THE OBSTETRIC CARE ON DELIVERY AND CHILDBIRTH THROUGH WOMEN'S PERCEPTION

A ASSISTÊNCIA OBSTÉTRICA AO PARTO E NASCIMENTO NA PERCEPÇÃO DAS MULHERES ASISTENCIA OBSTÉTRICA AL PARTO Y NACIMIENTO EN LA PERCEPCIÓN DE LAS MUJERES

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ABSTRACT

Objective: to analyse the scientific production over women's perception concerning the assistance of the parturitive process. **Method:** integrative review with search of published papers from 2010 on, being these papers published in English, Spanish and Portuguese in the databases *Web of Science*, *Scopus*, *MEDLINE*, *LILACS*, *IBECs*, *PsycINFO* and the *ScieLO* library. The data analysis was initially made through textual analysis and after through the Content Analysis in the Thematic Analysis modality. **Results:** the final sample is composed by 20 papers. There was a predominance in the qualitative approach of the descriptive-exploratory type (90%). On the results were identified the welcoming in the service, the bond between the people in service and the women, and the usage of technologies during labor and childbirth. **Conclusion:** the synthesis of the studies analyzed showed a predominance in the satisfaction of women in relation to obstetric care, confirming remarkable progress in the qualification of delivery and birth care. **Descriptors:** Parturition; Midwifery; Humanizing Delivery; Perception.

RESUMO

Objetivo: analisar a produção científica sobre a percepção das mulheres a respeito da assistência do processo parturitivo. **Método:** revisão integrativa com busca de artigos publicados a partir de 2010, em Inglês, Espanhol e Português nas Bases de Dados *Web of Science*, *Scopus*, *MEDLINE*, *LILACS*, *IBECs*, *PsycINFO* e biblioteca *ScieLO*. A análise dos dados deu-se por análise textual e, posteriormente, pela Análise de Conteúdo na modalidade Análise Temática. **Resultados:** a amostra final constitui-se de 20 artigos. Houve predomínio na abordagem qualitativa do tipo descritivo-exploratória (90%). Foram identificados o acolhimento no serviço; o vínculo com as mulheres; e a utilização de tecnologias no parto e nascimento. **Conclusão:** a síntese dos estudos analisados evidenciou predominância na satisfação das mulheres em relação à assistência obstétrica comprovando notável progresso na qualificação da assistência ao parto e nascimento. **Descritores:** Parto; Tocologia; Parto Humanizado; Percepção.

RESUMEN

Objetivo: analizar la producción científica bajo la percepción de las mujeres respecto a la asistencia en el proceso de parto. **Método:** revisión integrativa con búsqueda de artículos publicados a partir de 2010 en inglés, español y portugués en las bases de datos *Web of Science*, *Scopus*, *MEDLINE*, *LILACS*, *IBECs*, *PsycINFO* y biblioteca *ScieLO*. El análisis de los datos se dio mediante análisis textual y posteriormente mediante Análisis del Contenido en la modalidad Análisis Temático. **Resultados:** la muestra final la constituyen 20 artículos. Hubo un predominio en el abordaje cualitativo del tipo descriptivo-exploratorio (90%). Se identificaron la acogida en el servicio, el vínculo con las mujeres y el empleo de tecnologías en el parto y nacimiento. **Conclusión:** la síntesis de los resultados analizados subrayó el predominio en la satisfacción de las mujeres respecto a la asistencia obstétrica comprobando notable progresión en la cualificación de la asistencia al parto y nacimiento. **Descriptores:** Parto; Tocología; Parto Humanizado; Percepción.

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INTRODUCTION

In a worldly context, in the 1980s, the Pan American Health Organization (PAHO) and the World Health Organization's Regional Offices of Europe and the Americas promoted a broad discussion so that a consensus was reached on appropriate technologies of care prenatal care, childbirth and birth based on scientific research and the sexual and reproductive rights of women.¹

Since the rise of the Prenatal Humanization Program and the Birth of the National Policy for Integral Attention to Women's Health, and the National Pact for the Reduction of Maternal and Neonatal Mortality and the strategy of the Stork Network, several health actions have been directed at these segments of the population more systematically through SUS, as part of intergovernmental efforts to reduce maternal and infant indicators.²

Throughout history, with the transition between home birth and hospital delivery, the biomedical model of obstetric care began to take effect. Childbirth has become a hospital-centered event, promoted by intense medicalization and surgical routines, removing the mother's dominance during this process.³

In the biomedical model of delivery and birth care, when women are admitted to labor they are separated from their families and are submitted to a series of dubious procedures, as a way of adjusting Labor to the hospital and the schedules of the professionals, its physiology is modified by interventions that aim to accelerate it, regardless of the woman's wishes or possible risks for her or for the baby. These interventions are usually performed without the woman being properly informed about procedures and it is common that she remains abandoned in the pre-delivery without any kind of physical or emotional support.⁴

