

Staying where you are or empowering: a look at dignity*Quedarse donde está o empoderarse: una mirada a la dignidad**Permanecer onde está ou capacitar: um olhar para dignidade***Sabrina Almeida Barreto
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2023;4(Sup.2):e364.<https://dx.doi.org/10.5935/2675-5602.20200364>*** Corresponding author:**scacholi18@gmail.com**Submission:** 10-25-2022**Approval:** 04-02-2023**Abstract**

The aim was to identify the highest recurrences of obstetric violence in public health institutions and describe preventive measures regarding the conduct and posture of the nursing team. This is an integrative review of the literature, which enabled the synthesis and analysis of scientific knowledge already produced on the topic covered. To systematize the data, 12 articles were selected, and the synoptic table was used as a collection instrument. The detailed analysis of the situation allowed us to see that when there are specialized professionals in the pre-delivery and delivery room, the number of obstetric violence has decreased, but there is still a reduction in incentives on the part of Public Institutions for continued teaching of these professionals. In this context, the present study provides important data on nursing professionals in their work within the pre-delivery and delivery room and on the humanization of care, which will contribute to improving the quality of care provided and the training of future professionals.

Descriptors: Humanization of Assistance; Natural Childbirth; Professional Training; Delivery Rooms; Nurses.**Resumen**

El objetivo fue identificar las mayores recurrencias de violencia obstétrica en instituciones de salud pública y describir medidas preventivas en relación a la conducta y postura del equipo de enfermería. Se trata de una revisión integradora de la literatura, que permitió la síntesis y análisis del conocimiento científico ya producido sobre el tema tratado. Con el propósito de sistematizar los datos se seleccionaron 12 artículos y se utilizó como instrumento de recolección el cuadro sinóptico. El análisis detallado de la situación permitió ver que cuando hay profesionales especializados en la sala de parto y parto, el número de violencia obstétrica ha disminuido, pero aún hay una reducción de incentivos por parte de las Instituciones Públicas para la continuación. enseñanza de estos profesionales. En este contexto, el presente estudio proporciona datos importantes sobre los profesionales de enfermería en su actuación en la sala de parto y parto y sobre la humanización de la atención, que contribuirán a mejorar la calidad de la atención brindada y la formación de los futuros profesionales.

Descriptores: Humanización de la Atención; Parto Normal; Capacitación Profesional; Salas de Parto; Enfermeras y Enfermeros.**Resumo**

Objetivou-se identificar as maiores recorrências de violência obstétrica nas instituições públicas de saúde e descrever medidas preventivas em relação à conduta e postura da equipe de enfermagem. Trata-se de uma revisão integrativa da literatura, a qual possibilitou a síntese e a análise do conhecimento científico já produzido sobre o tema abordado. Com o propósito de sistematizar os dados, foram selecionados 12 artigos e utilizado o quadro sinóptico como instrumento de coleta. A análise detalhada do quadro permitiu perceber que quando se tem profissionais especializados dentro da sala de pré-parto e parto o número de violência obstétrica diminuiu, porém ainda há uma redução de incentivos por partes das Instituições Públicas para o ensino continuado desses profissionais. Neste contexto, o presente estudo traz dados importantes sobre os profissionais de enfermagem em sua atuação dentro da sala de pré-parto e parto e sobre a humanização do cuidar, o que contribuirá para melhoria da qualidade da assistência prestada e na formação dos futuros profissionais.

Descritores: Humanização da Assistência; Parto Normal; Capacitação Profissional; Salas de Parto; Enfermeiras e Enfermeiros.

Introduction

In Brazil, around 3 million people are born each year, 98% of which happen in hospital establishments, whether public or private, considering that this directly influences the number of the Brazilian population, which includes family members and their social environment¹.

The moment of birth raises several questions related to the birth process and its route, about the pregnant woman's autonomy in decision-making, and especially the health strategies that can be applied to reduce maternal and child morbidity and mortality².

