








The authenticity of women who decided for a natural childbirth: experiences

A autenticidade de mulheres que decidiram pelo parto normal: vivências e experiências

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-  Elayne Arantes Elias¹
-  Dayanne Teresinha Granetto Cardoso Floriani¹
-  Letycia Sardinha Peixoto Manhães¹
-  Andyara do Carmo Pinto Coelho Paiva²
-  Fabrício Bruno Cardoso¹
-  Lauanna Malafaia da Silva¹
-  Nelson Augusto Mendes¹

¹Faculdade de Ciências, Educação, Saúde, Pesquisa e Gestão. São Fidélis, RJ, Brazil.

²Universidade Federal de Juiz de Fora. Juiz de Fora, MG, Brazil.

Corresponding author:

Elayne Arantes Elias
Rua Cora de Alvarenga, 364, casa 1 – Parque Julião
Nogueira, Campos dos Goytacazes, CEP: 28053-227.
Rio de Janeiro, RJ, Brazil.
E-mail: elayneaelias@hotmail.com

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ABSTRACT

Objective: to understand the meanings of experiences of women who have undergone natural childbirth. **Methods:** heideggerian qualitative phenomenological research with 14 women carried out through open audiorecorded interviews, transcribed and analyzed whose steps were the routing for constitution of units of meaning, understanding and hermeneutics. **Results:** most of them decided to give birth normally and this experience meant: having chosen and dreamed of natural birth because it was better; having planned to give birth, having known how the moment would be and that it was a great experience allied to the feeling of being more powerful and strong and that they would advise other women without any regrets. Despite the positive experience, many did not receive information about childbirth. **Conclusion:** the experience of natural birth proved to be authentic due to the women's decision, with assertive reports, which is provided by quality assistance by obstetric nursing, active from prenatal to postpartum. **Contributions to practice:** reflection and strengthening of the obstetric nurse's actions in this process, which goes from prenatal care to labor, childbirth, and puerperium, following the guidelines of good practice in women's health care and public health policies. **Descriptors:** Women; Natural Childbirth; Obstetric Nursing; Qualitative Research; Philosophy.

RESUMO

Objetivo: compreender os significados da vivência de mulheres que passaram pelo parto normal. **Métodos:** pesquisa qualitativa fenomenológica heideggeriana com 14 mulheres realizada por meio de entrevistas audiogravadas abertas, transcritas e analisadas cujas etapas foram o encaminhamento para a constituição das unidades de significado, compreensão e hermenêutica. **Resultados:** o parto normal foi decidido pela maioria delas e essa vivência significou: Ter escolhido e sonhado com o parto normal por ser melhor; ter planejado parir, ter tido conhecimento de como seria o momento e ter sido uma experiência ótima aliada à sensação de ser mais poderosa e forte e que aconselharia outras mulheres sem nenhum arrependimento. Apesar da experiência positiva, muitas não receberam informações sobre o parto. **Conclusão:** a vivência do parto normal se mostrou autêntica pela decisão das mulheres, com relatos assertivos, o que é proporcionado por uma assistência de qualidade pela enfermagem obstétrica, atuante desde o pré-natal até o pós-parto. **Contribuições para a prática:** reflexão e fortalecimento das ações do enfermeiro obstetra nesse processo, que vai desde a assistência pré-natal até o trabalho de parto, parto e puerpério, seguindo as diretrizes das boas práticas do cuidado na saúde da mulher e das políticas públicas de saúde. **Descritores:** Mulheres; Parto Normal; Enfermagem Obstétrica; Pesquisa Qualitativa; Filosofia.

Introduction

In Brazil, around the 1970s, childbirth was institutionalized and medicalized in order to offer more comfort to women and to be a faster and scheduled moment, which led to a high number of elective cesarean surgeries. Data confirm the high rate of maternal and neonatal deaths due to elective cesarean deliveries without indication, pointing to the need to change this reality of care centered on the doctor/hospital, since there is the possibility of sharing care with the obstetric nurse/obstetrician from the prenatal to the puerperium in pregnancies of usual risk⁽¹⁾.

