

ANALYSIS OF CARE TO THE MOTHER-BABY BINOMIAL IN A CENTER FOR NORMAL DELIVERY

Flávia Ribeiro Rocha¹, Manuela Costa Melo², Gersa Amaral de Medeiros³, Érica Possidônea Pereira⁴, Lara Mabelle Milfont Boeckmann⁵, Luz Marina Alfonso Dutra⁶

ABSTRACT: The present study aimed to gain insight on care to the mother-baby binomial in a Center for Normal Delivery of Brazil's public health network, for women who had previous deliveries in the hospital network. Descriptive qualitative study with eight women resident in Brasília who had just given birth, through semi-structured interviews. Data was collected between February and July 2015. For data treatment, content analysis in thematic modality was used. Three categories emerged: "Good Delivery and Birth Care Practices and Parturients' Autonomy in the Decision-making Process", "Care versus Neglect" and "Indifference to the Suffering of Others". The Center for Normal Delivery implemented good delivery and birth care practices, and the participants were satisfied with the care provided to them. The study showed the women's empowerment to become more involved and informed on the process of giving birth and on their rights and stresses the need for the establishment of more Normal Birth Centers in the country to ensure good birth care practices.

DESCRIPTORS: Humanized delivery; Obstetric nurses; Assessment of health services; Postpartum period; Health professional-family relations.

ANÁLISE DA ASSISTÊNCIA AO BINÔMIO MÃE-BEBÊ EM CENTRO DE PARTO NORMAL

RESUMO: Objetivou-se compreender o atendimento ao binômio mãe-bebê em um Centro de Parto Normal da rede pública, com a especificidade do parto anterior na rede hospitalar. Trata-se de estudo descritivo com abordagem qualitativa, realizado com oito puérperas de Brasília, por meio de entrevista com roteiro semiestruturado. Os dados foram colhidos entre fevereiro e julho de 2015. Adotou-se a Análise do Conteúdo, Modalidade Temática, para o tratamento dos dados. Delinearam-se três categorias: "As Boas Práticas da Assistência e a Autonomia das Parturientes", "Cuidado versus Descaso" e "Insensibilidade com a Dor Alheia". Constatou-se que, no Centro de Parto Normal, houve o respeito às boas práticas na assistência ao parto e contentamento com o atendimento diferenciado. O estudo evidenciou o empoderamento das mulheres pela busca de informações sobre o processo de parir e seus direitos, e reforça a construção de mais Centros de Parto Normal, valorizando as boas práticas no processo de parturição.

DESCRIPTORES: Parto humanizado; Enfermeiras obstétricas; Avaliação de serviços de saúde; Período pós-parto; Relações profissional-família.

ANÁLISIS DE LA ASISTENCIA AL BINOMIO MADRE-BEBÉ EN CENTRO DE PARTO NATURAL

RESUMEN: Estudio cuya finalidad fue comprender el atendimento al binomio madre-bebê en un Centro de Parto Natural de la red pública, con especificidad del parto anterior en la red hospitalar. Es un estudio descriptivo de abordaje cualitativo, realizado con ocho puérperas de Brasília, por medio de entrevista con guión semiestructurado. Los datos fueron obtenidos entre febrero y julio de 2015. Se utilizó el Análisis de Contenido, Modalidad Temática, para el tratamiento de las informaciones. Resultaron tres categorías: "Buenas Prácticas de la Asistencia y Autonomía de las Parturientas", "Cuidado versus Descaso" y "Insensibilidad con el Dolor Ajeno". Se concluyó que, en el Centro de Parto Natural, hubo respeto a las buenas prácticas en la asistencia al parto y satisfacción con el atendimento diferenciado. El estudio evidenció el empoderamiento de las mujeres por la búsqueda de informaciones acerca del proceso de parir y sus derechos, y destaca la importancia de la construcción de más Centros de Parto Natural, valorando las buenas prácticas en el proceso de parto.

DESCRIPTORES: Parto humanizado; Enfermeras obstétricas; Evaluación de servicios de salud; Periodo posparto; Relaciones profesional-familia.

