Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

PREGNANT WOMEN KNOWLEDGE ABOUT THE BENEFITS OF NORMAL BIRTH IN PRENATAL CONSULTATION

CONHECIMENTOS DE GESTANTES QUANTO AOS BENEFÍCIOS DO PARTO NORMAL NA CONSULTA PRÉ-NATAL

CONOCIMIENTOS DE GESTANTES EN LOS BENEFICIOS DEL PARTO NORMAL EN LA CONSULTA PRENATAL

Gerline Wanderley Guedes[1], Milena Nunes Alves de Sousa[2], Thoyama Nadja Felix de Alencar Lima[3], Maryama Naara Felix de Alencar Lima[4], Rejane Marie Barbosa Davim[5], Tarciana Sampaio Costa[6]

ABSTRACT

Objective: to identify the knowledge of pregnant women about the benefits of normal birth. ***Method***: this is a descriptive study of qualitative approach, developed in a Basic Health Unit in Patos/PB. The participants were ten women who answered a semi-structured interview guide. Data were analyzed using the content analysis technique. ***Results***: it was found that most participants received guidance from nurses in prenatal care on the benefits of natural birth with proper acceptance of this type of delivery demonstrating insights based on socio-cultural aspects and their life stories. ***Conclusion***: educational activities exert a positive influence on the women´s point of view compared to normal delivery was referred to as positive, healthy and the natural event would like to experience. ***Descriptors***: Prenatal Care; Nursing Education; Normal Birth.

RESUMO

Objetivo: identificar o conhecimento de gestantes quanto aos benefícios do parto normal. ***Método:*** estudo descritivo, de abordagem qualitativa, desenvolvido em uma Unidade Básica de Saúde, no município de Patos/PB. Participaram da pesquisa dez gestantes que responderam a um roteiro de entrevista semiestruturado. Os dados foram analisados mediante a técnica de Análise de Conteúdo. ***Resultados:*** verificou-se que a maioria das participantes recebeu orientações dos enfermeiros nas consultas de pré-natal quanto aos benefícios do parto normal, tendo adequada aceitação a esse tipo de parto, demonstrando percepções sobre essa via fundamentadas em aspectos socioculturais e suas próprias histórias de vida. ***Conclusão:*** as atividades educativas exercem influência positiva sobre a visão das gestantes em relação ao parto normal que foi referido como evento positivo, saudável e natural, o qual gostariam de vivenciar. ***Descritores:*** Assistência Pré-Natal; Educação em Enfermagem; Parto Normal.

RESUMEN

Objetivo: identificar el conocimiento de gestantes en los beneficios del parto normal. ***Método:*** estudio descriptivo, de enfoque cualitativo, desarrollado en una Unidad Básica de Salud en Patos/PB. Participaron de la investigación diez gestantes que respondieron una guía de entrevista semi-estructurado. Los datos fueron analizados mediante la técnica de Análisis de Contenido. ***Resultados:*** se verificó que la mayoría de las participantes recibió orientaciones de los enfermeros en las consultas prenatal en los beneficios del parto normal teniedo adecuada aceptación a ese tipo de parto, demostrando percepciones sobre esa vía fundamentadas en aspectos socioculturales y sus propias historias de vida. ***Conclusión:*** las actividades educativas ejercen influencia positiva sobre la visión de las gestantes en relación al parto normal fue referido como evento positivo, sano y natural que les gustaría vivir. ***Descriptores:*** Atención Prenatal; Educación en Enfermería; Parto Normal.

[1]Nurse Graduate student in Obstetric, Integrated Schools at Patos/FIP. Patos (PB), Brazil. E-mail: gerlinewanderley@hotmail.com; [2]Nurse, Ph.D. Profesor (Post-Doctor), Integrated Schools of Patos/FIP. Patos (PB), Brazil. E-mail: minualsa@hotmail.com; [3]Nurse, Master degree Profesor in Collective Health, Integrated Schools of Patos/FIP. Patos (PB), Brazil. E-mail: thoyamanadja@hotmail.com; [4]Obstetric Nurse, Specialist Professor in Intensive Care, Master in Collective Health, Catholic University of Santos/UNISANTOS. Integrated Schools of Patos/FIP. Patos (PB), Brazil. E-mail: maryamanaara@hotmail.com; [5]Obstetric Nurse, Ph.D. Profesor in Health Science, Preceptorship in the Specialization Course on Obstetric Rede Cegonha/MS. Natal (RG), Brazil. E-mail: rejanemb@uol.com.br; [6]Nurse, Ph.D. Profesor in Health Science, Integrated Schools of Patos/FIP. Patos (PB), Brazil. E-mail: tarcianasampaio@yahoo.com