Thus, humanized care at the delivery and childbirth depends on respect for aspects of the physiology of childbirth and birth, organization of routines with proven beneficial procedures, avoidance of unnecessary interventions, establishment of relationships based on ethical principles, privacy and autonomy and sharing with the woman and her family the decisions about the behaviors to be adopted. So, it is essential that there is a change in the biomedical model, essentially technical, to one that values the social and cultural aspects of gestation and childbirth so that Brazilian women/families experience a truly humanized delivery.⁵

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The perception of women/postpartum women about humanized care is basically related to professional support and encouragement, which is fundamental. Women's experience of parturition may be pleasurable or traumatic, depending on those directly related to the health system, such as the assistance received during prenatal care and during delivery, once the listening, the attention and cordiality during the process are essential.⁶

Thus, it is a challenge for the institutions and professionals who watch the trinomial woman/newborn/family to change the predominant conceptions and practices to make birth a physiological and familiar event.⁵

Aiming to modify the current context of parturition, this study becomes relevant to influence the understanding of health professionals regarding the role of women during work in labor, delivery and birth, through the perception of their subjectivity and individuality. In this way, studies will be analyzed in which the postpartum women were free to talk about their experiences. Emphasizing that giving voice to the users is a way to evaluate the practice of nursing and stimulate the planning of actions based on the public policies of humanization of childbirth and birth.⁷

OBJECTIVE

- To analyze the scientific production over women's perception regarding the assistance of the parturitive process.

MÉTHOD

Integrative review,⁸⁻⁹, which covered six stages: First step: identification of the theme and selection of the hypothesis or research question for the elaboration of the integrative review; Second step: establishment of criteria for inclusion and exclusion of studies/samples or search in the literature; Third stage: definition of the information to be extracted from the selected studies/categorization of the studies; Fourth stage: evaluation of studies included in the integrative review; Fifth stage: interpretation of results; Sixth step: presentation of Knowledge Review/Synthesis.⁸

The first step consisted in identifying the theme and selecting the research question. Thus, the following research question was delimited: What is the perception of postpartum women regarding the assistance received during childbirth and birth? Considering that in Brazil and in the world, there have been numerous studies on the quality of obstetric care offered to women

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during the prepartum, delivery and birth processes. However, the experience of women and the reporting of their perceptions are of crucial importance for the evaluation of the quality of care, as well as the implementation of public policies for the humanization of childbirth and birth.

In the second stage, the criteria for inclusion and exclusion of the studies were delimited. The following were defined as inclusion criteria: Articles that address the perception of women regarding obstetric care received during labor, delivery and birth; Articles about the perception of women regarding the experience of giving birth by "normal" means; temporary cut from the established year; publication available in Portuguese, English or Spanish.

Information sources	Search strategies	RESULTS
Web of science	Topic: (Percepção OR Perception OR Percepción) AND Topic: (Parto OR Parturition OR “Pré-parto” OR “antepartum” OR “preparto” OR Nascimento OR Birth OR Nacimiento OR “Assistência Obstétrica” OR “Obstetric Care” OR “Asistencia obstétrica” OR “Assistência ao parto” OR “Childbirth care” OR “Asistencia al parto” OR “Humanização do parto” OR “Humanizing Delivery” OR “Parto Humanizado”). Stipulated time: last 5 years. Language of research = Auto	1.627
Scopus	TITLE-ABSKEY (percepção OR perception OR percepción)AND TITLE-ABSKEY (parto OR parturition OR “Pré-parto” OR “antepartum” OR “preparto” OR nascimento OR birth OR nacimiento OR “Assistência Obstétrica” OR “Obstetric Care” OR “Asistencia obstétrica” OR “Assistência ao parto” OR “Childbirth care” OR “Asistencia al parto”) OR TITLE-ABS-KEY (“Humanização do parto” OR “Humanizing Delivery” OR “Parto Humanizado”) AND PUBYEAR > 2009	200
Medline	(Percepcao[All Fields] OR (“perception”[MeSH Terms] OR “perception”[All Fields])) OR Percepcion[All Fields]) AND (Parto[All Fields] OR (“parturition”[MeSH Terms] OR “parturition”[All Fields] OR “delivery, obstetric”[MeSH Terms] OR (“delivery”[All Fields] AND “obstetric”[All Fields]) OR “obstetric delivery”[All Fields]) OR “Pre-parto”[All Fields] OR “antepartum”[All Fields] OR “preparto”[All Fields] OR Nascimento[All Fields] OR (“parturition”[MeSH Terms] OR “parturition”[All Fields] OR “birth”[All Fields]) OR Nacimiento[All Fields] OR (Asistencia[All Fields] AND Obstetrica[All Fields]) OR “Obstetric Care”[All Fields] OR (Asistencia[All Fields] AND obstetrica[All Fields]) OR (Asistencia[All Fields] AND (“Arch Ottoman”[Journal] OR “ao”[All Fields]) AND parto[All Fields]) OR “Childbirth care”[All Fields] OR (Asistencia[All Fields] AND al[All Fields] AND parto[All Fields]) OR (Humanizacao[All Fields] AND parto[All Fields]) OR (Humanizing[All Fields] AND (“delivery, obstetric”[MeSH Terms] OR (“delivery”[All Fields] AND “obstetric”[All Fields]) OR “obstetric delivery”[All Fields] OR “delivery”[All Fields])) OR (Parto[All Fields] AND Humanizado[All Fields])) AND (“2010/11/01”[PDat] : “2015/10/30”[PDat]).	1063
Lilacs	Percepção OR Perception OR Percepción [Palavras] and Parto OR Parturition OR “Pré-parto” OR “antepartum” OR “preparto” OR Nascimento OR Birth OR Nacimiento OR “Assistência Obstétrica” OR “Obstetric Care” OR “Asistencia obstétrica” OR “Assistência ao parto” OR “Childbirth care” OR “Asistencia al parto” OR “Humanização do parto” OR “Humanizing Delivery” OR “Parto Humanizado”.	440
Scielo via web of science	Tópico:(Percepção OR Perception OR Percepción) AND Tópico: (Parto OR Parturition OR “Pré-parto” OR “antepartum” OR “preparto” OR Nascimento OR Birth OR Nacimiento OR “Assistência Obstétrica” OR “Obstetric Care” OR “Asistencia obstétrica” OR “Assistência ao parto” OR “Childbirth care” OR “Asistencia al parto” OR “Humanização do parto” OR “Humanizing Delivery” OR “Parto Humanizado”) Tempo estipulado: 2010-2015. Índices: SCIELO.	111
Ibecs	Percepção OR Perception OR Percepción [Palavras] and Parto OR Parturition OR “Pré-parto” OR “antepartum” OR	48

