

Grupos de gestantes: espaço para humanização do parto e nascimento

Groups of pregnant women: space for a humanization of labor and birth

Grupos de mujeres embarazadas: espacio para humanización del parto y nacimiento

Greice Carvalho de Matos¹; Caroline Carbonell Demori²; Ana Paula de Lima Escobal³; Marilu Correa Soares⁴; Sonia Maria Konzgen Meincke⁵; Kamila Dias Gonçalves⁶

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ABSTRACT

Objectives: To know the contribution that groups of pregnant women have upon building knowledge about the process of parturition. **Methods:** A descriptive-exploratory study, with ten women who participated of groups of pregnant women. The semi-structured interviews were recorded and transcribed. The analysis was based upon thematic analysis, after approval by the Research Ethics Committee-CAAE 20722913.7.DO00.5317. **Results:** From the analysis of the transcripts emerged the themes: Labor and delivery from the perspective of women who participated in the groups of pregnant women; and Childbirth Humanization and Birth: Knowledge vs. Experience. **Conclusion:** The group of pregnant women allows women to prepare for the delivery process, as an information and exchange experiences with other participants and health professionals provide input for their choices, and thus, knowledge is built on a reciprocal basis, in a trusting and learning environment.

Descriptors: Primary Health Care; Parturition; Health Promotion

¹ Nurse, Master in Sciences, Doctor in Nursing, Federal University of Pelotas/UFPel. <http://lattes.cnpq.br/4244897610025017>.

² Nurse, Master in Nursing, Nursing Professor at the Campus-Campus Bagé Region University, Specialist in Prenatal Care, PhD student at the Graduate Program in Nursing/Federal University of Pelotas-RS. <http://lattes.cnpq.br/1194888943412594>.

³ Nurse, Master in Nursing, PhD student at the Federal University of Pelotas. <http://lattes.cnpq.br/9330028621214515>.

⁴ Nurse, Master in Nursing Assistance, PhD in Nursing in Public Health from the University of São Paulo. <http://lattes.cnpq.br/3517680296989379>.

⁵ Nurse, Master in Nursing Assistance and PhD in Nursing at the Federal University of Santa Catarina. <http://lattes.cnpq.br/0776525182570104>.

⁶ Nurse, Specialist in Family Health Strategy with emphasis on public policies, Master Student in Health Sciences. <http://lattes.cnpq.br/0500320410106129>.

RESUMO

Objetivos: Conhecer o aporte dos grupos de gestantes na construção de conhecimento acerca do processo de parturição. **Métodos:** Estudo descritivo-exploratório, com dez mulheres que participaram de grupos de gestantes. Foi realizada entrevista semiestruturada, as quais foram gravadas e transcritas na íntegra. A análise foi fundamentada na Análise Temática, após aprovação pelo Comitê de Ética em Pesquisa-CAAE 20722913.7.DO00.5317. **Resultados:** Da análise das transcrições emergiram as temáticas: Trabalho de parto e parto sob a ótica de mulheres que participaram dos grupos de gestantes; e Humanização do parto e Nascimento: Conhecimento x Vivência. **Conclusão:** O grupo de gestantes permite à mulher preparar-se para o processo de parturição, visto que as informações e trocas de experiências com outras participantes e profissionais da saúde oferecem subsídios para suas escolhas e assim o conhecimento é construído de forma recíproca, em clima de confiança e aprendizado.

Descritores: Atenção primária à saúde; Parto; Promoção da saúde.

RESUMEN

Objetivos: Conocer la contribución de los grupos de mujeres embarazadas en la construcción de conocimiento sobre el proceso del parto. **Métodos:** Estudio descriptivo-exploratorio, con diez mujeres que participaron en los grupos de mujeres embarazadas. Se realizaron entrevistas semiestructuradas, las cuales fueron grabadas y transcritas. El análisis se basó en el análisis temático, después del aprobación del Comité de Ética de la Investigación-CAAE 20722913.7.DO00.5317. **Resultados:** El análisis de las transcripciones surgió el tema: Trabajar el parto desde la perspectiva de las mujeres que participaron en los grupos de mujeres embarazadas y La humanización del parto y nacimiento: Conocimiento x Experiencia. **Conclusión:** El grupo de mujeres embarazadas permite a las mujeres prepararse para el proceso de parturición, dado que las experiencias de la información y de intercambio con otros participantes y profesionales de la salud, proporcionan información para sus decisiones, por lo tanto, el conocimiento se construye sobre una base de reciprocidad, en la confianza y el clima de aprendizaje.

