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WAYS OF DELIVERY GUIDED IN THE PRENATAL AND THE CHOICE OF THE NURSE IN HER OWN DELIVERY

VIA DE PARTO ORIENTADA NO PRÉ-NATAL E A ESCOLHA DA ENFERMEIRA NO SEU PRÓPRIO PARTO

VIA DE PARTO GUIADA EN EL PRE-NATAL Y LA ELECCIÓN DE LA ENFERMERA EN SU PROPIO PARTO

Djenane Rocha Silvestre¹, Andreza Karine Araújo de Medeiros Pereira², Ellany Gurgel Cosme do Nascimento³, João Mário Pessoa Júnior⁴

ABSTRACT

Objective: to analyze about the ways of delivery that the nurses responsible for prenatal care in Basic Health Units guide to patients and choose for themselves. **Method:** descriptive-exploratory study with a qualitative approach, performed through Semi-structured interviews with ten nurses, between the months of October and November 2012. In the process of analysis and data procedure, the technique of Content Analysis was used. The research project had a favorable opinion from the Committee of Ethics in Research, protocol 153/11, CAAE 0153.0.428.42812. **Results:** the guidelines about natural childbirth occurred in a superficial way, because there was not an effective encouragement. The choice of the way of delivery is under the responsibility of the pregnant woman and the doctor who assists. The caesarian section birth experience of nurses give some conclusions about the ideal delivery. **Conclusion:** it is necessary to invest in actions that encourage natural childbirth and ensuring a humanized childbirth assistance. **Descriptors:** Prenatal; Nursing; Women's Health.

RESUMO

Objetivo: analisar sobre a via de parto que as enfermeiras responsáveis pelo pré-natal nas Unidades Básicas de Saúde orientam às usuárias e escolhem para si. **Método:** estudo descritivo-exploratório, com abordagem qualitativa, realizada por meio de entrevistas semiestruturadas com dez enfermeiras, entre os meses de outubro e novembro de 2012. No processo de análise e tratamento dos dados, foi utilizada a Técnica de Análise de Conteúdo. O projeto de pesquisa teve parecer favorável do Comitê de Ética em Pesquisa, protocolo 153/11, CAAE 0153.0.428.42812. **Resultados:** as orientações acerca do parto natural ocorreram de forma superficial, pois não houve um incentivo eficaz a este. A escolha da via de parto fica sob a responsabilidade da gestante e do médico que a assiste. A experiência de parto cesárea das enfermeiras a fazem tirar algumas conclusões acerca da via de parto ideal. **Conclusão:** faz-se necessário investir em ações que incentivem o parto natural e que garantam uma assistência ao parto humanizado. **Descritores:** Pré-natal; Enfermagem; Saúde da mulher.

RESUMEN

Objetivo: analizar sobre la vía de parto que las enfermeras responsables por el pre-natal en las Unidades Básicas de Salud orientan a las usuarias y lo que eligen para sí. **Método:** estudio descriptivo-exploratorio, con enfoque cualitativo, realizado por medio de entrevistas semi-estructuradas con diez enfermeras, entre los meses de octubre y noviembre de 2012. En el proceso de análisis y tratamiento de los datos, fue utilizada la Técnica de Análisis de Contenido. El proyecto de investigación tuvo parecer favorable del Comité de Ética en Investigación, protocolo 153/11, CAAE 0153.0.428.42812. **Resultados:** las orientaciones acerca del parto natural ocurrieron de forma superficial, pues no hubo un incentivo eficaz a este. La elección de la vía de parto queda sobre la responsabilidad de la gestante y del médico que la asiste. La experiencia de parto cesárea de las enfermeras las hace tener algunas conclusiones acerca de la vía de parto ideal. **Conclusión:** se hace necesario invertir en acciones que incentiven el parto natural y que garanticen una asistencia al parto humanizado. **Descritores:** Pre-natal; Enfermería; Salud de la Mujer.

