

RESEARCH ARTICLE

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PERCEPTIONS OF NURSING UNDERGRADUATE STUDENTS ABOUT HUMANIZED CHILDBIRTH

¹Juliana Conceição Dias Garcez, ²Andressa Cristina Lobato Gomes, ²Bruno Gomes de Oliveira, ²Renato Hugo Dias Melo, ³Letícia Diogo de Oliveira Moura, ⁴Larissa Cristina Barros, ⁵Marcelly Monteiro da Silva, ⁵Thainara Braga Soares, ⁵Fernando Conceição de Lima, ²Daniele Melo Sardinha, ⁶Ana Gracinda Ignácio da Silva, ⁷Adriana Letícia dos Santos Gorayeb and ⁸Rubenilson Caldas Valois

¹Nurse. Master in Nursing, State University of Pará - UEPA. Dean of Nursing, Metropolitan University Center of the Amazon- UNIFAMAZ. Belém, PA, Brazil

²Nurse. Metropolitan University Center of the Amazon - UNIFAMAZ. Belém, PA, Brazil

³Midwife Nurse, Federal University of Pará – UFPA. Preceptor at the Metropolitan University Center of the Amazon – UNIFAMAZ and University of the Amazon – UNAMA. Belém, PA, Brazil

⁴ Nurse. Master Student in health and Education in the Amazon, State University of Pará - UEPA. Coordinator of Clinicals in Basic Care at Metropolitan University Center of the Amazon - UNIFAMAZ. Belém, PA, Brazil

⁵Academics of Nursing. Metropolitan University Center of the Amazon - UNIFAMAZ. Belém, PA, Brazil

⁶Nurse. PhD in Nursing by Federal University of Rio de Janeiro, Professor at Metropolitan University Center of the Amazon - UNIFAMAZ. Belém, PA, Brazil

⁷Nurse. Master Student in health and Education in the Amazon, State University of Pará - UEPA. Rector of Metropolitan University Center of the Amazon - UNIFAMAZ. Belém, PA, Brazil

⁸Nurse, PhD in Tropical Diseases. Federal University of Pará UFPA. Professor at State University of Pará - UEPA and Metropolitan University Center of the Amazon - UNIFAMAZ. Deputy Leader of the Research Group - PESCA-UEPA. Belém, PA Brazil

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ABSTRACT

Humanization in childbirth is a widely discussed subject because it runs through values and practices that evolve relationships among human beings. Humanized care must be centered in parturients needs, not only in procedures and technical standards. Thus, undergraduate nursing students perceptions are extremely relevant for this scenario, once the concept of humanized care should be understood during academic formation of these future professionals, aiming even more humanized care during prenatal and childbirth care, granting women's rights and autonomy. The present study has as its goal to investigate the perceptions of nursing undergraduate students of an institution of higher education from Belém – PA about humanized care. It is a field research with qualitative approach and descriptive character. An interview with 15 senior nursing students was done, using a semi structured script. To analyze the collected data, Bardin's methodological steps were applied. As results, from student's depositions, three categories emerged: Perceptions on the politics of humanization; Perceptions about humanized childbirth; and Perceptions of Humanized Childbirth Assistance during the internship. It is possible to conclude that there is the need to reinforce humanization politics in childbirth, on a transversal way during undergraduate formation process, with methodologies and teaching-learning experiences that facilitate the association between theory and practice.

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INTRODUCTION

Historically, childbirth is known as a natural process that until then was performed with the help of midwives. With the formalization of obstetrics in the nineteenth century, a large part of midwifery activity reduced considerably, resulting in

the institutionalization of childbirth (Fossa et al., 2015; Carvalho et al., 2009). Studies have shown the increase in the number of cesarean sections performed in Brazil. By 2014, 52% of deliveries happened this way, 88% of which were in private network. Thus, maternal mortality, which is a serious