INTRODUCTION

Pregnancy and childbirth are physiological phenomena that spend most of the time without complications accompanied by deep physical and emotional changes. The pregnancy and childbirth are characterized by being a stage of joy, pleasure, anxieties, fears, and doubts, where the woman needs family and professional support to develop appropriate conditions to gestate, give birth and raise her children.[1-2]

During this period, women need protection and care, access to quality health services to assist them in their entirety helping them feel safe, answer questions. Otherwise, the reproductive process can become at high risk. It is emphasized the importance of prenatal care for the welfare of maintenance mother-child couple during pregnancy, childbirth, and postpartum.[3-4]

Prenatal care should start early to identify, prevent and treat diseases that can affect the mother-child health to promote a healthy birth, reducing maternal and child mortality, acquisition of autonomy and safe experience of the period gestational. In this context, the role of nurses surges, qualified and suitable to meet the low prenatal risk corresponding 90% of those assisted in Brazil.[5-6]

The nurse consultation in prenatal aims to inform, advise, educate and contribute to health promotion and prevention of complications to the mother and fetus, offering systematic and comprehensive care focused on the individual needs of these women. It must have the following main characteristics: quality, humanization, being developed by professionals considered able to meet the mother complexity, ensuring them enough information so that it can have a quiet and confident pregnancy, opting for a consistent parturition process with their condition.[5,7]

The nursing consultation is an important instrument for increasing the coverage and quality of prenatal care favoring interaction between the nurse and pregnant women, facilitating the exchange of knowledge and information between them. It is a welcoming environment conducive to educate pregnant women about the benefits of vaginal delivery for the health of both, encouraging her to be the protagonist of this important time in her life and report on the benefits of vaginal delivery tool for the ten steps to a quality prenatal care in primary care.[2,8]

Thus, it is realized the importance of developing educational activities during prenatal and the need of consultation to advise pregnant women about the benefits of vaginal delivery to improve the Brazilian maternal and child health emerging the following question: Do pregnant women know the benefits of normal birth?

In today's Brazilian obstetric scenario where caesarean rates are quite high, it is considered important to analyze certain subjective aspects related to gestational cycle. It is believed that this research may help future research in the area, and contribute improvements to the nursing care during the gestational cycle. Faced with this and supported in the literature and scientific research supporting the benefits of vaginal delivery versus cesarean section, this study aimed to identify the knowledge of pregnant women about the benefits of normal birth.

MÉTHOD

This is a descriptive study with a qualitative approach, developed in a Basic Health Unit (UBS) in the city of Patos-PB located in Paraíba, about 310 kilometers from the capital João Pessoa/PB, with a population of 100,695 inhabitants.[9] This UBS was chosen to have a considerable number of registered pregnant women and easy accessibility. They were met in a room available in the UBS for interviews. The data gathering took place in July and August 2014, morning and afternoon according to the unit's schedule.

The population was 20 women who were prenatal care in the UBS. Ten of them participated in the study who met the following inclusion criteria: being in the third trimester of pregnancy and prenatal care with the nurse. Women under 18 and those who refused to participate were excluded. The data collection instrument was a semi-structured interview guide with subjective questions related to the purpose of the study recorded in MP3 player and later transcribed. The study´s objective, its academic character and Informed Consent and Informed (IC) were presented to each participant as well as the right to anonymity and withdrawal at any stage of the research.

The data analyzed qualitatively by content analysis technique proposed by Bardin[10] were adapted according to the following steps: at first, a careful reading of the answers underlining ideas that somehow were connected and grounded theory. Later, the categorization process was carried out, that is, a list of answers to each question and rank them. After that, there was a preliminary analysis of the responses classified which enabled detection of differences, conflicts,

gaps and coincident points in the answers. Finally, an interpretation plan of the studied elements supported on the following: the results achieved in the study, theoretical background and professional experience of researchers which resulted in the final study report with conclusions and definitions.

Respecting the ethical aspects described in Resolution 466/2012 of the National Health Council, which regulates research involving human beings, this study was submitted to the Research Ethics Committee (CEP) of the Integrated Schools of Patos (FIP) and approved with opinion Nº 758,416 and CAAE: 31139414.1.0000.5181. For the anonymity of the participants, the name of flowers was used to their specifications.