Compared to a natural childbirth, women who undergo a cesarean delivery without indication may be prone to iatrogenic events, loss of autonomy, and feelings of stress, fear, and loneliness due to the presence of unknown people who are close to her. In addition, they are at risk for: postpartum hemorrhage, occurrence of venous thrombosis, and puerperal infection. In this understanding, natural birth, with a focus on humanization, is encouraged and has been shown to be more appropriate and safer for women, being also decisive to change the course of obstetric care as reinforced by the Brazilian Ministry of Health with the strengthening and promotion of new policies and programs that value natural childbirth as a natural and physiological event⁽²⁻³⁾.

What is expected is that women should be subjected to as few interventions as possible, and only when necessary. Otherwise, peri and postnatal damage from unnecessary procedures may affect the mother and child physically and mentally, in addition to generating high financial costs in health, and may even cause death, which can be avoided⁽⁴⁾.

Turning its gaze to the improvement of care and the reduction of disrespectful practices in childbirth, the World Health Organization has been strengthening human rights so that women have the best experiences in childbirth and birth. Understanding the emotional aspects, in addition to the physical ones, promoting

safety in care, preserving the rights and providing access to health care from prenatal to postpartum consultations, considering the experiences in natural childbirth, are relevant aspects for the evaluation of the quality of care in this type of childbirth⁽⁵⁾.

The decision for a natural childbirth is individual and should be encouraged within conditions that do not offer risks to the mother and the baby that is arriving. Obstetric nursing care plays a fundamental role in increasing women's satisfaction in the experience of childbirth, in humanized care, in rescuing the protagonism of the parturient woman, in emphasizing the physiology of childbirth, in the access to information about the benefits and disadvantages of the types of childbirth, in the knowledge of reproductive rights, and, above all, in the reduction of maternal and neonatal morbidity and mortality⁽²⁾.

Natural/vaginal childbirth has personal meaning for women and is often described as an empowering, miraculous experience that strengthens the sense of motherhood and the mother-child bond. For this experience to be positive, pregnant women need to make decisions based on clear, accurate and quality information provided by professionals, since this type of delivery is a significant event in their lives⁽⁶⁾.

The study is justified by the need to increase the satisfaction of the women in childbirth, reducing invasive and unnecessary procedures and inserting obstetric nursing in qualified assistance to natural childbirth. The Unified Health System and the supplementary health system have been seeking to qualify and expand this assistance in Brazil due to the effectiveness of natural childbirth in reducing avoided maternal/neonatal morbidity, even after cesarean surgery. The woman's decision should consider the risks, benefits and her expectations of how she wants to experience this type of childbirth⁽⁷⁾.

In this context, given the governmental actions to encourage natural childbirth through public health policies and scientific evidence about natural childbirth, and the need to know what women experience in

natural childbirth, the guiding question of the study was: How did women experience natural childbirth? And as a goal, to understand the meanings of experiences of women who have undergone natural childbirth.

Methods

This is a Heideggerian phenomenological qualitative research, which highlights the subjectivity and the look beyond the biologicism, present in the nursing profession, which relate to phenomenology and are imbricated for the promotion of knowledge. Phenomenology presents itself as a path for this because the philosophical and phenomenological concepts open the doors to the reflection of being, which is in the world⁽⁸⁾.

The 14 participants were randomly selected, using the Snowball technique, i.e., one participant successively indicated others to participate in the research. The first participant was invited to her place of study, a college, by means of intentional exposure of the research by the interviewer. Then, the other participants were indicated. Inclusion criteria were: women who had a natural childbirth, over 18 years old, and under 60 years old. Adolescent women were excluded due to the need for their consent to participate in the research, which could restrict data collection, as well as women aged 60 or older, due to the fact that they have experienced childbirth in a longer period of time between their reproductive years and the current moment of their lives, plus the possibility of encountering difficulties to detail what was experienced. The field stage took place from September 2018 to April 2019.

No specific study scenario was delimited, since the interviews took place in places and times of the participants' choice: their homes, work or place of study, in the cities of São Fidélis and Campos dos Goytacazes, in the state of Rio de Janeiro. The number of participants, 14 in total, was not previously established, because, in the phenomenological approach, the sufficiency of the data, called saturation in other

methods, occurs when the objectives of the study have been reached. In qualitative research, there is no rigid rule about how long the researcher should continue collecting data; the researcher only needs to understand that the information is repeating itself, is redundant, and will know when to stop collecting⁽⁹⁾.

