

The approach of the nursing team about the humanized childbirth during the prenatal: a narrative review¹

Abordagem da equipe de enfermagem acerca do parto humanizado no pré-natal: uma revisão narrativa

Abordaje del equipo de enfermería acerca del parto humanizado en la atención prenatal: una revisión narrativa

Marcela Vestena Ragagnin², Mara Regina Caino Teixeira Marchiori³, Claudia Maria Gabert Diaz⁴, Thalissa Nicolli⁵, Simone Barbosa Pereira⁶, Lenise Dutra da Silva⁷

How to quote this article:

Ragagnin MV, Marchiori MRCT, Diaz CMG, Nicolli T, Pereira SB, Silva LD. The approach of the nursing team about the humanized childbirth during the prenatal: a narrative review. Rev Fun Care Online. 2017 out/dez; 9(4):1177-1182. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i4.1177-1182>

ABSTRACT

Objective: To identify, in the scientific literature publications, the contributions developed by the nursing team about the approaches related to the humanized childbirth during the prenatal appointments. **Method:** Narrative review, developed through the reading of six scientific articles from a January/2016 search performed in the Database of The Latin America and Caribbean Virtual Health Library in Health Science and in the Database of Nursing, using the keywords “Humanized childbirth”, “Woman’s Health” and “Nursing”. It was selected articles published in the period of 2010-2015. **Results:** Three categories emerged: the perception of the nursing team in relation to the educational practices during the prenatal; the lack of professional preparation during the attendance to the pregnant woman and the parturient woman; and the importance of the feelings experienced by the pregnant women during the pregnancy-puerperal cycle. **Conclusion:** The nursing professionals have to assume the attitude of educators, seeking to develop in the woman her self-confidence, in order to prompt her to live the gestation period, the childbirth and the puerperium positively.

Descriptors: Humanizing childbirth, prenatal care, nursing.

¹ Paper prepared from the monograph titled “Approach of the nursing team about humanized childbirth in prenatal care: a narrative review” presented to the undergraduate course in Nursing - Health Sciences area -, from the University Center Franciscan (Unifra), on presentation date.

² Graduated Nurse from the Centro Universitário Franciscano. E-mail: <marcelaragagnin@gmail.com>.

³ Nurse. Doctorate in Health Sciences. Lecturer at the Centro Universitário Franciscano de Santa Maria/RS, Brazil. Researcher of the Research Group on Social Entrepreneurship in Nursing and Health. E-mail: <mara.marc@hotmail.com>.

⁴ PhD in Nursing, professor of Health at the Centro Universitário Franciscano (Unifra), nurse at the University Hospital of Santa Maria RS (HUSM). E-mail: <cmgdiaz@bol.com.br>.

⁵ Graduated Nurse from the Centro Universitário Franciscano, Resident in Obstetric Nursing Unifra with work at the Maternity Hospital of Casa de Saúde. E-mail: <thalissanicolli@gmail.com>.

⁶ Master in Maternal and Child Health, obstetrician nurse at the Hospital Casa de Saúde RS. E-mail: <simone_enfermagem@yahoo.com.br>.

⁷ Graduated Nurse from the Centro Universitário Franciscano. E-mail: <len_yse_@outlook.com>.

RESUMO

Objetivo: Identificar nas publicações da literatura científica as contribuições desenvolvidas pela equipe de enfermagem acerca das abordagens quanto ao parto humanizado durante as consultas no pré-natal. **Métodos:** Revisão narrativa, desenvolvida por meio da leitura de seis artigos científicos, a partir de uma busca realizada em janeiro/2016 na base de dados eletrônica Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e na Base de Dados da Enfermagem (BDENF), utilizando as palavras-chave “parto humanizado”, “saúde da mulher” e “enfermagem”. Utilizou-se artigos publicados no período de 2010 a 2015. **Resultados:** Emergiram três categorias: a percepção da equipe de enfermagem referente às práticas educativas no pré-natal; o despreparo do profissional no atendimento à gestante e à parturiente; e a importância dos sentimentos vivenciados pelas gestantes durante o ciclo gravídico-puerperal. **Conclusão:** Os profissionais de enfermagem devem assumir a postura de educadores, buscando desenvolver na mulher sua autoconfiança para viver a gestação, o parto e o puerpério positivamente. **Descritores:** Parto humanizado, Cuidado pré-natal, Enfermagem.

