Rezende obstetrics.



BOOK REVIEW

REZENDE OBSTETRICS REZENDE OBSTETRÍCIA REZENDE OBSTETRICIA

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The book Obstetrics, by Jorge de Rezende Filho and Carlos Antônio Montenegro, is in the 13th edition, published in 2014, with 1801 pages, and was conceived in Rio de Janeiro by the publisher Guanabara Koogan, the National Editorial Group (NEG) being the largest editorial platform in the Scientific, Technical and Professional segment (STP).

The work is divided into nine chapters containing, within each chapter, the following subtopics: 1 - History of Obstetrics; 2 - Reproduction Physiology, 3 - Normal Gestatory Cycle; 4 - Pregnancy Diseases; 5 - Intercurrent Diseases in Pregnancy; 6 - Pathological puerperium and puerperium; 7 - Tocurgia; 8 - Fetal Medicine and 9 - Ethical Aspects and Public Health.

Chapter 3, entitled "Normal gestational cycle", deals with the following subtopics: changes in the maternal organism; pregnancy propaedeutics; pregnancy diagnosis; age of gestation and probable date of birth; fetal static; basin study; prenatal care; nutritional aspects; cosmetology; sexuality in pregnancy; psychological preparation for childbirth; uterine contractility; delivery mechanism, delivery/clinical study and care; induction of labor; analgesia and anesthesia; puerperium and lactation.

The first topic (modifications the maternal organism) is explained, the systemic modifications, the modifications genitals and the clinical implications. The alterations in the posture of the pregnant woman, before the extension of the uterine volume, are observed in the systemic changes, when the walking becomes slower and with short steps, being the changes in metabolism necessary to the requirements of the growth and development of the fetus. There is an increase in insulin resistance at the end of the second trimester and the reduction of glucose use is due to the excessive release of fatty acids when a large amount of calcium and phosphorus transferred against the concentration gradient from the mother to the fetus and the absorption of calcium in the intestine doubles during pregnancy. Some anatomical changes occur as the displacement of the kidneys upwards and the increase of size in about one centimeter. Physiological hydro-nephrosis also arises due to the increase of renal vascular volume and interstitial space. The anatomy of the bladder can be distorted by direct compression of the uterus. Explanations are made of all the changes that occurred in this

period, such as the respiratory, digestive, endocrine, integumentary and genital organs.

Obstetric anamnesis and physical examination together with identification and complementary examinations are described in the topic "provenance of pregnancy". The physical examination is basically the same in basic semiology, however, there are some particularities involved in the pregnancy period, minutiae such as color, which should be considered, since African-American women are more prone to pelvic addiction and preeclampsia and these are diseases capable of influencing the gestation that can be captured through the tracing of nationality and domicile, as well as of the personal antecedents.

Obstetric history must be considered by inquiring the woman and describing whether the woman is primi-pregnant, primiparous, multi pregnant, simultaneously with the outcome of previous pregnancies, since the inter-partum interval has its importance due to its reproductive risks. The pregnancy should be investigated, the date of the last menstrual period, the physical examination, following the cephalopodic order, and the weight and height of the pregnant woman.

complete physical examination together with its alterations, which follow the following order: head, neck, mammary gland, genital apparatus, abdomen, limbs, physiological changes such as chloasma, Montgomery tubers , secondary areola, Hunter's sign, striations and fissures, among others. The Leopold-Zweifel maneuver is illustrated and explained, sequencing each maneuver time and using a clear and objective methodology for auscultation and combined touch. The fetal heart beat or any large vessel is identified by Doppler sonar from ten to 12 weeks of gestation. This pulsatile device is used as the most used procedure to capture fetal beats, since it is stable since the patient and the fetus do not present excessive movement.

Ultrasonography is also described in the topic, explaining the whole auscultation mechanism of sound waves projecting into images. Also elucidated, on the same topic, is color Doppler and cardiotocography, which is the continuous recording of fetal heart rate and fetal echocardiography. This content is used by the author, bringing some congenital anomalies along with their epidemiologies. The technologies used are duly exemplified by images and a dense study on the cardiopathies is shown.

The author, within the topic "diagnosis of pregnancy", is the clinical, hormonal and

Rezende obstetrics.

ultrasonographic diagnosis. One can discover a gestation of both forms. In the clinical method, certain topics such as signs of conceit, probability and certainty are explained and the signs evident in each stage according to their weeks are explained, namely: amenorrhea, nausea, breast congestion and polaciuria. The signs of certainty are given by fetal heart rate and uterine movement, bringing to the reader all the signs of each stage along with the aid of images for better understanding.