After the invitation and acceptance, a meeting was scheduled with each participant, mediated by the interviewer, a nurse assistant and researcher in women's health. Then, the Informed Consent Form was read and signed.

A script containing information about women, their characteristics, and health, cultural, and social conditions was filled out, such as: age, number of children, whether they had a partner, sexual life, gynecological and obstetric history, whether they chose a natural childbirth, whether they received information about it and through whom, experiences during pregnancy and childbirth, and assistance received. The participants were identified by codes and numbers, according to the order of interviews (I1, I2, and so on). After this filling in, the open audio-recorded interview was carried out, mediated by the empathic movement, by the closeness between the interviewer and the interviewee, by the intersubjectivity and by the dialog, phenomenological characteristics.

The phenomenological interview is obtained through open discourse, which is generated based on guiding questions. In this study, the questions in the script were used: How was it for you to experience a normal birth? What did a normal birth mean to you? The duration of the interviews varied between six and 42 minutes.

In this type of interview, the researcher needs to dive into the phenomenon through the discourse, the speech coming from the interviewee's consciousness. Thus, it is possible to describe the discourse without prejudices or judgments, capturing the experiences lived, that is, the phenomenon itself and the unveiling of the being⁽¹⁰⁾. After the recording, the interviews were listened to attentively and transcribed faithfully, and then analyzed in the phenomenological

modality, seeking comprehension and hermeneutics.

The description obtained by the discourse makes it possible to understand the meanings through the constitution of the units of meaning, which open doors for discussion, called in the phenomenological approach “vague and median understanding”, and for hermeneutics, the stage of unveiling the Heideggerian meanings. Heideggerian phenomenology, which seeks the essence of being, the unveiling of facets of the phenomenon, and the understanding of meanings, points to research with the description of things and phenomena that are unveiled and the understanding of oneself, which distances itself from the natural sciences. To this end, it can be said that “the phenomenon is here what immediately manifests itself in our consciousness,” it is what is intuited, without any previous reflection or judgment, the phenomenon shows itself, releases itself and “gives itself”^(11:253).

The discussion covers the vague and median understanding and the hermeneutic, phenomenological stages that are no different from the others, since they also make it possible to go in search of experiences and what is exposed by the subject, that is, the lived phenomenon. The researcher is faced with a set of important meanings for the search of the vague and median understanding, which leads to two analyses: comprehensive and hermeneutic⁽⁸⁾.

Studies in the Nursing field are strengthened by qualitative research, and for this reason, this research approach has been improved with the adoption of important measures, such as the use of the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide, which has a list of manuscript adequacy items, used for this study.

The research was approved by the Research Ethics Committee of the *Faculdade São Fidélis - Sociedade de Educação, Cultura e Tecnologia São Fidélis Ltda*, under opinion number 2,763,518/2018 respecting the norms and guidelines of Resolution 466/2012 of the National Health Council regarding ethical aspects, anonymity and confidentiality.

Resultados

The construction of the results was categorized based on the objective of understanding the meanings of the experience of women who have undergone natural childbirth. Aspects about the socioeconomic and educational status of the interviewees were not unveiled. The age of the 14 participants varied between 22 and 41 years. Most of them (11) had a partner. Among the women, besides the natural childbirth, five also experienced a cesarean delivery. About having had some problem during pregnancy, four said they had, and the problems mentioned were: urinary infection, nausea, oligohydramnios, and changes in relation to the baby, visualized in the ultrasound.

It was understood that most of the women decided to have a natural childbirth, and four of them did not decide: the birth happened naturally or they opted for a cesarean section. About having received information about childbirth, seven said they had no information at all. Of the others seven, five sought information and two were advised by a doctor and a nurse in the obstetrics specialty. About having regretted having had a natural childbirth, none of them regretted it.

The meanings of the experience of natural childbirth are described in the Unit of Meaning (UM) with parts of the interviewees' statements. Thus, the Meaning Unit brings the cuttings of the statements, allowing the emergence of the meanings of the interviewees.