violation of women's human rights, has increased due to the complications of excessive unnecessary interventions during childbirth and postpartum (Botelho *et al.*, 2014; Mafetoni and Shimo, 2015). In order to recover the physiological nature of childbirth, the World Health Organization recommends humanized childbirth, avoiding unnecessary interventions and offering greater security to the mother and child, taking into account the biopsychosocial and religious aspects. In Brazil, policies such as the Prenatal and Birth Humanization Program (PHPN) and the Stork Network (CR) have emerged to expand the humanization process and generate more security during pregnancy, childbirth and the puerperium (Brazil, 2014; Guerra *et al.*, 2016; Caralo, 2014). According to the programs mentioned above, humanized childbirth and its benefits should be presented to the woman still in prenatal care, with the purpose of making this moment unique and positive, since it is in the gestation that the woman develops her feelings towards to childbirth.

The nurse is fundamental in this process, since he must have humanized care among his therefore the professional must be guided and encouraged in the academy, where he builds his / her knowledge (Carvalho, Pinheiro and Ximenes, 2010). The process of humanization of childbirth also involves analyzing professional training proposals, yet focused on the technical and rational learning, at the same time, leaving aside the creativity and sensitivity, which ends up reflecting in the non-humanized care due to insecurity and lack of academic preparation (Lazzari, Jacobs and Jung, 2012). Considering the difference between what is advocated and the reality observed, the interest for the research appeared, because from Women's health internship in hospital environments, it was possible to perceive the negligence with the parturient emotional needs, as if was not part of the assistance and promotion of humanized care. Thus it is remarkable that humanization must be rethought recurrently within educational institutions. In this perspective, the presented situation brought as a research question: What is the perception of nursing undergraduate students of a Higher Education Institution (IES) of Belém - Pará, about humanized childbirth?

Thus, this research has as guiding questions: How is the formation of nursing undergraduate students promoted in relation to humanized childbirth at an IES in Belém - Pará? What are the expectations of nursing students regarding the assistance of humanized labor as a nurse?

MATERIALS AND METHODS

This is a descriptive research with a qualitative approach that was carried out at a Higher Education Institution (IES) in Belém - Pará from September to October 2017, with senior students from the 9th and 10th period of the Nursing Undergraduate Program. The research was carried out after approval by the ethics and research committee of the Metropolitan University Center of the Amazon (UNIFAMAZ) under registration CAAE 73859617.9.0000.5701 and in accordance with the principles and guidelines of the resolution 466/12 of the National Health Research Council (CNS) involving research with human beings. The selected sample consisted of 15 (fifteen) students and had as inclusion criterion: students of the Bachelor of Nursing course, students aged 18 years and over, students regularly enrolled in the respective periods in the IES. Students who did not accept the recording of their interview, students who work in the area of

obstetrics as health professionals, students who had not yet studied the discipline of Women's Health in case of adaptation and students who have not yet completed a supervised internship in obstetrics were excluded from the study. To obtain data, the semi-structured interview was used, with a specific script divided into two stages: characterization and perception of the nursing students, which was previously scheduled and recorded using electronic audio support, having an average duration of 30 minutes. The recorded information was transcribed in its entirety and later analyzed according to the methodological moments proposed by Bardin (2016), in which the content analysis is composed of three stages: pre-analysis; exploration of the material and the treatment of the results from the answers of the research subjects. In this sense, careful reading of the testimonies was carried out, seeking an authentic pass-through of the information collected and after the classification and aggregation of the data, the interpretation of the data and the comparison with the specific literature were performed. All precautions were taken by the researchers to minimize apparent risks to those involved in the research, such as tiredness, embarrassment, discomfort about the questions related to the topic, exposure to their identification, as well as prejudice in the routine of the participants' studies and lack of understanding of the questions asked, thus bringing comfort and safety to the participants. As for the benefits for researchers, researchers and institutions, it was notorious to attribute critical thoughts, making it possible to disseminate knowledge based on the evidence obtained and to contribute with the IES to evaluate the nursing curriculum, evidencing if the subject in question is being addressed in a meaningful and effective manner, as well as teaching methods.

