

EXPERIENCES OF PUERPERAL WOMEN IN THE NORMAL BIRTH CENTER

VIVÊNCIAS DAS PUÉRPERAS NO CENTRO DE PARTO NORMAL

VIVENCIAS DE LAS PUÉRPERAS EN EL CENTRO DE PARTO NORMAL

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Objective: to understand the experience of puerperal women in childbirth in the Normal Birth Center in a municipality of Paraíba's countryside. **Method:** this is a descriptive study, with a qualitative approach, conducted with puerperal women, through semi-structured interviews. Data collection occurred in January and February 2020, in a Normal Birth Center. The data were analyzed according to the thematic content analysis technique. **Results:** the following categories emerged from the empirical data: Obstetric nurse care in the context of the Normal Birth Center; The presence of the companion during labor. Women were satisfied with the care received by obstetric nurses. The physiology, choices and feelings of women were respected during hospitalization. **Conclusion:** the care offered provided positive experiences, safety and well-being in birth and postpartum.

Descriptors: Birthing Centers. Midwifery. Obstetric Nursing. Natural Childbirth. Humanizing Delivery.

Objetivo: compreender a vivência das puérperas na parturição no Centro de Parto Normal em um município do Agreste Paraibano. Método: trata-se de estudo descritivo, de abordagem qualitativa, realizado com puérperas, por meio de entrevista semiestruturada. A coleta de dados ocorreu nos meses de janeiro e fevereiro de 2020, em um Centro de Parto Normal. Os dados foram analisados conforme a técnica de análise de conteúdo temática. Resultados: dos dados empíricos emergiram as categorias: O cuidado da enfermeira obstétrica no contexto do Centro de Parto Normal; A presença do acompanhante durante o trabalho de parto. Constatou-se que as mulheres ficaram satisfeitas com o cuidado recebido pelas enfermeiras obstétricas. Foi evidenciado que a fisiologia, as escolhas e os sentimentos das mulheres foram respeitados durante o internamento. Conclusão: os cuidados ofertados proporcionaram vivências positivas, segurança e bem-estar no parto e pós-parto.

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Descritores: Centros de Assistência à Gravidez e ao Parto. Tociologia. Enfermagem Obstétrica. Parto Normal. Parto Humanizado.

Objetivo: comprender la vivencia de las puérperas en el parto en el Centro de Parto Normal en un municipio del Agreste de Paraíba. Método: se trata de estudio descriptivo, de abordaje cualitativa, realizado con puérperas, por medio de entrevista semiestructurada. La recogida de datos ocurrió en los meses de enero y febrero de 2020, en un Centro de Parto Normal. Los datos fueron analizados conforme a la técnica de análisis de contenido temática. Resultados: de los datos empíricos emergieron las categorías: El cuidado de la enfermera obstétrica en el contexto del Centro de Parto Normal; La presencia del acompañante durante el trabajo de parto. Se constató que las mujeres quedaron satisfechas con el cuidado recibido por las enfermeras obstétricas. Se evidenció que la fisiología, las elecciones y los sentimientos de las mujeres fueron respetados durante el internamiento. Conclusión: los cuidados ofrecidos proporcionaron vivencias positivas, seguridad y bienestar en el parto y posparto.

Descritores: Centros de Asistencia al Embarazo y al Parto. Partería. Enfermería Obstétrica. Parto Normal. Parto Humanizado.

Introduction

The hegemonic model of obstetric attention visualizes and acts on the woman's body as an object of interventions, denying her autonomy and protagonism during the experience of childbirth, in addition to violating the right of women to have their emotional needs, culture and physiology met during the birth process⁽¹⁾.

This scenario of disrespect, when present, directly affects the perception and choice of the type of birth and favors the growing number of cesarean sections. Most of the time, women see cesarean section as an alternative to poor care offered during vaginal birth or follow the wrong clinical indications of professionals, without understanding the complications inherent in unnecessary surgery⁽²⁾.