The immunological tests are perfectly explained explaining what is and the function of the HCG protein together with the proof of inhibition of latex agglutination. Lastly, the ultrasound diagnosis is performed, as the rounded, annular formation and sharp contours begin to appear in the upper part of the uterus for four to five weeks, indicating the gestation in its initial phase.

They are exposed in the tenth topic (Age of Gestation and Likely Date of Delivery) through other subtopics: the gestation stages; the last menstruation; increased uterine volume; fetal auscultation: fetal movements: what procedures will be performed for the confirmation of that pregnancy and the redefinition of the "term" of the pregnancy. One should date the pregnancy on the first day of the last menstrual period. It is reported that the average duration of gestation is 280 days (40 weeks). It is explained that in practice, author Nagele says that one should use a rule that consists of adding the date of menstruation, seven days and nine months. It is established, by the author Knaus, that the usual duration of a pregnancy is 273 days, from ovulation. The rule of Nagele is thus used, because it becomes the closest to said 280 days of gestation.

Uterine palpation can be performed from the 12th week of gestation. The uterus is shown higher and higher as the gestation begins to move further away from the pubic symphysis. It is known that, during the first half of pregnancy, uterine palpation is a good indicator to calculate gestational age. It is inferred that, even in the second half, although the uterus only grows about four centimeters per month, the variations are larger and the errors more common. Fetal auscultation can be performed from the 20th gestation. This practice of performed through the auscultation with the stethoscope, however, it was replaced by the sonar-Doppler electronic procedures, being one of them, which identifies the fetal pulse from ten to 12 weeks of gestation.

Another procedure is performed to confirm pregnancy, ultrasonography, in the first trimester, adjusting the estimated gestational age, due to the discrepancy of more than five days between this examination and the date of the last menses. In these cases of discrepancy, it is possible to accurately estimate gestational age by weighing the current concept of the term of pregnancy and establishing new definitions for this term as: early term, full term, late term and post-term.

"fetal esthetics", the topic relationship between the conceptual product and the basin and uterus is analyzed, making knowledge about a nomenclatures. It is explained that the attitude during pregnancy or the fetal habit is the relation of the different parts of the fetus to each other. It is reported that the uterine continent during pregnancy measures 30 centimeters and the fetus, 50 centimeters in length. In this way, the fetus must adapt to such conditions of space and flex, reducing its longitudinal axis to 25 centimeters. It modifies the attitude of the fetus in the beginning of labor and, mainly, after the amniorexis.

It is added that, due to the expansion of the inferior segment and the incorporation of the cervix ascending the uterus, the fetus takes a form different from the previous one, going from globosa to the cylinder, which forces it to straighten the trunk, reducing its flexion of way to build itself into a cylinder. The fetal cylinder is formed by the bent head on the trunk with the small parts to it more cozy.

The fetal situation between the great fetal and uterine longitudinal axes is related: when both coincide, the situation will be longitudinal and, when perpendicular, the situation will be transverse and, if crossed, the situation will be oblique or inclined. It is described that the presentation is the fetal region where the area of the upper strait is located, occupying its whole and, there, tends to creep in.

During pregnancy, the the fetal presentation of the superior strait is removed, having no direct relation to the basin, and this height may be: tall and mobile, when the presentation does not make contact with the upper strait; adjusted, the area of this strait is occupied; fixed when, by palpating, it can not be mobilized, and hinted at when the largest circumference of the presentation transposes the upper strait area. The fetal position in the relation of the fetal dorsum with the right or left maternal side is difficult, and this fetal region can be located frankly Rezende obstetrics.

forwards or backwards due to the maternal lumbar lordosis.

Obstetric nomenclature is precisely defined as the situation, presentation, position and variety of position, with perfect knowledge of fetal statistics, which is divided into: nomenclature in the longitudinal situation, which is that which is designated by the use of two or three letters, the first indicating the presentation and the others corresponding to the reference point at the level of the upper strait and the other is the nomenclature of the transverse situation, in which there is no uniformity of designation; Finally, frequency of the situation and the presentation, the situation presented in a longitudinal and cross-sectional way and the presentation in the cephalic, pelvic and corneal forms.

