

Vision and humanized performance of a student in the Obstetric Nursing Specialization course in normal birth*Visión y desempeño humanizado de una estudiante en el curso de Especialización en Enfermería Obstétrica en parto normal**Visão e atuação humanizada de estudante do curso de Especialização em Enfermagem Obstétrica no parto normal***Gustavo Gonçalves dos Santos¹**

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Submission: 10-21-2019**Approval:** 01-02-2020**Abstract**

Experience report in relation to the vision and humanized performance of a student of the Specialization Course in Obstetric Nursing in normal birth. The aim of the study is to describe assistance throughout the delivery and birth process, so that readers are aware of this subject and future changes in the obstetric scenario to reduce the practices of high rates of interventions used routinely and inappropriately. This is a descriptive, narrative, experience report type study, referring to the vision and humanized performance of a student of the Specialization Course in Obstetric Nursing in normal delivery at a public maternity hospital, located in the Capital of São Paulo, SP - Brazil. In my experience as an academic of the Specialization Course in Obstetric Nursing in a public hospital in the Capital of São Paulo, I had the opportunity to monitor and act in the different stages of normal birth, as well as to observe cesarean delivery. Performing admission, physical and obstetric examination of the parturients, guiding and providing support throughout the delivery and birth process, aiming at a less painful delivery, providing a positive outcome for the mother-baby-family triad.

Descriptors: Obstetric Nursing; Experience; Normal Birth; Childbirth and Birth**Resumen**

Informe de experiencia en relación con la visión y el desempeño humanizado de una alumna del Curso de Especialización en Enfermería Obstetricia en parto normal. El objetivo del estudio es describir la asistencia durante todo el parto y el proceso de parto, de modo que los lectores estén al tanto de este tema y de los cambios futuros en el escenario obstétrico para reducir las prácticas de altas tasas de intervenciones utilizadas de manera rutinaria e inapropiada. Este es un estudio descriptivo, narrativo, tipo informe de experiencia, que se refiere a la visión y el desempeño humanizado de un estudiante del Curso de Especialización en Enfermería Obstetricia en parto normal en un hospital público de maternidad, ubicado en la Capital de São Paulo, SP - Brasil. En mi experiencia como académico del Curso de especialización en enfermería obstétrica en un hospital público de la capital de São Paulo, tuve la oportunidad de monitorear y actuar en las diferentes etapas del parto normal, así como observar el parto por cesárea. Realizar la admisión, el examen físico y obstétrico de las parturientas, guiar y brindar apoyo durante todo el proceso de parto y parto, con el objetivo de un parto menos doloroso, proporcionando un resultado positivo para la tríada madre-bebé-familia.

Descriptors: Enfermería Obstétrica; Experiencia; Parto Normal; Parto y Nacimiento**Resumo**

Relato de experiência em relação à visão e atuação humanizada de um estudante do curso de Especialização em Enfermagem Obstétrica no parto normal. O objetivo do estudo é descrever a assistência em todo o processo de parto e nascimento, para que haja conscientização dos leitores a respeito desse assunto e futuras modificações no cenário obstétrico para diminuição das práticas de altas taxas de intervenções utilizadas de forma rotineiras e de maneira inadequada. Trata-se de um estudo descritivo, narrativo, do tipo relato de experiência, referente à visão e atuação humanizada de um estudante do curso de Especialização em Enfermagem Obstétrica no parto normal em uma maternidade pública, localizada na Capital de São Paulo, SP – Brasil. Na vivência como acadêmico do curso de Especialização em Enfermagem Obstétrica em um hospital público na Capital de São Paulo, tive a oportunidade de acompanhar e de atuar nas diferentes etapas do parto normal, bem como de observar o parto cesárea. Realizando admissão, exame físico e obstétrico das parturientes, orientando e prestando apoio durante todo o processo de parto e nascimento, visando um parto menos doloroso, proporcionado desfecho positivo a tríade mãe-bebê-família.