All this context makes women vulnerable to maternal deaths due to preventable causes⁽²⁾, such as those that have occurred in all regions of Brazil for many years, due to inadequate prenatal care and structural problems in childbirth services⁽³⁾.

Data from the largest obstetric survey conducted in Brazil, which interviewed almost 24,000 women, showed the existence of unnecessary interventions and obstetric violence during childbirth. At the same time, they pointed to the need for change in obstetric care⁽⁴⁾.

Thus, to break with the current model, the Ministry of Health (MH) published Ordinance n. 1,459 in 2011, which established public health policy, called *Rede Cegonha*, in the Unified Health System (UHS). This ordinance aims to strengthen and improve good practices in delivery and birth care, offering training for health professionals and implementing the Normal Birth Center (NBC) in the country, whose care is provided exclusively by obstetric nurses⁽⁵⁾.

The consequences of these changes provided by public health policy can already be observed in obstetric care. According to an evaluative study in maternity hospitals connected to the *Rede Cegonha* between 2011 and 2017, there was an improvement in women's access to adequate and less interventional care⁽⁶⁾.

Regarding NBC, there are still few in Brazil⁽⁷⁾. These services constitute units of care for normal-risk women as an alternative space to the hospital⁽⁸⁾. It differs from traditional obstetric care services, by guaranteeing the right to privacy and dignity of women to give birth in a place similar to their family environment, offering appropriate technological resources and, in cases of possible need⁽⁹⁾, having the support of a reference hospital or maternity hospital⁽⁵⁾.

Thus, the NBC presents itself as an environment that offers comfort, safety and satisfaction, both for its physical structure and for the care of obstetric nurses, who have the responsibility to monitor and act with the woman and her companion, allowing them to feel free to experience childbirth⁽¹⁰⁾, in an active and participatory way⁽⁹⁾. In addition, they employ non-pharmacological methods of pain relief, which encourage labor and favor the physiological processes of birth⁽⁸⁾.

Obstetric nurses who work in the NBC respect the uniqueness of women and their families, always taking into account the social, cultural and emotional issues that go through childbirth⁽¹¹⁾. Based on these issues, the care provided to the parturient woman is anchored in scientific precepts, which translate into evidence that obstetric care received in the NBC favors faster recovery in the postpartum period, reduces the risk of infection, bleeding and other complications, in addition to promoting greater bond with the child⁽¹²⁾.

In this context, when considering the particularities of professional practices in the care of women during the process of childbirth, the research question arose: How does the woman experience labor in the NBC? Thus, this study aimed to understand the experience of puerperal women in relation to childbirth in the Normal Birth Center of a municipality in Paraíba's countryside.

Method

This is a descriptive, qualitative research, conducted in a public peri-hospital Normal Birth Center, located in a municipality in Paraíba's countryside, considered a reference in obstetric care to women in the city of Campina Grande, Paraíba, and the 2nd health macro-region of the state. This NBC has 5 suites and only obstetric nurses provided assistance during the data collection period.

The inclusion criteria were puerperal women, aged over 18 years, assisted in the NBC during their parturitive process and without cognitive impediment to answer the study questions. These characteristics were identified with the help of obstetric nurses present in the NBC, then the puerperal women were addressed.

To delineate the sample, the saturation criterion was used when there was the coverage of data that provided the interconnections necessary for understanding the object⁽¹³⁾, so that a total of 14 participants were obtained. It is noteworthy that all the mothers addressed agreed to participate in the research.

Data collection was performed by one of the researchers in January and February 2020, in the individualized suite of each puerperal woman with their respective baby. A semi-structured interview script was used, which addresses their experience in the process of childbirth. In addition, a field diary was used at the end of each interview to record the impressions about the environment and the non-verbal language of the participants.