RESUMEN

Objetivo: Identificar, en las publicaciones de la literatura científica, los aportes desarrollados por el equipo de enfermería acerca de los abordajes referentes al parto humanizado durante las atenciones prenatales. **Metodología:** Revisión narrativa desarrollada con lecturas de seis artículos científicos, publicados entre 2010-2015, a través de una investigación realizada en enero/2016 en la Base de Datos Electrónica “Literatura Latino-americana e do Caribe em Ciências da Saúde” y en la “Base de Dados da Enfermagem”, utilizándose las palabras clave “parto humanizado”, “saúde da mulher” y “enfermagem”. **Resultados:** Surgieron tres categorías: percepción del equipo de enfermería sobre prácticas educativas en la atención prenatal; falta de preparación profesional en el atendimento a gestantes y parturientas; e importancia de los sentimientos vividos por las gestantes durante el ciclo gravídico-puerperal. **Conclusión:** Los profesionales de enfermería deben asumir una postura educadora, desarrollando la autoconfianza de la mujer para vivir su embarazo, su parto y su puerperio positivamente. **Descritores:** Parto humanizado, Atención prenatal, Enfermería.

INTRODUCTION

Women's care in the pregnancy-puerperal cycle is still linked to the biomedical model, and leads to high numbers of invasive and interventional procedures during labor.¹ Although there is a variation in the number of cesarean sections in public and private hospitals in Brazil, it is estimated that 56% of deliveries are performed by cesarean section, 40% in public services and 85% in private services.²

In this context, the Policy of Integral Health Care for Women (PIHCW) of 2004 implemented health actions that could contribute to guarantee women's human rights and reduce morbidity and mortality from preventable causes. These actions point to one of the aspirations and pretensions to increase, qualify and humanize women's health care in the Unified Health System (UHS).

In order to implement the PIHCW, the Ministry of Health (MH) launches new strategies such as the Humanization Program for Childbirth and Birth (HPCB), Prevention and Treatment of Cervical and Breast Cancer, Death Surveillance Of women in fertile age and the Stork Network, promoting the expansion of access to means and services for the promotion, prevention, care and recovery of women's health,

besides proposing guidelines for humanization and the quality of care in order to achieve it.³

The HPCB states that humanization must have two foundations: the first one states that the health units should welcome the woman with dignity and respect, extending this attention to her family and the newborn (NB), performing an integral care to the woman's health in order to make her feel welcomed by the team, diversifying the traditional model of hospitalization. The second refers to procedures beneficial to the woman and to the newborn during labor and birth. This occurs when, through prenatal and puerperal consultations, the counseling takes place, empowering the woman regarding unnecessary interventionist practices during childbirth, which often pose risks to the baby and the woman who has given birth.⁴

In this sense, prenatal care is characterized by the follow-up of the pregnant woman, aiming to maintain the integrity of the health conditions of the mother and the baby. From the consultations, professionals will be able to carry out the risk classification, which is of the utmost importance, since it favors the organization of the entrance doors of obstetric emergency services, guaranteeing quality access to women during the puerperal pregnancy period. In addition, it contributes to reduce the indicators of maternal and perinatal morbidity and mortality, monitors fetal development, creates a bond between the professional and pregnant women, advises and guides them on the childbirth types, humanizing the care provided to the pregnant.⁵

Therefore, the pregnant woman can choose the childbirth labor type, in some cases. For example, in low-risk gestation, no physiological changes or congenital malformation, normal delivery is advised, noting that in high-risk deliveries, the cesarean delivery becomes compulsory. Normal delivery brings benefits for the puerperal and newborn, such as the fact that the woman has the possibility of movement during labor, choosing a more comfortable position for birth, the baby has less risk of breathing problems and, after passing through the birth canal and coming into contact with the vaginal mucosa of the mother, the newborn ends up developing immunity.⁴

