

Obstetric nurses in the childbirth process: the women's perception

Enfermeiras obstétricas no processo de parturição: percepção das mulheres

Enfermeras obstétricas en el proceso del parto: percepción de las mujeres

Margarete Maria de Lima¹ ; Larissa Nascimento Ribeiro¹ ; Roberta Costa¹ ;
Juliana Jaques da Costa Monguilhot¹ ; Iris Elizabete Messa Gomes¹ 

¹Universidade Federal de Santa Catarina, SC, Brazil

ABSTRACT

Objective: to learn how women at a public hospital in southern Brazil perceive the care given by obstetric nurses during labor, delivery and birth. **Method:** twenty-four postpartum women participated in this exploratory, qualitative, descriptive study from January to February 2019. Data were collected through individual, semi-structured interviews, and subsequently analyzed according to Minayo's operative proposal. The project was approved by the research ethics committee. **Results:** obstetric nurses were found to play an important role in respectful, humanized care during labor, particularly in encouraging the use of non-pharmacological methods of pain relief during labor, in addition to offering emotional support. **Conclusion:** the obstetric nurses' work, as perceived by the women, enhances the quality of the care provided, and was evaluated favorably by the study participants.

Descriptors: Nursing; Nurse Midwives; Labor, Obstetric; Parturition; Humanization of Assistance.

RESUMO

Objetivo: conhecer a percepção das mulheres sobre a assistência no trabalho de parto, parto e nascimento realizada por enfermeiras obstétricas em um hospital público do Sul do Brasil. **Método:** estudo qualitativo, descritivo-exploratório, desenvolvido em fevereiro de 2019. Participaram 24 mulheres no pós-parto mediato, internadas no Alojamento Conjunto. Os dados foram coletados através de entrevista semiestruturada e posteriormente analisados conforme proposta operativa de Minayo. O projeto foi submetido e aprovado pelo Comitê de Ética. **Resultados:** ressaltou-se a importância da atuação da enfermeira obstétrica no cuidado humanizado e respeitoso durante o trabalho de parto, destacando seu papel no estímulo ao uso dos métodos não farmacológicos de alívio da dor durante o trabalho de parto, além da oferta de apoio emocional. **Conclusão:** a atuação da enfermeira obstétrica, na percepção das mulheres, qualifica a assistência prestada, sendo avaliada de forma positiva pelas participantes do estudo.

Descritores: Enfermagem; Enfermeiras Obstétricas; Trabalho de Parto; Parto; Humanização da Assistência.

RESUMEN

Objetivo: conocer cómo las mujeres de un hospital público en el sur de Brasil perciben la atención brindada por enfermeras obstétricas durante el trabajo de parto, el parto y el parto. **Método:** de enero a febrero de 2019 participaron veinticuatro puérperas de este estudio exploratorio, cualitativo y descriptivo. Los datos fueron recolectados a través de entrevistas individuales semiestructuradas y posteriormente analizados de acuerdo con la propuesta operativa de Minayo. El proyecto fue aprobado por el comité de ética en investigación. **Resultados:** se encontró que las enfermeras obstétricas desempeñan un papel importante en el cuidado humanizado y respetuoso durante el trabajo de parto, particularmente en el fomento del uso de métodos no farmacológicos de alivio del dolor durante el trabajo de parto, además de ofrecer apoyo emocional. **Conclusión:** el trabajo de las enfermeras obstétricas, percibido por las mujeres, mejora la calidad de la atención brindada y fue evaluado favorablemente por las participantes del estudio.

Descriptores: Enfermería; Enfermeras Obstétricas; Trabajo de Parto; Parto; Humanización de la Atención.

INTRODUCTION

Delivery is a unique event, a natural process where the woman undergoes significant changes. In the middle of the twentieth century, this event, which often took place at the woman's home, was institutionalized, starting to take place in a hospital environment with the adoption of routine and protocolized practices. Thus, delivery was inserted in the health model based on diseases requiring medical follow-up¹. Currently, this conception of delivery as a pathological event still remains supported in Brazilian maternity hospitals, in society and by health professionals².