	"preparto" OR Nascimento OR Birth OR Nacimiento OR "Assistência Obstétrica" OR "Obstetric Care" OR "Asistencia obstétrica" OR "Assistência ao parto" OR "Childbirth care" OR "Asistencia al parto" OR "Humanização do parto" OR "Humanizing Delivery" OR "Parto Humanizado"	
Psycinfo	Any Field: Percepção OR Perception OR Percepción AND Any Field: Parto OR Parturition OR " Pré-parto" OR " antepartum" OR " preparto" OR Nascimento OR Birth OR Nacimiento OR " Assistência Obstétrica" OR " Obstetric Care" OR " Asistencia obstétrica" OR " Assistência ao parto" OR " Childbirth care" OR " Asistencia al parto" OR " Humanização do parto" OR " Humanizing Delivery" OR " Parto Humanizado" AND Year: 2010 To 2015	250

Figure 1. Sources of information, search strategies and results of articles found. Niterói (RJ), Brazil, 2016.

As exclusion criteria: Theses, dissertations, papers published in annals of events, duplicates, articles available only in abstract, articles that address the perception of women about prenatal and postnatal obstetric care, articles that address the perception of the obstetric team regarding the care offered at delivery and birth.

In order to carry out the search in the literature, the search strategy was composed using the following terms, listed from the controlled vocabulary, Descriptors of health sciences (DeCS): "Childbirth", "Childbirth care", "Humanization of childbirth" and "Perception". A semantic expansion was performed with the natural language, with the following terms: "Obstetric Care", "Prepartum" and "Birth". The Portuguese, English and Spanish languages and the Boolean operators AND and OR were considered.

The selected sources of information were: Web of Science, Scopus, MEDLINE, LILACS, SciELO, IBECs and PsycINFO. The data were collected on November 10, 2015. The time cut

was from the year 2010 on. Papers written in Portuguese, English and Spanish were considered for analysis. The initial sample consisted of 3,729 articles, being: 1627 (Web of Science); 148 (Scopus); 1.063 (MEDLINE via PubMed); 440 (LILACS); 111 (sciELO via Web of Science); 48 (IBECs); 250 (Psycinfo). The databases, corresponding search strategies and the number of articles found and their respective sources of information are recorded in image 1.

After data collection the primary studies were selected, according to the guiding question and inclusion criteria previously defined. Initially, 986 duplicates were retrieved through the EndNote Web reference manager. From this, reading and analysis by title and abstract were carried out, which resulted in the exclusion of 2,713 articles. At the end of the analysis it was accomplished the reading of the complete text of 30 articles, obtaining the final sample, consisting of 20 articles. The selection process of the articles is presented in image 2.

Information sources	Papers found	Papers selected
Web of science	1.627	6
Scopus	148	0
Medline	1.063	2
Lilacs	440	8
SciELO via web of science	111	4
Ibecs	48	0
Psycinfo	250	0

Figure 2. The process of the papers selection. Niterói (RJ), Brasil,2016.

In the analysis of the titles and abstracts of the papers, the original sample consisted of 2,713 articles not related to the theme of this study, of which: 60% were studies on the assistance to women in prenatal care; 20% on the perception of the obstetric team regarding the care offered at delivery and birth; 10% of these studies dealt with the care of women in the postpartum and 10% of the studies were not related to maternal and child care.

In the analysis of the full text, about 30 articles were analyzed, of which 20 articles met the inclusion criteria proposed in the methodology of this study. It should be noted that in the selection of the papers to obtain the final sample, only the ones that fully answer the guiding question proposed in this study should be selected.

In the third stage of this integrative review, it proceeded to define the information to be extracted from the selected studies and the categorization of the studies.