The woman's experience meant: UM1: Having chosen and dreamed of natural childbirth: *...I dreamed of having a birth that I chose...I chose well! (12) ... I wanted to... they always told me it would be faster... (13) ... what I had hoped for happened... what I planned... it was gratifying... wonderful... I don't remember the pain of contractions... I only went to the birthing center when my waters broke... to really see the physiology, my body acting... (15) ... I want to live this experience ... I started to watch videos ... how I had to behave during childbirth ... I stayed at home ... if I could, it would be natural again (16) ... I wanted a natural childbirth ... it was the best choice I made ... I only felt that pain really natural ... it is not so terri-*

fyng ... if I had to ... I have 10 natural childbirths ... (17) ... I only want to go when I say... if I had to choose today, I would have another natural one... (18) ... very good! ... hoping that it would be a good birth, that everyone would be well and so it was ... (19) ... I always had this idea of wanting a normal child ... I didn't think ... pain, I would feel everything again ... I would choose normal birth! (111) ... childbirth... I wouldn't give it up even if I had to live another 50 lives... (112) ... and if it were preferable today, I would prefer a normal birth... (113) ... I would only accept it if it was normal ... I only cared about having all the support ... being born at the time she has to be born ... the birth I wanted ... (114).

UM2: Having planned to give birth because it is better for recovery: *...Recovery is a thousand times better than a cesarean section... (11) ... I was convinced that natural childbirth was the best... I would manage... I would avoid a surgical procedure, a cesarean delivery, the postpartum is much worse... everyone praised the wonderful, intact, beautiful perineum... (12) ... the faster it was, the better! ... I felt good ... calm ... I had no problems at birth ... (13) ... the delivery was very good, because I don't have much help... it was better... soon after I was walking... taking care of the child... wonderful! taking a bath... I did not depend on anyone... (14) ... I bathed alone, I fed myself, I gave her breasts ... it was very peaceful ... if I could, I would be natural again ... in relation to childcare in the postpartum ... from me ... (16) ... the process, the rest is much less... less painful... the recovery process is much faster... I was able to get up... walk normally... (18) ... 1 hour later I was already walking... took my bath... then you see the others who had cesarean deliveries... (19) ... I would choose a natural childbirth! Because it is not as complicated as a cesarean section... (111) ... between cesarean and natural, I liked the natural childbirth... I did a lot of cleaning... I did a lot of things... (113) ... I left the delivery room walking... it was the best choice I made... the pain of childbirth you knew it was natural... it would pass... (114).*

UM3: To have known how the moment would be and that it was good, that it was a great experience that would advise other women: *It was good... peaceful... that pain... it passed... if I were to advise everyone... to have a natural childbirth... it is very exciting... (11) ... the memory of my wonderful birth, the dream I lived ... marked my life ... real experience ... (12) ... I felt that little contraction, but took a shower and went to sleep ... an inexplicable happiness ... I already knew practically all the procedures ... everything was very respectful ... (13) ... I said: go for a natural childbirth ... there is nothing better ... I did everything ... I didn't even feel the touch... (14) ... unique experience ... we need to be informed,*

empowered ... I try ... to influence people ... talk ... about the good side ... (15) ... after the child is born ... that relief ... the best experience ... the achievement ... I came back from labor renewed ... I advise ... it was worth it! (16) ... not so hopeless... it was a great experience... (17) Good! ... not that pain... inexplicable ... I don't remember the pain itself! ... it is a relief... (18) ... I had a good time ... the child comes out, it's that relief ... Wonderful ... I recommend it ... (19) ... it was all very calm ... very fast ... a very incredible thing to feel ... I could feel much calmer ... someone there that I needed to take care of ... a very good thing ... (110) ... a unique experience... when you get... that being there, you get... passionate... a very magical feeling... it is exciting... (112).

UM4: Having the feeling of being more powerful and strong, without regretting being able to feel the baby and then breastfeed: *...I heard the sound of my daughter's head coming out! ...coming to me with the umbilical cord attached...in my arms...I felt like the wonder woman...a baby in my lap breastfeeding!... (12) ... I came back with him already breastfeeding and everything... when you have a child, it seems, you think you are more of a woman... stronger! ... then you breastfeed and that feeling ... inexplicable ... (13) ... I do not regret it ... I became stronger ... very good ... they put her on top of me ... ah, I won't give up ... breastfeed to this day! (16) ... I brought a baby, a life... you feel like a superwoman... you feel more confident... you feel very empowered... (19) ... I didn't think ... pain, I would feel everything again ... Then, at that moment it was a relief... I didn't feel anything anymore... the baby was born, you are calm... (111) ... breastfeeding... I wouldn't give it up... very exciting... you really feel the child coming out... it is an inexplicable sensation... you feel nature, feel your body... (113) For me, it was a realization... it put me on the ball... everything I wanted to do... it relieved the pain... The hot water is everything!...she gave me massages... It's perfect! She is sucking as she always knew how to suckle ... I am very happy ... it seems that the milk comes faster ... on time! (114).*

