CONTENTMENT OF PUERPERAL WOMEN ASSISTED BY OBSTETRIC NURSES

CONTENTAMENTO DE PUÉRPERAS ASSISTIDAS POR ENFERMEIROS OBSTETRAS

CONTENTAMIENTO DE PUERPERAS ASISTIDAS POR ENFERMEROS OBSTETRAS

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ABSTRACT

Objective: to evaluate the care and satisfaction of puerperal women assisted by obstetrician nurses in a Normal Delivery Center. **Method:** quantitative, descriptive and exploratory study, carried out in a public reference maternity hospital with 25 postpartum women. The data were collected through the adaptation of the Questionnaire of Experience and Satisfaction with Childbirth (QESC) and analyzed from descriptive statistics. **Results:** 100% of the parturients emphasized the care to protect their intimacy, the teaching of putting force to facilitate the expulsion of the baby and the importance of the companion during the delivery as very important; 91% reported that they always received information about the parturitive process; 95.7% emphasized the importance of non-pharmacological strategies to accelerate labor and reduce pain, and 95.7% were satisfied with the care provided by the nurse obstetrician and the Nursing team during labor. **Conclusion:** the assistance of the obstetrician nurse was widely accepted by the parturients, but still needs support and accreditation from other obstetric health professionals. **Descriptors:** Tocology; Obstetric Nursing; Normal Birth; Humanized birth; Patient Satisfaction; Self Catering Apartments.

RESUMO

Objetivo: avaliar os cuidados e a satisfação de puérperas assistidas por enfermeiros obstetras em um Centro de Parto Normal. **Método:** estudo quantitativo, descritivo e exploratório, realizado em uma maternidade pública de referência com 25 puérperas. Os dados foram coletados mediante a adaptação do Questionário de Experiência e Satisfação com o Parto (QEPS) e analisados a partir de estatística descritiva. **Resultados:** 100% das parturientes destacaram os cuidados para resguardar sua intimidade, o ensinamento de botar força para facilitar a expulsão do bebê e a importância do acompanhante no transcorrer do parto como muito importantes; 91% relataram que sempre receberam informação a respeito do processo parturitivo; 95,7% enfatizaram a importância de estratégias não farmacológicas para acelerar o parto e diminuir a dor e 95,7% mostraram-se satisfeitas com os cuidados prestados pelo enfermeiro obstetra e a equipe de Enfermagem durante o trabalho de parto. **Conclusão:** a assistência do enfermeiro obstetra foi bastante aceita pelas parturientes, porém, ainda precisa de apoio e acreditação por parte dos demais profissionais da saúde obstétrica. **Descritores:** Tocologia; Enfermagem Obstétrica; Parto Normal; Parto Humanizado; Satisfação do Paciente; Assistência de Enfermagem.

RESUMEN

Objetivo: evaluar los cuidados y la satisfacción de puérperas asistidas por enfermeros obstetras en un Centro de Parto Normal. **Método:** estudio cuantitativo, descriptivo y exploratorio, realizado en una maternidad pública de referencia con 25 puérperas. Los datos fueron recolectados mediante la adaptación del Cuestionario de Experiencia y Satisfacción con el Parto (QEPS) y analizados a partir de estadística descriptiva. **Resultados:** 100% de las parturientas destacaron los cuidados para resguardar su intimidad, la enseñanza de botar fuerza para facilitar la expulsión del bebé y la importancia del acompañante en el transcurso del parto como muy importantes; 91% relataron que siempre recibieron información acerca del proceso partitivo; 95,7% enfatizaron la importancia de estrategias no farmacológicas para acelerar el parto y disminuir el dolor y el 95,7% se mostraron satisfechas con los cuidados prestados por el enfermero obstetra y el equipo de Enfermería durante el trabajo de parto. **Conclusión:** la asistencia del enfermero obstetra fue bastante aceptada por las parturientas, pero todavía necesita apoyo y acreditación por parte de los demás profesionales de la salud obstétrica. **Descriptores:** Tocología; Enfermería Obstétrica; Parto Normal; Parto Humanizado; Satisfacción del Paciente; Atención de Enfermería.