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The synthesis of the 20 articles that met the inclusion criteria was carried out through the elaboration of 2 instruments, aiming to answer the guiding question of the integrative review. The instruments elaborated for the synthesis of the information included the following items: Instrument 1- identification of the study, authors, source of information, periodical and year of publication (image 3); Instrument 2-objective, method, study sample, study category and level of evidence (image 4).

After successive readings of the articles, carried out by two evaluators, the data were grouped using the content analysis technique in thematic modality¹⁰ for the understanding of thematic cores mobilized in the construction of the study problems. After this procedure, the studies were categorized into four thematic cores, which subsidized the interpretation and presentation of the results of the review, namely: Category 1 - Perceptions of the women about the reception in the health service; Category 2 - Perceptions about the bond formed with the obstetric team; Category 3 - Perceptions of postpartum women on the presence of the companion; Category 4 - Perceptions of technologies implemented in childbirth and delivery care (image 5).

Selected studies were classified into levels of evidence (NE): Level I: evidence comes from a systematic review or meta-analysis of all relevant randomized controlled trials or from clinical guidelines based on systematic reviews of randomized controlled trials; Level II: Evidence derived from at least one well-delineated randomized controlled trial; Level III: evidence obtained from well-delineated clinical trials without randomization; Level IV: Evidence from well-delineated cohort and case-control studies; Level V: evidence from a systematic review of descriptive and qualitative studies; Level VI: evidence derived from a single descriptive or qualitative study; and Level VII: evidence from the opinion of authorities and/or expert committees report.¹¹

In the fourth stage, a critical analysis of the selected studies was performed, observing the methodological aspects and the familiarity between the results found, which allowed the elaboration of the categories: perceptions of the women about the reception in the health service; perceptions about the bond formed with the obstetric team and perceptions about the technologies implemented in the delivery and delivery care.

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In the discussion and interpretation of the results - fifth step of this review - based on the results of the critical evaluation of the included studies, a comparison was made with the theoretical knowledge, the identification of conclusions and implications resulting from the integrative review. Due to the extensive review, it was possible to identify factors that affect nursing policy and care (clinical practice). Gaps were identified, which allowed the elaboration of relevant suggestions for future researches aimed at the improving of health care.

In the sixth and last stage of the integrative review, a summary of the available evidence was prepared, with the production of the results.

RESULTS

According to the study sample, which was composed of 20 selected articles, there were predominant qualitative studies of the descriptive-exploratory type (90%), based on data collected through interviews, with semi-structured script. In the selected studies were identified 5% of Integrative Review studies and 5% of systematic reviews. No quantitative approach studies were identified in the sample studied.

Regarding the year of publication of selected articles, it was verified that there was a predominance in the years of 2013 (30%) and 2015 (20%), while in the other years there was an almost linear distribution of publications: 2010 (10%); 2011 (15%); 2012 (10%) and 2014 (10%).

In the studies included in this research, the following descriptors were used: Childbirth; Normal birth; Obstetric Nursing; Humanized birth; Humanization of care and Labor. Ten studies were carried out through semi-structured questionnaires, 6 studies conducted through open-ended questions and 1 study with participant observation.

Relatively to the objectives of the studies, although using different theoretical and methodological references, in general, the articles focused on identifying the perception of women in relation to the assistance offered at the time of their labor and delivery, as well as the perception of women about the experience of labor and delivery. The synthesis tables presenting the information extracted from the 20 selected studies are presented below, in images 3 and 4:

Study Identification	Authors	Information sources	Periodicals	Year
Da gestação ao nascimento: percepção do casal grávido. ¹²	Nirliane Ribeiro Barbosa; Mariza Silva Almeida; Edméia de Almeida Cardoso Coelho; Jeane Freitas de Oliveira.	Web of Science	Revista Baiana de Enfermagem	2013
Iranian mothers' perception of the psychological birth trauma: A qualitative study. ¹³	Ziba Taghizadeh, Alireza Irajpour; Saharnaz Nedjat; Mohammad Arbabi e Violeta Lopez.	MEDLINE via PUBMED	Iran Journal Psychiatry	2014
Expectativas, percepções experiências sobre o parto normal: relato de um grupo de mulheres. ¹⁴	Bruna Cardoso Pinheiro; Cléria Maria Lôbo Bittar.	LILACS	Fractal: Revista de Psicologia	2013
Qualidade da assistência de enfermagem na percepção de puérperas. ¹⁵	Eliana Ofélia Ilapa Rodriguez; Suellen da Cunha; Ana Dorcas de Melo Inagaki; Maria Cláudia Tavares de Mattos; Ana Cristina Freire.	Web of science	Revista de enfermagem UFPE on line	2013
A assistência humanizada no trabalho de parto: percepção das adolescentes. ¹⁶	Pricilla Braga Vargas; Bianca Dargam Gomes Vieira; Valdecyr Herdy Alves; Diego Pereira Rodrigues; Diva Cristina Morett Romano Leão; Luana Asturiano da Silva.	Web of Science	Revista de Pesquisa: Cuidado é Fundamental Online	2014
A percepção das puérperas quanto ao parto humanizado em uma maternidade pública de Teresina-PI. ¹⁷	Nadiana Lima Monte; Jéssica da Silva Gomes; Laís Mayara Machado de Amorim.	LILACS	Revista Interdisciplinar NOVAFAPI	2011
A percepção de puérperas oriundas da Atenção Primária sobre a Humanização da Assistência ao parto em um hospital de ensino. ⁶	Chang Yi Wei, Dulce Maria Rosa Gualda; Lúcia Cristina Florentino Pereira da Silva; Marta Maria Melleiro.	Web of Science	O Mundo da Saúde	2012
Conforto no processo de parto sob a perspectiva das puérperas. ¹⁸	Ariane Thaise Frello; Telma Elisa Carraro.	Web of Science	Revista Enfermagem UERJ	2010
Cuidado no parto e nascimento: percepção de puérperas. ¹⁹	Francisca Alanny Araújo Rocha; Fernanda Maria Carvalho Fontenele; Isabelle Rodrigues de Carvalho; Iellen Dantas Campos Verdes Rodrigues; Rosalice Araújo de Sousa; Antônio Rodrigues Ferreira Júnior.	LILACS	Revista da Rede de Enfermagem do Nordeste.	2015
Experiencing maternity care: the care received	Jane Henderson, Haiyan Gao; Maggie Redshaw.	Web of Science	BMC Pregnancy and Childbirth	2013