RESULTS

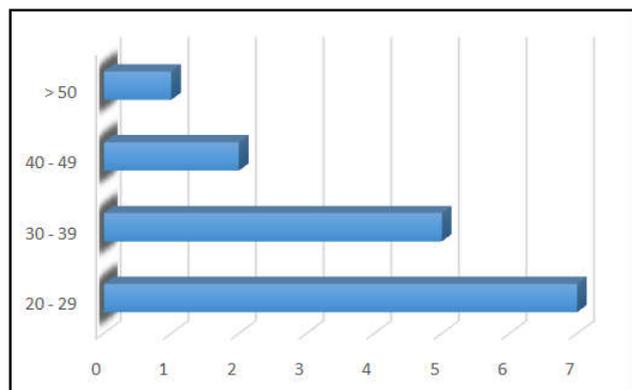
The research had the participation of 15 students, where their interviews were grouped in two stages. The first one refers to the characterization of the participants and the second corresponds the perception of the academics with respect to the theme.

Characterization of participants: From the total sample of participants, all of them attend the 9th or 10th period of the Bachelor of Nursing course, 100% reported having participated in conferences and lectures on the topic discussed while in the 6th or 7th period of the course. Based on the 22- to 51-year age range of the respondents, the majority of respondents were between 22 and 29 years old, representing 46.6% of the population surveyed, the second highest index being composed of 33.3% of the participants and is between 30 and 39 years old, followed by students from 40 to 49 years old representing a percentage of 13.3% and finally students over 50 years of age constitute 6.6% of all sample studied, according to Chart 1. With the study population, it can also be noted that 67% are female and 33% are male, as shown in Graph 2.

Perceptions of academics: After analyzing and interpreting the collected data, which were analyzed through the content analysis of Bardin (2016), three categories emerged: Perceptions on the politics of humanization; Perceptions about humanized childbirth; and Perceptions of Humanized Childbirth Assistance during the internship.

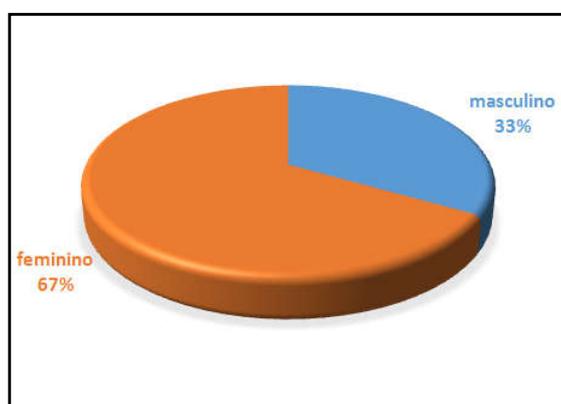
Perceptions about the politics of humanization: When questioned about their knowledge and understanding about the National Humanization Policy (PNH) and PHPN, the majority

of the students stated that they knew about it, reporting that they had already heard about them.



Source: Field research, 2017

Chart 1. Age group of students



Source: Field research, 2017

Graph 2. Gender of the students

"That she prioritizes good practices right, without any intervention that is hasty manual" DIS2.

"My understanding in the humanized SUS is that the patient, that is, the woman, should deliver the child in the calmest and most tranquil way possible with the least unnecessary intervention." DIS9.

Well, for what the protocol says and for what little I know is the prioritization of humanized delivery, that all institutions, mainly public, they advocate humanized childbirth, except when there is some distortion or intercurrent that has to be taken for cesarean delivery, but this ultimately" (DIS1).

Perceptions about humanized childbirth: The students, when asked about the perception about humanized delivery, referred in their totality that humanized delivery is the delivery of a labor without any type of pharmacological intervention or maneuver, it is a birth where the woman assumes her role of protagonist, according to the following testimony:

... based on what I saw in the classroom and also the work we did for a congress, on the subject, the humanized birth came to rescue the natural form of birth, it gives the woman the right to choose the way she wants to give birth. Humanized labor seeks good practices for childbirth as non-invasive techniques for pain relief, bathing, massages, use of the swiss ball and others. It is also a labor without

unnecessary interventions such as oxytocin, cesarean section, episiotomy, etc. humanized delivery ensures the autonomy of women (DIS6).