The *Nascer no Brasil* (Born in Brazil) survey, carried out from February 2011 to October 2012, showed that Brazil was experiencing a model of delivery care that was too interventional, with the use of potentially harmful technologies for the mother-baby binomial, in addition to the significant increase in the number of cesarean sections in women with usual risk pregnancy^{2,3}.

Corresponding author: Margarete Maria de Lima. E-mail: margarete.lima@ufsc.br
Responsible editor: Cristiane Helena Gallasch

In the country, there are policies created to change this model of obstetric care, but this transformation is still a challenge that requires the efforts of all those involved in the care of women, especially during labor and childbirth⁴. In 2017, the evaluation of the *Rede Cegonha* (Stork network) demonstrated positive results in relation to the increased use of good practices during labor⁵. In this context of changes, the obstetric nurse stands out as a strategic professional to transform the existing care logic in the care of women, as their work process is anchored in live work in action and in the use of light technologies⁶.

The delivery experiences of each woman are essential with regard to the process of labor, delivery and childbirth, requiring awareness of the professional who takes part in the way the parturient woman wishes to experience this process. Based on this principle, the obstetric nurse is of significant importance, since her practice includes humanized, comprehensive and empathic care for women and babies, in addition to good communication with their families⁷.

The effective participation of the obstetric nurse in the monitoring of labor and childbirth qualifies teamwork and contributes to humanized care⁴. Obstetric nurses base their performance on the good practices recommended by the Ministry of Health and by the World Health Organization (WHO), performing care actions that provide several maternal and neonatal benefits. Care technologies provide comfort and help in the process of labor and childbirth, while stimulating the autonomy and role of women throughout the process⁸.

Considering that the obstetric nurse has come to be recognized for combining the knowledge of the physiology of labor with non-medicalized care, the WHO has been investing in the inclusion of these professionals in order to qualify delivery care⁹. In this perspective, and in view of the importance of knowing the meaning given to the care provided by the obstetric nurse, this study aimed to know the perception of women about the assistance in labor, delivery and childbirth performed by obstetric nurses in a public hospital in southern Brazil.

METHOD

A qualitative, descriptive and exploratory study, conducted in the maternity ward of a Public Hospital in southern Brazil. The hospital performs a mean of 120 normal deliveries per month and the obstetric center has 11 obstetric permanent nurses, who assist approximately 85% of the normal deliveries.

The capture and identification of the participants was carried out by searching the Register of births of the Obstetric Center, in order to find out which women met the inclusion criteria, namely: being over 18 years old and having had a normal delivery with usual risk attended to by obstetric nurses in the four clinical periods of delivery (dilation, expulsion, placental and Greenberg period). A total of 26 eligible postpartum women were invited to participate, with only two refusing to participate. The interview took place at the bedside of the rooming-in. None of the women invited withdrew from contributing to the study after prior acceptance.

Data was collected in February 2019, by means of semi-structured interviews, audio-recorded and later transcribed by the researcher herself. At the time of the interview, the newborn and, in most cases, the woman's choice companion were present. It was not possible to have a room reserved for data collection. However, considering the privacy of the participants, women who were alone were preferentially chosen, i.e., without another puerperal woman in the room to conduct the interview, and were also previously asked if they were comfortable answering the interview with the person who was accompanying them, being possible to request the companion to leave the room during the interview.

The interview script was based on the WHO recommendations¹⁰⁻¹², with the main questions being the following: *How do you describe the care provided by the obstetric nurse during labor? How was the experience of being cared for by an obstetric nurse?* The script was validated by two researchers in the area of this survey.

Data analysis took place by means of Minayo's operating proposal¹³, which provides the stages of data sorting, data classification and final analysis. The data were organized and analyzed manually in a Word® document, in order to generate connections and allow for the creation of categories, as proposed by the method. Thus, after transcribing the interviews, a horizontal reading was performed, identifying the central ideas of the text. Subsequently, a cross-sectional reading helped identify the similarities and connections between the central ideas, giving rise to the research categories. All the authors contributed to the organization and definition of the categories, working in different stages of the process.