and perceptions of women from different ethnic groups. ²⁰					
How do Malawian women rate the quality of maternal and newborn care? Experiences and perceptions of women in the central and southern regions. ²¹	Christabel Kambala; Julia Lohmann; Jacob Mazalale; Stephan Brenner; Manuela de Allegri; Adamson S. Muula; Malabika Sarker.	MEDLINE via PUBMED	BMC Pregnancy and Childbirth	2015	
Movimentação e dieta durante o trabalho de parto: a percepção de um grupo de puerpéras. ²²	Chang Yi Wei; Dulce Maria Rosa Gualda; Hudson Pires de Oliveira Santos Junior.	SCIELO - Web of Science	Texto & Contexto - Enfermagem	2011	
Narrativas de mulheres sobre a assistência recebida em um centro de parto normal. ²³	Milena Temer Jamas; Luiza Akiko Komura Hoga; Luciana Magnoni Reberte.	SCIELO - Web of Science	Cadernos de Saúde Pública	2013	
Percepção de mulheres sobre a vivência do trabalho de parto e parto. ⁷	Andressa Suelly Saturnino de Oliveira; Dafne Paiva Rodrigues; Maria Vilani Cavalcante Guedes; Gilvan Ferreira Felipe.	LILACS	Revista da Rede de Enfermagem do Nordeste	2010	
Percepção de profissionais de saúde e Mulheres sobre a assistência humanizada no Ciclo gravídico-puerperal. ²⁴	Alana Santos Monte; Dafne Paiva Rodrigues.	LILACS	Revista Baiana de Enfermagem	2013	
Percepção de puérperas acerca do cuidado de Enfermagem durante o trabalho de parto e parto. ²⁵	Andressa Suelly, Saturnino de Oliveira, Dafne Paiva Rodrigues, Maria Vilani Cavalcante Guedes.	LILACS	Revista Interdisciplinar NOVAFAPI	2011	
Percepção de puérperas sobre a assistência à saúde em um centro de parto normal. ²⁶	José Francisco Ribeiro, Marisa Ribeiro Lima, Samia Vanessa Cunha, Vera Lúcia Evangelista de Sousa Luz, Danieli Maria Coêlho, Verbenia Cipriano Feitosa; Jaqueline Carvalho e Silva.	LILACS	Revista de Enfermagem da UFSM	2015	
Puérperas adolescentes: percepções relacionadas ao pré-natal e ao parto. ²⁷	Nina Franco Luz, Thaís Rocha Assis; Fabrícia Ramos Rezende.	LILACS	ABCS Health Sciences	2015	
Tecnologias não invasivas de cuidado no parto realizadas por enfermeiras: a percepção de	Natália Magalhães do Nascimento, Jane Márcia Proganti, Rachelli Iozzi Novoa, Thalita Rocha de Oliveira; Octávio Muniz da Costa Vargens.	SCIELO - Web of Science	Escola Anna Nery Revista de Enfermagem	2010	

mulheres. ²⁸					
Vivência do parto normal	Manuela ou	Beatriz Evangelina	Velho; Kotzias Atherino	SCiELO - Web of Science	Texto & Contexto - Enfermagem 2012
cesáreo: revisão integrativa sobre a percepção de mulheres. ²⁹	dos Santos; Brüggemann; Camargo.	Odaléa Maria Brígido	Maria Vizeu		

Figure 3. Data collection instrument 1: presentation of the synthesis of papers included in the integrative review: study identification, authors, information sources, periodicals and year. Niterói (RJ), Brazil, 2016.