The interviews were recorded with the consent of the participants, and lasted about one hour and twenty-eight minutes. The data obtained were fully transcribed and analyzed according to the Thematic Content Analysis technique proposed by Bardin⁽¹⁴⁾. The results were discussed based on the scientific literature on the subject.

To write the results, this research followed the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ).

The research followed the ethical precepts of Resolution n. 466/2012 and was approved by the Research Ethics Committee of the *Hospital Universitário Alcides Carneiro da Universidade Federal de Campina Grande*, under Opinion n. 3.781.810, Certificate of Presentation of Ethical Appreciation (CAAE): 26147519.8.0000.5182. In order to preserve anonymity, the interviewees

were identified by the letter "I", followed by a numerical sequence.

Results

Characterization of Study Participants

Participants were aged between 19 and 35 years. As for marital status, four women were single, ten women lived with their partner, of which seven were married and three were in stable union. Regarding schooling, two had complete higher education, three, complete high school, five, incomplete high school and four, incomplete elementary school.

Concerning the obstetric history, eight were primiparous, four secondiparous and two multiparous.

After analyzing the empirical data, the following categories emerged: Obstetric nurse care in the context of the Normal Birth Center; The presence of the companion during labor.

Obstetric nurse care in the context of the NBC

The care received was provided exclusively by obstetric nurses and nursing staff, and participants recognized that:

[...] they were always giving assistance by my side, such as suggesting exercises to help ease the pain in a humanized way. (I1).

[...] they were very helpful and ready to help. (I2).

[...] they gave you strength and encouragement not to give up [...]. (I5).

For the interviewees, obstetric nurses are helpful and act in birth care with humanization and readiness, trying to encourage them during childbirth. In that context, they described that:

[...] they respected every moment of the birth phase. Of the pains! (I13).

And they were always looking for the position I wanted, where I wanted to be, what way I wanted to be. This for me was excellent, it helped a lot. (I3).

Here, the woman's will is respected. So if she feels like going to the bathroom and getting under the shower, she's totally free to go. If the woman feels like walking, too! (I1).

[...] they said I could scream if I wanted to [...]. (I6).

It was evidenced that the physiology, choices and feelings of women were respected at all stages of the birth. In addition, the interviewees reported other care they received:

[...] they always suggested physical exercise, doing exercises going to the bathtub, going to the ball, always exercises that helped a lot. (I1).

Massage, when the contraction came, they massaged the back. (I2).

There was one that put on some music for me to be calmer there, there was the bath, they came, they were massaging me. (I14).

[...] taking to the bathroom, for the warm bath. (I13).

Non-pharmacological techniques for pain relief, such as the use of the Swiss ball, warm bath, music therapy and massages, are offered by obstetric nurses in the process of childbirth. With this, they described the feelings regarding the attention received:

I felt good because I saw that I could count on them. (I4).

[...] I felt like my mother was taking care of me, I'm not lying! (I12).

I loved the service, it was excellent from the beginning to the end. (I2).

The satisfaction of women with the care received by obstetric nurses in the NBC was found, relating it to maternal care, as stated by one participant:

I'd recommend people to come. (I8).

Furthermore, for women, the physical structure of the NBC is different. According to the reports:

It is advantageous because I felt in a private place. You won't find such structure in the UHS [Unified Health System], like the one we have here. In the NBC. (I5).

It even seems to be private, because it is a quieter place, because it's a place where you'll be alone with your daughter by your side, your husband, with a relative of yours, with your companion. This here was supposed to grow too much! Many mothers deserved a place like this. (I3).

In the imagination of women or according to previous experiences, since almost half of them had already given birth, there is a scrapping of the Unified Health System, so that a physical structure like the NBC is only seen in private health services, where the ambience is welcoming and suitable for childbirth by providing a calm environment. In addition, in the NBC, they had respect for privacy and remained with a companion of their choice, as presented in the following category.

The presence of the companion during labor

The women reported that they had a companion during childbirth and added how they felt:

I felt very well! [...] gave me confidence. I felt very safe! (12).