¹Nurse, State University of Rio Grande do Norte/UERN. Pau dos Ferros (RN), Brazil. E-mail: djinhane@yahoo.com.br; ²Nurse, Master degree in Family Health, Professor of the Nursing Course, State University of Rio Grande do Norte/UERN. Pau dos Ferros (RN), Brazil. E-mail: andrezza_kam@hotmail.com; ³Nurse, Master degree Professor, State University of Rio Grande do Norte/UERN. PhD, Post-graduation Program in Health Science, Federal University of Rio Grande do Norte/PPGCS/UFRN. Natal (RN), Brazil. E-mail: ellanygurgel@hotmail.com; ⁴Nurse, Master degree Professor, Federal University of Rio de Janeiro/UFRJ. PhD in Nursing, Post-graduation Program in Nursing, Federal University of Rio Grande do Norte/PPENF/UFRN. Natal (RN), Brazil. E-mail: jottajunyor@hotmail.com

INTRODUCTION

During pregnancy, one of the questions that most concern the expectant mother is about the ideal way of delivery. The nurse, who performs the prenatal period, has the role of listening to the pregnant woman and clarify her doubts, acting with reception and no judgment, seeking a humanized care, intervening on an individual basis in each case, realizing the emotions and feelings, so that the decision on the way of delivery is best suited and safe for the pregnant women.¹⁻³

Increasingly, the woman wants to participate in the choice of the way to delivery, as she often is not clarified and this decision is centered in the hands of the accompanying professional, when the pregnant woman is more as an object of care than a individual free to express their opinions, anxieties and fears.¹ Research report that doctors believe women prefer Cesarean childbirth. However, the results showed that most women prefer natural birth and end up performing the caesarean birth for medical option.⁴⁻⁶

The World Health Organization recommends that the maximum level of Caesareans is up to 15% of the total number of deliveries³. However, in Brazil, these rates are higher than the ideal, surpassing the 35% in general and exceeding 70% when considering only the private sector.⁷

In 1999 in Brazil, the rate of births by type of delivery was 3,256,433, among which 2,026,461 were normal births and 1,201,500 were caesareans births.^{2,8} Ten years later, in 2009, a total of 2,881,581 childbirth, in 1,436,062 were of vaginal births compared with 1,441,692 of cesarean births, which represents a reversal in the process of childbirth that has been happening over the years.⁸⁻⁹

In the State of Rio Grande do Norte (RN), in 1999, the total number of births was 57,937, being normal and 15,244 42,604 Caesarean sections. In 2009, from 48,931 births, 25,804 were normal and 23,035 were cesarean sections. Natural childbirth prevailed, however, with a significant increase in the Cesarean birth.⁸ In the municipality of Pau dos Ferros/RN, place of this research, in 1999, 474 births were carried out among which 266 were normal and 208 were caesarian sections. In 2009, from 436 deliveries, 96 were normal and 340 were caesarian sections, which reflects a reversal on the delivery way indicated by the Ministry of Health, increasing cesarean childbirth overvaluation.⁸

Considering the amount of caesarian sections performed in the country and in the municipality of Pau dos Ferros-RN and that the low risk prenatal care may be accompanied by a nurse, seeking for a prenatal care of quality and capable of providing a secure attention for both mother and fetus, there is the question: what ways of delivery do nurses guide for patients? What is the way of delivery nurses choose for themselves?

In this context, it is recognized the need to understand how happens the guidelines made by nurses in prenatal follow-up about the ways of delivery and their choice regarding their childbirth. Thus, the study aims to analyze about the ways of delivery that the nurses responsible for prenatal care in Basic Health Units guide to patients and choose for themselves.

METHOD

Descriptive-exploratory study with a qualitative approach carried out in Basic Health Units of the municipality of Pau dos Ferros, Western region of the State of Rio Grande do Norte/RN.

The municipality of Pau dos Ferros has a land area of 259, 959 km² and a population of 27,745 inhabitants. Its area of health services offers the Regional Hospital Dr. Cleodon Carlos de Andrade and the Motherhood Santa Luiza de Marilac, both are references in childbirth for Pau dos Ferros and surrounding regions. There are also eleven Basic Health Units, eight in the urban area and three in the countryside, in which twelve are family health teams.

The subjects of the research were nurses registered and active in local Family Health Strategy, responsible for realization of low-risk prenatal in the Units. These are also the health professionals that are closest to pregnant women during prenatal consultations, building links and performing the necessary guidelines.

As inclusion criteria for participation in the research were defined: a) to be nursing professional with higher level registered and active in the FHS of the municipality fo Pau dos Ferros/RN; b) to be female; c) to accept participating voluntarily in the research; d) to have time available to do the interview in the period of data collection. Thus, after being observed the inclusion and exclusion criteria, there were ten nurses participating in this research.