Nº	Objectives	Methods	Sample studied	Category	Evidence level
1	The objective of this study was to analyze the pregnant couple's perception of this period. ¹²	It is a descriptive, exploratory study of qualitative nature.	Four pregnant couples who started prenatal consultations in a USF in the city of Arapiraca (AL) participated in this study.	3	V
2	This study aimed to understand psychological birth trauma from the perceptions of Iranian mothers. ¹³	It is a descriptive, exploratory study of qualitative nature.	23 postpartum women.	2	V
3	The objective was to know the perceptions, experiences and expectations regarding the normal birth. ¹⁴	It is a descriptive, exploratory study of qualitative nature.	25 pregnant women between 16 and 34 years old and two postpartum women.	1	V
4	The aim of this study was to know the quality of nursing care from the point of view of postpartum women. ¹⁵	It is a descriptive, exploratory study of qualitative nature.	384 postpartum women assisted in the Collective Housing sector in a public maternity hospital in Manaus/AM/ Brazil.	4	V
5	To identify the perceptions of adolescents regarding the assistance offered at the time of their labor and delivery; to discuss these perceptions with humanized care in labor and delivery. ¹⁶	It is a descriptive, exploratory study of qualitative nature.	15 adolescents/postpartum from the Collective Accommodation of the Maternity Oswaldo de Nazareth in the city of Rio de Janeiro.	1	V
6	To describe the perception of postpartum regarding humanized childbirth in a public maternity hospital in Teresina-PI. ¹⁷	It is a descriptive, exploratory study of qualitative nature.	10 postpartum women of a public maternity hospital in Teresina-PI.	1	V
7	The objective was to know the experience of women in relation to skin-to-skin contact with their baby in the immediate moment of birth. ⁶	It is a descriptive, exploratory study of qualitative nature.	35 women from a teaching hospital in São Paulo.	2	V
8	The objective was to know how the woman perceives her comfort during the birth process. ¹⁸	It is a descriptive, prospective and multicentered study.	28 postpartum women who had labor and delivery attended at three public maternity hospitals in each of the southern Brazilian states.	4	V
9	The objective was to	It is a descriptive,	14 postpartum women who	1	V

	describe the care offered to women during labor and delivery in the perception of postpartum women. ¹⁹	exploratory study of qualitative nature.	were followed up at a hospital in the northern region of the state of Ceará.		
10	The aims of this study were to examine service use and perceptions of care in ethnic minority women from different groups compared to White women. ²⁰	It is a descriptive, exploratory study of qualitative nature.	24,319 women aged 16 years.	4	V
11	Our objective was to measure women's perceived quality of maternal and newborn care using a composite scale and to identify individual and service delivery factors associated with such perceptions in Malawi. ²¹	It is a descriptive, exploratory study of qualitative nature.	821 postpartum women	1	V
12	This study aimed to know the experience and perception of a group of women regarding ambulation and diet during labor. ²²	It is a descriptive, exploratory study of qualitative nature.	35 women who had children of vaginal delivery at a teaching hospital in São Paulo	4	V
13	The objective of this study was to explore the experience of attending a child delivered in a normal birth center. ²³	It is a descriptive, exploratory study of qualitative nature.	17 women	2	V
14	The objective was to know the perception of postpartum women about the experience of labor and delivery. ⁷	It is a descriptive, exploratory study of qualitative nature.	14 postpartum women who were in a Collective Accomodation	1	V
15	The objective was to know how women and health professionals perceive humanized care during the postpartum pregnancy cycle. ²⁴	It was carried out a systematic review; critical evaluation and meta-synthesis.	13 papers	3	V
16	The objective was to know the perception of postpartum women about the care offered by the nurse during labor and delivery. ²⁵	It is a field research, of a qualitative nature, with a descriptive characteristic.	10 postpartum women accompanied in the CPN of a Public Maternity of Teresina-PI.	2	V
17	The objective of this study was to describe and discuss the perception of postpartum women under the care of the health team at the Center for Normal Birth (CPN). ²⁶	It is a descriptive, exploratory study of qualitative nature.	18 postpartum women accompanied in the CPN of a Public Maternity of Teresina-PI.	1	V
18	The objective was to verify the perception of postpartum adolescents about the assistance received by the health team during prenatal care and delivery. ²⁷	It is a descriptive, exploratory study of qualitative nature.	Were included postpartum women with ages from 12 to 19.	1	V
19	The objective was to	It is a descriptive,	12 women participated in	4	V

	identify the attitudes and practices of obstetric nurses and to discuss their effects during labor in the perception of women attended in a birth center. ²⁸	exploratory study of qualitative nature.	this study		
20	The objective of this study was to identify the contribution of the national and international researches on the perception of normal and cesarean birth by the women who experienced them. ²⁹	This is an Integrative Review, qualitative approach.	17 studies	3	V

Figure 4. Data collection instrument 2: presentation of the synthesis of papers included in the Integrative review: objectives, methods, sample studied and categories. Niterói (RJ), Brazil, 2016.

DISCUSSION

The data analyzed reveals the production of a scientific knowledge, which allowed a reflection over the assistance that has been offered to the parturients and who have observed positive and negative aspects in the care of labor, childbirth and birth. The results cover notable conceptions over the perceptions about the reception in the health service; perceptions about the relational bond

formed between the parturient and the obstetric team; perceptions about the technologies implemented during the care of birth and birth and the rights of women during childbirth and birth. The data analyzed similarly allowed the identification of knowledge gaps, thus elaborating recommendations for nursing practice and suggestions for further research. Image 5 shows the categories elaborated for the discussion of the papers.