Descritores: Atención Primaria de Salud; Parto; Promoción de la Salud

INTRODUCTION

Childbirth is considered a social and biological event, and unique of every woman that is related to their life history, their beliefs and values. For this reason, the context and experience of women must be respected, in order that the woman might be the protagonist of this event.¹

Throughout history, care during labor and delivery occurred at the home environment, and the woman was usually assisted by a midwife of their trust and supported by their families. In the twentieth century, in order to reduce the high rates of maternal and infant mortality, occurred the institutionalization of birth, changing the domicile for hospitalization, and the consequent medicalization.²

The technological improvement of delivery care has resulted in the absence of solidarity and loss of affective contact. The care has become depersonalized, evidenced by rules and pre-established routines, focused on the doctor's

figure, divorcing the birth from the family environment and a humanistic care.³⁻⁴

In this sense, mechanistic and technological interventions applied to women in labor and delivery began to cause concerns. In the search for delivery's redemption as a natural event, with minimal interventions, the first ideas arise about the humanization of childbirth.⁵

For the Brazilian Ministry of Health humanized care should be carried out with the recognition of women and children's fundamental rights. Humanization is the right to choose: the place to be held childbirth, the form of assistance, the position for the birth, their partner's presence and the preservation of the physical integrity of mother and child. Thus, respect for labor and personal, cultural, sexual and family experience and the strengthening of women's role in the parturition process are important points to enable the autonomous participation of them in the conduct of their decisions and choices.⁶

In this sense the groups of pregnant women appear as a space where women can expose and share with others their experience in the management of pregnancy, childbirth and the postpartum period, bringing doubts and curiosities that only sharing (through the exchange and participation) can provide.⁷

For all of the indicated aspects it is believed that it is necessary to incorporate actions on a daily professional practice to motivate women to know and participate more actively of their pregnancy and giving birth, aware of their importance and their rights, acting with autonomy in its delivery process. The objective of this study is to know the contribution that groups of pregnant women has in the construction of knowledge about labor and childbirth.

METHODS

This study has a qualitative, exploratory and descriptive approach. The participants were ten women who attend a Basic Health Unit from a city in the interior of Rio Grande do Sul, Brazil. Inclusion criteria were: women who have participated in groups of pregnant women during their pregnancy since January 2012; have availability to participate in the study; be aware and located in time and space; consent to the disclosure and publication of the results in academic and scientific circles; allow the use of a recorder during the interviews.

The number of participants occurred after the theoretical saturation⁸, which is defined as the time that something substantially new appears, considering each addressed and/or identified questions during the analysis and the set of surveyed interviewees.

Data collection took place through semi-structured interviews pre-scheduled with the participants in the Basic Health Unit, in which took place the groups of pregnant women, during the month of November 2013.

This study conform to Resolution No. 466/2012 of the National Health Council of the Ministry of Health, which deals with human research.⁹ To this end, the research was approved by the Ethics Committee of the Medical School of the Federal University of Pelotas under the protocol number 20722913.7.DO00.5317. The anonymity of the women was guaranteed, as they were identified with fictitious names of princesses of fairy tales, of free choosing of the research participants.

The data were analyzed according to thematic analysis, identifying the units of meaning present in the speeches of the participants.¹⁰

From the analysis of the participants' speeches, emerged the following topics: Labor and childbirth from the perspective of women who participated in the groups of pregnant women; and Humanization of childbirth and birth: Knowledge vs. Experience.

