The book Beautiful Tulips - Dialoguing on women’s health in Brazil is organized by Rejane Marie Barbosa Davim, Ph.D. Professor Associate III/UFRN, Obstetric Nurse/UFRN and Richardson Augusto Rosendo da Silva, Ph.D. Professor, Member of the Graduate Program/Academic Doctorate Department of Nursing/UFRN. In their first edition, their work was published by José Torres Editor in Early Childhood Education from Maurício de Nassau University. Natal (RN), Brazil. Email: akdenfa@gmail.com

Prefacing this work Professor Master and Ph.D. Diego Vieira Mattos, Obstetric Nurse and President of the Midwives Association and Obstetric Nurses, Section GO (ABENFO/GO) refers feeling honored with this task, in particular to understand the uniqueness of this production in times of great changes in the health care of women in Brazil to a model focused on the family. He concludes his remarks by stating that this scientific production transcends expectations concerning the model of care for women in pregnancy and childbirth, with innovative proposals that meet the needs of healthcare professionals with an updated and high-quality reading.

The book has 12 chapters in its content having various considerations in the women´s lives by experts in their various scripts.

The first chapter titled Nurse’s role in assistance to prenatal care was approached by the authors Jellen Dantas Campos Verdes Rodrigues, Vinicius Lino de Souza Neto, Danyella Augusto Rosendo da Silva Costa and Richardson Augusto Rosendo da Silva. They stated that the trajectory of women is marked by discrimination and disrespect for health rights, not being different in the sexual and reproductive aspects. Although pregnancy is considered as a physiological phenomenon occurring in most cases without complications, there are pregnant women by providing specific physiological or suffer complications that put at risk the maternal and fetal health with a high-risk pregnancy. They confirm that differences in assistance to low and high-risk women are expressed by the objectives, content, the number of consultations and type of team for this assistance.

Specifically, the second chapter talks about Humanization in assisting the labor of the author Rejane Marie Barbosa Davim who emphasizes that the humanized model for childbirth care should be subject to the host by the team with empathy and respect always considering opinions, preferences and needs of patients. She highlights in an obstetric assistance focused on procedures, standards, pre-established techniques and appreciation of individuality because the human being has features like character, personality, feelings, beliefs, opinions, desires, aspirations, own values, dignity, and sense of justice.

The third, Control of cervical cancer: contextual analysis of the authors Danyella Augusto Rosendo da Silva Costa, Rejane Marie Barbosa Davim and Richardson Augusto
Rosendo da Silva address the cancer of the cervix (CCU) representing worldwide 15% of varieties of cancer diagnosed in women and the second most common type of this genre and within Brazil has the second highest incidence and mortality. It has etiology, diagnosis, and prevention in the well-defined scientific knowledge of causative factors, forms of detection and treatment which are known and effective, particularly in precursor lesions and in these cases the surgical treatment is curative in 100%. In this area, the nurse makes an important contribution to preventive and early diagnosis, promoting control of risk factors, increasing the number of women who undergo Pap smear tests, participating in the organization of a registration system to ensure that patients with normal Pap smear results are examined at regular intervals, with an appropriate treatment, follow-up in long-term cases treated, reducing the loss rate of those with abnormal results and referral, ensuring diagnostic procedures and treatment to secondary and tertiary system.

The fourth chapter discusses Methodologies interventions by nurses of the Family Health Strategy in the control of cervical cancer. Its authors Danyella Augusto Rosendo da Silva Costa, Rejane Marie Barbosa Davim and Richardson Augusto Rosendo da Silva stress the need for nurse’s performance in the Family Health Strategy (ESF) in attention to women to instrumentalize them properly to control CCU, need to be trained and acquire competence to carry out systematic and resolving actions. It is important to the proper follow-up of these women in the ESF with the identification of defaulting to the Pap smear and return, thus transforming agent in the health-disease and healthy living habits of these patients.

The fifth chapter is related to the Factors associated with non-collection of Papanicolaou: implications for women’s health having as authors Danyella Augusto Rosendo da Silva Costa, Rejane Marie Barbosa Davim and Richardson Augusto Rosendo da Silva. Regarding the issue that makes low coverage of Pap smear, the authors showed factors that stand in the interference of the practice related to shame, fear, and difficult access to health services, taboos and opening hours in the basic units. It is also inadequate in collecting and issuing reports, lack of adherence of the examination to patients with limited access that can somehow be caused by the institution, reduced time of the employee, demand for care, few attending and lack material causing absenteeism of these women.

The sixth, Trajectory of pregnant in the Brazilian prison system written by Rejane Marie Barbosa Davim and Mayana Camila Barbosa Galvão. According to the authors, the trajectory of pregnant women in the prison system is an unusual inequality within Western society that the Brazilian woman today has little involvement in crime statistics and Brazil this rate is 7.5% according to the National Penitentiary Department. Thus, men and women imprisoned in institutions are invisible to the society; for women, this invisibility becomes more serious by the number and gender difference related to space there has in society. The Brazilian woman in prison is seen as a single mother, young, low family income and dysfunctional without access to education, low employment or unemployed, and most often found to have been involved in drug trafficking. There are countless problems such as lack of health care, the most serious, especially for pregnant women. The criminal environment contributes to the appearance of already latent diseases or manifestation. The poor women cannot afford to seek care or different medication by their means offered in prison. They are hostages of abuse, neglect, violence, coupled with the lack of care that is serving time in a prison system.