Category	Identification number
Perceptions of women about the welcoming in health care	1
Perceptions over the bond formed with the obstetric team	2
Perceptions of postpartum women on the presence of the companion	3
Perceptions of technologies implemented in childbirth and birth care	4

Figure 5. Categories of the Integrative Review and identification numbers. Niterói (RJ), Brasil, 2016.

◆ Perceptions of women about the reception in health care

According to the Ministry of Health (MS), the reception as an act or effect of welcoming expressed, in its various definitions, an action and an attitude of inclusion. It is considered as one of the important resources for the humanization of health services, not being considered only as a space but with an ethical stance that implies sharing of knowledge and anguish, taking on the responsibility of "sheltering and welcoming".²⁶

The data analyzed reveals that there were divergences regarding the experiences lived during the care received on the arrival at the hospital. The women who were warmly welcomed by the professionals who gave them the first service in the institution felt satisfied. Satisfactory care was also provided for the immediate delivery of the child in case of emergency and the prioritization of care for the parturients who demanded this attention.²³

According to the studies analyzed, it was observed that, in terms of the reception of professionals in the entrance of women in the health service, predominantly the studies showed satisfaction of the postpartum women regarding the position of the professionals. 80% of the studies demonstrated satisfaction of women in relation to the care of the professionals in the clarification of doubts, fears and anxieties, to the empathy and sensitivity of the professionals against the pains of the childbirth and in the ready care in the case of deliveries with necessity of urgency, being well received with a technically competent attendance guaranteeing security for them and their child.²⁶

It is important to emphasize that although the studies showed a predominance in the satisfaction of the users, it was evidenced through the analysis of the sample that 2 articles (10% of the sample) showed total dissatisfaction of the postpartum women

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regarding the conduct of the health professionals in hosting them at the entrance in the health service, configuring obstetric violence. In the narratives of women, situations that constitute obstetric, institutional and verbal violence, have been observed, fulfilling the what is not recommended by the public policies of attention to childbirth and birth, which cherish a humanized service to women, in which their rights and individualities are repeated.

The delay in the attendance, caused by the large number of patients and the lack of internships and the strict adherence to institutional norms, whose behavior was perceived in some professionals, were the reasons for the negative evaluation of the first service received. These problems generated others, such as the lack of immediate care of the pregnant women who would require this attention. The women who experienced this type of problem expressed feelings of trauma and fear in relation to the normal birth, they were in pain and felt dissatisfied with the assistance received.²³

With this research it was noticed that the reception is an important and essential aspect for humanization which implies a human and attentive reception, in which women's complaints, worries, anxieties and doubts are heard and they are guaranteed responsibility of the problems identified. It is necessary the initial reception of the parturients and their companions in the obstetric units as a measure of relief of the discomfort arising from the parturition process. That is why the first professionals who come in contact with these social actors need to be sensitized to participate in this process.³⁰

♦ Perceptions over the bond formed with the obstetric team

Integrity as a principle of the Unified Health System (SUS) must involve the individual's understanding in a biopsychosocial, cultural and spiritual context, emphasizing their individual needs. Despite the pain at that time, the encouragement and help of the nursing professionals collaborate with the birth process. Thus, it is essential to create the therapeutic link in the process of childbirth, which contemplates the relationships established between the woman, the health team and her companion.¹⁹

According to the analyzed studies, it was observed that the professionals of the obstetric team need to develop actions during labor such as: to provide information about

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the evolution of labor and to involve them in decisions about the use of interventions; to value positive experiences and to promote women's pain coping, guiding them about pain in labor and delivery, especially with non-pharmacological methods such as breathing and relaxation exercises; assist and encourage women to early contact with their babies, ie, soon after birth; and to reinforce the importance of the role of the companion and how they can provide support.²⁹

The data analyzed revealed that the stimulus to the presence and active participation of the companion in the process of giving birth is a practice widely used by the obstetric nurse. In this sense, when the professional integrates a family member chosen by the woman, especially the father of the baby, during labor, it is helping the woman to feel more confident. This practice also favors the humanization of care, as well as being a practice based on scientific evidence.²⁸

In sum, predominantly the studies evidenced that the obstetric team accepted well the presence of the companion in the parturition process, stimulating the active participation of the companion, allowing more confidence and tranquility to the parturient. However, it should be noted that 1 descriptive exploratory study conducted from December 2009 to November 2010, with 384 puerperal assistants in the Joint Housing sector in a public maternity hospital in Manaus, showed that none of the women had the right to accompany during the parturition process, configuring a breach of Law 11,108/05 which guarantees parturients the right to the presence of a companion during labor, delivery and immediate postpartum.