RESULTS AND DISCUSSION

The age of participants ranged from 18 to 33 years old with an average of 25 years old. Regarding marital status, there were four married, two single and four with a steady relationship with their partners. As for education, there were considerable differences. Three had not completed elementary school, and one had concluded; two completed high school, three are attending higher education and on had a complete higher education. AS for obstetrical data, there were six first pregnant women, three in the second pregnancy and one with more pregnancies.

When the pregnant women were asked about receiving some guidance during prenatal consultations on the benefits of normal birth, the thematic category **"Benefits of normal birth for the mother-child"** was extracted from the speeches. When they were asked whether the guidelines for prenatal promoted changes in their vision related to normal birth, the speeches allowed the themes **"Positive effects of educational activities during prenatal"** and **"pre-established opinion on the mode of delivery."** As for the opinion of pregnant women about normal delivery, the thematic category **"Perceptions, and experiences related to normal birth"** was obtained.

♦ Thematic category 1. Benefits of normal birth for the mother-son

Only one woman from the ten of the sample said she was not guided during prenatal consultations on the benefits of normal birth. The other speeches had a wide range of information that is grounded in the scientific literature that addresses the benefits of normal birth for both the mother and the child. At first, it was observed that the guidelines during pregnancy emphasized the best recovery of women in the normal postpartum to emphasize the rapid rescue of feminine autonomy for self-care and care for the baby still standing out the physiological and momentary pain, intrinsic characteristic of this event, as shown in the following lines:

> *Yes. The nurse, she always guided me, because she says that recovery is easier and also because she said the pain is momentary, is healthier, it is more natural; she always guided me so my family too and my mother (Açucena).*
>
> *Yes. It is beyond recovery, [...], oh well, I see a lot about my mother and family saying it is very good, you have the baby today, now, in half an hour you already get up, you already do everything alone, and I want so (Flor de Liz).*
>
> *Yes. The normal delivery is better to recovery wife, and I have had a normal and I saw that it is even better (Gérbera).*

Normal delivery is the option for many professional obstetricians because it is a physiological event for which the female body has been prepared. Thus, this pregnant woman and unborn children can move in a healthy way by this delicate moment without requiring medical intervention. Also, many benefits are attributed to this type of delivery as fast recovery, less bruising in developing, contracting infections and bleeding.[11-12]

Studies corroborate this information and point to other positive points of normal delivery as greater autonomy of puerperal in ambulation, personal care, household chores and child care.[13-4]

In the benefits of normal birth for the newborn, there are stood out favoring better respiratory adaptation and reduction in infection rates, advantages resulting from the physiological mechanisms involved in labor and delivery. Such information was present in the guidance during prenatal care, as shown by the following lines:

> *Yes. After birth and the baby also, baby´s respiration, only more about it (Tropicália).*
>
> *Yes. I got that it is healthier both for mother compared the postoperative period, which is faster, so as to child because it does not need induction right that the body makes even the natural work, so for health child also preventing infections, something in motherhood that may exist, these things (Rose).*

The mechanisms involved in normal delivery promote tactile stimuli for the onset of breathing in neonates without compromise. Further compression of the chest of the unborn child during its passage through the birth canal facilitates removal of lung liquid

through the nose and mouth facilitating the air inlet in the upper airways.[15]

Thus, the normal delivery is indicated as the best way to birth, favoring better baby adaptation to extra-uterine life in addition to providing numerous benefits for maternal and newborn health such as favoring the interaction between mother and child, rapid postpartum recovery and decreases the risk of contracting infections.[2,16] It is noteworthy that normal birth stimulates and strengthens the bonding between mother and child characterized as a facilitator event lactation since, in normal post-partum the puerperal woman usually has the better clinical condition and little physical limitation, allowing the child taken to the womb prematurely contributing to the success of breastfeeding. Such information was present in educational activities for pregnant women, as shown by the following speeches:

> *Thus, the normal delivery is better than Cesarean in some parts. Thus, normal delivery is good because the person does things and breastfeeds normal, I breastfed until six months (Amélia).*
>
> *Yes. The recovery, breastfeeding to be a physiological birth (Hortência).*

The immediate contact between mother and child promotes breastfeeding by making efficient suction increasing the prevalence of breastfeeding and strengthening the relationship between mother and child. This approach fosters understanding of the needs of the baby, facilitating the development of motherhood and assisting in the gradual transition from newborn to its new life.[17]

Thus, the mothers who start breastfeeding soon after birth are more likely to be successful in this practice. Studies highlight the importance of early breastfeeding to reduce neonatal mortality, indicating possible reduction of this index by 16.6% if all babies were breastfed in the first day of life and 22.3% if breastfeeding occurred in the first hour after postpartum.[18]