[...] comforting, you always need to have [a companion]. (11).

I felt protected. (18).

The women felt well, safe, comforted and protected by the presence of a companion and further stated the importance that should be:

[...] a person in your cycle when you're in pain. (11).

[...] a person with experience [...]. (12).

Thus, women reported that:

[...] the presence of the child's father on the side is wonderful! And the person receiving affection from both sides, right? From both the partner and the girls who work here. (112).

[...] sbe [mother] helped me a lot when I was giving birth. (112).

[...] sbe [mother] supported me. She was always with me, always holding my hand. (18).

The women's reports showed that the companion during childbirth should be a person from their social network, like their mother and the child's father, as they provide them affection, help and support during childbirth.

Discussion

The woman's body is naturally prepared for birth, being the health professional responsible for following the process and intervening only if necessary. In this perspective, in the NBC, obstetric nurses promote care centered on the needs of the parturient woman and that respects the physiology of birth, providing the woman with a sense of security, well-being and comfort⁽⁷⁾.

These characteristics of care corroborate what was found in this study, in which women reported the readiness of obstetric nurses at all times, offering them help, when necessary, during exercises for pain relief and also transmitting them calm and stimulation during childbirth. Thus, this support generates confidence in the obstetric care received and allows the woman to feel safe to give birth⁽¹¹⁾.

According to the results, the users felt satisfied with the assistance of obstetric nurses, whose practices include respect for both the physiological aspects of birth and the choice of the parturient woman, ensuring her protagonism. In this sense, the feelings aroused were capable of making the experience of birth positive and pleasant⁽¹⁰⁾, so that the obstetric care received in the NBC was related to maternal care and would be recommended for other women.

In addition, the interviewees demonstrated to be unaware of a UHS scenario that was equal to the NBC, a calm environment, with privacy and the possibility of having a companion of their choice. There is evidence that, seeking an assistance judged by her as the best for her and her baby, even having health plan, the woman seeks the NBC to give birth⁽⁷⁾, because this scenario allows the release of hormones that will help in contractions and pain relief, allowing relaxation, concentration in the body and physiological events of birth, as well as allowing the woman to be in a warm and familiar environment⁽¹⁵⁾.

In this research, women received, during childbirth, massages, music therapy, warm bath

and encouragement to the use of the Swiss ball, which are strategies that allow a physiological delivery and birth, reducing the possibility of unnecessary obstetric interventions⁽¹⁶⁾, in addition to increasing the comfort of the parturient woman and shortening the time of labor⁽¹⁷⁾.

Massages provide pain reduction, in addition to contributing to relaxation and reducing stress caused in labor. It is usually applied in the lumbar region, but it can be performed elsewhere, depending on the need of the parturient woman⁽¹⁸⁾. Regarding the warm bath, it helps in the release of muscle tension, through the redistribution of blood flow from the muscles. The heated water helps release endorphins and decrease adrenaline, relieving pain and offering a feeling of comfort and well-being. Music therapy also relaxes and allows greater tranquility to parturient women, making them feel at ease with the environment⁽¹⁾. In relation to the Swiss ball, its use provides the movement of the pelvic floor, which contributes to making contractions more effective, increasing dilation and assisting the process of insinuation of the fetus⁽¹⁶⁾.

The reports also demonstrated the importance of the presence of the companion of free choice during labor, to transmit confidence, comfort and protection to women. This finding was identified in another study, corroborating the scientific literature, which recognizes the importance of the companion to help the parturient woman reduce tension, fear and pain during labor and has had legal regulations since 2005⁽¹⁹⁾.

However, it is essential that the companion is informed about the evolution, techniques and actions of the birth process, because he/she is emotionally involved and shares with the woman all the expectation regarding the care and assistance received⁽²⁰⁾. Most of the time, parturient women choose their own mothers as companion, because they feel more comfortable, because these women have experienced their own process and thus better understand the physical changes and feelings regarding birth⁽¹⁷⁾.

