies in delivery and birth, it is stressed the importance of professional presence during labor as a constitutive element of trust and security for women. For this purpose, understanding and respecting women in labor at the time of pain is necessary[10].

The professionals accepted the need to meet the care demands of the parturient, how to provide comforts practices to ease the pain. Promoting comfort to the parturient is characterized as a practice of delivery and childbirth humanization, which can be adopted non-invasive and non-pharmacological methods for pain relief.

Therefore, the provision of non-pharmacological methods for delivery pain relief, the measures of comfort, preserving privacy, guidelines and explanations about what is going must be provided by professionals who monitor the parturient[6]. This action can provide women tranquility and participation in her delivery.

Also, there is another benefit to the parturient that is the presence of the continued support of the family or companion during labor. The most recent systematic review[11] about the presence of the free choice of the woman companion, points out that they were more likely to have spontaneous vaginal delivery and were less likely to use intrapartum analgesia and had a shorter duration. Therefore, the subgroup analyzes showed that continued support was more effective when performed by someone who was not part of the hospital.

A study performed in Brazil[12], showed that having the continuous presence of a companion during labor, in most services, is still a privilege for women with higher income, schooling, white, paying for care, and that have had a caesarean. The same study found that the companion could be considered a security indicator, with a quality of care and respect for women in assistance. Thus, this right should be incorporated, as part of the principles of the National Health System, as the integration of health care, universality, equity, and humanization.

In a study performed with the use of non-pharmacological methods for pain relief, it was observed that, when provided guidance regarding the labor pain and the methods that can be performed to alleviate pain, there are numerous benefits at the time of labor, both for the mother and for the baby[5].

The World Health Organization considers that, the fewer interventionist characteristics of their care, the nurse/midwife is the most appropriate professional to attend the woman during pregnancy and childbirth. It is believed that is the professional with lower cost and higher effectiveness for achieving safe maternity, decreased mortality and cost of care for women in pregnancy and childbirth[13].

It is noteworthy that the proposals for humanization of childbirth, guide somemethods for relief of labor pain, especially those considered more natural and less invasive. Moreover, the professionals involved in this practice indicate the recognition of this pain, as an inherent part of the physiological process of labor and the need to know the woman how to face it[14].

However, in this study, it was observed that the professionals perceive the pain of childbirth as a suffering phenomenon for women and not as a natural and physiological process. This perception denotes the inclusion of these, in a health network permeated by technocratic and medical model, where the pain of childbirth, is largely iatrogenic, amplified by this care model establishing routines such as the immobilization, the abuse of oxytocin, among other practices in normal birth that are clearly harmful or ineffective, and should be reviewed based on scientific evidence and recommendations[15] of the World Health Organization and the Ministry of Health.

Furthermore, the perception of normal labor pain may be attributed to ambiguous meanings of pain. This is presented as a natural phenomenon inherent in the labor, or as a phenomenon of suffering, proving to be an experience that can lead to various influences, according to the culture where the person is inserted[16]. Therefore, the culture participate in the knowledge and practices of women regarding the delivery process, however, it was found in a study that

some women are seeking to reinterpret this culture, through new ways of living and to circumvent the hegemonic obstetric health system, overwhelming, and takes power and imposes silence, under the aegis of protection[2].

It is noticed that, in the delivery process, there is the need for health professionals to rethink their practice, changing postures and paradigms to identify the maternal feelings[15]. Thus, professionals, to assist the parturient, need to understand the different situations of pain, attend their individual needs, with active participation and choice, seeing a model that can lead to an effective humanization of childbirth[6,17].

It emphasizes the importance of dialogue established between professional and parturient, to identify the childbirth pain and to guaranteed the right of the woman, to choose the most comfortable position, in addition to the measures to be taken. It is known that the language of professionals is still contradictory and does not favor the empowerment of women to be an agent of delivery process[15], thereby, it is necessary to establish a true relationship, rescuing values that humanize care delivery.

According to what has been analyzed in the testimonies of the study participants, crying, when is presented by parturient along with the pain, may be related to insecurity and the absence of a family member. Therefore, there is the importance of recognition and valorization of the accompanying family member at delivery.