One of the main aggravating factors in the increase in maternal complications and deaths is obstetric violence, which is an invasive act against a woman or baby at the time of birth, characterizing it as less than human, embarrassing, and causing unnecessary and violent interventions, which end up transforming the experience of giving birth is terrifying and traumatizing, making the woman feel powerless. Furthermore, they are victims of psychological violence in the form of mean words, humiliation, and sexist jokes, leading to trauma and even postpartum depression³.

Every pregnant woman has the right to receive Humanized Assistance during labor in Public Health Institutions, bearing in mind that humanization in labor is care that does not compromise the safety of the parturient or the newborn during the entire process in which is hospitalized, all procedures that will be adopted must be recognized by the World Health Organization (WHO), and the pregnant woman has the right to choose the procedures that bring her safety and provide comfort and well-being, including pain relief⁴.

The incentive for the participation of obstetric nursing professionals in prenatal and labor monitoring came from the Ministry of Health, with the main objective of implementing initiatives to promote humanization and quality in care⁵.

The nurse has an important role in Humanized Birth Care, as they remain at the side of the woman during the entire process, from the first contact with the health service, where welcoming actions are carried out, clarification of procedures and routines for greater peace of mind of the pregnant woman. With care, practices focused on valuing women, strengthening the birth process, respecting their time, providing care for non-pharmacological pain relief, encouraging exercise, and allowing family support throughout the process⁶.

Considering that humanized birth has been advocated and that nurses play a very important role in this process to improve the care provided to women in labor, the importance of training professionals to use good practices in the pre-delivery room stands out, aiming to provide the patient with more dignified and humane care.

Given the above, this study is justified because, in the health team, statistical data about the high rate of obstetric violence in parturient women, where one in four Brazilian women is a victim of violence in public health units, generate important subsidies, for the dimensioning and implementation needs of public health actions and policies that have a direct impact on the quality of services provided

to this population, as well as promoting the professional improvement of the team that deals directly with postpartum women from the first care to hospital discharge⁷.

Therefore, this study proposes as an object of study, the training of professional nurses who work in the pre-delivery room in favor of the humanization of normal birth to reduce the number of obstetric violence in public health institutions.

The objective was to identify the highest recurrences of obstetric violence in public health institutions and describe preventive measures concerning the conduct and posture of the nursing team.

Methodology

This is an integrative review of the literature, which enables the synthesis and analysis of scientific knowledge already produced on the topic covered. The research was designed to identify the highest recurrences of obstetric violence in public health institutions and describe preventive measures concerning the conduct and posture of the nursing team.

The construction of an integrative review is developed from six steps, which were followed: identification of the theme and selection of the research question, establishment of inclusion and exclusion criteria/search in the literature, identification of pre-selected studies and selected, categorization of selected studies, analysis and interpretation of results and synthesis of knowledge on the topic and presentation of the review^{8,9}.

They were collected between August and October 2021, using databases and electronic libraries: Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Latin American and Caribbean Literature in Health Sciences (LILACS).

The Medical Subject Headings (MeSH) were used "humanization of care" and its synonyms "humanization", "Humanization of Hospital Care", "Humanization of Services", "National Humanization Program of Hospital Care", "normal birth" and its synonyms "natural birth", "water birth", "water births", "Lamaze Technique", "professional training" and its synonym "professional training", "nurses and nurses" and its synonyms "nurse", "nurse and nurse", "nurses", "nurse and nurse", "registered nurses", "nurses and nurses", "delivery rooms" and their synonyms "Obstetric Center", "Hospital Obstetric Center", "Delivery Room" and "violence against women" and its synonyms "crimes against women", "crimes against women", "crimes against women", "domestic and sexual violence against women" and "violence against women", using "OR" and "AND". Through the VHL platform, a total of 489 articles were found, 196 of which were in the MedLine database, 143 in LILACS, and 150 on the PubMed platform.