From data analysis, three categories were elaborated: *Obstetric nurse as a promoter of non-pharmacological methods; Emotional support and encouragement from the obstetric nurse; and Humanized and respectful care during*

labor. The data obtained were also compared with the WHO recommendations¹⁰⁻¹², in order to know the perception of women regarding the care provided by obstetric nurses during labor and childbirth.

The research complied with the principles and guidelines of Resolution 466/12 of 06/12/2012, which deals with the ethical precepts and protection for the participants in research involving Human Beings. The project was approved by the Committee of Ethics in Research Studies with Human Beings of the Federal University of Santa Catarina, under opinion No. 3,101,508 and CAEE: 03199118.3.0000.0121.

To preserve anonymity, the study participants were identified with the letter M for woman (“mulher”, in Portuguese), followed by an ordinal number (from 1 to 24) according to the order of the interviews. Thus, the first interviewee was identified as M1 and the last, as M24.

RESULTS AND DISCUSSION

The research participants were 24 women aged between 19 and 42 years old. Regarding schooling, four had incomplete elementary education, five had complete elementary education, six had incomplete high school, seven had complete high school, one had incomplete Higher Education, and one had complete Higher Education.

Regarding the companion, 23 women had the presence of a companion of their choice at the time of labor. Only one woman reported not having the presence of a companion by choice. As for the number of deliveries, nine were primiparous and 16 were multiparous.

Data analysis enabled the development of three categories: obstetric nurse as a promoter of non-pharmacological methods; emotional support and encouragement from the obstetric nurse; and humanized and respectful care during labor.

Category 1: Obstetric nurse as a promoter of non-pharmacological methods

This category shows the Nursing care provided to the women during labor. The women interviewed reported that the nurses encouraged the use of non-pharmacological methods for pain relief. The non-pharmacological method used that was most cited in the research was the aspersion bath (shower); however, methods such as the Swiss ball, music therapy, massage and ambulation also appeared in the results. The use of these methods has been studied and directly attributed to the humanization process of labor and childbirth¹⁴.

[...] it was very good, the time it goes to the ball in the shower it seems that it takes away all the pain (M3).

[...] For pain relief I did the procedures on the ball, in the shower, until the end the nurse who was with me, she [the obstetric nurse] helped me a lot in the part where I stayed on the ball, I went on all fours on the ball. It was what relieved me a lot in the end when it was near her time of birth, it was what helped me the most [...]. (M6)

[...] I used the shower, wow, very good, it was taking the pain away with my hand, it was hurting too much, I was no longer holding on, I was crying, then I went to the shower, they accompanied me, it helped a lot to endure more because I went to the shower with 8 cm, it still took me a while longer to deliver (M14).

In the view of the participants, the labor and delivery care provided by the obstetric nurses contributes to the evolution of labor and delivery, making the moment more pleasant for women. There are several factors that interfere with the satisfaction of the care provided during the parturition process, such as: culture, expectations, experiences, knowledge about the birth process and, consequently, the care provided by the professionals at this moment¹⁵.

The reports demonstrate that obstetric nurses perform care actions that provide women with a positive experience about childbirth, recommending non-pharmacological methods for pain relief during labor and respecting women's preferences^{12,16}. Obstetric Nursing has been gaining visibility by developing an important role in the face of humanistic care for women, offering technologies that promote comfort and favor the physiology of labor and childbirth. In addition to respecting the needs and the leading role of women, such behaviors favor maternal and neonatal outcomes^{14,16}.

The use of non-pharmacological methods for pain relief was seen as a fundamental part of the delivery care provided by the obstetric nurses, since several participants reported the comfort that the use of these technologies has brought about at this moment. These are methods that need structured knowledge regarding the development of the Nursing practice in an obstetric center; however, they do not require sophisticated equipment for their use, and these actions can be applied even by the companion who is with the woman at the time of labor¹⁷.

Day by day, women have regained responsibility for decision-making in labor and delivery. It is up to the obstetric nurse to offer a variety of methods that help the parturient to manage pain and have a unique and rewarding delivery experience¹⁸.