As an instrument of data collection, semi-structured interviews were conducted to the nurses between the months of October and

November 2012. To this end, a script was elaborated containing questions about how the guidelines were worked with pregnant women, which ways of delivery she chose (or would choose) for her and if that would influence the way she guide the ways of delivery during the prenatal period.

In the process of analysis and data procedure, the analysis of content of Bardin was used,¹⁰ contemplating the following steps: pre-analysis (transcriptions of speeches in full), exploration of the text (seeking similar and contradictory points), results procedure (construction of categories of analysis) and data interpretation (through the results obtained and the content studied), which established topics for discussion of the findings.

In line with the ethical principles in research with human beings, the study was approved by the Committee of Ethics in Research of the State University of Rio Grande do Norte (UERN) under Protocol N° 153/11, CAAE n° 0153.0.428.42812.

RESULTS NAD DISCUSSION

The age range of the participants of the study ranged from thirty to fifty years old, nine married and one single, three of them without children. Among the experiences of delivery, five have only one child and two have two children. The average of done by these nurses is approximately eighteen per month, varying between four and thirty-three appointments per month in Basic Health Units.

Two main topics were established to support the discussion of the results: Axis I - Oriented delivery ways in prenatal care; and Axis II - The assistance offered to the delivery and birth experiences among nurses.

• Oriented delivery ways in prenatal care

As for the ways of delivery guided during pre-natal, there was no unanimity, however most of them (six) replied clearly that they guide natural childbirth, as can be seen in the lines below:

My orientation is more for natural childbirth, of course, because it is a [...] delivery that we always say in the prenatal that the recovery, ease is greater, even for breastfeeding, to return to their previous state quickly and primarily by risks that the person has in Cesarean section. (Nurse B)

They said to guide the ways of delivery, informing the risks and the benefits of both. However, they do not try to "induce" or "encourage" about the type of birth, justifying that currently the number of normal births is slowing and that generally the woman comes

to prenatal care with the idea of wanting to have Cesarean childbirth, often by the lack of a doctor or professional prepared at the time of delivery.

Faced with such circumstances, they believed that the choice of the way of childbirth should be a set decision of pregnant/doctor and that, on several occasions, they end up encouraging the type of delivery to be performed by the pregnant women, as noted in the speech:

I guide about the types of delivery, but I do not encourage [...] what childbirth a woman would choose, because today we realize that the number of cases of normal birth is well reduced, due to the absence of doctors, today no one will want to have a birth with a midwife, or a nursing assistant [...] it has to be done by the doctor. (Nurse F)

It was observed in the speeches that nurses assume a posture of neutrality, because they do not encourage natural childbirth and only inform the benefits and risks, pointing the precariousness of professional assistance to natural birth as one of the reasons that lead to not motivate such way of delivery. In the context of prenatal care, it is defined as attribution of nurses, to work in health education and encourage natural childbirth, must be one of the topics to be guided during these actions, in which the educational guidelines should not happen so imposed, but in a manner through dialogue, exposing the numerous benefits of natural childbirth at the expense of a cesarean.^{3,9} This fact refers to a discussion that points that the stimulation to the natural childbirth should be from the beginning of the pre-natal, because when a patient starts the prenatal monitoring, generally there are still no clinical indications for performing a caesarean.¹¹

Sobre a opinião das enfermeiras acerca dos benefícios da via de parto natural, o que predomina:

Nurses' opinion about the benefits of natural childbirth:

[...] The benefits [are] with respect to postpartum, the recovery, ease of breastfeeding, because it doesn't have that dependence on the others, she can do everything faster, return to her body faster to normal. (Nurse I)

As for the negative things found in natural childbirth, in general, the nurses have cited the pain of childbirth. However, they stressed that is a necessary and momentary pain and they stressed that the caesarean birth is also painful, not during labor and delivery, but also the postpartum.

The only bad thing of the natural childbirth are the pain, the pain is awful, actually, I particularly would do it normal, but I do not have dilation, so the only thing I do not suggest is the pain [...]. (Nurse I)

It is known that to exist less pain during natural birth, it must be strengthen the practice of a humanized assistance, enabling women to feel prepared and able to give birth without so much suffering.^{3,7}

Regarding the opinion on the Cesarean delivery in general, it has been reported that pain does not occur at time of delivery, being a scheduled surgery, which brings greater security and convenience to the woman because she can choose the place, the day and time of the birth of her son.