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INTRODUCTION

It is known, that in Brazil, the itinerary of the organization of care in obstetrics instituted stabilization predominantly in the technocratic model, which is excessively pharmacological, not based on scientific evidence, with the fragmentation of care and the sovereignty of the use of technology.¹

It was implanted in Brazil in the 2000s in order to comply with the determinations of the World Health Organization / WHO for the implementation of the humanization of childbirth care, the Prenatal and Birth Humanization Program. Thus, the humanized care during the parturition process should promote the privacy, autonomy and feminine protagonism, using favorable methodologies, without unnecessary interference, taking into account the options communicated and respecting the presence of a companion of free choice of the parturient.²

Through the Ministry of Health, with the aim of reducing maternal and child morbidity and mortality and improving health care for women and children, priority programs of professional qualification for obstetric and neonatal care based on humanization and practice based in evidence. In addition, for humanized childbirth, the proper functioning of health care networks is necessary, in addition to the involvement and sensitivity of professionals.³

Early injuries are detected through quality prenatal care. In addition, it minimizes risks, clarifies rights, performs active search when necessary, and promotes health education. In this sense, a considerable portion of obstetric complications during labor can be attenuated from timely obstetric care. On the other hand, the misuse of technologies or the execution of unnecessary mediations can cause problems for the mother and the concept.⁴

It is believed, in this sense, that the obstetrician nurse is qualified to assist the parturient in the normal birth and to identify the obstetric dystocias and make arrangements, until the arrival of the doctor, providing an integral and quality assistance. Thus, the empathic approach facilitates the linkage since the parturients need attention and hospitality.⁵

In order to ensure safety, humanized care, encouragement of normal birth and higher parturient satisfaction, Ministry of Health Ordinance No. 11 of 2015 redefines guidelines for the implantation and qualification of the Normal Birth Center (NBC), in the scope of the Unified Health System (UHS), for the care of

the woman and the newborn, at the time of delivery and of birth, according to the birth and birth of the Stork the respective financial incentives for investment and cost.⁶

OBJECTIVE

- To evaluate the care and satisfaction of puerperal patients assisted by obstetrician nurses in a Normal Birth Center.

METHOD

This is a quantitative, descriptive and exploratory study carried out in a Normal Childbirth Center of a reference public maternity hospital in the State of Piauí. Currently, the NBC has five apartments designated to the pre-delivery, delivery and postpartum periods. It welcomes the methodology of attention to childbirth and humanized birth, recommended by the Stork Network, with pre-delivery, delivery and postpartum work under the responsibility of Obstetric Nursing.

It is reported that the sample size originated from a population calculated from the average monthly deliveries, that is, 25 vaginal deliveries / month, using the formula for finite populations, with a 95% confidence level and a maximum error of 5 %, resulting in 23 participants. Parturients with parturition attended by obstetrician nurses, over 18 years of age and admitted to the NBC according to the profile adopted by the Stork Network (no obstetric complications are in progress). Those who refused to participate in the study were excluded.

The data was collected by means of the adaptation of the Questionnaire of Experience and Satisfaction with Childbirth (QESC) through a direct interview. The QESC is divided into three parts addressing questions about the perception of puerperal women regarding the care provided by obstetricians (with important or very important propositions); the frequency of care offered by puerperal women (with limited answers in never, infrequently, sometimes, often and always) and in terms of experience and satisfaction in the stages of the delivery process of puerperal assisted by obstetrician nurses (with organized responses much worse, worse, better, and much better). Data collection occurred in November 2017. Data was recorded in a Microsoft Excel 2013 worksheet and organized into tables. The analysis was done through descriptive statistics using simple frequency.

It is noteworthy that the study complied with the determinations recommended by

Resolution 466/2012 of the National Health Council, which regulates research involving human subjects and was approved by the Research Ethics Committee of the State University of Piauí with CAAE 60465716.6.0000.5209 and opinion No. 1,794,123.