Descritores: Enfermagem Obstétrica; Experiência; Parto Normal; Parto e Nascimento

Introduction

In 2003, the National Humanization Policy (PNH) was launched, seeking to propose in practice the principles of the Unified Health System (SUS) to produce changes in the process of managing and caring. The PNH encourages workers and users to contribute to collective processes that often produce dehumanized attitudes and practices that inhibit the performance and autonomy of professionals and users in health services¹.

Humanizing is reflected in the differences in management and care processes. Changes are built not by an isolated person or group, but in a collective and shared way. The PNH seeks to transform personal relationships by expanding the degree of contact and communication between people. Therefore, workers and users must seek to know how the management of services and the health network works, as well as actively participate in the decision-making process in health organizations and in Public Health actions¹.

The birth process in the hospital environment is characterized by the adoption of various technologies and procedures. But on the one hand, the advancement of Obstetrics contributed to the improvement of Maternal and Perinatal morbidity and mortality indicators, on the other hand it allowed the realization of a model that considers pregnancy, childbirth and birth as diseases and not as expressions of health, exposing women and newborns to high rates of interventions used routinely. For this reason, it is essential to qualify care for pregnant women to ensure that the decision to give birth².

The technocratic model in the Brazilian health sector was evidenced, a model that has peculiar characteristics during the process of childbirth and birth in the country, which prevails the excessive and indiscriminate use of intervention technologies, considered unnecessary and harmful to women. The Ministry of Health has since been formulating policies, guidelines, and manuals with a view to reorganizing and changing the scenario of childbirth and birth care with the aim and focus of humanizing care³.

Since 1996, the World Health Organization (WHO) has developed classifications of practices used in conducting the process of childbirth and birth based on consolidated scientific evidence, such recommendations that are organized into four categories: A) which are useful practices and which should be stimulated in the context of clinical practice; B) practices that are clearly harmful in the field of clinical practice and that should be eliminated, since there is no consolidated scientific evidence to support its recommendation; C) that should be used with caution until new evidence clarifies this issue D) practices that are frequently used inappropriately and that must be eliminated and cannot be used in the field of clinical practice³.

Over time, the midwifery process has undergone numerous modifications, in ancient times women gave birth to their children with the help of midwives, that is, the

process of childbirth and birth was experienced by women among women. From changes in the delivery and birth scenario, there was an increase in interventions throughout the pregnancy-puerperal cycle, an action that contributed to a new delivery scenario, in which the woman started to be identified and replaced by procedures, losing her autonomy and not being respected⁴.

Still in this scenario, the woman starts to be hospitalized early in the hospital, where she receives little information about the procedures and practices to which she will be submitted, she remains alone during labor and has her privacy invaded. In view of this scenario, changes have been proposed and recommended by WHO, the Ministry of Health and non-governmental bodies. Humanized care delivery refers to the need for a new way of looking, of understanding a truly physiological and human experience. Humanized care refers to the aspect of welcoming, listening, guiding, and creating a bond during the whole process of delivery and birth⁴.

The concept of humanization involves attitudes, practices and knowledge based on consolidated scientific evidence that develop a healthy and respectful process of childbirth and birth, valuing women. The PNH and the Program for the Humanization of Prenatal and Birth was instituted with the objective of qualifying care during childbirth. Humanization encompasses a dignified welcome for the mother-baby-family triad based on extremely solidary ethical conduct. The humanization of assistance during the whole process of childbirth and birth has a particularly important role that aims to guarantee a unique moment that is experienced in a positive and enriching way⁴.

In the field of Obstetrics, the programs, policies, manuals and guidelines are unable to break the structured technocratic paradigm in our country, and thus, have not significantly impacted on comprehensiveness, constituting a barrier for the realization of humanization and quality of care throughout delivery and birth process⁵.

To support the proposal of a humanized vision and performance during the process of childbirth and birth in a safe maternity, requires the effective participation of Nurses, Obstetrical Nurses and Midwives, as these professionals are fundamental in advancing the movement, as they develop focused care the unique needs of each woman, valuing their autonomy and their role during the whole process of childbirth and birth³.