They also present the issue of humanized childbirth through respect for women, and this is the primary factor for the humanization of childbirth care, as can be seen in the following speech:

Humanized childbirth is everything that leaves that woman at ease to choose who she wants to be with her at the time of childbirth, it can be husband, mother, sister to neighbor as long as she has confidence in that person. It is to accept whether or not she wants to participate in certain actions that the professional can leave vulnerable at that moment, then the humanized childbirth is you explaining to the woman the rights she has, that she is having the right to choose at that moment (Dis10).

Perceptions of Humanized Delivery during the internship:

At this point, the divergence of opinion among the students was noticed, as some reported having seen humanized and qualified assistance to the parturient during internship, from the reception to the postpartum, emphasizing the good practices that were carried out by the team during the work of delivery, as well as the well-structured environment containing all the necessary support for the parturient, newborn and companion. Other participants reported that they had a superficial experience of humanized care at childbirth, as shown in the following statements:

"To a great extent, yes, I did notice that there was a special reception for the parturients, but in others I noticed that the assistance was done very hastily and the women did not feel comfortable to talk." DIS 4.

"Little assistance, because it was not always possible to give the necessary care to them, even with the structure up to good, but the routine is very rush and does not give time, because most of them seek only amount of assistances or the professionals do not know much about the subject" DIS6.

Some participants reported having seen the use of maneuvers that go against the principles of humanized childbirth, often generating complications for the mother and child.

... the person knows that it is wrong but she tries to convince you that Kristeller's maneuver is a maneuver that must be done, that the Episiotomy is a maneuver that must be done, understood? And we know that it is not necessary, that many times the professional wants to streamline his side, you know? He wants to leave earlier ... (DIS7).

We are practically in the 21st century and I still witnessed obstetric violence, you know? I saw it in several health units, it is not in all health facilities that I have participated in this field of obstetrics, but there are some hospitals that until today it occurs... (DIS10).

The verbalizations of the interviewed students show that the administrative overload and the haste for the shift of the multiprofessional team turns out to reflect in the assistance, because they report that many professionals give more attention to the bureaucratic service leaving the direct assistance to the patient absent, as shown on the following speeches:

"... I saw the nurse making a chart, filling out a birth record, making a report, doing an activity report from the obstetric center, and I did not see much of the nurse working in care ..." DIS8.

"... it is time for the doctor to deliver the passage on duty, he will do the procedures as fast as possible because he does not want to pass from his time ..." DIS14.

In general, the students attributed to the work routine and lack of knowledge of the professionals as factors that hamper the practice of humanized care to the woman patient, as we can see below:

"I believe there is a lack of staff training, especially" DIS1. The factors are many, among them I could observe that there was lack of knowledge on the part of the professionals specially of the older ones, on the new practices and policies of humanization. Lack of continuous education, as well as the hurry to finish procedures sooner by some professionals (DIS15).

"The lack of professional knowledge ..." DIS10.

Lack of preparation for the professionals involved, the structure of the places for delivery, the lack of empathy for the majority of professionals, especially the older ones who do not seek to update themselves, also the medical category that does not want to wait the time of a natural birth, since the c-section is faster (DIS6).

Regarding the expectations of the students about the humanized birth in the field of internship, they reported mostly that they created a positive expectation. However, when they arrived at the internship environments they were faced with diverse situations that left them confused and even discouraged to enter the area. As we see in the following speeches:

To tell the truth, there is a contradiction of what we see in theory and what we see in practice. During the practices I've been in, I've been able to observe things and procedures that should not be done, so this ends up leaving people a little confused between what we're going to see in theory and what actually happens in practice (DIS9).