RESULTS

Table 1 shows the perception of puerperal women about the care received by obstetrician nurses, in which 100% of the parturients were identified as being able to protect their intimacy, teaching them to force their expulsion, and importance of the companion during the delivery as very important.

Table 1. Distribution of the perception of puerperae over the care received by obstetrical nurses. Teresina (PI), Brazil, 2018.

Variables	Important	Very important
1. How important was the care received during childbirth?	1(4.3)	22(95.7)
2. How important was it for you and your companion to have received information?	1(4.3)	22(95.7)
3. Did you notice if you had your intimacy sheltered during childbirth??	-	23(100)
4. Did you consider welcoming the presentation of obstetrical nurses by name?	1(4.3)	22(95.7)
5. Did non-verbal manifestations such as holding hands, touching her, wiping sweat or bed, placing her on the bed have importance to you?	2(8.7)	21(91.3)
6. Did you consider it important the use of non-pharmacological methods to relieve pain?	2(8.7)	21(91.3)
7. Did you consider it important to use massages, relaxation techniques, warm bath, to accelerate the delivery and to diminish the pain?	1(4.3)	22(95.7)
8. Have you complied, as a matter of course, with the teaching of putting forth force to facilitate the expulsion of the baby?	-	23(100)
9. How important, for you, was the care of the obstetrician nurse or Nursing technician during the labor process?	2(8.7)	21(91.3)
10. What does it mean to have a companion during the delivery?	0(0.0)	23(100)

The distribution of care provision perceived by puerperal women in which 100% of the parturients emphasized that they always had the individuality preserved and that the Nursing team identified by name was highlighted in Table 2; 95.7% stressed that

they were always taught and motivated to do strength according to the pull and the breath and 91% reported that they always received information about the parturition process of the obstetrician nurse and the Nursing team.

Table 2. Distribution of perceived care provision by postpartum women assisted by obstetricians. Teresina (PI), 2017

Care given	Never	A few times	Sometimes	Many times	Always
1. Did you feel adequately assisted?	-	-	-	4(17.4)	19(82.6)
2. Did the nurse obstetrician or the team inform something about the parturition process?	-	-	1(4.3)	1(4.3)	21(91.3)
3. Did you notice if you had your individuality persevered?	-	-	-	-	23(100)
4. Did the nurse obstetrician and nursing technicians or assistants identify themselves by name appropriately?	-	-	-	-	23(100)
5. Did the staff help you through physical contact?	-	1(4.3)	1(4.3)	2(8.7)	19(82.6)
6. In the case that you felt pain, did they try to decrease it or make it disappear?	-	-	2(8.7)	3(13.0)	18(78.3)
7. Did you have had the opportunity to use non-pharmacological methods for pain relief?	1(4.3)	-	1(4.3)	4(17.4)	17(73.9)
8. Have you been taught and motivated to use strength according to the pulls and breaths?	-	-	-	1(4.3)	22(95.7)
9. Did you and your companion feel welcomed during the birthing process?	-	-	-	2(8.7)	21(91.3)
10. Were you continuously monitored?	-	-	-	1(4.3)	22(95.7)

Table 3 shows the expectations and the satisfaction of the puerperae assisted by obstetrician nurses, during the stages of the labor process, in which 82.6% of the

parturients were noted that the quality of the care provided was much better than their expectations. In addition, 95.7% said they were satisfied with the quality of care.

Table 3. Expectations and satisfaction of puerperal women assisted by obstetrician nurses in the stages of the labor process. Teresina (PI), Brazil, 2018.

Experience and satisfaction	Much worse	Worse	Better	Much Better
1. Was labor in accordance with your expectations?	2(8.7)	10(43.5)	6(26.1)	5(21.7)
2. Was labor in accordance with your expectations?	1(4.3)	3(13.0)	7(30.4)	12(52.2)
3. Did the postpartum period meet your expectations?	-	3(13.0)	6(26.1)	14(60.9)
4. Was the quality of care provided by Nursing in labor according to your expectations?	-	2(8.7)	6(26.1)	15(65.2)
5. Was the quality of care provided by Nursing in labor according to your expectations?	-	-	4(17.4)	19(82.6)
6. Was the quality of care provided by Nursing in labor according to your expectations?	-	-	5(21.7)	18(78.3)
7. Are you satisfied with the quality of Nursing care in labor?	-	2(8.7)	1(4.3)	20(87.0)
8. Are you satisfied with the quality of Nursing care in labor?	-	-	1(4.3)	22(95.7)
9. Are you satisfied with the quality of Nursing care in labor?	-	-	2(8.7)	21(91.3)