Glimpsing the potential of Obstetrical and Midwifery Nurses it is possible to identify the potential for renewal and the transformation of occupational health practices of these professionals, this has stimulated the performance of Obstetrical Nurses and qualified teams in assisting parturient women in the delivery and birth process, in addition to of incentive actions for childbirth to be treated as a physiological event, leading from the perspective of humanization^{3,4}.



The care of Obstetric Nurses and Midwives demands the commitment and responsibility not to intervene and renounce the will to power for an achievement of integral attention to Women's Health, an achievement that arises in a Brazilian context marked by the process of childbirth and birth in a democratizing model among a more humanitarian conception⁶.

In view of this scenario, this study was carried out with the objective of describing the humanized performance of a student of the Specialization Course in Obstetric Nursing in normal delivery at a public maternity hospital in the capital of São Paulo. The purpose of the study is to describe the care and assistance offered throughout the delivery and birth process, so that readers are aware of this subject and future changes in the obstetric scenario to reduce the practices of high rates of interventions used routinely and inappropriately.

Methodology

This is a descriptive, narrative, experience report type study, referring to the vision and performance of a student of the Specialization Course in Obstetric Nursing at normal birth in a public maternity hospital, located in the Capital of São Paulo, SP - Brazil in August to December 2019.

Research method that makes it possible to carry out a critical evaluation and elaborate a synthesis of the evidence on the subject. It makes it possible to highlight the gaps that need to be filled with new studies. Theoretical-reflective study, based on the literature and the author's perception, seeking to discuss the vision and humanized performance of a student in normal childbirth, with the perspective of the influence of maternal and child health care. The theoretical essay is based on logical, reflective, and detailed argumentation, with the capacity for interpretation and personal judgment regarding Obstetric Nursing, involving normal birth.

The purpose of the study is to put the researcher in contact with what has already been published in relation to the proposed theme, providing an assessment of the theme, with a new focus on Obstetric Nursing in relation to the experience in the process of childbirth and birth and violence against woman.

Experience Report

As a result of pressures from public opinion and consumers of health services, mainly in more developed countries, such as the emergence of new consolidated scientific evidence, obstetric practice has undergone significant changes in the last 30 years, placing greater emphasis on the promotion and rescue of physiological characteristics of the delivery and birth process. In view of this, several procedures have been questioned due to the lack of consolidated scientific evidence, the existence of scientific evidence that contraindicates them and for

bringing discomfort to parturients in the parturition process².

The environments where the birth and birth process take place have undergone changes, becoming cozier and with more flexible routines, allowing the woman and her family to participate actively and freely in the whole process respecting their expectations and preferences².

Research indicates that about 88% of women have the presence of companions throughout the delivery and birth process, 83% do not have practices that interfere with the physiology of delivery, 70% vertical deliveries, 76% timely clamping of the umbilical cord, 73 % skin-to-skin contact at birth and 80% breastfeeding in the first hour of life. Practices that should be encouraged and that do not interfere with the physiology of childbirth are used, such as, for example, the use of the Swiss ball, warm bath, massage, squat, and stool. It is possible to highlight that teaching hospitals have as a characteristic the centrality in the professional training process, which determines the rotation among those who work there in clinical practice, being often the presence of teachers and students^{3,4}.

With the insertion of Obstetric Nurses, care began to be shared with the medical team, initiating a transition process in the traditional model hitherto prevalent. The insertion of Obstetrical Nurses and multidisciplinary teams introduced the use of non-invasive and non-pharmacological methods in the care of parturient women, which had not been used in the context of antiquity until then³⁻⁵.

Among the non-pharmacological and non-invasive procedures for pain relief, for example, the most recurrent are the warm sprinkling bath and the use of the Swiss ball because it is a low-cost practice that can be easily offered by health services. , which has a great impact on the quality of obstetric care, mainly because they replace the use of analgesic and anesthetic medications³⁻⁵.