♦ Thematic category 2. Positive effects of educational activities during prenatal

The development of educational activities during pregnancy showed important stimulus tool to normal delivery presenting ability to sensitize women about the importance of this mode of delivery for the mother-child health overlying previous negative experience as expressed in speeches of three participants:

> *Only then, it only increased right, because I wanted to, then so what the nurse is talking only further increased my desire to have normal, so, I want it more for that, the recovery is very fast, and, I think it is my first child, and I really want to take care of it and with a surgery you not, you are there, people have to bathe you, and I do not like much that (Flor de Liz).*
>
> *Yes, because due to the previous negative experience of normal birth, the dialogue made me change the opinion (Hortência).*
>
> *Yes, I want normal birth, and now it is that I want again if I can have a normal [laughs] (Gérbera).*

The educational activities in prenatal visits can transform the way to gestate and give birth, so it should work together with the National Policy for Integral Attention for Women´s Health (PNAISM) which emphasizes the importance of humanization in assistance and sharing of information between professional and patient for the ability to foster change, foster mutual learning and the construction of egalitarian human relationships. There is the need to recognize rights and influence of socio-cultural, ethnic, racial and gender factors in the establishment of these relationships of learning, considered potentiating care.[19]

The participation of pregnant women in educational activities favors the establishment of trust with health professionals, contributing to living a peaceful pregnancy and stimulating formation of a bond between mother and child which improves the acceptance of pregnancy. This information corroborates the importance that pregnant women attribute in the search for guidance on the types of delivery, advantages and disadvantages of normal and caesarean section, the normal birth physiology and possible influence of mode of delivery on the health of offspring to prepare for the birth process.[14]

♦ Thematic category 3. Preestablished opinion on delivery ways

Most participants (seven) denied the influence of the guidelines for prenatal about their vision for the normal delivery which demonstrates the existence of a pre-formed conception of the subject result of previous experiences, information obtained in the media or the family and social group in which they are embedded as to show the following speeches:

> *No, because I already had the conviction that I want, I am also waiting for the normal delivery, so I am very quiet about it (Tropicália).*
>
> *No, it was very clear to me, it was nothing new since I accompanied my aunts, my sister got a baby, so it is already something that I like to read very well [...] Finally, I searched the literature and I am well informed about it (Rosa).*

No, because I already had the first baby and it was normal, it was good, I did not think it was bad (Amélia).

The representations, experiences and life story of each woman, their perceptions about the delivery ways reflect a socially constructed discourse that influence how they see the different types of delivery.[13]

The constitution of these social representations is grounded in conversations with family members, information extracted from the media like internet, magazines, television, books and contact with health professionals. The women work out their concepts and perceptions of motherhood and childbirth from experiences already lived, relating them positively when they realize their intrinsic ability to experience sensations of this event.[14,19]

It is observed that the effects of educational practices have limits imposed by the socio-cultural background of woman that does not represent their failure, but should the health professional awakening to the need to be prepared, to respect their differences, following a long way exchange experiences and information, since there is no magic formula to promote behavior change.[19]

It is emphasized the educational role of the health professional who is the main source of information for pregnant women despite considering information arising from family, friends, and the media.[12]

♦ Thematic category 4. Perceptions and experiences related to normal birth

This category involves the opinion of pregnant women on normal birth. It was observed that all were positive for this type of delivery with opinions based on their life experiences and physiology of this event, as well as the guidance received during prenatal care that promoted the empowerment of these women when they experience a healthy way. In this perspective, their speeches showed those who previously had normal deliveries quiet with good recovery, and they could take care of the children, intending to have a similar experience.

It is great, I had two normal birth, wonderful because only after the pain we are up, you already bathe, eat, can look after the baby and in fifteen days you are good, bad was the big boy consequences [laughs], I had, but the rest is nothing (Mimosa).

It is much better, vaginal delivery is better because you have a speedy recovery and can take better care of the child, you do not have that business of the surgery, and I want other normal, the second baby normal again (Gérbera).

Normal delivery was good for me; I thought it was great (Amélia).