Other parturient women preferred the baby's father as a companion. This choice contributes both to the strengthening of affective ties with the parturient woman, as well as to the promotion of responsible paternity and the creation of a bond between the father and the newborn⁽²¹⁾.

It is noteworthy that the companion can be inserted in the process of monitoring the pregnant woman from prenatal care, providing that this person feels an active part in the process and is present in all phases of care⁽²²⁾. Furthermore, the presence of a companion of free choice of the woman in labor is associated with a guarantee of sexual, reproductive and human rights⁽²³⁾ and contributes to the balance of the emotional state of the parturient woman. Moreover, the presence of a companion during childbirth is considered a protective factor against obstetric violence⁽¹⁹⁾.

The findings of the present study contrast with another, conducted in 2019, in the maternity hospital that is a reference of the NBC and located in its vicinity. Among the results of this other research, most parturient women experienced childbirth with moments of abandonment of professionals when requesting help or, still, the exposure of their bodies with the presence of many internships, excessive interventions and psychological abuse, resulting in a negative experience in motherhood⁽²⁴⁾. This divergence of results related to services intended to care for parturient women in the same coverage area may be related to the fact that satisfaction with the care received depends on the woman's experience with obstetric care in birth and postpartum period and occurs when their expectations and needs are met⁽²⁵⁾.

A limitation of this study concerns the analysis of the experiences of parturient women in the only NBC linked to the UHS of the state of Paraíba. Therefore, new studies should be carried out in other NBCs and maternity hospitals, in order to subsidize managers in the operationalization of offering services that generate satisfactory results to women, similar to the results found. Likewise,

other studies are needed to identify the barriers to the dissemination of the obstetric model of the NBC.

Despite this limitation, the study reached the proposed objective and brings, in its results, the satisfaction of women with the obstetric care received, which was fully offered by obstetric nurses. In this perspective, this research contributes to give visibility to this area of nursing, both in the scientific environment and in society, revealing the autonomy of these professionals in the conduction of births of normal risk.

Final considerations

This study allowed the understanding of the experience of the mothers in relation to childbirth in the NBC. The results showed that the care received was permeated by assistance with respect to their choices, their autonomy and protagonism. In addition, the use of non-pharmacological techniques for pain relief, the guarantee of privacy through a calm and welcoming environment and the presence of companions during birth ensured safety and comfort for women and their families.

As a consequence, the assistance of obstetric nurses was related to maternal care, showing the satisfaction, recognition and appreciation of women with the care received, so that they would recommend the service to other women. Moreover, after this experience during birth, each woman could re-signify, in her imaginary, that the human care found can and should be part of more maternity hospitals and NBC linked to the UHS.

It requires, essentially, greater awareness of UHS managers for the expansion of the number of NBC in Brazil and greater investment in obstetric nurses to act in care.

Collaboration:

1 – conception and planning of the project: Thais Luana de Lima Araujo and Roberta Lima Gonçalves;

2 – analysis and interpretation of data: Thais Luana de Lima Araujo and Roberta Lima Gonçalves;

3 – writing and/or critical review: Thais Luana de Lima Araujo, Roberta Lima Gonçalves, Sheila Milena Pessoa dos Santos, Elisabete Oliveira Colaço, Emanuel Nildivan Rodrigues da Fonseca, Juliana Andreia Fernandes Noronha and Graziela Brito Neves Zboralski Hamad;

4 – approval of the final version: Thais Luana de Lima Araujo and Roberta Lima Gonçalves.

Competing interests

There are no competing interests.