In accordance with the pre-established eligibility criteria for carrying out the research, the following are the inclusion criteria: time frame of the last five years, full text available free of charge and articles in English and



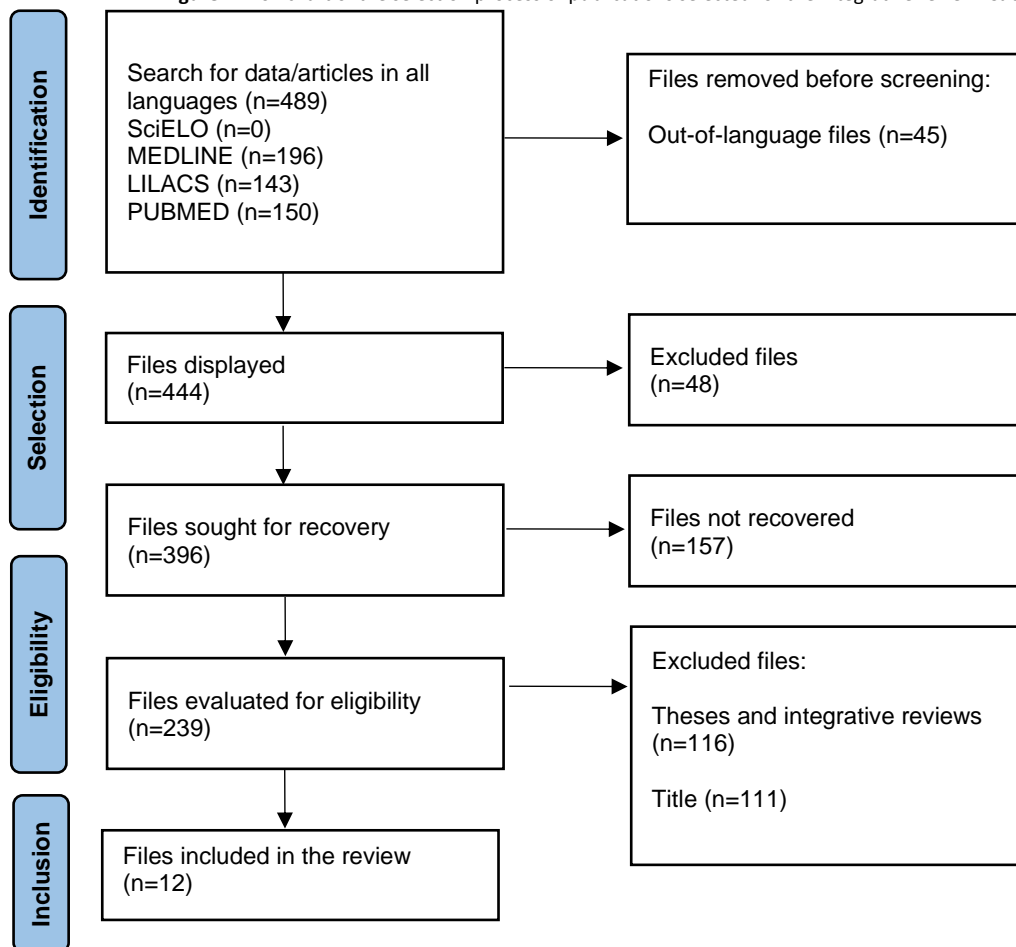
Portuguese that address subjects directly linked to the research object of the present study, This is the training of professional nurses who work in the pre-delivery room in favor of the humanization of normal birth to reduce the number of obstetric violence in public health institutions. Exclusion criteria: articles in languages other than those we searched for, theses, and articles with themes that diverged from the focus of the research.

The organization of the data was carried out using a synoptic table with some variables that facilitate the identification of the structures of the articles, including article title, year of publication, methodology, results, and conclusion. As for critical evaluation, reading was carried out

using Bardin's methodology, which foresees three fundamental phases, namely: pre-analysis of content and organization, exploration of the material, and coding of content categorization and treatment of the results obtained and interpretation¹⁰.