Childbirth is an event in which the expectations and anxieties of pregnant women become real to confirm or not, hopes and fears that accompanied during pregnancy. Thus, it is evident that it was early in pregnancy, given their concerns and remains that after delivery in the form of memories and feelings that accompany the woman and are part of the history.[20]

Expectations of pregnant women for childbirth are the result of their life experiences and how this information is available or accessible for them. It is essential to develop educational actions in health during the prenatal providing the woman security and autonomy to experience the birth process.[21]

From the perspective of promoting a healthy pregnancy and prepare women for labor and vaginal delivery with guidelines for prenatal care, it was observed in the speeches of the following two participants, encouraging the practice of physical activity during pregnancy, learning breathing techniques for childbirth as information that in addition to promoting a healthy pregnancy cycle and childbirth also strengthen women´s autonomy in these events:

[...] I saw the doctor saying so, there are women that can have a child smiling, then so it is the technique they teach that we have to play oxygen for the uterus because many women are putting power in hand, crying and it is bad [...] (Flor de Liz).

My opinion is that is the most suitable for women when pregnancy happens all within the normal range, and it is the best both for women as for the child [...] My thought is to have normal delivery, so much that I am already doing water aerobics to facilitate the process at the time of delivery (Rosa).

Studies show the effects of educational practices in childbirth experience, by providing empowerment to women to star this time guided by the body´s physiology to encourage new ways to gestate and give birth. It is noteworthy the encouragement of physical exercise not only as promoters of better quality of life but as something that favors preparation for normal delivery.[19]

The practice of moderate exercise during pregnancy cycle promotes positive changes in the health of the mother-child in both the biological and psychological aspect and improves the quality of life during pregnancy and postpartum. However, it is noteworthy that such a practice should not exercise the

limits of the body, released and supervised by responsible professionals.[22]

Among the physical activities indicated for the pregnancy period, there is the water aerobics, an exercise that facilitates the preparation for delivery as it helps to alleviate the extra weight of pregnancy, reducing impact and lessens the pain. Regarding the use of breathing techniques, it promotes balance during labor and ensures the mother active participation in parturition providing greater control over anxiety, pain, and improving fetal oxygenation.[22-23]

Normal childbirth is considered a natural event that can begin, evolve spontaneously and finish from the mechanisms arising from the body, discarding unnecessary interventions and methods which could harm the mother and child health, so it is represented by pregnant women as healthy event as exemplified in these words:

> *I think it is the best delivery, but in some cases which have nowhere to turn, more is the best way out without a doubt is the normal delivery, both for the baby and for the mother, and post the question does not compare to anything until the surgical procedure, everyone knows it is only a matter of last resort, so normal delivery is one very natural thing (Tropicália).*
>
> *It is better, healthier, natural I think (Açucena).*

A study conducted with 85 pregnant women showed that 74.1% preferred the normal delivery to be practical and physiological event that does not require surgery.[12]

The normal delivery is seen to most women as something natural and healthy, given that the child is born spontaneously which refer to the act of giving life to a new human being.[14]

Cesarean section, derived from scientific and technological advances in obstetrics is considered in certain situations means of saving two lives, which when the procedure is based on clinical indications, especially at-risk births, it contributes to reducing maternal and neonatal mortality.[24]

Elective caesarean is highlighted and may result in iatrogenic prematurity, prolonged hospitalization, and impaired breastfeeding. It may cause anesthetic and surgical risks beyond late damage to future pregnancies as high potential hemorrhagic disease (placenta previa and placenta accreta), whose complications cause maternal death most of the time.[25]

Therefore, it is emphasized the importance of the birth process as a natural and important event in a woman´s life which should play free of the subordination of culture. For this, it is necessary to sensitize it to their real needs or demands, so that, can claim the efficient care.[26]

FINAL CONSIDERATIONS

From the data analysis, it was concluded that most participants were guided during prenatal consultations on the benefits of normal birth and they demonstrated good acceptance of this type of delivery.

It was found that educational activities have a positive influence on the mother's vision of the normal delivery. However, it was observed that most subjects had pre-established perceptions about this type of delivery based on socio-cultural aspects and their life stories. As for the educational activities, group activities were not mentioned.

It was observed that the normal delivery was reported by pregnant women as a positive, healthy and natural event they would like to experience. In this context, it is emphasized the importance of educational activities during pregnancy in a woman´s preparation for the experience of labor and vaginal delivery.

Faced with this, there are limitations in this study by a small number of participants and highlighting the importance of the development of new research in the area so the situation can be better understood and encourage changes that contribute to the improvement of maternal and Brazilian child health.

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Submission: 2016/07/09
Accepted: 2016/09/01
Publishing: 2016/10/01

Corresponding Address

Rejane Marie Barbosa Davim
Avenida Amintas Barros, 3735
Condomínio Terra Brasilis
Bloco A, Ap. 601
Bairro Lagoa Nova
CEP 59056-215 – Natal (RN), Brazil