Category 2: Emotional support from the obstetric nurse

The research participants mentioned that the obstetric nurses who accompanied them provided emotional support during the whole process of labor, either offering guidelines for the best progress of labor or speaking some word of support and/or encouragement.

[...] They [the obstetric nurses] were very attentive, very calm with me, they told me to calm down, not to get agitated, that's why I thought it was very good with them (M4).

[...] She [the obstetric nurse] talked a lot, encouraged me, I was in a lot of pain thinking I wasn't going to make it and she [the obstetric nurse] said I was going to make it [...] she encouraged not to give up [...] of course my husband also helped me a lot, but if it were just me and him there it wouldn't have been the same (M20).

[...] She [the obstetric nurse] tried to calm me down as much as possible, helping me and talking to me [...] She [the obstetric nurse] talked to me, she was trying to calm me down so that I could have the strength to deliver him (M22).

The presence of the obstetric nurse beside the women made her a reference for emotional support during labor, this professional being, in addition to the women's companion, the person from whom the women heard words of support and encouragement at times when they felt vulnerable. The interpersonal relationship between nurse and parturient, anchored in a dialogical relationship and in solidarity, enables qualified care during delivery and childbirth. When the therapeutic bond with the woman is created, the professional narrows her care relationship and favors the progress of labor, since the woman becomes the protagonist of her process¹⁴.

The WHO guideline recognizes the positive delivery experience as a transcendent experience for all women, which achieves or exceeds their previous personal and socio-cultural beliefs and expectations. In this design, delivery should take place in a safe environment from both a clinical and psychological point of view, including continuous professional and emotional support provided by helpful professionals with appropriate technical skills¹², represented in this study by the obstetric nurses.

Category 3: Humanized and respectful care during labor and delivery

In this category, the women reported their experiences with the assistance provided by obstetric nurses during labor, highlighting as the main characteristic the care provided and the confidence these professionals had at the time of labor and delivery.

[...] [the nurses who accompanied my labor] They treat me with affection, they go into pain together with me, dance with me, go into the bathroom [...] (M2)

[...] They [the obstetric nurses] were very confident, they were always asking how I was, if I needed anything, so I could be calm [...] (M7)

[...] I felt more relieved, having a person who understood things better (M15).

Actually it was very good [obstetric nurse care]. She [obstetric nurse] assisted me super well. There she knew how to guide me [...] she saw that I was nervous, she talked to me [...] (M13)

Humanized care involves respecting women's choices during labor and, in this study, the participants mentioned it as fundamental for quality of care. The non-performance of episiotomy and the freedom of choice of position, practices recommended by the WHO since 1996, have been reported by the women, as can be seen in the statements below:

[...] The delivery was well respected. They didn't cut anything, no stitch was necessary, because it didn't tear anything [...] it qualifies 100%, it changes a lot for pregnant women to have someone there to accompany them, to explain to them, to give them strength, this is very important monitoring of the obstetric nurse (M6).

[...] And at the time of delivery too, the same thing, I delivered in the chair. And they [obstetric nurses] did it there. I didn't have to get up [...] I said I couldn't stand climbing on the bed [...] They brought everything, made the bed straight, that's where I stood [...] (M5)

The obstetric nurse is a strategic agent in changing the care model, as she favors and encourages the autonomy and leading role of women for decision-making anchored in the WHO recommendations. A few studies have pointed out that there is greater adherence by obstetric nurses to advise on the different positions that can be adopted in labor, allowing for their free choice. By appropriating evidence-based practices, these professionals enhance the woman's voice in the process of labor and childbirth^{19,20}.

Humanized childbirth care takes into account the need for a new look at the parturition process, interpreting it as a physiological experience. Welcoming, listening and guiding are fundamental aspects in the care of women²¹. Care focused on the needs and choices of women, which is integral and which allows for the creation of a bond between professional, parturient and companion, is extremely important and should be the focus of the nursing team at the time of labor, allowing for a more humane and respectful care²².

One of the participants believes that the role of the obstetric nurse in labor is to be attentive to any abnormalities that may occur in this process, highlighting that the nurse who accompanied her was monitoring fetal heart rate (FHR) at all times.