The anatomy and examination of the basin is presented in the topic "Basal study" and, in this path or canal of parturition, extending from the uterus to the vulvar cleft, there are three annular narrowings: the cervical orifice, the pelvic diaphragm and the vaginal ostium. Significant consequences for parturition were brought about by striking changes in the morphology of the female pelvis with the upright posture of our Australopithecus ancestors and the enlargement of the skull in the modern human being. The basal or pelvis is the bone canal formed by the two iliacs: the sacrum and the coccyx with their respective ioints (pubic symphysis, sacrococcygeal).

The pelvis may be divided into a large and small basin or excavation: the first presents a reduced obstetric expression and the latter still requires study (hard labor). The large basin or false pelvis is limited, laterally, by the internal iliac fossae and posteriorly by the spinal column. The anterior limits are represented by the space that the strongest abdominal muscles demarcate, with four fundamental types of basin: anthropoid, android and platipeloid. These are imaginary planes of the basin, traced in the entrance, the exit and in several heights of the pelvic excavation, and its axes are perpendicular lowered to the center of each plane. The pelvic capacity is studied by means of pelvimetry, which tries to estimate the diameters either by measuring externally (external pelvimetry) or internally (internal pelvimetry).

The basic objectives of this process, such as prenatal consultations, are described in the topic "prenatal care"; prenatal hygiene; clothing; the work; sexual activity; smoking and drinking during pregnancy; air travel; the

vaccines; treatment of minor disorders of pregnancy; imaging tests and fetal exposure; emotional aspects of pregnancy and childbirth preparation; physical exercises in pregnancy and postpartum and the importance of the period 100 days + one thousand days.

The following basic objectives of prenatal care by the authors are listed: the habits of life; psychological orientations; instructions on childbirth and childcare; medications to be avoided; treatment of pregnancy disorders; prevention, diagnosis and treatment of pregnancy-related diseases.

In terms of the consultations, it is intended to be performed in the first trimester. considering the date of the last menstruation -DLM; ultrasonography; noninvasive prenatal testing; weight and blood pressure; fetal auscultation; complementary examinations; identification of the woman who needs additional care and examination of the breasts. It is indicated, in the prenatal the corporal cleanliness hygiene, recommending shower hath and the contraindicating the immersion.

It is warned that in the work, the exaggeration is not allowed, because it is important to guide the pregnant woman to avoid contact with heavy objects and the excess efforts. The couple chooses to conduct sexual activity and should avoid it in cases of abortion and preterm labor. The pregnant woman should be encouraged, as far as smoking is concerned, not to smoke and advise her that alcoholism causes congenital malformations. One can travel by plane for up to 36 weeks in uncomplicated pregnancy, allow hair dyes and smoothing products.

Pregnancy and childbirth are generated by physical, hemodynamic, respiratory and emotional changes in women, and prenatal care is important. The importance of physical exercise in pregnancy without complications was reported to prevent excessive weight gain, reduce the risk of Gestational Diabetes Mellitus (GDM), pre-eclampsia and cesarean surgery, with emphasis on aerobics and strength during pregnancy and postpartum.

The following health / behavioral problems and / or risk factors were highlighted: insufficient physical exercise; body mass index (BMI); sexually transmitted infections (STIs); the human immunodeficiency virus (HIV); hepatitis C and B; tuberculosis; toxoplasmosis; the parvivirus; cytomegalovirus; gonorrhea; syphilis; chlamydia; herpes simplex; asymptomatic bacteriuria; periodontal disease; group B streptococcus; bacterial **Diabetes** vaginosis; 0 Mellitus: hypothyroidism; hyperthyroidism and

Rezende obstetrics.

phenylketonuria; convulsive disorders; arterial hypertension; rheumatoid arthritis; lupus; chronic kidney disease; cardiovascular disease; thrombophilia; asthma; the alcohol; tobacco; illicit drugs; essential fatty acids; folic acid; vitamins A and D; calcium; iron and iodine.

Nutrient exchanges, preconception counseling and energy expenditure were discussed in the topic "nutritional aspects". In pre-conception counseling, pre-conception diet was associated with a healthy gestation and ovulatory infertility, and folic acid intake was estimated to avoid about half of the birth defects, preventing not only neural tube defects, but, also, cardiac, urinary, limb and orofacial clefts.

A schedule of at least four consultations with the dietitian during gestation was developed to avoid gestational diabetes, preterm delivery, preeclampsia, and postpartum depression.

Pigmentary changes, acne and rosacea, pilo-sebaceous unit, depilation, stretch marks, hair cosmetics and cosmetic procedures during pregnancy were discussed in the topic "cosmetology".