¹Nurse. Specialist in Obstetric Nursing. Maternidade Brasília. Brasília, DF, Brazil.

²Nurse. Master in Health Sciences. Professor at Escola Superior em Ciências da Saúde. Brasília, DF, Brazil.

³Nurse. Specialist in Obstetric Nursing of Centro Obstétrico do Hospital Regional da Asa Norte. Brasília, DF, Brazil.

⁴Nurse. Master in Nursing. Obstetric nurse of Centro Obstétrico do Hospital Regional da Asa Norte. Brasília, DF, Brazil.

⁵Nurse. PhD in Nursing. Nurse Coordinator of Núcleo de Segurança do Paciente do Hospital Regional de Taguatinga. Brasília, DF, Brazil.

⁶Nurse. Master in Health Sciences. Nurse Preceptor of the Residency Program of Secretaria Estadual de Saúde do Distrito Federal. Brasília, DF, Brazil.

Corresponding author:

Flávia Ribeiro Rocha
Maternidade Brasília
SCRN 712/713, Bloco C – 70760-630 - Brasília, DF, Brasil
E-mail: enfflaviaribeiro@gmail.com

Received: 10/11/2016

Finalized: 29/03/2017

● INTRODUCTION

Until the mid-20th century, childbirth was an intimate and private event that women shared among themselves. It was considered a natural phenomenon with cultural meanings, and birth was celebrated as a landmark event. However, the process of labor and delivery was turned into a medical-hospital event overtime⁽¹⁾.

Thus, Brazil implemented public policies targeted to obstetric and neonatal care aimed at the promotion of a safe labor and birth process and the prevention of maternal and perinatal morbidity and mortality. These policies are designed to ensure that doctors and midwives perform procedures that have proved beneficial for mothers and newborns, avoiding unnecessary interventions and ensuring the privacy and autonomy of these subjects, in order to strengthen good normal birth care practices⁽¹⁾.

In 1996, the WHO's working group classified its recommendations on practices related to normal birth into four categories:

Practices that are demonstrably useful and should be encouraged (category A); Practices that are clearly harmful or ineffective and should be eliminated (Category B); Practices that do not have evidence to support their recommendation and should be used with caution while further research is conducted (Category C) and Practices which are frequently used inappropriately (Category D) ^(2: 69-73).

Based on these categories, a study on normal births carried out in 13 reference hospitals, in Goiânia, identified a high incidence of clearly harmful or ineffective practices that should be eliminated, in contrast with practices that are useful and should be encouraged - such as low use of partograph, high rate of deliveries in the supine position and absence of a companion⁽³⁾.

To meet the abovementioned recommendations, the Ministry of Health issued Ordinance 985/GM, of August 5, 1999, on the need for humanization and improved care in pregnancy, childbirth and the puerperium and, consequently, reduction of deaths by avoidable causes ⁽⁴⁾. Thus, the Centers for Normal Delivery (CPN)[†], which are supervised by certified nurse-midwives and meet the needs of low-risk pregnant women, and, when necessary, transfer the patients to referral hospitals.

The CPN is regulated by Ordinance no 1,459, of 2011, issued by the Ministry of Health, which established the Rede Cegonha strategy. Regarding the component Labor and Birth, the referred strategy included good delivery and birth care practices ⁽⁵⁾. It is based on the principles of humanization of care, ensures high quality care for women from the confirmation of pregnancy up to the first two years of the baby's life.

Moreover, Resolution 223, of 1999, of the Federal Nursing Council assigns to obstetric nurses or to certified nurse midwives, as well as to specialists in obstetric nursing and women's health, legal support to provide care to parturients who give birth vaginally without complications and issue a statement for Authorization for Hospital Admittance, as well as other functions ⁽⁶⁾.

Obstetric nurses usually exercise this wide autonomy in the CPNs, and their conducts are praised by the patients who report satisfaction with the explanations provided, the guidance, welcoming, respect, tolerance, affection and availability of health professionals throughout the process ⁽⁷⁾.

Thus, this study involves insight on the nursing care provided at the CPN. The evidence produced here may contribute to help women overcoming any tensions during this period, and strengthen the strategies used by nurses.