RESULTS AND DISCUSSION

To better understand the results, we will present the study participants in the following table:

a) Characterization of the study participants

Participants	Age	Education	Has a partner	Family Income	Number of gestations	Type of delivery	Planned gestation
Belle	18	Incomplete high school	Yes	Minimum Wage	1	c-section	No
Snow White	22	Incomplete primary school	Yes	Two Minimum Wages	2	vaginal birth	Yes
Pocahontas	30	Incomplete primary school	Yes	Minimum Wage	2	vaginal birth	Yes
Sleeping Beauty	31	Complete high school	Yes	Two Minimum Wages	4	c-section	Yes
Cinderella	25	Complete primary school	Yes	400 reais	4	c-section	Yes
Ariel	23	Complete primary school	Yes	Two Minimum Wages	1	vaginal birth	Yes
Jasmine	16	Complete primary school	Yes	Minimum Wage	1	c-section	No
Tiana	27	Complete primary school	Yes	Minimum Wage	1	c-section	Yes
Rapunzel	21	Incomplete primary school	Yes	Minimum Wage	1	c-section	Yes
Mulan	32	Complete high school	Yes	Minimum Wage	2	c-section	No

Source: Research entitled "Pregnant Groups: space for exchange of knowledge and practices in care delivery" 2013.

For the characterization of women it is noted that the age ranges from 16 to 32; about the number of pregnancies, four were pregnant for the first time, three were pregnant for the second time and four were pregnant for the fourth time; the respondents were unanimous in stating that they had a partner until the time of the interview. Regarding the level of education, three women had incomplete primary education, four attended complete elementary school, one did not complete high school and two completed high school. In terms of family income, six women reported receiving a minimum wage (the minimum wage considered in the interview was R\$ 678.00), three received two minimum wages and a pregnant woman reported an income of R\$ 400.00. Most of the pregnancies were planned (n=7).

Regarding the type of delivery, the highest incidence was the cesarean section, and three women experienced vaginal delivery. This data is consistent with the appointed by the Ministry of Health, as the number of cesarean sections increased from 40.2% in 1996 to 50% in 2008⁶, and in a research conducted by the Oswaldo Cruz Foundation (FIOCRUZ) in partnership with scientific institutions in Brazil, the cesarean section rates in 2012 reached 52% of births, while in the private sector the figure is of 88%. This event is related to the interventionist and medicalized practices that, when misused, bring harm to both mother and baby.¹¹

In this scenario groups of pregnant women are pointed out as an important space for the provision of information about the types of birth, seeking greater knowledge for women and their empowerment, in order to participate in the decisions concerning the experience of their childbirth.

Labor and childbirth from the perspective of women who participated in the groups of pregnant women

Childbirth is an important point regarding the maternity process. Giving birth is never simply a physiological act, but a definite and developed event in a cultural context.¹²

In this sense, it is believed that primary care is a useful setting to care and inform users of the Unified Health System (UHS). In this study, groups of pregnant women developed in the Basic Health Unit (BHU) are understood as spaces to prepare women for the parturition process, providing information about all the stages of labor, childbirth and birth. In this context, health professionals will be helping these women to experience and have an active participating in a significant point of their life.

In this study when questioned about the information received in groups with respect to labor and childbirth, two women reported not being present in the group on the aforementioned subject. Others were unanimous in stating that received information and the answers concentrated on the types of delivery:

"I remember that they talked about the types of birth, that the normal birth is better, and that's why I really wanted a normal delivery. I was very upset when they told me I would have to do a cesarean section." (Belle)

"They talked of normal delivery and cesarean section, explained that not all women need the 'little cut' in normal birth, then by all they talked of the benefits of normal birth, I wanted normal, because I understood that it would be better for me and my son." (Snow White)

"They explained that normal childbirth hurts, but it's a bearable pain, because it is normal for all women. At the beginning we are afraid, but then, by explaining we see we can handle, and it's not all that that people talk around." (Pocahontas)

"They said the normal delivery is best for the mother and the baby, so I explained to the women how were my other deliveries, which were all normal, I wanted for this to had been too, but it couldn't because of my high blood pressure." (Sleeping Beauty)

"I remember talking that a cesarean section may have complications for us and the baby, and it is harder to also recover." (Ariel)

"They said normal childbirth has fewer complications than a cesarean." (Tiana)

"They spoke of the types of delivery, which in addition to the normal delivery and cesarean section, there is the forceps that the baby has to be taken off by iron." (Rapunzel)

"They spoke of all types of delivery, told that sometimes cesarean is important for the health of mother and baby, and this was my case because I had high blood pressure." (Mulan)

Based on submitted statements it is clear that women understood the importance of normal birth as a natural physiological process that brings benefit to the mother-infant dyad. The speeches of Belle, Snow White and Pocahontas pointed out that participation in groups of pregnant women provided them to understand the benefits of a normal birth, which was reinforced in the verbalization of their wills in experiencing this type of delivery in the birth of their children. Thus it stresses the importance of participation and influence of health professionals in these areas of prevention and promotion of women's health.