The facets of the phenomenon unveiled from the Meaning Units are directed to the analytical stages, vague and median understanding, and hermeneutics, interpreting the meanings and unveiling the meaning of the woman's experience in natural childbirth.

Discussion

The limitation of the study and its results can be considered by the lack of access to socioeconomic

information and the level of education of the participants, which would bring notes to the decision and experience of a natural childbirth; however, the phenomenological approach allowed access to the being, to the phenomenal essence, and to the experiences lived by women who had a natural childbirth.

The contribution of this research to the practice of nursing care through the knowledge of women's experiences in natural childbirth makes it possible to understand the way of thinking and acting of pregnant women who decide for this type of delivery, and how nursing participates in this decision. This allows the obstetric nurse's actions to be reflected and strengthened in this process, which goes from prenatal care to labor, childbirth, and puerperium, following the guidelines of good practices in women's health care and public health policies.

It was understood that natural childbirth was shown as a choice and decision, with women seeking knowledge based on videos and birth reports from other people, in addition to the fact of having prepared themselves for the moment of giving birth. With this, they showed knowledge of the process itself, which is natural, the body's capacity, the benefits for the mother and the baby, the presence of contractions, the right time to go to the hospital, and even exercises that would help them in childbirth. This autonomy is given when the woman also receives qualified assistance for this.

Since childbirth is an important event in a woman's life that influences her physical and mental health and her relationship with the baby, it should be experienced in a positive way. For decision making and good experiences, studies point out that it is necessary for the pregnant woman to be prepared, be aware of pregnancy and childbirth, be authentic to prefer a natural childbirth instead of a caesarean delivery when there are no risks, know how to actively participate in labor, know the different non-pharmacological pain relief techniques, and be aware of how to care for herself and the baby. Besides experiencing a moment with positive aspects, women can also deci-

de about getting pregnant again and about the type of childbirth in the next pregnancy⁽¹²⁾.

A natural childbirth was unveiled as being more advantageous than a caesarian delivery and with all the positive attributes revealed by the women about the rapid recovery, the exercise of autonomy, and the naturalness of the process. What is confirmed by the data that indicate that this preference for natural childbirth is due to a better return to activities, less dependence on care, lower risk of infection, and respect for the baby's time. All these advantages do not cover the reports of fear of labor in late pregnancy, the waiting time and the pain of contractions, but many women recognize that pain is part of the moment, can be relieved with non-pharmacological methods and is rewarded with the arrival of the child⁽¹³⁾.

The experience of natural childbirth in a full way, as a transforming experience and that places the mother as protagonist, empowered and authentic in the choice of natural birth is greatly influenced by the information acquired by pregnant women through health professionals and social media. Currently, there are various means of access to information, such as videos, blogs and social networks, which contribute to the event of a natural childbirth having a satisfactory and positive outcome⁽¹⁴⁾, which does not replace the qualified professional guidance placing the obstetric nursing as an important representation in the preparation and good practices at the time of childbirth.

Thus, when it is revealed that many women do not receive information about how the natural childbirth is, but seek to know about the process in other ways, the weakness in obstetric care received is revealed, because the role of the professional who performs the prenatal consultation is also to inform and raise awareness of women about everything that involves childbirth and postpartum. Quality care with clear information coming from the professional since prenatal care is fundamental, and "one of the factors that most positively influence maternal satisfaction"^(15:2780) is the way professionals receive, welcome, and care for pregnant women who are preparing for childbirth.

The event of natural childbirth described in a positive way sometimes clashes with common sense, which characterizes this type of childbirth as a bad, painful, and painful experience. Knowing about the benefits of childbirth and its phases makes the woman aware of what she will experience. For this, midwifery nursing values quality and respect for the physiology of childbirth and the rights of these women in labor.