Humanization during the delivery and birth process refers from the first contact of the parturient with the health service, it is based on actions based on the reception and attention to health demands, which should contribute to a humanized and qualified care. Should clarify about the routine and procedures that will be performed, helping the parturition process to be experienced in a peaceful and positive way for the woman and family. Therefore, the concept of humanization of the delivery and birth process should be understood as a movement based on the individuality and uniqueness of each woman, valuing the protagonist woman's master, and allowing greater autonomy during all care⁴.

It is well known that the reception performed, and the guidance provided to women are considered by Obstetric Nurses to humanize normal birth. It is also noted that these actions are important in the care provided, it is not the women who arrive at a health service, but also the family that accompanies them throughout the process. Humanization and acceptance during the delivery and birth



process comprises a moment for the health team to demonstrate the real intention, interest, willingness and responsibility, seeking to know and understand the wishes and expectations of the parturient and her family, solving doubts related to pregnancy, childbirth and postpartum^{4,5}.

Obstetric nurses believe that humanization in the process of breaking birth presupposes attention centered on women, encouraging, and encouraging them throughout the process, in addition, replacing interventionist practices with less invasive practices and directing care based on more humanized behaviors. Regarding the role of women, it consists of an attitude that is related to the humanization process of childbirth. Obstetric nurses believe that humanization in the process of breaking birth presupposes attention centered on women, encouraging and encouraging them throughout the process, in addition, replacing interventionist practices with less invasive practices and directing care based on more humanized behaviors^{4,5}.

About the woman's protagonist, it consists of an attitude that is related to the humanization process of childbirth. It is essential to avoid practices and procedures that are currently considered invasive or no longer indicated because they do not have consolidated scientific evidence⁴.

Empathy and respect are related to how to treat people, how to approach them, clarify doubts, listen to the needs, and know the demands it brings to the health service. Studies highlighting that humanizing the process of childbirth and birth implies changing behaviors through assistance that will guarantee respect and sensitivity as the mother-baby-family trinomial. Humanization in the delivery and birth process needs to go beyond treating people well, it involves valuing the subjects and respecting their singularities, expectations and wants^{4,5}.

The training of health professionals has also been discussed in studies related to the humanization of the birth and birth process, for example, medical training in the area of Gynecology and Obstetrics, which has been pointing out failures in view of the current proposals and recommendations made by the Ministry of Health and WHO regarding humanizing assistance and care in the delivery and birth process. Thus, it is necessary to insert the theme of humanization in institutional programs and in permanent health education actions, as well as in the academic training of professionals, as a transversal axis, capable of enhancing differentiated training in health, especially in the field of obstetrics. The practice of health professionals in childbirth and birth assistance remains focused on the technocratic model, which values interventionism and the institutionalization of actions considered unnecessary^{4,5}.

For the Ministry of Health and WHO, the fragmentation of care, interventionism still present in the obstetric scope, has been causing serious consequences and traumatic damages in the biopsychosocial aspect of women and newborns. In this way, the art of the birth and birth process has been changing from a natural event to a

technical event. It is noteworthy that routine, mechanical care, centered on procedures is considered inhumane. In this sense, comprehensive health care for women aims at a vision that is broadened⁵.

Thus, it is necessary to advance in the scope of obstetrics, with a view to overcoming the technocratic standard and following the humanitarian model, where health professionals consider the physiological, psychological, and cultural aspects of women. For this reason, humanized care in the process of childbirth and birth and in the obstetric scope must be comprehensive and aimed at women in all their integrality, uniqueness, individuality and also collective, in all age groups, in all physical and psychological dimensions and contexts social, economic, political and cultural environments in which they operate³⁻⁵.

It is important to add that isolated professionals lose their natural skills to expand the knowledge that must be based on scientific evidence. Communication between different types of knowledge and the consolidation of multiprofessional work favors comprehensive attention to women's health. Thus, it is possible to understand the complex, that is, what is organized in a network, since the lack of non-perception of the global leads to the weakening of responsibility and solidarity with human beings³⁻⁵.