According to the Nursing Professional Exercise Law, Decree n° 94,406 / 87, the low-risk prenatal care must be tracked by the nurse. Thus, this professional has an important role in the implementation of humanized care for women, from prenatal to childbirth and puerperium, because it is during these periods that the pregnant woman often feels insecure, the doubts and the emotional fragility arise in relation to the act of giving birth.⁶

In this scenario, the nurse and his/her team perform an essential health action with care, attention, affection, respect and empathy in the relationships that are established in the care process between the professional and the users. This care should initiate at the beginning of gestation so that the act of giving birth becomes pleasurable, physiological and spontaneous for the mother and the baby.⁷

As an academic, acting in different care contexts, the motivation to address the theme allied with the scientific

evidence of nurses about the humanized delivery approach during the prenatal consultations by the nursing team was born.

In view of this context, the question is: what has been produced in the scientific literature about the approach of humanized childbirth, during the prenatal period, by the nursing team?

In an attempt to answer the explicit questioning, the objective was to identify, in the publications of the scientific literature, the contributions made by the nursing team about the approaches regarding humanized delivery during prenatal consultations.

METHOD

It is a study of literature review in the narrative mode. A narrative review is characterized by presenting a broad discussion of scientific topics through a descriptive-discursive writing. This discussion needs to be complete so that the reader can get up-to-date information on the topics and thus acquire effective knowledge in a short time⁸⁻⁹.

The search was developed in the Electronic Database of Latin American and Caribbean Literature in Health Sciences (LILACS) and in the Database of Nursing (BDENF). The review was carried out in the period of January 2016, in which the articles published in the period from 2010 to 2015 were employed, using the keywords “Humanized Delivery”, “Women’s Health” and “Nursing”. The temporal clipping is justified because it is a question of researches that emerged in the last five years and, therefore, it is believed that they present updated data on the subject.

The inclusion criteria used for the elaboration of this work were: complete articles published in national and international journals, articles that addressed the theme in the Portuguese language. The exclusion criteria were: articles that presented only the abstract available, those that did not fit the specific time frame, those that did not meet the objectives of the study, as well as theses, books and dissertations in English and Spanish.

A careful reading of the titles and abstracts of the publications was performed in order to verify the adequacy of the inclusion criteria. Those articles whose title and abstract met the criteria were read in their entirety. A data collection instrument was drawn up, in which data extracted from all selected articles were recorded in a table (with the identification, title, author (s), published periodical and year of publication, objective (s), method, main results and conclusions), for better visualization and, thus, to obtain the essence of each article, seeking grounds to reach the objective of the study.

For the analysis of the data, we considered the content analysis of Bardin (2010), according to the three stages of the method. In the pre-analysis, a general reading of all the material, called “float reading” of articles and files (mapping and data extraction form) was carried out in order to allow a comprehensive view of the contents. Then, in the exploration of the material, the articles were read in full, which made possible the transcription of the results and significant stretches. With the development of the detailed reading, the codification of the findings was developed, in which the annotations allowed the elaboration of the categories. Thus, with references of the authors and analysis of the texts, it was possible to visualize the content in an integrated way, being able to relate and synthesize them, observing convergences, divergences and similarities existing from the perspective of different authors, constituting the stage of interpretation of the results.¹⁰

From the mentioned keywords, 120 articles were found. Among these, with a brief reading of the titles and the abstracts, 18 articles were selected, of which they were read in full and only 6 articles that fit the purpose of the study were selected for analysis.

RESULTS AND DISCUSSION

In the presentation of the results of the information, the data were organized in a descriptive way and through the construction of two synoptic tables. The six selected articles will be presented as follows:

Table 1 - Presentation of articles from the identification, title, author(s), periodical published and year of publication of the study.