DISCUSSION

They develop, through the humanized and qualified assistance, feelings of confidence, well-being and pleasure in the parturient. In the present study, the satisfaction of puerperal women regarding delivery care by the nurse obstetrician and the Nursing team was very positive.

It is observed that, in support of this research, a study carried out at a Normal Birth Center in São Paulo showed that when there is a good relationship between the Nursing team and the parturient, there is greater receptivity, understanding, esteem, patience and caring, which provides a better stability for women during childbirth.⁹

In this way, female empowerment, which consists in restoring power and dignity to the reach of citizenship, offering autonomy to determine and control its own course, must be stimulated in society. However, this empowerment of women during childbirth can only be achieved if women are informed of their rights, which would minimize obstetric violence.¹⁰

It is considered that health education is a tool that propitiates the propagation of critical and reflexive knowledge stimulating the independence of the individuals suggested to produce a knowledge that collaborates with the practice of self-care. Thus, it is emphasized that the Nursing guidelines during prenatal care are fundamental to physically, psychically and emotionally prepare the woman for labor and are important for the reduction of injuries.¹¹

It should be emphasized that Nursing professionals play an important role in the care of the parturient, providing guidance, elucidating doubts, welcoming and assisting the patient during pre-delivery and delivery and in the puerperium. In this sense, a study pointed out that parturient satisfaction is only achieved through holistic care, respecting the needs and individualities of the woman.¹²

It is hoped that, in the possibility of humanization of childbirth, which confronts the Newtonian model, health professionals accept themselves as adjuncts to this attempt by developing tasks related to the well-being of the woman and the newborn. Therefore, these professionals should work to reduce interventionist and unnecessary actions during the parturition process.¹³

It is noteworthy that the satisfaction of puerperal women with Nursing care was very positive in a study carried out in Itapecerica da Serra (SP) where the deliveries were attended by obstetrician nurses with the care focused on the convenience of the parturient through the provision of diet and intake free water during delivery, accompanying woman's choice, freedom to walk, applicability of non-pharmacological measures of pain relief, respect for woman's desire, consent of skin-to-skin contact with the mother and encouragement of early breastfeeding.^{14,15}

It is recommended, in the delivery assistance developed in the Normal Delivery Center, that the tasks of the professionals be planned exclusively with the participation of the woman herself to be assisted. In this context, the domain of scientific knowledge, skills, intuition, critical thinking and creativity is essential.¹⁶

It is revealed that, in the course of labor, delivery and postpartum, the woman hopes to receive clarification as to what may occur with her and about the parturition. In this study, most reported that they received information about their parturition process. In this way, the Nursing team must help the parturient to overcome fears, anxieties and tensions. In addition, the nurse obstetrician should contribute to the reduction of unnecessary effort during labor teaching and motivating the parturient to make force according to the pulls and the breathing.¹⁷

It was identified in a study carried out in Maceió (AL) to analyze the satisfaction of puerperal women in relation to the care provided by obstetrical nurses and nursing technicians, that the constant presence of the team, continuous attention, communication and spontaneous manifestations, such as physical contact, are important for comfort and emotional support.¹⁸

It is noted that women's experience of motherhood can be pleasurable or traumatic, and this depends on the infrastructure of health services and care during prenatal care, labor, delivery and postpartum. Thus, parturient satisfaction occurs when their expectations and needs are met.¹⁹

It was evidenced, in a study carried out in a public maternity hospital in Ceará, that the satisfaction of the parturients was directly related to the care provided by the professionals. Thus, it is emphasized that the woman should be treated with delicacy respecting her time, providing pain reduction through exercises, massage, bathing, walking and acceptance of positions of free choice of the parturient during the parturition process.²⁰

CONCLUSION

It is concluded that the nurse obstetrician is an extremely important professional in the care of the parturient. Therefore, it was observed that the host, the bond, the physical contact, the clarification of doubts, the use of non-pharmacological techniques to accelerate labor and reduce pain, the reduction of unnecessary effort and the minimization of interventionist actions were present in the Nursing care, being fundamental care to guarantee the integrality of the assistance and the humanization of the childbirth.