The caesarean is good because you can choose the date, the time, choose the place, thus it is a predetermined thing, because you won't feel the pain of natural childbirth, it has these advantages. (Nurse I)

It was noted, that the nurses recognized the importance of natural childbirth and its benefits, pointing a few negative points for this way of delivery. Regarding to caesarian section, they recognized its function when it is preceded by a clinical indication, as well as its facilities for being a scheduled birth practices and its importance due to the lack of appropriate assistance to a natural birth, but, even so, it has more risks than benefits for the birth cesarean section. In addition, as noted in several lines, the fear of pain during natural childbirth is also linked to the fact that some women choose the cesarean birth, although they are aware that the cesarean delivery also will bring further pain.

It was observed the no deepening of information about the benefits and risks of the two ways of delivery, they only spoke briefly about the pain, breastfeeding, recovery etc. However, the woman must be informed about all the complexity of the two ways of delivery and the risk-benefit of each one, and this information should be given since the first trimester of pregnancy.

[...] When she demonstrates interest and questioned about what we think, we say, look, natural birth is like this, it has these advantages and these disadvantages, for her to understand better these two situations. (Nurse I)

As for the moment in which prenatal guidelines occurred on the process of childbirth, half of the nurses reported that happens from the third trimester of pregnancy that these indications begin to be deepened.

We seek to have this conversation from the third trimester [...] from the third

trimester we start talking about surgery, maternity. (Nurse B)

Although initially they say that they do not encourage any kind of childbirth, it is raised an interesting question, since to persuade or encourage the pregnant women to have a natural birth or make her to change her mind about the childbirth, knowledge and time are required. It was noticed that when the expectant mother is fuided only (or from) the third trimester, some information may not be discussed, as well as increasing a demand by cesarean delivery because there is an incentive to natural birth since the start of prenatal care.

The literature shows that it is during the prenatal period to inform about each type of birth, their advantages and disadvantages, in that cesarian birth situation should be indicated, demystifying the natural birth, talking about its benefits for both mother and fetus and maternal psychological work so that she loses the fear of natural childbirth and make her choices, being informed about natural childbirth and caesarean.^{1,7} There is a need to develop programs that establish a dialog with the public about the benefits and disadvantages of the process of childbirth, ensuring adequate conditions of work as well as appropriate remuneration to technical staff, encouraging accompanying the labor.¹²

In front of these several taboos surrounding the natural childbirth as the fear of pain, anatomical and physiological changes of vagina, among others, it is highlighted the need for dialogue with this woman since the start of prenatal care, enabling this women to face this fear and demystifying some beliefs culturally constructed. The safety of the woman during labor depends on the preparation for this event throughout the pregnancy, highlighting the role of the professional prenatal care in conducting educational activities.^{11,13}

The nurse has to seek to modify this situation and prioritize on prenatal care to educational guidelines permanently, whether in group or individual, so that the woman feel supported and meet the changes that occur during pregnancy and childbirth, reducing their fears and insecurities, giving the woman the right to choose on the best way of delivery.¹¹⁻¹² It is important to inform clearly and understandable scientific evidence available for indication of better conduct for their clinical situation, linking to the patient to decide on the way of delivery, giving her autonomy.

• The assistance offered to the delivery and birth experiences among nurses.

Among the factors that limit this assistance, it is highlighted the fact that in most cases, the medical professional and/or nurse accompanying the prenatal period is not the same as at the time of labor and delivery in pregnant women. The lack of natural childbirth assistance includes several factors, in addition to high levels of sterilization and surgical births, prenatal insecurity, inhuman conditions of childbirth assistance and pilgrimage of parturient women in search of hospital beds.⁹

Also from the lack of resources that are insufficient and unusable during the professional practice, there is no follow-up to natural childbirth, as corroborated Nurse D:

[...] Pau dos Ferros is not yet at the level of motherhood (hospital all right), is not yet ready, does not use partograph. ... do you understand? Then it transforms the natural birth a little more complicated, and the doctors will be performing the caesarean for minimizing future problems.

Even one of the interviewed denounced the lack of preparation of the professional team and that, on several occasions, offend the woman submitted to natural childbirth, contributing to a process of parturition and dehumanized for a traumatic birth experience.