Identification	Title	Authors	Scientific Journal	Year of publication
A1	Autonomy in normal childbirth from the perspective of women attended in the birthplace	PEREIRA, A. L. F.; BENTO, A. D.	Rene Magazine, Fortaleza	2011
A2	Obstetric violence in obstetrical nurses' vision	SILVA, M. G.; MARCELINO, M. C.; RODRIGUES, L. S. P.; TORO, R. C.; SHIMO, A. K. K.	Rene Magazine, Fortaleza	2014
A3	Expectations of pregnant women in relation to childbirth	FERREIRA, L. A.; SILVA, J A J.; ZUFFI, F. B. et al	Online research journal Care is essential	2013
A4	Meaning of humanized childbirth for pregnant women	VERSIANI, C. C.; BARBIERI, M.; GABRIELLON, M. C et al	Online research journal Care is essential	2015
A5	Humanized childbirth of adolescents: conception of health workers	BUSANELLO, J et al	Nursing Magazine UERJ, Rio de Janeiro	2011
A6	Humanization model of childbirth care in Brazil	GOMES, M. L.; MOURA, M. A. V.	Nursing Magazine UERJ, Rio de Janeiro	2012

Source: Authors

Table 2 - Characterization of the studies from the objective, method, results and conclusions

Identification	Objectives(s)	Method	Main results and conclusions
A1	It aimed to describe obstetric nursing care during normal birth and to analyze the exercise of autonomy by women during this care.	It is characterized by a descriptive study of a qualitative approach, using a semi-structured interview technique whose script was composed of 6 questions about expectations, experiences, desires, needs and freedom of choice during the care for labor and delivery. It was carried out with 16 puerperal women, where labor and delivery were attended to in this health unit.	The study revealed the importance of care with technical, human and ethical competence, respect for the needs, goals, expectations and choices for the satisfaction of women in the process of gestation and childbirth. The educational practices and guidance in the course of prenatal care are strategic in the care and allow women to exercise their autonomy, providing access to the information and knowledge that is indispensable for choosing and deciding what is best for herself during childbirth and for the birth of her child.
A2	The objective of this study was to report the experience of obstetric nurses on obstetric violence experienced and observed during their professional trajectories.	Reports of the authors' experiences in their professional trajectories, built in different work places, types and time of formation as in basic health units, public hospitals, private and social health organizations. The Thematic Content Analysis Technique was used by recorded speech transcribed for analysis.	Via the speeches, we can observe the lack of preparation, negligence and malpractice in the practice of professional obstetrics. As a result, humanization should start at the first prenatal visit, a pregnant woman needs to receive adequate guidelines, participation in pregnant groups, manipulation and reflection of information materials so that they get more prepared emotionally, socially, physically and have knowledge of their legal rights, in the care of labor, childbirth and the puerperium.
A3	This study aims to verify the expectation of pregnant women in relation to childbirth, to describe the main fears and desires, to identify the activities that contribute to reduce anxiety and ensure family participation.	It is a descriptive study, with a qualitative approach, with 15 women who underwent prenatal care in the period from January to April 2011. In the data collection a semi-structured instrument was used with open questions that approached subjects such as expectation Of pregnant women in relation to childbirth, their greatest fears and yearnings, what they have done to reduce anxiety, and the contribution of family, friends and partner in the gestation. Thematic analysis proposed by Minayo (2004) was carried out.	Prenatal care is of utmost importance to develop actions to promote the health of the pregnant woman and to prevent complications, through health education groups, nursing consultation with a comprehensive approach to women's health so that doubts are clarified and information about the birth process and puerperium planning are available.
A4	The objective is to understand the meaning of humanized childbirth attributed by pregnant women.	Descriptive study, of qualitative nature, with a phenomenological approach. Semi-structured interviews were conducted with 15 pregnant women enrolled in the prenatal clinic of a university hospital in the municipality of Montes Claros/MG.	In this study, it was revealed that the pregnant women define the humanized delivery based on the philosophical bases of the humanization of childbirth and birth advocated by the MH, whose principles are: interpersonal relationships, competent care and feelings experienced by pregnant women.
A5	Objective is to analyze differences and similarities in the conception of what is assistance to the adolescents in an Obstetric Center, according to the functional category of the health workers of a University Hospital in the south of Brazil.	This qualitative study is a cross-section of the research database entitled: Humanized attention to the delivery of adolescents. Data collected from semi structured interviews with all active health workers from July 2008 to February 2009.	To conclude, we cite differences reported by professionals that are needed for optimal care to the normal delivery. For physicians, this type of assistance depends on the implementation of qualification programs for workers working in the obstetric context. For nursing workers, working conditions, harmony among team members, family members' right to information, and the avoidance of unnecessary interventionist practices are considered elements that qualify childbirth care. Finally, many recommendations advocated by HPCB and prenatal care have not yet been put into practice and find resistance to their implementation and were not remembered by the workers cited in this article.
A6	The objective was to analyze trends in the national scientific production on childbirth care from a humanized perspective.	Qualitative and descriptive research using the method of systematic literature review.	It is concluded that one of the points addressed was the impact of changes in the humanization of childbirth for professionals and users, and the results of the practices of assistance that faced resistance. The article mentions that the changes come from professionals involved and trained, services equipped and able to cope with risk criteria, pointing out the fragilities of the relationships between professionals and users.