For the prevention of face pigmentation, known as melasma or pregnancy mask, which disappears within one year after delivery, strict photo-protection and reduction of exposure to solar radiation.

It is known that on acne in pregnancy, treatments considered safe have satisfactory effects. Narrowband phototherapy for acne and psoriasis is advocated and the medicines used are: azelaic acid, glycolic benzoyl peroxide, acid, clindamycin, erythromycin, salicylic acid metronidazole. It has been concluded that, to there clindamycin, acne, are ervthromycin and benzovl peroxide rosacea, metronidazole and azelaic acid.

They may be performed in disorders of hair during pregnancy, such as hirsutism and telogen effluvium, hair removal with wax or laminae avoiding laser.

It is revealed, within the topic "sexuality in the gestation", for the author, that sexuality in pregnancy is a challenging subject for some professionals in the health area, but it is extremely important to talk about the instrumentalization of health professionals for the best performance in their respective areas. The Human Sexual Response (HSR) was the object of scientific investigation, determining the appearance of several models that seek to describe this function.

HSR was characterized by a series of three phases (desire, excitation and orgasm) to classify and guide the treatment of male and female sexual dysfunction in relationships. Sexual dysfunctions are explained as damages occurring in any of these three phases divided into two types of desires: the spontaneous (proactive desire) and the sexual stimulation desire). In this study, (receptive importance of incorporating the person as a whole and not just the physical one was emphasized. because in long-term relationships, sexual activity must start from a natural point of view so that the woman feels receptive to sexual stimuli not only because of sexual excitement.

The pregnant woman expresses an adequate double bond with herself and with the embryo / fetus. It refers to itself to its own identity for sexuality and the experience of orgasm in the satisfactory sexual relationship.

She develops, with the baby in her womb, a possibility of affective giving. There may be changes in the level of interest in women's sexual intercourse throughout pregnancy due to different factors such as nausea, breast tenderness, fatigue, and fear of abortion, inhibiting sexual interest in the first six months.

One should wait for the couple, in the postpartum of cesarean surgery, to heal to allow a comfortable relationship for the woman, which can establish a little more time to return to sexual activities. It is also responsible for the demand for care of both in relation to the baby, with consequent energy expenditure, for such modifications.

It is indicated by the influence of the type of delivery and the sexual health of the women after the birth of the child, that the type of delivery does not influence the future of the sexual health of the women. It should be noted that elective caesarean section, in particular, was not associated with a protective effect on the quality of sexual life of these women. It can facilitate, through discussion of potential changes in their sexual lives, the adaptation of women in an efficient and mutually satisfactory way. The couple should be informed about decreased libido, desire and orgasm in pregnancy, particularly in the last trimester and in the puerperium, which may lead to a reduction in the frequency of intercourse.

Within the topic "Psychological preparation for childbirth", three periods of great change, adolescence, gestation and climacteric, can be perceived as periods of biological and psychological changes that lead to a change in

Rezende obstetrics.

the life cycle of a woman and subjective displacements in the psychic, affective and socio-familiar systems. These stages of the life cycle involve a dimension of existential crisis.

The key role of the obstetrician in the field of emotional health promotion for the pregnant woman is pointed out, as she occupies a nuclear position in the care process, inserted in the relational field that involves the future parents and the families. There is a clinical reception in prenatal care as a subjective moment of promotion and preventive action in the field of emotional health of the pregnant woman and the baby in the process of being constituted. Every woman experiences during gestation a swirl of emotions because, in her heart, she knows that life will change radically.

It is believed that the construction of parenting is a complex process that is rooted from childhood, because it is not enough for men and women to be parents to become parents. It is called the concomitance of such contradictory affections of ambivalence that, when benign, is a transient process proper to the psychic movement of elaboration of being pregnant. These psychic marks are referred to as the woman was received and cared for by her own from the earliest days of life, in addition to the source of unconscious memories of the entire process of child development.

The parental, fanciful and childlike love of the parents' reunion with their narcissism projected on their son is realized. A loved child can develop any type of attachment, but in order to be structured around a secure attachment, it is necessary to develop internal resources that provide the necessary stability for the exploration environment. It is necessary to host the baby project built by the parents by health professionals with their own reverence to the event of life. The baby should be a welcome guest to find a fertile cultural soil so that its potential can develop and a facilitating environment represented in the foreground by its near entities.