... we come to the practice, we see that the theory confronts it with the system, so in some places we see the practice of humanization, but in other places we do not. Even I think that for me not to become a frustrated professional with other professionals, I will no longer do obstetrics, I will do something else ... (DIS7).

Even in the face of negative arguments regarding the expectation of students about humanized childbirth during their internship, the students also made clear the desire to see in the future a more humanized, comprehensive care in health services with more qualified professionals willing to take these politics out of the paper and insert into their daily activities.

I hope that this new generation of nursing professionals can change this aspect of midwife nursing, that we can take from the role all those premises that the policies bring and in fact practice what they advocate for, in addition, that we are open to transformations for the improvement of services, always seeking to be recycled, that we are nurses

committed to our work, always having responsibility and professional ethics and above all that we can practice empathy in our service independent of the situation (DIS15).

DISCUSSION

According to COFEN (2015), the nursing team is predominantly female, but it can be said that over the years it has tended to masculinize the category, since there has been a growing increase of the male contingent in the category and it was possible to prove this with the research, since 67% of the study population are female and 33% male. With regard to training during graduation, Carvalho; Pine; Ximenes (2010), says that humanization is fundamental for the training of health professionals, especially the nurse who must have this competence, Busanello *et al.* (2011) emphasizes that the process of humanization must be permanent, from academic to professional life, because humanization must be present in its essence, so that it can reflect on the care of the parturient. In this way, the participant students are being trained in this perspective, but still focused during the semesters where Women's Health Care is developed. It was realized that academics should not only be limited to classroom teaching and internships, but should seek to complement them by participating in congresses and events related to the subject. The update on the subject is extremely important even while in academy, enabling the attribution of knowledge, so that academicians can recognize the parturient as a complex and unique being, who needs a holistic vision and professionals sensitive to their needs (Lazzari, Jacobs and Jung, 2012).

Perceptions about the politics of humanization: We emphasize that the students in their speeches centered their knowledge on the care provided to the parturient only during labor, leaving aside the policy strategies such as improved access, postpartum care and rights to the newborn. According to Silva *et al.* (2013), in order to support and guarantee the pregnant woman a qualified care, health policies related to the moment of pregnancy and childbirth, specifically with the PHPN, implement the policies of the National Program of Integral Attention to Women's Health and aim delivering integrated, effective and humane obstetric care. Although the students mentioned the guarantee of women's rights during childbirth and care at all levels of health care, it can be seen that they have a limited understanding of the policies cited, not being able to explain about PHPN and RC for example. The PHPN was established by the Ministry of Health, which was subsidized in the analyzes of the needs of specific attention to the pregnant woman, the newborn and the mother in the postpartum period, in which respect for these rights and the perspective of humanization appear as structuring elements (Silva, 2013). The main strategy of the PHPN is to ensure improved access, coverage and quality of follow-up in prenatal care, childbirth care, postpartum care, pregnant women and the newborn from the perspective of citizenship rights (Brazil, 2014). According to Cavalcanti *et al.* (2013), RC was created in 2011 with the aim to reduce the high prevalence of the medicalization of birth and the use of technologies without evidence of science, such as cesarean sections and unnecessary interventions in childbirth, also including the pregnant woman as the main character of gestation and delivery process. The CR still guarantees women the right to reproductive planning and humanized attention to pregnancy, childbirth and

puerperium, as well as to the child's right to safe birth, growth and healthy development (Brazil, 2017).

Perceptions about humanized childbirth: From the analysis of the discourses, it was possible to perceive that the students understand that the essence of humanized childbirth is respect for the parturient, taking into account their biopsychosocial status, as well as making the woman assume the role of childbirth's protagonist, having autonomy over the whole process. Scarton *et al.* (2014) states that the nursing care given to women in the parturitive process is configured in the search for a more affective relationship and closeness to the parturient. In this context, humanized childbirth should be understood in the sense of welcoming the human being as a unique being, involving it in an integral and differentiated care, guaranteeing and respecting their rights of citizenship. Although nursing students have reported that childbirth without interventions is a practice of humanized care, humanized childbirth care goes beyond childbirth without unnecessary intervention. According to Silva *et al.* (2015), humanization includes, among others, two fundamental aspects: the first concerns the conviction that it is the duty of the health units to receive with dignity the woman, her relatives and the newborn. This requires ethical and supportive attitudes on the part of health professionals, organization of the institution in order to create a welcoming environment and adopt hospital procedures that break with the traditional isolation imposed on women. The second refers to the adoption of measures and procedures known to be beneficial for the follow-up of childbirth and birth, avoiding unnecessary interventionist practices which, although traditionally carried out, do not benefit the woman or the newborn and which often entail greater risks for both.