Source: Authors

Six articles on team approach during prenatal care were analyzed. The research of the articles found made it possible to broaden the scope of the study by bringing references in the categories on childbirth and postpartum. Among them, three categories emerged: the perception of the nursing team regarding prenatal educational practices; the lack of preparation of the professional in the care of pregnant and parturient women; and the importance of the feelings experienced by pregnant women during the pregnancy-puerperal cycle.

The perception of the nursing team regarding prenatal educational practices

Article A1 shows the testimonies of puerperal women who report the efficiency of nursing work through information, reception, human competence, technology of care and delivery choice by the pregnant woman. The process of nursing care at Casa de Parto (CP) starts from prenatal care, in which educational practices such as orientations, educational workshops, dynamics, games, dramatizations related to pregnancy, labor, puerperium and newborns are addressed.

Educational practices promote well-being and safety, as well as inform the woman's body physiology about the possible transformations, the interaction of the pregnant woman with the professional to clear her doubts, fears and anxieties before, during and after the labor in order to make her feel safe in her choices. Also, during the prenatal workshops, they are encouraged to make a Birth Plan in which they describe their desires about the moment of delivery, such as the type of delivery, the companion, the music they want to hear, among other details of the birth environment. This study shows the importance of prenatal care, since it establishes a relationship of integral care of the pregnant woman with the professional, promoting the humanized, pleasurable and dignified care.

Article A3 demonstrates the importance of prenatal care, which should initiate at the beginning of pregnancy, because it is from this stage that the pregnant woman feels fear, yearnings and doubts, it is a moment of physical and emotional preparation for before, during and after the childbirth. The nursing team should promote educational activities throughout the pregnancy-puerperal cycle, create groups of pregnant women, develop lectures on pregnancy and the possible changes that occur with the woman's body, guide her regarding the rights of pregnant women and, at childbirth, report that she can take a companion of her choice, besides encouraging the making of the baby's outfit. Prenatal care, if performed monthly, detects diseases, congenital malformation, prevents possible complications during pregnancy and childbirth, and is essential for bonding and dialogue with the nursing team, which are the main inducers to develop educational practices in the pregnant woman's health.

The lack of professional preparation in the care of pregnant and parturient women

Article A2 noted the institutional unpreparedness for humanized childbirth, neglect of iatrogenic procedures, malpractice, and violent verbalizations in the practices of midwifery professionals. Due to the innumerable reports in

the various sectors, it is worth noting that, during prenatal care, there was an incorrect filling of the pregnant woman's card, professionals who were coarse and got irritated with the complaints of pregnant women, no information was provided to the pregnant women, either through verbal guidelines, groups of pregnant women or informational materials, as well as the use of inappropriate environments and noncompliance with obstetric protocols aimed at the humanization of care in the pregnancy-puerperal cycle.