It is essential for pregnant women to obtain knowledge about childbirth, its benefits for the mother and the baby with emphasis on the woman's ability to be the protagonist, because it reveals that the woman's body "is able to give birth" and many times no procedure is necessary, because in labor the woman will be the worker, her body will perform the task, being autonomous⁽¹⁶⁾.

Obstetric nursing must be present in all phases of these women since prenatal care, in order to offer clear information, identify needs and solutions, emancipate/empower the pregnant woman, and address the emotional aspects for the moment of childbirth. These practices of humanization of care will contribute for the woman to feel safe and well with herself and with the newborn. There is a variety of actions that can be done before and at the moment of childbirth that provide relief, relaxation, and strengthen the woman to face the situation she is going through, such as integrative practices: music therapy, aromatherapy, tea workshops, and foot scalding, among others. These practices are very present in the so-called Natural Childbirth Centers, places of strong performance of obstetric nursing⁽¹³⁻¹⁷⁾.

In the journey from understanding to hermeneutics, it was also possible to unveil the Heideggerian meaning of the authenticity of the woman who chose and decided for a normal birth before other possibilities. When talking about authenticity, Martin Heidegger rather, values the Dasein, which is being-there. Exemplifying, it is when the human person, with its essence, has several possibilities of being-in-the-world and, within these possibilities, there is the authentic can-be, can-be-itself, which places authen-

ticity as a way for beings to participate in the public world where they live, in a complete way, being autonomous⁽¹⁸⁾.

For the exercise of this authenticity, Obstetric Nursing seeks to rescue the protagonism of women, reduce the use of harmful and unnecessary practices and enhance the voice of women in the process of childbirth and birth with respect to the physiology of the act of giving birth⁽¹⁹⁾. This action, together with the expansion of access and the possibility of women's choice, will contribute to a positive impact on normal birth and influence the reduction of unnecessary caesarean deliveries.

It is necessary that obstetric nursing positions itself more actively, asserting its rights and duties in the assistance to women from preconception to postpartum, providing opportunities for models of care to be known, chosen and experienced by women in labor. In addition, it should reinforce the applicability of practices based on scientific evidence, humanized, respectful, quality, and centered on the woman's desire, as described in public health policies.

Study limitations

The limitation of the results of this study can be considered by the lack of access to socioeconomic information and the level of education of the participants, which would bring pointers to the decision and experience of a natural childbirth; however, the phenomenological approach allowed access to the being, to the phenomenal essence, and to the experiences lived by women who had a natural childbirth.

Contributions to practice

The contribution of this research to nursing care practice through the knowledge of women's experiences in normal childbirth makes it possible to understand the way of thinking and acting of pregnant women who decide for this type of delivery, and how nursing participates in this decision. This allows the

obstetric nurse's actions to be reflected and strengthened in this process, which goes from prenatal care to labor, delivery, and puerperium, following the guidelines of good practices in women's health care and public health policies.

Conclusion

The women meant the natural childbirth as a wonderful choice, empowering and advantageous in relation to the possibility of bonding soon after the baby is born and the quick recovery compared to a caesarean delivery. The process was described in its physiology, highlighting the characteristics of labor and childbirth, making women reveal the experience with the feeling of feeling more powerful and strong, without regretting the choice, pointing to a positive experience.

The sense of authenticity was unveiled with the autonomy of women in decision-making, planning, and the search for information about this type of childbirth, showing that they are capable of giving birth, as is encouraged by public policies, which aim to reduce maternal and neonatal morbidity and mortality. Obstetric nursing should be a tool that enables positive, safe, and conscious experiences in natural childbirth.

Authors' contribution

Project design, data analysis and interpretation: Elias EA, Floriani DTGC.

Writing of the article or relevant critical review of the intellectual content: Elias EA, Floriani DTGC, Manhães LSP, Paiva ACPC, Cardoso FB, Silva LM, Mendes NA.

Final approval of the version to be published: Elias EA, Floriani DTGC, Manhães LSP, Paiva ACPC, Cardoso FB, Silva LM, Mendes NA.

Agreement to be responsible for all aspects of the manuscript related to the accuracy or completeness of any part of the work to be properly investigated and resolved: Elias EA, Floriani DTGC, Manhães LSP, Paiva ACPC, Cardoso FB, Silva LM, Mendes NA.

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