Perceptions of Humanized Delivery during the internship: Despite student's high expectations of humanized childbirth, some of these expectations were lowered upon arrival at the internship camp, when they perceived that the care provided differed from what is found in the literature, but 100% of the interviewees wish that the principles and objectives of the policies that involve humanized childbirth can be put into practice and that future nurses can contribute positively to it. It is important to emphasize that the supervised curricular stage contributes decisively to the formation of the theoretical and practical perception and evolution of the future nurse, reflecting in the work processes as a nurse (Lima *et al.*, 2014). According to Benito *et al.*, (2012), the supervised curricular stage provides the integration between student, teacher and service, offering the opportunity of direct contact with the health of the population and consolidation of the knowledge acquired during the undergraduate program, offers different conditions than what was seen in the classroom. In some places of the internship humanized childbirth is not being approached as it should and this ends up hampering the development of nursing academics. It was possible to see that academics are aware of humanized care as well as acknowledge the obstetric violence they witnessed in training fields and are aware that this impairs the safety of women and children. Unfortunately, humanized childbirth is still not being experienced everywhere, for Quinino (2015), improving maternal health and preventing preventable deaths is still one of the most important national and international goals in the field of reproductive health and rights, therefore, it is essential to preserve safety in order to obtain good results and to reflect on the well-being of the woman and the newborn, respecting

the constituted rights. The interviewee's perception about the aspects that hamper humanized care during childbirth is related to the overload of work, excessive bureaucratic service and lack of professional knowledge. All this ends up reflecting on the care that should be humanized, but it is not. According to Silva *et al.* (2013), nurses should put their knowledge at the service of the woman's well-being and her baby, giving priority to their care. Given the lack of professional knowledge, Ortega *et al.* (2015), mention that nurses need constant adaptations and reorientations in their activities, requiring behavior changes in the medium and short term for the service to maintain its development. Higher education in nursing has generally been concerned with training professionals with scientific knowledge and technical skills, with humanized care being desired, that is, their training is centered on the aspects of know-how to the detriment of being (Zimmermann, 2007).

Conclusion

Based on the analysis of the study it was observed that the student's perception about humanized childbirth is coherent with the national policy of humanization, but little in depth, mainly on the policies focused on the theme. It is believed that the fact of the lack of comprehensiveness on the subject is due to the contact with the subject from the 6th period of the course, in the Women's Health course. Another important factor verified in this research was the need to explore more about this subject within the classroom, and at different moments of the formation as well as from the beginning of the formation, since it was evidenced in the discourses that they only have greater access of these contents when they participate in alternative events such as lectures, congresses and fairs. It is concluded that there is the need to reinforce the issue of humanized childbirth in the transversality of the formation process, with methodologies and teaching-learning experiences that facilitate and fix the understanding. Finally, the necessary alliance between theory and practice, teaching and service, research and assistance in a convergent process in which professional training is in favor of SUS is highlighted. This research brings important contributions to nurses, since it may dissipate knowledge about humanized delivery, presenting the evidence of the study regarding the nursing student's perception about humanized delivery during the training, encouraging critical thinking about the humanization of childbirth, providing a holistic view of the process of caring for the parturient, family and companion. As well as leaving traces to the formulation of future strategies in the training, considering that it stressed the need to insert the humanization policy issue in childbirth at different times during the undergraduate formation and that it can be presented to students since the start of graduation.

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