References

1. Silva MRBD, Silva HCDA, Santos C, Monteiro HS, Estevam P, Santos AIX. Tecnologias não invasivas: conhecimento das mulheres para o protagonismo no trabalho de parto. *Nursing*. 2020;23(263):3729-35. DOI:<https://doi.org/10.36489/nursing.2020v23i263p3729-3735>
2. Lansky S, Souza KV, Peixoto ERM, Oliveira BJ, Diniz CSG, Vieira NF, et al. Obstetric violence: influences of the Senses of Birth exhibition in pregnant women childbirth experience. *Ciênc Saúde Colet*. 2019;24(8):2811-24. DOI: [10.1590/1413-81232018248.30102017](https://doi.org/10.1590/1413-81232018248.30102017)
3. Takemoto MLS, Menezes MO, Adreucci CB, Nakamura-Pereira M, Amorim MMR, Katz L, et al. The tragedy of COVID-19 in Brazil: 124 maternal deaths and counting. *Int J Gynaecol Obstet*. 2020;151(1):154-6. DOI: <https://doi.org/10.1002/ijgo.13300>
4. Leal MC, Pereira APE, Domingues RMSM, Theme Filha MM, Dias MAB, Nakamura-Pereira M, et al. Intervenções obstétricas durante o trabalho de parto e parto em mulheres

- brasileiras de risco habitual. *Cad Saúde Pública*. 2014;30(Suppl 1):S17-32. DOI: <https://doi.org/10.1590/0102-311X00151513>
5. Rocha FR, Melo MC, Medeiros GA, Pereira ÉP, Boeckmann LMM, Dutra LMA. Análise da assistência ao binômio mãe-bebê em Centro de Parto Normal. *Cogitare Enferm*. 2017;(22)2:49228. DOI: <http://dx.doi.org/10.5380/ce.v22i2.49228>
 6. Leal MC, Bittencourt SA, Esteves-Pereira AP, Ayres BVS, Silva LBRAA, Thomaz EBAF, et al. Avanços na assistência ao parto no Brasil: resultados preliminares de dois estudos avaliativos. *Cad Saúde Pública*. 2019;35(7):e00223018. DOI: <https://doi.org/10.1590/0102-311X00223018>
 7. Gonçalves DLV, Campos SNR, Souza LPS, Souza KV. Trajetória de mulheres assistidas em centro de parto normal e sua relação com escolhas terapêuticas. *R Enferm Cent O Min*. 2021;11:e4139. DOI: <http://doi.org/10.19175/recom.v11i0.4139>
 8. Medina ET, Mouta RJO, Carmo CN, Theme Filha MM, Leal MC, Gama SGN. Boas práticas, intervenções e resultados: um estudo comparativo entre uma casa de parto e hospitais do Sistema Único de Saúde da Região Sudeste, Brasil. *Cad Saúde Pública*. 2023;39(4):e00160822. DOI: <https://doi.org/10.1590/0102-311XPT160822>
 9. Pereira RM, Fonseca GO, Pereira ACCC, Gonçalves GA, Mafrá RA. Novas práticas de atenção ao parto e os desafios para a humanização da assistência nas regiões sul e sudeste do Brasil. *Ciênc saúde colet*. 2018;23(11):3517-24. DOI: <https://doi.org/10.1590/1413-812320182311.07832016>
 10. Almeida RSS, Reticena KO, Gomes MFP, Fracolli LA. Puerperal women's experiences regarding the nursing team performance during labor. *Rev Pesqui Cuid Fundam*. 2020;345-9. DOI: <https://doi.org/10.9789/2175-5361.rpcfo.v12.7117>
 11. Loiola AMR, Alves VH, Vieira BDG, Rodrigues DP, Souza KV, Marchiori GRS. Birth plan as a care technology: Experience of women in the postpartum period in a birth center. *Cogitare Enferm*. 2020;25. DOI: <http://dx.doi.org/10.5380/ce.v25i0.66039>
 12. Teixeira MMS, Santos SLS. Da expectativa à experiência: Humanização do parto no sistema único de saúde. *Interface*. 2018;22(65):399-410. DOI: [10.1590/1807-57622016.0926](https://doi.org/10.1590/1807-57622016.0926)