[...] Offer care when we need it and being on the lookout for any signs that may not be right [...] They [obstetric nurses] would listen directly to the baby's little heart to see how it was.

Direct follow-up by the obstetric nurses during labor, performing FHR control, and encouraging women to choose the position in which they feel most comfortable to deliver, corroborates the WHO recommendations¹¹⁻¹² that reinforce that the professionals must encourage women to have freedom of movement during labor and to adopt the position that best suits them to deliver.

Some interviewees revealed that they believe that the obstetric nurse becomes more necessary when the woman is going through this process for the first time. And another mentioned that labor accompanied by a nurse becomes better than "with someone else".

[...] Because it is the first pregnancy, they [obstetric nurses] explained how to do it, how not to, giving the information very well [...] there must be someone's strength (M19).

[...] Because they pay attention, they pay special attention to us when they are talking there (M21).

[...] Much better than if it were with another person [here referring to the medical professional] (M24).

The care technologies used by the obstetric nurse highlight the importance of professional support in relation to women during labor. By promoting safety and care together with the companion, the principles of the humanization of delivery and childbirth are put into focus, favoring the woman's uniqueness and promoting respect throughout the process of delivery and childbirth²³.

The performance of the obstetric nurse in the delivery scenario is fundamental to reconfigure the predominant and traditional model of obstetric care in Brazil, centered on the obstetrician and on hospital care. Thus, the performance of the obstetric nurse in an autonomous, collaborative and quality manner in compliance with the national and international public health policies contributes to the reduction in the number of interventions, in greater satisfaction of women, and in a reduction of the rates of cesarean operations in the country^{24,25}.

CONCLUSION

In the women's perception, the performance of the obstetric nurse qualifies the care provided. The women interviewed highlighted the use of non-pharmacological methods for pain relief and emotional support as important care technologies used by the obstetric nurses who assisted them, highlighting the humanized care provided by them. The results obtained are in line with evidence present in existing research studies and official documents at national and international levels.

Contributing to the strengthening of the public policies to encourage the presence of the obstetric nurse in the setting of delivery and childbirth, the study reinforces the different dimensions in which the obstetric nurse acts during her follow-up.

It is concluded that the care provided by the obstetric nurse is indispensable in the process of labor, delivery and childbirth, being a professional who, at the time of labor and delivery, becomes a reference of support, safety and knowledge for the parturient woman.

As limitations, the fact that the research was carried out in a single hospital, representing a local reality, stands out, which does not allow for generalizations. In addition, the lack of a room set aside for the interviews may have contributed to some women not feeling comfortable expressing feelings about delivery due to the presence of other people in the same environment during the interview.

Thus, it is suggested that new research studies, using other methods and references, be carried out in order to raise evidence for a more humanized and multi-professional practice.