The search resulted in 196 publications in the SciELO database, 143 publications in the LILACS database, and 150 publications in the PUBMED database, totaling 489 publications. Summaries repeated within the database itself were excluded, as well as those repeated in both bases, theses, and integrative reviews. After reading the titles and analyzing the manuscripts, only 12 articles remained in the final selection (Figure 1).

Figure 1. Flowchart of the selection process of publications selected for the integrative review. Cabo Frio, RJ, Brazil, 2022



Results

To systematize the data from these 12 articles, a collection instrument called a synoptic chart was used,

covering: title, year, methodology, results, and conclusion (Chart 1). The articles included were published in the last five years.

Chart 1. Publications selected from scientific literature bases, according to their characteristics. Cabo Frio, RJ, Brazil, 2022

Title	Year	Methodology	Results	Conclusion
Barreiras à implementação das recomendações sobre o parto no Brasil: a perspectiva das mulheres	2020	Review	Fifty-two categories of meaning and then reorganized into nine thematic groups: labor and birth care model, human resources management, knowledge and beliefs, gender relations, health services management, attitudes and behaviors, communication, socioeconomic conditions, and political interests.	For successful implementation, it is essential to engage healthcare leaders, professionals, and users to change the model of labor and delivery care. It is also necessary to develop intersectoral initiatives to improve the socioeconomic conditions of women and families and reduce gender inequalities.



Posturas eretas no parto e a prevenção de lacerações perineais: uma revisão sistemática e metanálise	2020	Systematic with meta-analysis	Twenty-six studies were listed and 8 were selected for meta-analysis. The level of scientific evidence was classified by the GRADE System and considered high. There was no statistically significant difference between vertical positions about horizontal positions.	Adoption of upright positions during natural birth can be encouraged by professionals, as it can prevent serious perineal lacerations; however, it is not possible to accurately state its effectiveness over horizontal positions for an intact perineum result.
Violência obstétrica: influências da exposição Sentidos do Parto na experiência do parto de gestantes	2019	Multicenter and multimethod cross-sectional with a quantitative and qualitative component	Obstetric violence was reported by 12.6% of women, most of whom were low-income and single. It was associated with the lithotomy position and Kristeller maneuver during birth and non-immediate skin-to-skin contact with the baby. The main categories of obstetric violence reported were interventions not accepted/interventions accepted based on partial information (36.9%), unworthy care/verbal abuse (33.0%); physical abuse (13.6%); non-confidential/non-private care (2.9%) and discrimination (2.9%).	Initiatives such as Senses of Birth can contribute to increasing knowledge and social mobilization for the dissemination of good practices in childbirth care.
A construção social da violência obstétrica de mulheres Tenek e Nahuatl no México	2019	Qualitative and sociocritical	Through discourse analysis, it was identified that the participants did not have sufficient information about obstetric violence and/or sexual and reproductive rights. This makes it impossible to associate their negative experiences with the legal term "obstetric violence". Most of his speeches correspond to the legal term "obstetric violence". Experiences such as prolonged fasting or the use of technologies to invade their privacy were narrated as situations that they perceived as violent but were not incorporated into the legal term.	Multiple actions against women's human rights take place in delivery rooms. The majority remain unidentified by users, as they have not socially constructed the image of obstetric violence. However, this fact does not make them any less susceptible to feeling attacked and denigrated during their birth experiences.
Práticas de atenção ao parto na experiência de puérperas: análise à luz da humanização	2021	Qualitative	Practices that distanced themselves from humanization predominated, such as enema, water and food restriction, frequent vaginal exams, episiotomy, Valsalva and Kristeller maneuvers. The practices that came closest to humanization were the presence of a companion, the use of pain relief methods during childbirth, and early skin contact between mother and baby.	The experiences of postpartum women were mainly marked by harmful or ineffective professional conduct, carried out inappropriately and with little scientific evidence about their effectiveness. It is expected to support reflection on the need for review and updating regarding good practices in childbirth care.
Vivenciando as desordens na prática do cuidado do enfermeiro obstetra: o olhar complexo ao fenômeno	2021	Qualitative	Obstetric nurses experience disorders concerning their autonomy, the doctor's power, and obstetric violence in the birth process, the lack of support from health management and maternity hospital management, the lack of network organization, and, consequently, they experience feelings of negative performance.	These must be overcome as a possibility of changing the obstetric nurse's care model.
Vivências de mulheres sobre o parto	2020	Qualitative	Preference for the type of birth, the time to go to the hospital, the presence of a companion, contact with the baby postpartum, the lack of female protagonism, the unwelcoming environment, and the perception of care.	Urgent aspects to be reviewed in childbirth care, such as the lack of bond between the woman and the health team and restrictions with the companion, which distances the practice from what is defined as a priority by the National Humanization Policy.
Sentimentos e vivências do parto: uma abordagem	2020	Theoretical and methodological framework	From the analysis of the interviews, three guiding axes emerged, and these were constructed from nine categories. It was found that humanization policies and	Analysis of this study shows that women are sensitive to aspects such as relationships with professionals, care centered on the person with