The Ministry of Health defines among the priority lines of care in the scope of obstetrics, the proposal to qualify health professionals to promote humanized and systemic care in order to achieve the integrality and the role of women in the scenario of childbirth and birth⁵.

In this perspective, the insertion of Obstetric Nurses and Midwives in the multiprofessional team is considered an extremely relevant and significant proposal for overcoming the obstacles and obstacles in the consolidation of the humanization policy in the scenario of childbirth and birth. In addition, it is necessary and necessary to sensitize individuals, families, and the community to weigh their rights and provide autonomy to the subjects. Even in the face of individual, family, social processes and in dependent situations, action and autonomy cannot be abolished to establish strategies in the face of knowledge and experiences. The moral, reflective conscience enhances creativity to make choices, to have freedom and to manifest it, in such a way that it is able to change attitudes and assume an ethical and legal commitment in the perspective of Integrality and protagonism in the setting of childbirth and birth⁵.

Therefore, in this perspective, childbirth and birth must be seen as an extremely physiological, natural and feminine process and the professional who accompanies the parturient woman must offer means for her to become the main protagonist of this event, ensuring bonds and bonds between professional and user, favoring a transition with good physical and emotional qualities for the mother and baby⁶.



Assistance to humanization offered by obstetric nurses during the process of childbirth and birth permeates a diversity of knowledge and skills that directly influence the care of women throughout the process of childbirth and birth. Obstetrical nurses are considered by the World Health Organization to be appropriate professionals for the monitoring of pregnant women and parturients, they can assist and accompany normal births because they have less interventionist characteristics in the entire care process⁶.

An academic from the Specialization Course in Obstetric Nursing in promoting normal birth

Delivery assistance was carried out by traditional midwives who had mastered techniques, but not scientific knowledge. Over time and with the need to qualify the practice, doctors and nurses have assumed responsibility for childbirth assistance. The changes led to several changes in the care for parturient women in the perinatal period and, thus, maternal and child health care was no longer an assistance activity developed in any space and started to be carried out in maternity under a logic of health care, with strong technological impact⁷⁻⁹.

The humanization of childbirth care is extremely important to ensure that a special moment is experienced positively. Rescuing human contact, listening, welcoming, explaining, creating bonds are indispensable requirements in care. As important as physical care is the performance of proven beneficial procedures, the reduction of interventionist measures, privacy, autonomy, and respect for the parturient, aspects defended PHPN instituted by the Ministry of Health⁷⁻⁹.

The experience was lived in a comprehensive way, as it became aware of the way assistance is provided in the institution, it was noticed that many women were afraid or afraid of performing some interventions, as they feel constrained⁷⁻⁹.

The fear of women in relation to labor is worrying, since the assistance of the health professional is very important during the parturition process and he must put all his knowledge at the service of the well-being of the woman and the baby. Guidance was given on the use of non-pharmacological methods for pain relief, duration of labor, as well as comfort, empowerment, and pain relief⁷⁻⁹.

Among the non-pharmacological technologies used, the following stand out: the horse, the shower in warm water, massages in the lumbar region, breathing techniques, exercises on the ball, changes in position, all according to the choice and consent of the woman. Such methods, in addition to providing pain relief, can reduce the need to use pharmacological methods, thus improving the experience experienced in labor⁷⁻⁹.

To promote humanized assistance, the patient was encouraged to perform these exercises to the extent that she deemed necessary. The academic's objective, together

with the Obstetrics teachers, was to transform the moment of delivery as physiological as possible, with the participation of the patient. Thus, the assistance provided by the team was based on scientific evidence. Such assistance was carried out by means of non-invasive technologies, such as using the conversation with the patient, as well as encouraging movement during labor, changing position, lateralized position, and walking⁷⁻⁹.