Based on these reflections, the present study aimed gain insight on the care provided to the mother-baby binomial at a center for normal delivery of Brazil's public network, for women who had previous deliveries in the hospital network.

[†]The Ministry of Health (MS) emphasizes the implementation of less sophisticated health facilities, formally called Centers for Normal Delivery (CPN) or Birth Centers. However, in this study they will be referred to as CPN, as this was the abbreviation by the MS at the time of the establishment of the Rede Cegonha strategy, in 2011.

● METHOD

Qualitative approach was the method used in this descriptive study. The study setting was the CPN located in Brasília, DF. It currently consists of 17 certified nurse midwives and 12 nursing technicians who assist low-risk pregnant women, according to a protocol of care. Paranoá Regional Hospital is a reference.

For the definition of intentional sample, the following inclusion criteria were established: mothers above 18 years, alert and oriented, admitted to the CPN, who had previous experiences of normal birth in the hospital network and subsequently gave birth in the CPN. Women under the age of 18 years were excluded.

Data collection was carried out from February to July 2015. The first contacts were made through field visits, with the use of a semi-structured interview guide with clear and accessible language, composed of the following guiding questions: Why did you choose the CPN? What differences did you perceive between the CPN and the hospital where you had your previous delivery, regarding the following items: meals served at the hospital, respect to your decisions and wishes, methods of pain relief in labor and childbirth, right to have a companion during hospital stay, childbirth position, episiotomy and skin-to-skin contact with the baby after birth? Were you satisfied with hospital care during labor and delivery? Why? Are you satisfied with CPN care provided to you during labor and delivery? Why?

Each interview was conducted by the main researcher in a secluded place where only the respondent and the interviewer were present. Theoretical saturation of data was used to stop data collection when researchers reach a point in which sampling more data will not lead to more information related to the subject⁽⁸⁾.

The interviews were performed with a digital recorder and lasted in average 20 minutes and were immediately transcribed in full. To ensure the anonymity of the participants, letter P was used to identify the statements followed by the chronological sequence of the interviews. After each interview, the researcher noted significant data in a field diary.

After the field survey, each interview was re-read before the analysis. Qualitative analysis⁽⁹⁾ was used in data treatment. The statements were examined by two researchers (main investigator and an independent judge). Data interpretation was based on the national and international scientific production, and in compliance with the pertinent Brazilian legislation.

The present study met the stipulations of the National Health Council - Directive and Regulatory Norms Involving Human Beings - Resolution CNS n. 466/2012⁽¹⁰⁾. The study was approved by the Research Ethics Committee of the Foundation of Education and Research in Health Sciences (CEP / FEPECS) under statement N. 979 367, of March 9, 2015 and CAEE N. 40397214.0.0000.5553.

● RESULTS

Eight women who had just given birth were interviewed, and the sociodemographic characterization was as follows: three women were self-declared white, two were self-declared brown and three of them were unable to answer. The age of the respondents ranged from 30 to 40 years. Regarding schooling, one woman was illiterate, two attended elementary school, three attended high school, and two completed higher education.

Regarding their place of residence: six respondents resided in the eastern part of the DF, near the CPN; one respondent lived in Águas Claras (in the DF) and another one lived in Goiás. Five respondents were employed. Six women maintained a relationship with the father of their children, and two were self-declared single. As for reproductive history, six had given birth twice and two were multiparous. Five respondents had their last pregnancies between 2006 and 2013, two between 2000 and 2005, and one had her last child before 2000.

During the analysis, the researchers aimed to gain insight on the perceptions of puerperal women

during their stay in the CPN. These aspects provided support for three thematic categories: “Good Delivery and Birth Care Practices and Parturients’ Autonomy in the Decision-making Process,” “Care versus Neglect,” and “Indifference to the Suffering of Others.”

The Good Delivery and Birth Care Practices and Parturients’ Autonomy in the Decision-making Process

In this category, the following topics were addressed: respect to the women’s decisions, autonomy to choose the best position for birth, episiotomy, food offered during labor, skin-to-skin contact with the newborn after birth, and right to have a companion during hospital stay.