metodológica interpretativa			programs in the obstetric area still do not meet the needs of parturient women, which culminates in imbalances in the labor and birth process.	their weaknesses, and adequacy of the physical environment.
Humanização do parto na perspectiva da equipe de enfermagem de um Centro de Parto Normal	2020	Descriptive and qualitative	The study participants recognize the relevance of their work and identify the nursing profession as a protagonist in humanized care. These present the perception of humanized birth related to the woman's autonomy, in addition, they understand that the humanization process begins from the moment the woman enters the birth center.	Nursing professionals demonstrated scientific knowledge about humanized birth care and humanization practices for the parturient woman.
Vivências de puérperas frente à atuação da equipe de enfermagem durante o trabalho de parto	2020	Qualitative	The following categories emerged: "the experience of postpartum women during labor" and "the role of the nursing team towards women in labor". Women who face this process need humanized treatment from the nursing team, which can alleviate the difficulties faced and give strength and security to future mothers.	Women who face this process need humanized treatment from the nursing team, which can alleviate the difficulties faced and give strength and security to future mothers.
Violência obstétrica: influência da Exposição Sentidos do Nascer na vivência das gestantes	2019	Transversal	Obstetric violence was reported by 12.6% of women and was associated with marital status, lower income, absence of a partner, birth in lithotomy position, performance of the Kristeller maneuver and early separation of the baby after birth. The following predominated in reports of obstetric violence: non-consensual intervention/accepted with partial information, unworthy care/verbal abuse; physical abuse; non-confidential/private care, and discrimination.	The recognition of obsolete or harmful procedures in childbirth care as obstetric violence was still low. Initiatives like this can contribute to expanding knowledge and social mobilization about labor and birth care practices.

The detailed analysis of the table allowed us to see that when there are specialized professionals in the pre-delivery and delivery room, the number of obstetric violence has decreased, but there is still a reduction in incentives on the part of Public Institutions for continued teaching of these professionals.

Based on the results found in the studies, it was possible to divide them into three categories, according to their thematic affinity: Obstetric violence; Humanization of care in public health institutions, and training of the nursing team. This makes it clearer to view all articles.

Discussion

Obstetric violence

Motherhood is a period of great changes in a woman's life, whether physical or psychological, among which we can mention the anguish of what childbirth will be like. In the past, childbirth was carried out respecting its natural course, without the use of mechanisms, and mainly in a way that included the family environment. However, over the years there have been significant changes in the way of giving birth, such as cesarean section, forceps, natural, maneuvers that help speed up birth, the presence of a trained professional, be it a doctor or obstetric nurse, and these insertions have brought some benefits, however, it

contributed significantly to the dehumanization of childbirth, opening the way for obstetric violence¹¹.