In this perspective it is known that the professional relationship with the mother is unique, influenced by culture

and society. In this relationship, the professional has great potential to influence the choice of delivery type.¹³

Thus groups of pregnant women become spaces to change the high rate of cesarean sections appointed by the Ministry of Brazilian Health. This intervention results in high rates of profit for doctors and institutions, as it is a rapid event, favoring high attendance numbers in a short time. However this type of delivery is a risk factor for low birth weight, prematurity and neonatal and maternal mortality.⁶

It is important to note that Sleeping Beauty and Mulan understood that sometimes caesarean section is important for the welfare of mother and baby. This type of intervention, in some situations, benefits the health of the newborn and mother¹⁴, as in cases of abnormal presentations, pelvic, chronic or when the mother has a sexually transmitted disease, such as Acquired Immunodeficiency Syndrome (AIDS), Human Papillomavirus (HPV), placental abruption, placenta previa, gestational diabetes, Hellp syndrome, preeclampsia, among others that may complicate the smooth progress of labor.

In this way it is clear that the theme of birth, addressed in the group, brought benefits to all women who participated, regardless of the type of delivery they experienced. It is emphasized that it falls to the nursing team, along with other health professionals, the responsibility to guide women on the types of delivery, enhancing the benefits of vaginal delivery as a physiological process and clarifying about the indications of cesarean section, advising that should not be a routine event for women because it can become a risky procedure for mother and newborn.

Aiming to know the benefits of participation in the group to experience the parturition process, we questioned women about the group's contribution to their labor and delivery. The two women who were not present in the group on this issue mentioned other issues that brought benefits to their lives, such as caring for the newborn and breastfeeding. The remaining respondents reported contributions related to childbirth, exposed in the following lines:

“Having participated in the group calmed me because I did not want a C-section, but then at the hospital I remembered what they told me that sometimes the cesarean is needed, so I was not afraid.” (Belle)

“It helped a lot, I was not so nervous because I knew it could hurt, but before joining the group I was really afraid, I was just calmed down after you talked about the childbirths.” (Snow White)

“No delivery is equal to the other, and you who work with health can explain how everything happens so I loved to come in the groups.” (Pocahontas)

“It helped me a lot, because you taught me you did not have to run from home when you start to feel pain.” (Sleeping Beauty)

“Contributed greatly, at the time of the pain I remembered that it was nice to walk, and the back massages as well.” (Ariel)

“It did help me, because it was my first child and I was apprehensive because I did not know what was going to happen, then with the group I learned.” (Tiana)

“It was very good, helped me a lot in the time to breathe in contractions.” (Rapunzel)

“It helped me a lot because I did not know how was the C-section, then here I learned that it is sometimes necessary; if I had not participated in the group I would not know, and would become more nervous.” (Mulan)

Reflecting upon the lines of Bela, Snow White and Tiana, one realizes that they reported that participating in the group favored the reduction of feelings that permeated the parturition process, such as fear and anxiety. The subjects covered in the group provided information on delivery and they used the knowledge acquired to be more quiet and safe during the delivery process.

In this perspective, the groups of pregnant women are believed to have a healing power, because in these areas the participants can redraft their feelings about the birth, may still face crisis situations, re-signify their experiences, through the recognition of others and their selves. In group methodology¹⁵ it is possible to generate knowledge, exchange experiences and share feelings.

Thus it is reiterated that the group of pregnant women is a space in which women can prepare for the parturition process, for information and exchanges of experience offer and strengthen subsidies for their choices and decision making in relation to the birth of their child. In this space, the health professional has the task of socializing information to facilitate a climate of trust and learning, promote the construction of knowledge in a reciprocal manner, committing to the success of the group, based on a comprehensive and humanized care.