Article A5 addresses numerous reports of nursing workers and medical professionals. Nurses report that, in order to develop optimal delivery assistance, adolescents depend on the appropriate physical structure, the Obstetric Center, the presence of a companion who participates in all prenatal consultations, the right information and guidelines for labor and childbirth. The parturient must be respected and understood to create a bond with the professional. Medical professionals, however, report that a humanized attendance at childbirth depends on the qualifications and expertise via continuing education offered by the institutions. Finally, many recommendations advocated by HPCB have not yet been put into practice and face resistance to its implementation, and according to the article, it was not remembered by the workers.

In article A6, many difficulties are reported in relation to the professional with the user and the changes in the professional practice about the implantation of the new model of assistance to humanized childbirth since prenatal care. What caused repercussion was the adaptation of the professionals to the new model and the lack of knowledge of the pregnant women regarding the suggestion of the practices presented and discussed in the prenatal period.

The importance of the feelings experienced by pregnant women during the pregnancy-puerperal cycle

Article A4 aims to understand the meaning of humanized delivery attributed by pregnant women, who report that professionals should have an empathic relationship, provide bonding, demonstrate qualified listening (hearing their complaints, for example), clear doubts that occur during gestation and childbirth, consider their worries, anxieties and fears, providing humanized care and fostering care. The absence of these factors may lead to insecurity and discontinuance of prenatal care. It is concluded that integral care, humanized, empathic, with technical and scientific competence, should be initiated in prenatal care.

The nurse, over the years, has been expanding and deepening the knowledge in its area of activity. In addition, this professional is responsible for the leadership and systematization of care for people and families in diverse contexts in which they belong. Among the several areas where nurses have been developing comprehensive health care for women, midwifery stands out. This area of action is multidisciplinary and is characterized by the construction of a space that allows establishing a relationship of care with pregnant women and newborns, both in the maternity ward and in basic care.¹¹

During low-risk prenatal care, consultations in the basic units should be performed according to the gestational age, being monthly up to 28 weeks of gestation and then biweekly and weekly. The MH recommends at least six consultations for women who do not present complications during pregnancy and who are classified as a group of pregnant women at normal risk.⁵ Women who present problems during the gestational period or develop into possible complications belong to the group of high-risk pregnant women. According to Ordinance No. 1,020, dated May 29, 2013, it should be noted that high-risk consultations may/should be concomitant with usual risk.

During gestation, the female body goes through several transformations, characterized as a period of physical and emotional changes, from which the woman tends to adapt. It is at the beginning of pregnancy that the pregnant woman should begin to perform prenatal care, since from that moment onwards, the fears, anxieties and doubts about the gestational evolution are exposed.¹²

It is in this context that the nurse, in front of the nursing team, plays a relevant role in prenatal care, being able to recognize critical moments, intervene and attend to the needs of the pregnant woman, so as to prioritize humanization.¹³

It is during the prenatal period that health education spaces must be created in order to enable the woman to prepare herself for gestation and delivery in a positive way. Often, the reality of health services does not correspond to the health needs and expectations felt by women during pregnancy. In general, this is due to the lack of warm, competent and humanized professionals. In addition, that occurs due to the absence of educational practices and communication between professionals and pregnant women, in order to create a bond and to clear mistrust and longings about the process of gestation and childbirth.¹⁴⁻¹⁵

It was possible to notice that the approaches of the nursing team in the humanized care during prenatal care to the pregnant women still have many gaps to be filled. In this sense, the need to implement, develop and intensify educational practices during pregnancy, the responsibility of nursing professionals to assume the attitude of educators, sharing knowledge in a holistic and humanized way, seeking to develop in women their self-confidence to live gestation, childbirth and the puerperium positively.

CONCLUSIONS

The research of the articles found showed that there is still very few studies on this theme and actions developed on the approach of humanized childbirth by the nursing team during the follow-up of the pregnant women in the basic units, since only six articles composed the analysis of the study.