It is noteworthy that this problem would be solved if the Law No. 11,108 of 2005, which guarantees to parturient, the right to the presence of a companion of their choice during labor, delivery and postpartum, and be fulfilled[16]. In this context, the findings of this study suggest that feelings such as fear and insecurity may be related to the absence of guidelines and lack of preparation of pregnant women for childbirth. Educational activities allow the pregnant woman to perform prenatal, lead labor and delivery in the best way, moment where the received guidelines will enable them to be informed of how is the labor process, providing autonomy in this process.

To support the pregnant woman during the prenatal[18], especially in the first pregnancy, the Ministry of Health recommends that assistance, and to promote all the care and obstetric procedures aimed at preserving the health of the pregnant woman and the concepts, it should also include educational health activities, individual or group, to encourage the woman to prepare the childbirth and postpartum[6,15]. This shows the important role of health professionals in the implementation of health education actions during prenatal care, for the preparation for delivery.

Study about the perception of pregnant woman users of the Unified Health System about prenatal care found that the focus of care during pregnancy, disregarding the Program for Humanization of Labor and Delivery, entails information gaps, creates doubts and dissatisfaction in pregnant women[17]. In the view of other authors[19], the lack of dialogue between the health professional and the pregnant woman constitutes a fault generating factor in the information process during the prenatal, causing anxiety, fear, insecurity, and dissatisfaction among pregnant women.

Some testimonials have reported that there is still a gap in care for parturient, because the pain, being a subjective way, is often ignored. Pain during labor interferes, in addition to the uterine contractility, in the psycho-affective of the parturient. Although it has sensory nature, anxiety and fear can increase the perception of its intensity as it is presented individually and varies according to the experience of the parturient[18]. This feeling, although it is common to women during the delivery process can be influenced by other factors, such as fear and insecurity of the unknown, abandonment and loneliness, the extension of the second stage, as well as cultural factors[20].

Although pregnancy is considered a period of joy, factors such as the lack of planning, associated with unwanted pregnancy, the mental, emotional and

social immaturity to assume new responsibilities, and the lack of family support, can make this period of much distress, suffering, and dissatisfaction. This fact may cause that motherhood is experienced in a distorted manner[21].

In this context, fear of pain is built during the pregnancy, from knowledge of the experiences of other women in the family or social group, which had the experience of having children[22]. Therefore, the importance of guiding and discuss the non-pharmacological methods of pain relief during labor and delivery from the beginning of pregnancy, as it seeks a redefinition of pain, allowing greater confrontation of the delivery and making pleasurable the experience of birth.

Concerning to environmental influence on labor pain, it appears that the presence of a partner or professionals interferes positively in reducing pain[23]. It is necessary that the professional approach to the partners and guide them, recommending its participation in the birth process.

It also believes in the need for educational practices that aim to reflect about the role of women as a protagonist of the delivery and awareness of their rights, to provide the autonomy to the woman. To this end, the work of professionals in the care of parturient should provide for the humanistic values, promoting the development of human potential, autonomy of care and personal and social transformation of everyone involved in obstetric care.

Final Considerations

Facing this context, this study identified that the nursing staff perceived the situation of pain in childbirth and had comfort measures to ameliorate it. Also, the appreciation of guidelines and effective communication between the professionals and the woman in labor was identified.

The findings of this study allowed to strengthen the factors that are related to pain in childbirth, which can be intensified when associated with emotional issues. These factors are the insecurity and the lack of a companion and protection offered by the professional that may affect the outcome of labor, making it more lonely and painful.

Thus, the humanization of obstetric care remains a challenge for health professionals, the institutions, and the society since some professionals still show a lack of knowledge of their practices, referring to the delivery process as a suffering and not as a physiological process that can be driven by the woman from the empowerment and recovery.

Therefore, it is necessary reflection and redirection of better practices in women´s care scenario, beginning with family planning, extending to prenatal care and childbirth. It is suggested that such practices are subsidized on scientific evidence because conducting a labor goes beyond sensitivity; the professional needs to be empowered as a facilitator of the delivery process. Thus, there will be a significant change in obstetric care, through respecting physiology and female autonomy.

Collaborations

Pieszak GM, Terra MG, Pimenta LF and Neves ET contributed to the data collection, analysis and interpretation. Rodrigues AP and Ebling SBD contributed in the criteria review, writing and final approval of the version to be published.

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