It is mentioned within the topic "Uterine Contractility" that the most accurate procedures for assessing the activity of the human gravid uterus are those that register the intrauterine, amniotic, intra-myometrial, placental and puerperal pressures. It is inferred that uterine activity is as the product of the contractions intensity by the frequency expressing the result in mmHg / 10 min or Montevideo Units (MU) and matching the sum of the intensities of all the contractions

responsible for knowing the dilatation of the cervix two to ten centimeters.

Clinically, labor is associated with the painful development of and rhythmic contractions that condition the dilatation of the uterine cervix. It is considered its beginning when the cervical dilation reaches cm and, in the dilatation, contractions have intensity of 30 mmHg and frequency of two to three/ten minutes. The patient's posture is assumed by the patient's expressive importance in uterine contractility. The intensity is increased by lateral decubitus and the frequency decreases, as it suggests a greater efficiency for the progression of labor. It is added that in the expulsive period, the frequency reaches five contractions in ten minutes with the intensity of 50 mmHg.

The rhythmic contractions by the uterus after the birth of the newborn (NB) continue to be produced. The painless contractions are now given immediate relief to the patients, so they were responsible for the so-called physiological rest period. It is understood that, during pregnancy, the uterus is not inactive, but its activity is quite reduced, irregular, localized and without functional expulsive meaning.

The pregnancy is probably maintained by the so-called progesterone block, which has the property of decreasing the sensitivity of the myometrial cell to the contractile stimulus by membrane hyperpolarization, blocking the conduction of electrical activity from one muscle cell to another. This local component determines the progesterone concentration gradient of the uterus, a function of distance to the placenta.

The changes in labor are intensified, the body becomes shorter and thicker, and the cervix is more dilated. During pregnancy, through the growth of the uterus under the action of estrogens, space for the development of the fetus is provided, but at the end of gestation, when uterus growth ceases, increased tension in the uterine walls signals onset of labor.

The importance of analyzing the movements of the head under the action of uterine contractions, to transit through the pelvigenital gorge, is discussed in the "Childbirth Mechanism", presenting general characteristics that occur at that moment and portraying the path of the fetus, morphology and possible disturbances.

It is observed that the movements are divided into three: insinuation, descent and detachment, where the insinuation is the passage of the greater circumference of the

Rezende obstetrics.

presentation through the ring of the upper strait, the descent completes the insinuation, the head migrates to the vicinity of the pelvic floor, where the elbow of the canal begins, demonstrating that the descent occurs from the beginning of labor and only ends with the total expulsion of the fetus, and the detachment ends the movement of rotation, the sub-occipital is placed under the pubic arcade and the sagittal suture is oriented previously.

It is clinically "parturition / clinical study and care" of the study of labor, analyzing the three main phases (dilatation, expulsion and secondary), preceded by a preliminary stage, the premonitory period (pre-partum). It tends to consider a fourth period, which would comprise the first hour after leaving the placenta, because it is a phase of immanent risks and often ignored by the professional who provides the delivery assistance.

The premonitory period (pre-partum) is characterized by the descent of the uterine fund located near the xiphoid appendix, where the umbilicus of the uterus decreases from two to four cm, increasing the amplitude of pulmonary ventilation that until that moment was difficult by diaphragmatic compression. It is possible to evaluate and follow, in the careful prenatal, this event popularly known as belly-drop.

It is emphasized that the actual onset of labor is not always easy to establish. It may not be possible to identify the exact moment at which regular and effective contractions commence, and contractions of the onset of labor may be less frequent and less painful, and likewise the point at which cervical dilatation begins in response to these contractions may not be determined.

The expulsion phase begins when the dilation is complete and closes with the exit of the fetus, so in this phase, the succession of uterine contractions, increasingly intense and frequent, occurring with progressively smaller intervals until they acquire the subintrant aspect five contractions every ten minutes. It is recalled that labor may take more than six hours to progress from four to five centimeters, thus being six centimeters the best cutoff point to define the beginning of the active phase of labor.

In the preparation for delivery, several antepartum measures are shown that can be adopted so that the pregnant woman can prepare for childbirth and increase the chances of everything happening as desired and planned, such as: the process of labor and parturition; dealing with the pain of childbirth; pharmacological and non-

pharmacological methods and interventions during labor and delivery.

It is possible to follow, through the partogram, its evolution, to document and to diagnose alterations and to indicate the taking of appropriate conduits for the correction of deviations in labor.

It is noticed that, in assisting the expulsion, the parturient is agitated, reporting a sensation similar to the desire to defecate that increases in intensity by adding to voluntary abdominal contraction if the presentation is on the pelvic floor.