It was verified that the professionals identified by name, preserved the individuality of the puerperal women, provided continuous assistance, guidance on the clinical periods of childbirth and developed an appropriate relationship with

the companions. The majority of puerperal women had their expectations met regarding care during labor, delivery and postpartum. Moreover, they were very satisfied about the assistance provided by the nurse obstetrician and the Nursing team.

It is emphasized that the assistance of the obstetrician nurse is based on the best scientific evidence, respects the guidelines of the Stork Network, being widely accepted by the parturients. However, Obstetric Nursing still needs support and accreditation from other obstetric health professionals.

REFERENCES

1. Narchi NZ, Cruz EF, Gonçalves R. The role of midwives and nurse-midwives in promoting safe motherhood in Brazil. *Ciênc Saúde Coletiva*. 2013 Apr; 18(4):1059-68. Doi: <http://dx.doi.org/10.1590/S1413-81232013000400019>.
2. Portella MO. Avanços e incoerências nas políticas de humanização do parto e nascimento. In: Martins PH, Falangola A, Silva AS, Sousa IC, organizadores. *Produtivismo na saúde: desafios do SUS na invenção da gestão democrática*. Recife: Editora UFPE; 2014. p. 119-44.
3. Leal MC, Pereira APE, Domingues RMSM, Theme Filha MM, Dias MAB, Nakamura-Pereira M, et al. Intervenciones obstétricas durante el trabajo de parto y parto en mujeres brasileñas de bajo riesgo. *Cad Saúde Pública*. 2014; 30(Suppl 1):S17-32. Doi: <http://dx.doi.org/10.1590/0102-311X00151513>.
4. World Health Organization, Maternal and Newborn Health/Safe Motherhood Unit. Postpartum care of the mother and newborn: a practical guide [Internet]. Geneva: WHO; 1998 [cited 2018 Jan 21]. Available from: http://apps.who.int/iris/bitstream/handle/10665/66439/WHO_RHT_MSM_98.3.pdf?sequence=1
5. Souza CM, Ferreira CB, Barbosa NR, Marques JF. Nursing staff and the care devices in the childbirth process: focus on humanization. *J res fundam care online*. 2013 Oct/Dec; 5(4):743-54. Doi: <http://dx.doi.org/10.9789/2175-5361.2013.v5i4.743-754>
6. Ministério da Saúde (BR), Gabinete do Ministro. Portaria n° 11 de 7 de janeiro de 2015. Redefine as diretrizes para implantação e habilitação de Centro de Parto Normal (CPN), no âmbito do Sistema Único de Saúde (SUS), para o atendimento à mulher e ao recém-nascido no momento do parto e do nascimento, em conformidade com o

Componente PARTO E NASCIMENTO da Rede Cegonha, e dispõe sobre os respectivos incentivos financeiros de investimento, custeio e custeio mensal. [Internet]. Brasília: Ministério da Saúde; 2015 [cited 2018 Feb 12]. Available from:

http://bvsmis.saude.gov.br/bvs/saudelegis/gm/2015/prt0011_07_01_2015.html

7. Sousa LMO, Araújo EM, Miranda JGV. Characterization of access to normal childbirth care in Bahia State, Brazil, based on graph theory. *Cad Saúde Pública*. 2017 Dec; 33(12):1-12. Doi:

<http://dx.doi.org/10.1590/0102-311x00101616>

8. Costa RA, Figueiredo B, Pacheco AP, Marques A, Pais A. Experience and satisfaction with childbirth questionnaire. *Psicol Saúde Doenças* [Internet]. 2004 [cited 2018 Jan 24]; 5(2): 159-87. Available from:

<http://repositorium.sdum.uminho.pt/handle/1822/5850>

9. Jamas MT, Hoga LAK, Reberte LM. Women's narratives on care received in a birthing center. *Cad Saúde Pública*. 2013 Dec; 39(12):2436-46. Doi:

<http://dx.doi.org/10.1590/0102-311X00039713>.