Regarding the previous delivery, although most participants reported that their decisions were respected during hospital stay, their statements revealed that these women were not informed on or questioned about episiotomy, and also that they were not allowed to choose the most comfortable position during labor and birth. One statement follows:

They performed the episiotomy without asking my opinion about it. It was decided at the last minute because the baby would not come out without this procedure[...]. (P2)

According to one respondent, the lack of autonomy to make decisions could be explained by the fact that she was very young when she had the first child and had little knowledge about humanized childbirth, good care practices and her rights as a user:

Oh, I was very young! I was 17 years old and did not know that episiotomy and the use of oxytocin, were a very interventionist approach. I thought it was normal, but then I realized I was wrong. (P5)

In contrast, in the CPN, the decisions made by all the women were respected, episiotomy was not performed, and they were allowed to choose the most comfortable position for birth, except for two participants admitted to the center during the expulsion stage who reported that everything happened so fast that there was no time to make such decision:

[...] here at the CPN I was allowed to choose my favorite position for birth [position]. (P2)

The health workers were attentive here. A small incision was made, but they were more careful than in the hospital (P6)

The hospital practice of prescribing zero diet to parturients with proved to be common, whereas in the CPN the women were given a normal diet throughout the parturition process:

At the hospital I was not allowed to eat or drink water. Here, as soon as I arrived I was offered everything: tea, biscuits, water. I was allowed to have a diet of my choice and drink water. (P8)

There [at the hospital] I was given food only after delivery. I was not allowed to drink water. Everything was allowed here: I have eaten and drunk water since I came here (P7)

Skin-to-skin contact with the newborn after birth, an important measure aimed to the establishment of a mother-baby link was not satisfactorily implemented in the hospital. The respondents said they had little time to stay with their children after birth. At the CPN, this practice was encouraged and respected. The postpartum women made the following comments:

There was very little contact. The baby was brought to me for a few moments and then taken away from me [hospital]. Here at the CPN my daughter was with me for a long timer ... she was born at 6 o'clock and when they took her away it was nearly 10 o'clock. (P2)

There was no contact. The baby was taken away [hospital]. Here I was allowed to stay with my baby. They placed the baby on my chest right after birth. I was in contact with him for more than one hour. (P6)

Asked about the right to have a companion, the participants said that some hospitals did not allow them to have a companion during the hospital stay, despite the publication of Law 11.108/2005, known as the “Companion Law”, according to which the health services are obliged to allow the presence of a companion chosen by the parturient woman, throughout the entire period of labor, birth and the

immediate postpartum period. Of these women, only one has given birth before this law. On the other hand, at the CPN all of them were allowed to stay with their companions and, in some cases, with a doula –a situation reported in the following reports:

This was not possible there [hospital]. Here I can stay with him [husband] and the doula. (P5)

Not in the hospital, because they did not allow me to do so, but I can have a companion here. (P6)

Care versus Neglect

This category comprised the following themes: results related to the satisfaction and dissatisfaction toward care practices in the hospital and at the CPN, and the reason for choosing the center. The women were dissatisfied with the way they were treated in the Hospitals. They reported abandonment, rudeness and lack of guidance:

[...] I was left alone in a room, then they came and took me to another room. Then, the attendants left me there lying on the bed [...] I passed out there. (P1)

[...] some doctors were very rude [...]. (P4)

Satisfaction with CPN care was unanimous. Most women stressed the affection, respect and care of the health care team during care. Some respondents said:

Oh, I enjoyed my stay at the center because people are patient and help us, and they don't get stressed, right? Therefore, that makes us more confident. It was really nice. I cannot complain. (P2)

[...] I was respected, I was able to care for myself and my baby, and that to me made all the difference. (P8)

The respondents sought care at the CPN because they lived near the center and because they believed they would get better care at the center than in the hospital. They also reported that the CPN offers humanized care:

I wanted something different, because in my first pregnancy I had to face an unpleasant episiotomy. Then, I began to read Facebook news on types of delivery that included information on humanized births. I sought more information on the subject and decided to have a humanized birth. (P5)