The data analyzed showed that the relational link is reported by the women as, relationships established with the professionals of the health team and with their companions that provided satisfaction and well-being. The comfort was highlighted by the proximity to professionals or companions, through massages, support, guidance during labor, clarification of doubts and promotion of the companion's participation during labor.¹⁸

According to the analyzed studies, it was found that in the active listening of the professionals to the doubts and desires of the parturients, to the empathy and sensitivity of the professionals in the labor pains, the papers presented a predominance in the satisfaction of the women regarding the availability of the professionals to form the bond between them and their families.

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In this way, it was realized that the interaction between professionals and the parturient can be a caring relationship, in which the dialogue is not simply an isolated action of information, but an act of caring, because through it one can calm down by reducing part of the stress experienced during the parturitive process.⁹ The establishment of the therapeutic bond makes professionals aware of the individual needs of each woman and acts positively towards solving them.¹⁹

◆ Perceptions of technologies implemented in childbirth and birth care

The data analyzed showed that the concept of technology is presented in three types of classifications: in light technologies, which imply the creation of a relationship between subjects (health professional and client), and can be achieved through communication, reception and bond. The light-hard ones, which are the well-structured knowledge that work in the health process (for example, medical clinic and epidemiology), and the harsh technological equipment (such as machines, norms, routines and organizational structures).²⁷

The practices developed during the parturitive process are classified into four categories: clearly useful practices that should be encouraged; harmful or ineffective practices that should be eliminated; practices with insufficient evidence to support a recommendation and should be used with caution; practices that are often misused, causing more harm than good.²

The use of non-pharmacological techniques and methods is an option for replacing anesthetics and analgesics during labor and delivery. For this, it is necessary to recommend some actions, such as freedom to adopt different postures and positions, ambulation, rhythmic and panting breathing, verbal commands and relaxation, shower and immersion baths, touch, massages and the use of the ball. The studies express the use of pain relief technologies as valuable, since it allows, besides the minimization of physical pain, the relief of the psychological stress involved in the process. Studies have found that walking, massage and ball exercises were considered by women as fundamental to aid and facilitate labor.^{19,26}

An exploratory descriptive study performed at an NPC revealed that cardiotocography was evaluated as a procedure that generated a lot of pain; as for episiotomy and episiotropia, different perceptions were expressed in relation to both. One of the parturients mentioned that she underwent episiotomy

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even though she refused to perform this procedure, so she was very dissatisfied.²³

The studies included in this research revealed a delivery assistance that seeks to be characterized as humanized, but the careful analysis of the studies reveals aspects that correspond to the dismissal of the woman from her role of protagonist. Through the analysis of the studies, it was evidenced that predominantly the studies demonstrated satisfaction of the women in relation to the technologies implemented in the attention to the delivery and birth, however it is noticed that the exclusion of practices without scientific evidence in the fields of attention to childbirth in birth, in its entirety, remains a challenge for the health service.

◆ Recommendations to the obstetric assistance to childbirth and birth

In general, the studies presented recommendations for health professionals and managers, especially regarding the organization of services aimed at the needs of the clientele, aiming at the humanization of attention to childbirth and birth. They pointed out the need for a more human, integral relationship that considers the uniqueness of the users of the service, the guarantee of an adequate place for them to be received, listened to, guided, respected and free to express their feelings. As well as the fulfillment of the precepts that govern the universal rights of the human being and the principles of the Unified Health System (SUS), investments to improve the quality of delivery and birth care, as well as the actual implementation of the Humanization Program in Pre-Natal and Birth in Brazil.²⁸

The professional who assists the parturient should identify and understand the socio-cultural, environmental, assistential and physiological factors involved in the parturition process, in order to identify factors that may cause fear and insecurity, so he or she can promote a humanized and integral assistance.³¹

CONCLUSION

The synthesis of the studies analyzed shows a notable progress in the qualification of labor and birth care, as evidenced by the predominance of women's satisfaction relative to the obstetric care. However, through the detailed analysis of some studies, it was observed in some institutions disqualification of care provided to women in the parturition process and inadequate hospital routines that ignore the scientific evidences.

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Divergences in the positioning of women in relation to care provided by professionals, reinforced the importance of identifying and considering contextual issues and the individual preferences of parturients in childbirth care. Therefore, humanized care at birth and the implementation of prerogatives should not be done impersonally, as if all women accepted and were fully satisfied in all their aspects.

This synthesis of the knowledge produced about the perception of women reaffirms the proven benefits of evidence-based medicine and the necessity to deconstruct the technocratic model in assistance with the complete exclusion of abusive practices in childbirth care institutions. Thus, qualified assistance to childbirth and birth depends on respect for the physiology of childbirth and birth, the organization of routines with proven beneficial procedures - avoiding unnecessary interventions - establishing relationships based on ethical principles, guaranteeing privacy and autonomy and sharing with the woman and her family the decisions about the actions to be adopted.

Suggestions for new researches

Through the synthesis of the analysed articles, a scarcity was observed in the approach regarding the perception of women on the hard technologies of childbirth and birth care, which are technological equipment (such as machines, norms, routines and organizational structures), the most part of the studies were restricted to the approach to light technologies (reception and bonding). Therefore, new researches are proposed. Researches that investigate the perception of women about these technologies that have been routinely implemented in Brazil and in the World.

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