[...] lack of preparation of the teams in hospital environments to assist a patient in a natural birth, because they want the patient to enter into labor [...], so that's one of the reasons that women sometimes run away from a natural birth, the lack of adequate assistance. A patient from my area went into labor, had everything to have natural childbirth, she called for the doctor that she was making particular prenatal and the doctor said that at the time could not assist her [...]. (Nurse E)

Natural childbirth presents many negative things. However, the most serious cited was the lack of assistance, which can cause serious risks to the patient and to her son. The lack of a follow-up professional during prenatal until the time of delivery also configures as a hindrance to the realization of natural childbirth. The purpose of the institutionalized childbirth assistance is to ensure the necessary resources, with qualified professionals and mean availability to assist with quality, comfort and safety.¹²

It was noticed that several times, the nurse fears guiding to the natural childbirth during prenatal care held in BHU, justifying this attitude due to the risk of being found guilty by the possible complications that can occur

when the woman addressing a maternity ward and/or hospital and finding an inhuman environment and without proper professional assistance to have a healthy labor.

Despite official recommendations for health professionals encourage natural childbirth in pregnant women, the lack of humanized assistance and delivery quality in health establishments, with trained and skilled professionals, contributes to encourage more stimulating their pregnant women to have a natural birth.¹⁴ This fact appears as a hindrance to the promotion and realization of the childbirth in the reality searched by introducing the culture of cesarean section without medical indication. It becomes complicated to encourage natural childbirth in BHU in prenatal and choose this way of delivery for themselves, if she cannot find a suitable environment and medical and hospital assistance, with appropriate conditions for the achievement of a satisfactory, natural childbirth free of complications.

While investigating the ways of delivery that the nurses has chosen or would choose for themselves and if this influences on how she guides pregnant women during prenatal care, the results showed with unanimity performing cesarean childbirth among nurses who have children.

[...] it was cesarean because it was indication, because it was already passing the date, I didn't go into labor. If I had gone into labor and when the doctor said I would have to have normal [...] I would have definitely normal. (Nurse B)

Others have stated that if they had adequate physiological condition and/or quality health care for sure they would submit to a natural childbirth. In the experienced reality, one of the possible causes of the nurses choose the surgical birth, is because the fear of pain, insecurity to happen any complication during labor, anatomical and physiological conditions not suitable for natural childbirth and the lack of quality medical and hospital assistance.¹²

When questioned if the caesarian section experience they chose and/or have undergone some influence the way they guide the birthing in prenatal, all the nurses reply that their experiences do not interfere in the guidelines provided. Birth experiences of nurses influence the way they guide the process of childbirth in prenatal care, because the reason they pointed as obstacles to work a certain way of childbirth in pregnancy coincide in some lines with the reasons that led them to have a caesarean delivery on

short notice, for example, the event of any problem or lack of assistance.

The highest rates of satisfaction with the natural childbirth are associated with a minimum of interventions on the physiology, the guarantee of the right to privacy, the company chosen by the woman and good relationship with the health care professional, to feel respected and in control of the situation.⁹ Thus, cesarean birth should be seen as an alternative labor necessary in cases where the pregnant woman cannot do it vaginally.

FINAL CONSIDERATIONS

The guidance on the way of delivery happens often superficially, in the sense that they do not encourage the practice of natural childbirth by the patients, since pregnant women option through the ideal childbirth will depend on the course of pregnancy, not interfering in the choice that usually happens between patient and doctor.

Health education actions aimed for pregnant women are not performed routinely and structured, thus submerging an area important to dialogue with women about the fears and taboos involving pregnancy, prepartum and postpartum, not contributing therefore to build an autonomy to decide and opinions through childbirth safer and ideal for them, getting totally submissive the hegemony of power and medical knowledge. It is recognized the importance of the implementation of groups of pregnant women in every local family health teams, while privileged space for dialogue about the process of childbirth and about other topics related to health promotion, contributing therefore to the autonomy of these women in health care.

It is also reinforced the necessity of health education during the prenatal period, as well as the investment of attitudes that encourage natural childbirth and to ensure the dignified labor assistance, so that, from that point, the nurses and other health professionals can encourage and stimulate a true and effective practice of natural childbirth as being the ideal and healthier way of giving birth.

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Corresponding Address

Andreza Karine Araújo de Medeiros Pereira
Campus Avançado de Pau dos Ferros
BR 405, KM 3, Bairro Arizona
CEP 59900-000 - Pau dos Ferros (RN), Brazil