 13. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev Pesqui Qual*. 2017 [cited 2017 Jun 28];5(7):1-12. Available from: <https://editora.sepq.org.br/rpq/article/view/82>
 14. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2015.
 15. Piler AA, Wall ML, Aldrighi JD, Souza SRRK, Trigueiro TH, Peripolli LO. Fatores determinantes dos cuidados de enfermagem no processo de parturição. *Rev enferm UFPE on line*. 2019;13(1):189-205. DOI: <https://doi.org/10.5205/1981-8963-v13i1a236515p189-205-2019>
 16. Marins RB, Cecagno S, Gonçalves KD, Braga LR, Ribeiro JP, Soares MC. Care techniques for pain relief in birthing. *Rev Pesqui Cuid Fundam*. 2020;12:276-81. DOI: [10.9789/2175-5361.rpcfo.v12.8502](https://doi.org/10.9789/2175-5361.rpcfo.v12.8502)
 17. Cavalcanti ACV, Henrique AJ, Brasil CM, Gabrielloni MC, Barbieri M. Terapias complementares no trabalho de parto: ensaio clínico randomizado. *Rev Gaúcha Enferm*. 2019;40:e20190026. DOI: <https://doi.org/10.1590/1983-1447.2019.20190026>
 18. Alves IGF. Terapias Alternativas e Complementares utilizadas por enfermeiras obstetras em um Centro de Parto Normal. *Rev Saúde - UNG-Ser*. 2019;12(3-4):32-9. DOI: [10.33947/1982-3282-v12n3-4-3640](https://doi.org/10.33947/1982-3282-v12n3-4-3640)
 19. Carvalho SS, Barbosa SOR, Carvalho LF, Freitas AMC, Silva CS, Matos DO, et al. Inserção do acompanhante no processo gravídico-puerperal. *Rev Enferm UFPE on line*. 2019;13:e243214. DOI: [10.5205/1981-8963.2019.243214](https://doi.org/10.5205/1981-8963.2019.243214)
 20. Batista BD, Bruggemann OM, Junges CF, Velho MB, Costa R. Factors Associated With the Birth Companion'S Satisfaction With the Care Provided To the Parturient Woman. *Cogitare Enferm*. 2017;22(3):1-9. DOI: <http://dx.doi.org/10.5380/ce.v22i3.51355>
 21. Anjos AM, Gouveia HG. Presence of a companion during the process of labor and childbirth: analysis of practice. *Rev Enferm UERJ*. 2019;27:e38686. DOI: <https://doi.org/10.12957/reuerj.2019.38686>
 22. Souza MAR, Wall ML, Thuler ACMC, Souza SRRK. Prenatal as a facilitator in the participation of companions during labor and birth

- process. Rev Pesqui Cuid Fundam. 2020;12:197-202. DOI: 10.9789/2175-5361.rpcfo.v12.7201
23. Rodrigues DP, Alves VH, Penna LHG, Pereira AV, Branco MBLR, Souza RMP. O descumprimento da Lei do Acompanhante como agravo à saúde obstétrica. *Texto contexto - enferm.* 2017;26(3):e5570-015. DOI: <https://doi.org/10.1590/0104-07072017005570015>
24. Ferreira JF, Gonçalves RL, Santos SMP, Colaço EO, Noronha JAF. Desvelando a vivência da parturição nas maternidades na percepção das usuárias. *RSD.* 2020;9(11):e99191110509. DOI: <https://doi.org/10.33448/rsd-v9i11.10509>
25. Ribeiro JF, Oliveira KS, Lira JAC, Chagas DC, Branca SBP, Lima FF, et al. Contentamento de puérperas assistidas por enfermeiros obstetras. *Rev Enferm UFPE on line.* 2018;12(9):2269-75. DOI: <https://doi.org/10.5205/1981-8963-v12i9a234777p2269-2275-2018>

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