Indifference to the Suffering of Others

This category comprised the use of non-pharmacological methods for pain relief in the hospital and at the CPN. The respondents revealed that they did not use a non-pharmacological method for pain relief in their previous births at the hospital, whereas at the CPN, most of them reported that they were instructed and encouraged to use a non-pharmacological method. Only those women who arrived at the CPN during the expulsion stage reported not using a non-pharmacological method:

I did not get proper care at the hospital. Here, on the contrary, everything was fine. (P7)

● DISCUSSION

This study shed light on some aspects related to good delivery and birth care practices, and there were clearly differences between care provided in the hospital and at the CPN. These results corroborate the findings of a similar study conducted in London⁽¹¹⁾, which compared, among other aspects, respect to the woman's choice of the best position for birth and use of episiotomy. At the CPN the women were allowed to choose their positions in labor, while at the hospital the women were restricted to the supine position during labor. Regarding episiotomy, according to the referred study, it was only performed at the hospital.

At the hospital, the women were not asked or informed about the procedures performed in

their bodies, and they were unable to explain the real reason for certain behaviors. Ultimately, the bodies of these women were regarded as an instrument for teaching and practical learning, without consideration to the human or psychological aspects involved in such interventions. The study found that some parturients were informed about the procedures but could not make any decisions, because the physicians were supposed to make these decisions, which reinforces the idea that doctors assume a prominent role in the birthing process – a role that prevents a more active participation of the women in this process ⁽¹²⁾.

Regarding the freedom to choose the most appropriate position at labor, food intake and the use of non-pharmacological methods of pain relief, relevant good delivery and birth care practices were also consistent with the results found of a previous study carried out at the same CPN, which reinforces the role of these services in reducing interventions - often unnecessary - carried out during labor and delivery care in Brazil ⁽¹³⁾.

Another good delivery and birth care practice used in humanized birth is skin-to-skin contact between the mother and the newborn. The Baby Friendly Hospital Initiative (BFHI) recommends putting babies in contact with their mothers for at least one hour for babies born with good state of vitality ⁽¹⁴⁾, as it facilitates the initiation of breastfeeding ⁽¹¹⁾. This practice is encouraged and applied at the CPNs.

This study also reinforced that food restriction during labor is a common practice in hospitals. The study "Birth in Brazil" conducted in Brazilian hospitals showed that less than one third of low-risk pregnant women were given food during labor ⁽¹⁵⁾. For example, in Goiânia, GO, 13 of the 14 referral hospitals for low-risk pregnancies, 62% of the women were given zero diet ⁽³⁾. At the CPN, there are no dietary restrictions, and the participants reported that this practice is beneficial as they need to be strong during the expulsion stage ⁽¹⁶⁾.

In the labor and birth process, the presence of a companion is a good delivery and birth care practice. Law No. 11.108/2005 ensures the right for women to have a companion of their choice throughout the entire period of labor ⁽¹⁷⁾. Women who have given birth at the CPN said that the presence of a companion provided safety, peacefulness, protection and freedom to express their feelings ⁽¹⁸⁾. At a CPN in Rio de Janeiro, for example, the women had their companions with them in 94.9% of the assisted births ⁽¹⁹⁾.

The care provided and the bond between parturients and health professional are also important aspects in the process of humanization of childbirth and birth. In a CPN, constant monitoring by professionals generated greater satisfaction, and the patients also felt less lonely and safer ⁽¹⁸⁾. The results of the study also showed that respect, patience and affection were highly valued by the participants.

Therefore, an increasing number of women seek the CPNs either because they live near these institutions, as shown in this study, or because they can learn from about positive experiences of other women related to humanized care. In a study carried out in two hospitals in Maringá-PR, with 569 women, on labor and birth care practices in hospitals, the need for special and humanized care was identified, since the health institutions had several problems related to physical structure, hospital routines, or else regarding the conducts of some professionals. These obstacles to the humanized model of labor and birth care must be overcome ⁽²⁰⁾.