Obstetric violence is the term used that encompasses all types of violence suffered by women during the gestational period, which occur verbally, institutionally, morally, physically, and psychologically, being considered from delays in care, refusal of hospitalization, administration of analgesics, disrespect for privacy and freedom of choice, coercive or non-consensual procedures, among others. In Brazil, it was found that one in four women suffers some type of violence during childbirth, observing the context of obstetric violence, there is a need to modify this scenario, humanizing assistance to women in labor, including changes in the environment, in the work of the health professional, especially nurses. Of the obstetric violence most cited in research, it includes episiotomy, Kristeller maneuver, use of dilation medications without consent, unjustified cesarean section, and amniotomy^{12,13}.

Childbirth and birth are a significant moment in a woman's life, but they can be remembered as traumatic experiences, in which the woman feels disrespected, violated, and physically and morally attacked by professionals who should provide humanized assistance. Every woman has the legal right to autonomy and must be treated with respect and dignity throughout the pregnancy- puerperal cycle¹⁴.



Humanization of care in public health institutions

The term humanize has been used in childbirth care for several decades, with different meanings. The humanization of Health Care appears as an option to modify the scenario in the SUS, which demands changes in the different stages that make it up, being actions that promote immediate contact between mother and child, favoring the creation of bonds and encouraging breastfeeding, bringing numerous advantages for both the woman and the baby¹⁵.

Humanization in Women's Health Care implies the promotion, recognition, and respect for rights, including the gestational period, labor, and birth, placing women as protagonists, since childbirth, in addition to being a biological and social event, this encompasses the entire family and community, therefore, health professionals have a supporting role, remaining on the woman's side to provide support, guide and know how to recognize critical moments¹⁶.

The humanization of childbirth refers to a set of changes in obstetric practices, where it is essential to identify factors associated with privacy, satisfaction, environment, and respect for women's autonomy, to identify the attributes necessary for care during labor and birth. are carried out by the rights of the health system user¹⁷.

Training of the nursing team

The obstetric nurse is a professional who contributes to minimizing acts of obstetric violence, offering reliable and safe access to prenatal, childbirth, and postpartum care, routine exams, and mainly reducing unnecessary cesarean sections, with training being extremely important. technical-scientific and updated practices concerning professional conduct¹⁸.

Scientific evidence in obstetric practice signals barriers in the work process and in the organization of the physical structure of health services, such as high work demand, precarious physical structure, reduction of beds and qualified professionals to serve the number of births in institutions, also has limitations related to the training of professionals, focused on interventions during childbirth¹⁹.

The presence of the nursing team in childbirth care, offers welcoming, support, affective, psychological, physical,

and emotional support, both for the parturient and for her companion, uses humanized practices, and mainly prioritizes the role of the woman in childbirth. However, for assistance to be provided in a qualified and safe manner, it is important that nursing professionals have training based on humanistic principles, have the necessary knowledge, and are qualified to work in this type of assistance²⁰.

Having specialized professionals in the pre-delivery and delivery room contributes to the process of aggregating humanization principles. Due to this, continuing health education is perceived as having great relevance for the progress of work in the SUS, aiming for professional development and quality in the care provided²¹.

Final Considerations

The present study focused on identifying the highest recurrences of obstetric violence in public health institutions and describing preventive measures to the conduct and posture of the nursing team. Important data were obtained for better health care, highlighting the nurse, who positions himself directly and continues with these patients.

It was observed that the most cited obstetric violence in research was episiotomy, Kristeller maneuver, use of dilation medications without consent, unjustified cesarean section, and amniotomy.

We also see that the presence of an obstetric nurse in the pre-delivery and delivery room makes all the difference in caring for patients and their families and that there is a reduction in the rate of obstetric violence, thus making care as humane as possible.

It was noted that there is no direct incentive from Public Health Institutions for professionals to train in the area in which they work and that recurring complaints are barriers in the process and in the organization of the physical structure itself.

In this context, the present study provides important data on nursing professionals in their work within the pre-delivery and delivery room and on the humanization of care, which will contribute to improving the quality of care provided and the training of future professionals.

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