Humanizing delivery and birth: Knowledge vs. Experience

The term humanization of labor and birth appeared in 2000 in Brazil with the Program for Humanization of Prenatal and Birth (PHPN) created and implemented by Ordinance No. 569 of 01.06.2000.¹ It aimed to reduce high rates of maternal mortality, perinatal and neonatal care in the

country, promoting improved access, coverage and quality of prenatal care, delivery care and postpartum.¹⁶

In this study the interviewees, when asked about the meaning of humanization of childbirth, five reported not knowing what it was, the other interviewees defined humanization of birth as care, having a companion around and respect, as it is observed in the speeches:

"I think it's letting my husband watch the birth." (Bela)

"I remember talking in groups about the rights of pregnant women, and they explained the importance of leaving a family member to attend the birth." (Snow White)

"I think it's taking care of us in childbirth carefully, leave someone in the family to be together." (Sleeping Beauty)

"It is respecting the rights of woman and child." (Tiana)

"You let someone stay with us at the time of birth, the name I do not remember very well [...] how it had to be our attendance at delivery." (Rapunzel)

In the statements above, it is clear that women realized some rights of the mother in order to the humanization of birth come to fruition. Belle, Snow White, Sleeping Beauty and Rapunzel reported on the presence of a companion during the parturition process.

The escort right to the mother during the delivery process is provided by Law No. 11,108, of April 7th 2005.¹⁷ However, many women are still unaware of this right and many institutions do not shed light on it. In this sense it is understood that participation in the group of pregnant women allowed the women in this study to know their rights as a woman in labor, allowing them to be safe and confident to claim them, if necessary.

Humanization of the labor and birth, and respecting the rights of the mother and the newborn, aims to respect the physiological process of childbirth, extinguishing unnecessary interventionist practices, in inhuman procedures such as confining the mother to bed, the habitual use of episiotomy, the acceleration of labor with oxytocics, the practice of Kristeller maneuver, often vaginal touch, aggressive tone of voice, authoritarianism and the lack of sensitivity of health professionals.¹⁸

In this study the humanization of delivery experienced by women has been identified as serving well, allowing the presence of the family as Tiana's testimony:

"I think it was [humanized], because they cared very well of me, all the procedures that they would make they warned

me and it made me calmer, but I had to be alone all the time, without the presence of my companion." (Tiana)

In Tiana's speech, one realizes that she evaluated the delivery as humanized. However, she reported that she did not have the presence of a companion during the parturition process. And this attitude of professionals can transform the moment of not humanized birth, because for a good evolution of labor and delivery, the presence of the family is essential for the permanence of the mother in the delivery room. When the woman is accompanied by someone you trust this period shows greater safety and comfort. However, non-humanization of parturition process was pointed out in the statements of Rapunzel, Belle and Sleeping Beauty:

"I cannot say it was humanized because they did not let my husband stay with me [...]." (Bela)

"It was not [...] It could only be a companion in the room, when they took me to examine me and in childbirth, no one could go with me." (Sleeping Beauty)

"I think it was not because my family could only stay in the room, at the time of delivery had to go alone [...]." (Rapunzel)

It is noticed that, even having knowledge on the subject, women did not claim their rights as a woman in labor, perhaps for the insecurity of "disturbing" the work of health professionals or by mixed feelings triggered by the parturition process. It is possible to assume that the professionals who performed the delivery of these women could have been more sensitive to the needs of each of them, providing to them the presence of a family in this time of their lives. Thus, it is agreed that the professionals¹⁹ still limit the participation of companions during the parturition process prioritizing interventionist actions in childbirth.

Thus, it is in consonance the need to break prejudices and discredits facing the benefits that the presence of a woman's choice of companion can provide, educating professionals to prepare and insert the companion in the process.

Another inhuman and traumatizing professional attitude was the experience for Snow White, when she said the doctor who provided care was rude to her at birth:

"It was not [humanize], because the doctor who did my delivery was very rude, I said I was in pain and he replied that I had not seen anything yet [...] For a person who never had children it is hard to hear, it made me very nervous." (Snow White)

The attitude of this professional was extremely impolite, featuring an act of obstetric violence, since he left a woman

more nervous in a moment of her life that, by nature, brings with it a range of good and bad feelings and where she should be treated uniquely and integrally, being encouraged to be the protagonist of the process.