The period of euphoria and well-being experienced by the woman is attributed to the disappearance of uterine contractions and to the physiological rest of the uterus after the expulsion of the concept. The viscus continues to contract after the expulsion of the concept in order to proceed to the third stage of childbirth through contractions high intensity, frequency and although painless. The hormonal bath and the release of endogenous oxytocin and endorphins are responsible for the sensation of euphoria, while the uterine activity continues.

The presence of two trained professionals is essential in all childbirth care: one that focuses attention on the mother and another that provides integral care to the newborn. The newborn is received by the neonatologist, who gives it to the mother. As a sole measure, the supply of heat is recommended by placing the newborn in skin-to-skin contact with the mother and covering it with a dry cloth, since skin-to-skin contact is the best way to provide heat to the newborn.

The puerperium is portrayed by physiology and postnatal care, a period following childbirth and, from a physiological point of view, are involuntary processes and recovery of the maternal organism after gestation.

This period is marked both by physiological processes in the organism, as well as by marital, psychological and family processes. For this reason, it is essential to have qualified multi-disciplinary and integrated maternal and child care to promote the well-being of the mother and the newborn.

Care should be taken with regard to the care of the perineal region by directing the woman to perform vulvar hygiene in the anterior-posterior direction, and the use of ice on the first day may reduce local discomfort, especially during episiotomy or the presence of extensive laceration.

It is essential to breastfeed the health of the infant under the nutritional, immunological, gastrointestinal, psychological Rezende obstetrics.

aspects of development and interaction between mother and child. It is recommended exclusive breastfeeding (EBF) until the sixth month of life and its complementation until the age of two years or more for the prevention of early malnutrition and reduction of infant morbidity and mortality.

There are innumerable benefits through breastfeeding, among them, reducing the risk cardiovascular developing diseases, Diabetes Mellitus, cancer before age 15 and overweight / obesity. The physiology of lactation is intimately related to neuroendocrine sphere dividing it into three processes: mamogenesis, lactogenesis and lactopoesis. lt is described mamogenesis is when the development of the mammary gland occurs, presenting effects of three hormones (sexual steroids, lactogenic complex and gestation).

It is possible to observe in the lactogenesis the initiation of lactation only with the secretion of colostrum, a yellowish substance already existing in pregnancy with a high concentration of proteins, antibodies and thymic cells that help to immunize the baby against infections, particularly gastrointestinal ones. The maintenance lactation by the existence neuroendocrine reflex of nipple suction by the infant acting on the hypothalamic-pituitary axis and culminating in determining the release of PLR (increased levels of six to nine times) and oxytocin.

With the act of breastfeeding, one of the fundamental actions of the line of care focused on the protection and prevention of child health is instituted. The mother should be encouraged to breastfeed in the first hour delivery if there contraindications. It aims, with this proposal, to stimulate the skin-to-skin contact between the mother and the baby. Breastfeeding in the first hour of life intensifies the formation of affective bonds between the mother and the child, making possible the colonization of the skin of the newborn by the mother's microbiota and promoting the beginning of the act of breastfeeding is of utmost importance to the binomial.

It is recommended that this literature, which has a great significance for students and health professionals, as well as for the Nursing area, because it can be succinct and objective, using resources such as illustrative images, graphs and tables for a better understanding and addressing a topic of extreme relevance for the development of research and care practice of health professionals.

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Santos MCS dos, Viana MML, Toscano CPM et al.

Rezende obstetrics.

It is discussed in the third chapter of the book about the whole normal gestational cycle, including changes in the maternal organism, and the professional should be able to correlate with this new physiological phase of gestation and will have the ability to perform of a complete physical examination and of quality evaluating the minutiae existing in that phase. The aspects of sexuality with the pregnant woman should be addressed at the time of prenatal care in order to elucidate the main doubts. It is believed that by reading this book, the reader will be able to identify the different diagnoses of pregnancy, the guidelines on the nutrition of the pregnant woman until delivery, the puerperium and lactation, relevant information and great value in the professional performance.

Values attributed to Nursing are attributed by the authors Jorge de Rezende Filho and Carlos Antônio Barbosa Montenegro in this literature, which demonstrates the various practices that can be performed in basic care, with the nurse as the person responsible for providing prenatal assistance from below risk, working in a multidisciplinary way in order to provide effective assistance so that this woman can solve her doubts and that can have a healthy gestation and puerperium.

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