10. Soares YKC, Melo SSS, Guimarães TMM, Feitosa CV, Gouveia MTO. Satisfaction of puerperal women attended in a normal birth center. *J Nurs UFPE Online*. 2017 Nov; 11(Suppl 11):4563-73. Doi:

<https://doi.org/10.5205/1981-8963-v11i11a231195p4563-4573-2017>

11. Santos RV, Penna CMM. Health education as a strategy for care for pregnant women, puerpera, and newborn children. *Texto contexto-enferm*. 2009 Dec; 18(4):652-60. Doi:

<http://dx.doi.org/10.1590/S0104-07072009000400006>.

12. Soares ES, Moreira PGS, Rodrigues DP, Castro TM, Barros TCX, Viana APS. The information of women for choosing the birth process. *J Nurs UFPE Online*. 2017 Dec; 11(Suppl 12):5427-31. Doi:

<https://doi.org/10.5205/1981-8963-v11i12a109938p5427-5431-2017>

13. Gomes LFS, Costa CC, Rebouças CBA, Pinheiro PNC, Vieira NFC, Damasceno AKC. reflections on the promotion of health in the context the program humanization prenatal and birth. *J Nurs UFPE Online*. 2012 July; 6(7):1721-8. Doi: 10.5205/reuol.2255-18586-1-LE.0607201227

14. Machado NXS, Praça NS. Delivery center and obstetric assistance focused on the parturient's needs. *Rev Esc Enferm USP*. 2006 June; 40(2):274. Doi:

<http://dx.doi.org/10.1590/S0080-62342006000200017>

15. Ribeiro JF, Cruz AC, Castro JDS, Luz VLES, Monte NF, Barbosa MG. Parturition experience: parturients perception about the normal birth and cesarean. *J Nurs UFPE Online*. 2016 Aug; 10(8):2801-8. Doi:

<https://doi.org/10.5205/1981-8963-v10i8a11346p2801-2808-2016>

16. Ribeiro JF, Lima MR, Cunha SV, Luz VLES, Coelho DM, Feitosa VC, Sales JCS. Perception of postpartum women on the assistance by health-care in a natural childbirth center. *Rev Enferm UFSM*. 2015 July/Sept; 5(3):521-30. Doi:

<http://dx.doi.org/10.5902/2179769214471>

17. Pieszak GM, Terra MG, Neves ET, Pimenta LF, Padoin SMM, Ressel LB. Nursing professionals perceptions on care at a birthing center. *Rev RENE* [Internet]. 2013 [cited 2018 Jan 31];14(3):568-78. Doi:

<http://dx.doi.org/10.15253/rev%20rene.v14i3.3435>

18. Souza CM, Ferreira CB, Barbosa NR, Marques JF. Nursing staff and the care devices in the childbirth process: focus on humanization. *J res fundam care online*. 2013 Oct/Dec; 5(4):743-54. Doi:

<http://dx.doi.org/10.9789/2175-5361.2013.v5i4.743-754>

19. Dulfe PAM, Barcellos JG, Alves VH, Rodrigues DP, Pereira AV, Silva AM. The obstetric care on delivery and childbirth through women's perception. *J Nurs UFPE Online*. 2017 Dec; 11(Suppl 12):5402-16. <https://periodicos.ufpe.br/revistas/revistaenf/ermagem/article/view/22795>

20. Ferreira LMS, Santos ADF, Ramalho RCF, Alves DA, Damasceno SS, Figueiredo MFER, et al. Nursing care during labor and delivery: the women's perception. *Rev Cubana Enferm* [Internet]. 2017 [cited 2018 Jan 31];33(2):1-12. Available from:

<http://www.revenfermeria.sld.cu/index.php/enf/article/view/1102/263>.

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