The CPNs are also characterized by the use of non-pharmacological methods of pain relief. Health professionals have the important role of informing and guiding pregnant women about how to deal with their pain through breathing exercises, shower, walking, birth ball exercises, squatting, massage or any other useful resources ⁽²¹⁾. According to the women, non-pharmacological methods of pain relief are positive, although they do not solve the problem, because they help to divert focus from the unpleasant sensation. In hospitals where these procedures are offered, the nursing staff is the main motivator ⁽²⁰⁾.

Despite the limitations of this study, such as the fact that the respondents had little or no knowledge of humanized care practices, it was clear from their testimonies that the good practices mentioned in this study were observed at the CPN. Another limitation was the wide distance between the delivery and birth care practices adopted in the hospital setting and at the CPN, because the traditional delivery and birth care provided in the hospital setting is consistent with the biomedical model recommended long ago. It is known that this model is undergoing major changes, and many maternity hospitals are

attempting to implement good delivery and birth care practices.

● FINAL CONSIDERATIONS

This study met the proposed objective, since the participants reported that the care provided at the CPN is in line with the good delivery and birth care practices recommended by the WHO - while there are still many adjustments to be made in hospitals regarding the implementation of humanized care. In the hospital setting, the experiences described by the women revealed old-fashioned behaviors, as well as disrespect and lack of empathy.

In contrast, the CPN of Brasília proved to be a welcoming environment with professionals trained to provide humanized care and focused on the WHO's recommendations. Women had their rights respected and their autonomy encouraged, and were given the care they needed to ensure a more pleasant and easier labor and birth process.

Based on the results of this study, we emphasize the need for the establishment of more CPNs in Brazil, in which women are respected throughout the labor and birth process and obstetrician nurses are recognized for their role in the promotion of good delivery and birth care practices.

● REFERENCES

1. Ministério da Saúde (BR). Secretaria de Políticas de Saúde. Área Técnica de Saúde da Mulher. Parto, aborto e puerpério. [Internet] Brasília: Assistência humanizada à mulher; 2001 [acesso em 3 fev 2016]. Disponível: <http://pfdc.pgr.mpf.mp.br/temas-de-atuacao/mulher/saude-das-mulheres/enfrentamento-a-mortalidade-materna-menu/parto-aborto-e-puerperio-assistencia-humanizada-a-mulher-ms>.
2. Organização Mundial da Saúde (OMS). Assistência ao Parto Normal: um guia prático. (Relatório Técnico). Genebra; 1996.
3. Giglio MRP, França E, Lamounier JA. Avaliação da qualidade da assistência ao parto normal. Rev. Bras. Ginecol. Obstet. [Internet] 2011;33(10) [acesso em 3 fev 2016]. Disponível: <http://dx.doi.org/10.1590/S0100-72032011001000005>.
4. Ministério da Saúde (BR). Portaria MS/GM n. 985, de 5 de agosto de 1999. Implementa e regulamenta o funcionamento dos Centros de Parto Normal em âmbito do Sistema Único de Saúde. Diário Oficial da União, Brasília, 5 ago. 1999.
5. Ministério da Saúde (BR). Portaria n. 1.459, de 24 de junho de 2011. Institui no âmbito do Sistema Único de Saúde - SUS - a Rede Cegonha. Diário Oficial da União, Brasília, 24 jun. 2011.
6. Conselho Federal de Enfermagem. Resolução n. 223, de 3 de dezembro de 1999. Dispõe sobre a atuação de Enfermeiros na Assistência à Mulher no Ciclo Gravídico Puerperal. Rio de Janeiro: COFEN; 1999.
7. Malheiros PA, Alves VH, Rangel TSA, Vargens OMC. Labor and birth: knowledge and humanized practices. Texto Contexto Enferm. [Internet] 2012;21(2) [acesso em 9 fev 2016]. Disponível: <http://dx.doi.org/10.1590/S0104-07072012000200010>.
8. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. Cad. Saúde Pública. [Internet] 2008;24(1) [acesso em 3 fev 2016]. Disponível: <http://dx.doi.org/10.1590/S0102-311X2008000100003>.
9. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 2009.
10. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466 de 12 de dezembro de 2012. Brasília; 2012.
11. Macfarlane AJ, Rocca-Ihenacho L, Turner LR. Survey of women's experiences of care in a new freestanding midwifery unit in an inner city area of London, England: 2. Specific aspects of care. Midwifery. [Internet] 2014;30(9) [acesso em 9 jan 2016]. Disponível: <http://dx.doi.org/10.1016/j.midw.2014.05.008>.