Obstetric violence is the attitude where professionals act in an abusive and disrespectful manner, treating pregnant women as objects. What makes these attitudes serious is that health professionals do not seem to account of their actions of not care or dehumanized and end up being played routinely.²⁰

Women do not dare to complain even in pain and embarrassment out of fear, shame, for feeling inferior or state the attitudes of professionals as part of their jobs and, therefore, assume that it is normal.

In this thinking it is known that these attitudes of violence make the time of childbirth traumatizing and go against the proposal of the Ministry of Health, which advocates for the respect for socio-cultural aspects of each family involved and emotional support offering whenever necessary. It also emphasizes the importance of promoting the empowerment of women throughout the process, respecting their citizen rights, explaining all procedures performed and allowing throughout the process a woman's choice of companion.²¹

For women in this study who did not know what the humanization of birth was, a brief explanation was made during the interview on the subject, to identify whether they considered the birth experienced as humanized. Verbalizations were as follows:

"I think it was humanized, because the professionals were very attentive, just didn't let [my husband] attend the birth, but this is the hospital standard." (Cinderella)

"It was, because as to not to let anyone stay with me, there they do not leave, but they have taken good care of me, they were attentive." (Ariel)

"I think it was, because they were all attentive, I was just upset because I could see my daughter only when I left the recovery room, two hours after delivery." (Jasmine)

"They attended me very well, they were always asking how I was feeling, just did not let my husband stay with me, but then I think that's because it's the hospital's standard." (Mulan)

"I think it was, because I was treated well, they just did not let my husband stay with me all the time." (Pocahontas)

At the presented speeches, one realizes that the women considered the delivery humanized, as professionals provided them a good service. In their view, the humanization of childbirth centers on the figure of caring professionals. The women²¹ adopt a liability position as to their right to have

a companion, which is one of childbirth humanization measures and advocated by the Ministry of Health.

It is believed that if Cinderella, Ariel, Mulan and Pocahontas had participated in the group of pregnant women on this issue, perhaps they could be more informed about the rights of pregnant women and could claim them.

Concerning this thinking, it is understood that the effective participation in the group of pregnant women allows a woman to know the stages of the birth process, their rights, strengthen their personal resources, relaborate their understanding of the process of birth, healthy alternative choice to experience the process and still have subsidies for overcoming limitations and opportunities to participate actively and safely.²²

The testimonies of women in this theme allow pointing out that, despite the progress made in recent years, we still face a "dispute" between the technocratic model and the humanization of care. The woman should have been fully treated, actively participating in their delivery as the protagonist of the process. However, the results showed how women and family are usual passive agents of medical techniques and routines of the institutions.

It is believed that a possible change in this scenario would be the groups of pregnant women that arise as a useful space for the exchange of information and opinion formation among women, in which professionals can provide a humanized care and women may know their rights, strengthening their autonomy to claim what is best for their health and that of their children.

CONCLUSION

This study became possible to know the contribution that groups of pregnant women have upon the construction of women's knowledge upon the labor and delivery. Thus, it is reiterated that the group of pregnant women is a space in which women can prepare for the parturition process, for information and exchanges of experience, and strengthen subsidies for their choices and decision making in relation to the birth of their child. Here, the health professional has the task of sharing information and foster knowledge built on a reciprocal basis, in an atmosphere of trust and learning.

Women's testimony made it possible to assume that, despite progress made in recent years, we are still facing a dispute between the technocratic model and the humanization of care. Women must be supported for the role of protagonists of their birth. However, the results showed women and family as usual passive agents of medical techniques and routines of the institutions.

In regard of this we emphasize the importance of working with groups of pregnant women as a space for changing this scenario, in which it is possible to socialize knowledge, promote health and prevent disease, and allow the exchange of experiences and knowledge through interaction.

In the groups of pregnant women each participant adds and share ideas, values, attitudes, experiences and different stories, but with similar interests, reflect and build a set of knowledge, which through the collective, help to overcome the limitations and recognizing their roles in society.

In this line of thought it is believed necessary to encourage health professionals to work with groups of pregnant women as a possible space to promote the exchange of knowledge and practices, seeking stimulation to the humanization of labor and birth in the basic health network.

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Author responsible for correspondence:

Greice Carvalho de Matos

Rua Gomes Carneiro, 01, Centro

Pelotas/RS, Brasil.

E-mail: greicematos1709@hotmail.com

ZIP-code: 96010-610