During effective labor, measures were also taken, such as increased skin-to-skin contact, late clamping of the umbilical cord, which directly and indirectly decrease health costs and hospitalizations, intake of food or liquids and even discouraging practices with use enemas and hair removal in the perineal region". Also acting in the educational part of patients, addressing themes such as: breastfeeding, puerperal care, in addition to others related to the mother-child binomial. In this process, the subjects produce, in an interface between the individual and the collective, knowledge that is specific and shared, in which doing, the action, has a predominant role⁷⁻⁹.

Performance and experience of an academic from the Specialization Course in Obstetric Nursing in normal childbirth

In 1986, when the Professional Nursing Practice Law was enacted, the Nurse was responsible for assisting pregnant women, parturients and women who had recently given birth, monitoring the evolution and labor and carrying out childbirth without dystocia, and for the latter, a nursing course is required. Specialization in Obstetric Nursing. From this, the practices were incorporated into the activities of academics in the Nursing undergraduate course, preparing them to provide better assistance to Women's Health. During the practices of the Specialization Course in Obstetric Nursing, there was the opportunity to perform activities in the pre-delivery such as anamnesis, auscultation of fetal heartbeat, pharmacological and non-pharmacological pain relief measures, evolution of labor encouraging walking and warm baths . In childbirth, participating in the control of contractions and stimulating skin-to-skin contact between mother and baby^{8,9}.

In women, a physical examination was carried out to check the evolution of the postpartum period, promotion of breastfeeding in the first hour of life, guidance on positioning and conduct during breastfeeding, and encouragement of the father's participation. The experiences of monitoring labor and birth are significant in the training of Obstetric Nurses, as it allows the student to relate the practical reality with theoretical knowledge, facilitating the understanding^{8,9}.

In my experience as an academic of the Specialization Course in Obstetric Nursing in a public hospital in the Capital of São Paulo, I had the opportunity to monitor and act in the different stages of normal birth, as well as to observe cesarean delivery. Performing admission, physical



and obstetric examination of parturients, guiding and providing support throughout the delivery and birth process, aiming at a less painful delivery, providing a positive outcome to the mother-baby-family triad^{8,9}.

Attention to normal childbirth follows two conceptions: the one characterized by the interventionist model, which aims at risk and is more practiced by doctors, and the most suitable is the Obstetrical Nurses, who act in a more humane way. The holistic model is still little observed, since in maternity hospitals women are separated from family members, live in strange environments, combined with the use of invasive procedures that cause pain and discomfort⁸⁻¹⁰.

Although the term humanization has been incorporated into health policies, the term has different meanings, depending on the different positions it refers to, whether they are leaders, decision makers and health professionals. The term has an important content for questioning excessively interventionist health practices, which are often considered dehumanizing practices⁸⁻¹⁰.

Several practices are considered humanizing and inserted as Humanized Assistance Guidelines for childbirth and birth by the Ministry of Health and the World Health Organization. In prenatal care, it is necessary to plan where and how the birth will be assisted; the pregnant woman's choice of place of birth must be respected. Upon admission, the woman's privacy and the choice of her companion must

be respected. During labor, fluids should be offered, information about the procedures to be performed; offer freedom of position and movement to the parturiente⁸⁻¹⁰.

Some conducts are harmful and must be eliminated, such as: routine use of enema and trichotomy; routine use of the supine position; administration of oxytocin to accelerate labor without indication; routine vaginal touch, among others. Unnecessary conduct is considered a violation of a woman's sexual and reproductive right to her integrity⁸⁻¹⁰.

Humanization of childbirth implies that Obstetrical Nurses respect aspects of women's physiology, without unnecessary interventions, recognizing the social and cultural aspects of childbirth and birth, guaranteeing sexual, reproductive and citizenship rights⁸⁻¹⁰.

Final Considerations

The performance of obstetric nurses with a humanized and respectful view of the role of women at birth is essential for the development of ethical-political attitudes during the training process to create strategies to overcome challenges for humanized assistance. A training focused on listening, guiding, welcoming, and creating a bond throughout the process of childbirth and birth. Acquisition of knowledge and attitudes that adhere to humanized care, this differentiated assistance brings satisfaction to parturients.

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