12. de Carvalho VF, Kerber NPC, Busanello J, Gonçalves BG, Rodrigues EF, de Azambuja EP. Como os trabalhadores de um Centro Obstétrico justificam a utilização de práticas prejudiciais ao parto normal. *Rev. esc. enferm. USP*. [Internet] 2012;46(1) [acesso em 3 fev 2016]. Disponível: <http://dx.doi.org/10.1590/S0080-62342012000100004>.
13. Barros WLL, Costa E, Boeckmann LMM, dos Reis PED, de Leon CGRMP, Funghetto SS. Parto humanizado: uma realidade na Casa de Parto?. *Rev enferm UFPE on line*. [Internet] 2011;5(1) [acesso em 24 out 2015]. Disponível: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/1207/pdf_277.
14. Ministério da Saúde (BR). Portaria n. 1.153, de 22 de maio de 2014. Redefine os critérios de habilitação da Iniciativa Hospital Amigo da Criança (IHAC), como estratégia de promoção, proteção e apoio ao aleitamento materno e à saúde integral da criança e da mulher, no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União*, Brasília, 22 mai. 2014.
15. Leal MC, Pereira APE, Domingues RMSM, Theme Filha MM, Dias MAB, Nakamura-Peireira M, et al. Intervenções obstétricas durante o trabalho de parto e parto em mulheres brasileiras de risco habitual. *Cad. Saúde Pública*. [Internet] 2014;30(Supl 1) [acesso em 3 fev 2016]. Disponível: <http://dx.doi.org/10.1590/0102-311X00151513>.
16. Wei CY, Gualda DMR, Santos Junior HPO. Movimentação e dieta durante o trabalho de parto: a percepção de um grupo de puérperas. *Texto Contexto Enferm*. [Internet] 2011;20(4) [acesso em 3 fev 2016]. Disponível: <http://dx.doi.org/10.1590/S0104-07072011000400010>.
17. Ministério da Saúde (BR). Lei n. 11.108, de 7 de abril de 2005. Altera a Lei n. 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde - SUS. *Diário Oficial da União*, Brasília, 8 abril. 2005.
18. Jamas MT, Hoga LAK, Reberte LM. Narrativas de mulheres sobre a assistência recebida em um Centro de Parto Normal. *Cad. Saúde Pública*. [Internet] 2013;29(12) [acesso em 3 fev 2016]. Disponível: <http://dx.doi.org/10.1590/0102-311X00039713>.
19. Pereira ALF, de Azevedo LGF, Medina ET, de Lima TRL, Schroeter MS. Maternal and neonatal care in David Capistrano Filho birth center, Rio de Janeiro, Brazil. *R. pesq.: cuid. fundam. online*. [Internet] 2012;4(2) [acesso em 3 fev 2016]. Disponível: <http://dx.doi.org/10.9789/2175-5361.2012.v4i2.2905-2913>.
20. Nagahama EEI, Santiago SM. Práticas de atenção ao parto e os desafios para humanização do cuidado em dois hospitais vinculados ao Sistema Único de Saúde em município da Região Sul do Brasil. *Cad. Saúde Pública*. [Internet] 2008;24(8) [acesso em 3 fev 2016]. Disponível: <http://dx.doi.org/10.1590/S0102-311X2008000800014>.
21. Pinheiro BD, Bittar CML. Percepções, expectativas e conhecimentos sobre o parto normal: relatos de experiência de parturientes e dos profissionais de saúde. *Aletheia*. [Internet] 2012;(37) [acesso em 3 fev 2016]. Disponível: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-03942012000100015&lng=pt.