In the seventh chapter Prevention of STD/AIDS to women in the prison system in Brazil written by Richardson Augusto Rosendo da Silva, Cristiane da Silva Costa, Suelide Cristina Dantas, José Rodrigo Rebberty Netherlands and Danyella Augusto Rosendo da Silva Costa emphasize that the prison system is one of the factors that contribute directly or indirectly to the sickening state of exposed incarcerated to various health risk factors such as STD/AIDS, tuberculosis, pneumonia, skin diseases, mental disorders, hepatitis, trauma, infectious diarrhea, beyond hypertension and diabetes mellitus. Among the main risk factors that favor the spread of these diseases to incarcerated, there are promiscuity, sexual abuse, activities bi/homosexual, overcrowded cells, drug use, tattoos, low condom use, prostitution and, in Brazil, sexual intercourse is still the main route of HIV transmission among people deprived of liberty.

The eighth refers to Congenital syphilis: diagnosis and intervention by the nurse, whose authors were Andreia Araujo France, Itaísa Cardoso Fernandes de Andrade and Richardson Augusto Rosendo da Silva. The prevention of congenital syphilis according to...
the authors is effective only in the prenatal, and it cannot be in the inter-birth or postpartum, a fact that emphasizes the direct relationship between the frequency of illness and quality of attention to basic women’s health services. The diagnosis of gestational syphilis is simple, and the disease should be screened in all pregnant women. Despite the multidisciplinary efforts to alert the public to prevent new cases, data show that the rates of women with syphilis have been increasing in Brazil and healthcare professionals should be aware of its manifestations prepared for early diagnosis and outline treatment plans effectively and early.

The ninth chapter on *Prevention of vertical transmission of human immunodeficiency virus*. The authors Richardson Augusto Rosendo of Silva, Cristiane da Silva Costa, Suelide Cristina Dantas, José Robberty Rodrigo Holanda and Danyella Augusto Rosendo da Silva Costa indicate that the measures available to reduce vertical transmission (VT) of HIV and continuity in the incidence of cases, the MOH recommends VT investigative committees in the Brazilian states and municipalities to identify gaps and support interventions, providing reference tools such as “Vertical Transmission Case research Protocols”. They reported that counseling plays an important role in the prevention and diagnosis of VT at different moments of contact with pregnant women in health services taking advantage for counseling aimed at reflection on health, given that these patients should be aware of the importance of HIV testing and syphilis in pregnancy and can thus be considered informed and freely to submit to testing.

The tenth chapter called *AIDS Feminization: reflection on the impossibility of breastfeeding* designed by Fernando Silvio de Souza Virgolino, Gienda Agra, Vinicius Lino de Souza Neto, Lellen Dantas Campos Verdes Rodrigues and Richardson Augusto Rosendo da Silva have proposed that the AIDS feminization is a major threat to women´s health and its effects are the possibility of HIV transmission, since this growing epidemic occurs especially in women of reproductive age bringing up real possibility of VT and spread of the epidemic. HIV can be transmitted to the child during pregnancy, delivery, and breastfeeding. All HIV-positive mothers should be advised not to breastfeed because of the risk of HIV transmission through breast milk. They should be aware that is entitled to receive infant milk formula provided by the MOH to their child reaches six months of life, and also counseled about the preparation of infant formula and nutritional information.

The eleventh chapter is the *Non-pharmacological strategies to relieve mothers’ pain* described by Rejane Marie Barbosa Davim lists the various non-invasive light technology of care for an obstetric nurse in care for women/child/family, identifying positive changes in the pursuit of the well-being of all of them. She lists the hosting to promote quality of life with subtlety, sensitivity and subjectivity in professional practice to attend the laboring woman. It is also important the physiotherapy and Pilates method during pregnancy and labor that in addition to reducing cesarean section rates decrease pain and reduction of 11 hours labor for five hours labor. Psychology is pointed during pregnancy, delivery and post-partum that in addition to bringing any benefits, there are also challenges and problems that a family can face to suit the new situation. Like a woman in labor, pain relief techniques are various methods such as lumbar massage with effective intervention associated with pelvic balance. Several positions are also effective for relieving the pain of labor as the kneel with the body bent forward with a professional, doula or companion massaging the lower back when the contractions ambulation remain squatting favoring the descent of the fetus. The Bobath ball or Switzerland Ball can be used in various positions of pregnant women as sitting, four perched on the ball, sitting under the shower always with knees apart and relaxation of the adductor muscles, allowing diverse movements. Breathing exercises promote the low level of long anxiety to patients associated with lumbar massage, shoulders, feet and also muscle relaxation. At this moment, the presence of a companion to the choice of the mother is very important, who should be encouraged and guided by health professionals in the efficient emotional support in support of women in labor. It is efficiently cited the warm shower with its relaxing effect so that, when the water slide in the lumbar region of the mother reduces the sensation of pain by contractions, the perineal muscles relaxes like a painkiller, easing the pain perception without interfering with the progress of labor. Moisturize this woman throughout labor if not against medical advice; the presence of the father in the delivery room of great importance which will provide safety, comfort prioritizing their partner as birth protagonist along with family support.
Finally, the last and twelfth chapter of Rejane Maria Barbosa Davim entitled *Importance of rooming-in system*; the author shows the rooming-in system set according to the MOH as a place where the healthy newborn soon after birth remains with the mother 24 hours a day in the same room until discharge. This system enables the provision of all the supportive care and guidance to mothers on the health of the mother/child. It is considered essential to the newborn stay with the mother receiving guidance from the health team with educational activities, allowing the issues of physical space and human resources training, appropriate to the reality of each institution.

**REFERENCES**