During the gestation period in prenatal care, many failures can be observed, such as iatrogenic assistance, inadequate physical structure, lack of information, unprepared professionals, lack of empathy and bonding, being decisive factors to generate insecurities, fears and anxieties before, during and after childbirth.

It is concluded, therefore, that prenatal care must be carried out with quality and integrity, with professionals who are sensitive to the construction of the bond, proactive, innovative and instigated for humanized care.

REFERENCES

1. Moura FMJSP, Crizostomo CD, Nery IS, Mendonça RCM, Araújo OD, Rocha SS. A humanização e a assistência de enfermagem ao parto normal. *Rev Bras Enferm* [Internet]. 2007 [Acesso 15 fev 2016]; 60 (4): 452-5.
2. Brasil. Ministério de Saúde. Diretrizes de Atenção à Gestante: a operação Cesariana. Relatório de recomendação. CONITEC, Brasília, abril de 2015.
3. Brasil. Política Nacional de Atenção Integral à Saúde da Mulher: princípios e Diretrizes. Brasília: Ministério da Saúde, 2011. (Série C. Projetos, Programas e Relatórios).
4. Brasil. Ministério da Saúde. Humanização do parto e do nascimento / Ministério da Saúde. Universidade Estadual do Ceará. – Brasília: Ministério da Saúde, 2014. 465 p.
5. Brasil. Atenção ao pré-natal de baixo risco / Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. – Brasília: Editora do Ministério da Saúde, 2012. 318 p.
6. Seibert SL, Barbosa JLS, Santos JM, Vargens OMC. Medicalização x humanização: o cuidado ao parto na história. *Rev Enferm UERJ* [Internet]. 2005 [Acesso 15 fev 2016]; 12(2): 245-51.
7. Beck CLC, Lisboa RL, Tavares JP, Silva RM, Prestes FC. Humanização da assistência de enfermagem: percepção de enfermeiros nos serviços de saúde de um município. *Rev Gaúcha Enferm* [Internet]. 2009 [Acesso 15 fev 2016]; 30(1): 54-61.
8. Munoz SIS. et al. Revisão sistemática de literatura e metanálise: noções básicas sobre seu desenho, interpretação e aplicação na área da saúde. *An. 8. Simp. Bras. Comun. Enferm.* May. 2002.
9. Atallah NA; Castro AA. Revisões sistemáticas da literatura e metanálise: a melhor forma de evidência para tomada de decisão em saúde e a maneira mais rápida de atualização terapêutica. *Diagnóstico & Tratamento.* v.2, n.2, p.12-15, 1997.
10. Bardin L. Análise de conteúdo. Lisboa, Portugal; Edição 70, 2010. Terceira parte p. 121-128.
11. Hausmann M, Peduzzi M. Articulação entre as dimensões gerencial e assistencial do processo de trabalho do enfermeiro. *Texto Contexto Enfermagem* [Internet]. 2009 [Acesso 15 fev 2016]; 18(2): 258-65.
12. Carvalho QCM, Cardoso MVLML, Oliveira MMC, Lúcio IML. Malformação congênita: significado da experiência para os pais. *Ciênc cuid saúde* [Internet], 2006.
13. Simões ALA, Bittar DB, Mattos EF, Sakai LA. A humanização do atendimento no contexto atual de saúde: uma reflexão. *Reme: Rev Min Enferm* [Internet], 2007.
14. Marcon SS. “Flashes” de como as gestantes percebem a assistência pré-natal em um Hospital Universitário. *Rev Lat Am Enfermagem* [Internet]. 2010
15. Rios CTE, Vieira NFC. Ações educativas no pré-natal: reflexão sobre a consulta de enfermagem como um espaço para educação em saúde. *Cienc Saude Colet* [Internet], 2007.

Received on: 04/04/2017

Required for review: No

Approved on: 16/05/2017

Published on: 25/10/2017

Corresponding Author:

Marcela Vestena Ragagnin

Av. Presidente Vargas nº 2068, Apt. 405

Centro

Santa Maria, RS

ZIP-code: 97015-512

E-mail: <marcelaragagnin@gmail.com>