REFERENCES

1. Suárez-Cortés M, Armero-Barranco D, Canteras-Jordana D, Martínez-Roche ME. Use and influence of delivery and birth plans in the humanizing delivery process. *Rev. latino-am. enferm.* [Internet]. 2015 [cited 2019 Apr 25]; 23(3): 520-526. DOI: <http://dx.doi.org/10.1590/0104-1169.0067.2583>.
2. Ayres LFA, Henriques BD, Amorim WM. The cultural representation of “natural childbirth”: the outlook on the pregnant body in the mid-twentieth century. *Ciênc. saúde coletiva* [Internet]. 2018 [cited 2019 Mar 25]; 23(11):3525-34. DOI: <https://doi.org/10.1590/1413-812320182311.27812016>.
3. Leal MC, Pereira APE, Domingues RMSM, Filha MMT, Dias MAB, Pereira-Nakamura M, Bastos MH, Da gama SGN. Obstetric interventions during labor and childbirth in Brazilian low-risk women. *Cad. Saúde Pública* [Internet]. 2014 [cited 2019 Apr 28]; 30(Suppl 1):S17-S32. DOI: <http://dx.doi.org/10.1590/0102-311X00151513>.
4. Oliveira JDG, Campo TNC, Souza FMLC, Davim RMB, Dantas JC. Obstetric nurses’ perception in assistance to the parturient. *Rev. Enferm. UFPE* [Internet]. 2016 [cited 2019 out. 04]; 10(10):3868-75. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/11454/13277>.
5. Leal, MC. Childbirth and birth in Brazil: an evolving scenario. *Cad. Saúde Pública* [Internet]. 2018 [cited 2019 Mar 23]; 34(5):e00063818. DOI: <https://doi.org/10.1590/0102-311X00063818>.
6. Progiantil JM, Moreira NJMP, Prata JÁ, Vieira MLC, Almeida TA, Vargens OMC. Job insecurity among obstetric nurses. *Rev. enferm. UERJ*. [Internet]. 2018 [cited 2019 Mar 04]; 26:e33846. DOI: <http://dx.doi.org/10.12957/reuerj.2018.33846>.
7. Alves, TTM, Paixão GPN, Fraga CDS, Lírio JGS, Oliveira FA. Role of the obstetric nurse in the development of labor and delivery. *Rev. Enferm. Atenção Saúde* [Internet]. 2018 [cited 2019 Mar 23]; 7(1):41-50. DOI: <http://dx.doi.org/10.18554/reas.v7i1.2282>.
8. Ramos WMA, Aguiar BGC, Conrad D, Pinto CB. Contribution of obstetric nurse in good practices of childbirth and birth assistance. *J. res.: fundam. care.* [Internet]. 2018 [cited 2019 Oct 04]. 10(1):173-9. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i1.173-179>.
9. Vargens OMC, Silva ACV, Progiantil JM. The contribution of nurse midwives to consolidating humanized childbirth in maternity hospitals in Rio de Janeiro-Brazil. *Esc. Anna Nery Rev. Enferm.* [Internet]. 2017 [cited 2019 Mar 30]; 21(1):e20170015. Available from: https://www.scielo.br/scielo.php?pid=S1414-81452017000100215&script=sci_arttext&tlng=en.
10. World Health Organization. *Care in normal birth: a practical guide*. Geneva: WHO; 1996
11. Carvalho EMP, Göttems LBD; Pires MRGM. Adherence to best care practices in normal birth: construction and validation of an instrument. *Rev. Esc. Enferm. USP.* [Internet]. 2015 [cited 2019 Jul 03]; 49(6):889-97. DOI: <http://dx.doi.org/10.1590/S0080-623420150000600003>.
12. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018.
13. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 12ª ed. São Paulo: Hucitec; 2014.
14. Rocha FAA, Fontenele FMC, Carvalho IR, Rodrigues IDC, Sousa RA, Júnior ARF. Care during labor and birth: mothers’ perception. *Rev. Rene.* [Internet]. 2015 [cited 2019 Apr 30]; 16(6):782-9. DOI: <http://dx.doi.org/10.15253/2175-6783.2015000600003>.
15. Silva LS, Leão DCMR, Cruz AFN, Alves VH, Rodrigues DP, Pinto CB. Women’s knowledge about the different positions for labour: a contribution for caring. *Rev. enferm. UFPE on line.* [Internet]. 2016 [cited 2019 May 05]; 10(Supl.4):3531-6. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/11127/12615>.
16. Nascimento CA, Menezes RMP, Medeiros SM, Silva CJA, Lima MCRAA. Performance of nurse-midwives from the perspective of Epistemologies of the South. *Esc. Anna Nery* [Internet]. 2021 [cited 2020 Sep 25]; 25(1):e20200057. DOI: <http://dx.doi.org/10.1590/2177-9465-ean-2020-0057>.
17. Silva IA, Silva PSF, Andrade EWOF, Morais FF, Silva RSS, Oliveira LS. The perception of puerperas about nursing assistance in humanized labor. *Revista Uningá.* [Internet]. 2017 [cited 2019 Apr 29]; 53(2):37-43. Available from: <http://revista.uninga.br/index.php/uninga/article/view/1440/1057>.
18. Lennon R. Pain management in labor and childbirth: Going back to basics. *British Journal of Midwifery.* [Internet]. 2018 [cited 2019 Apr 29]; 26(10):637-41. DOI: <https://doi.org/10.12968/bjom.2018.26.10.637>.
19. Silva TPR, Dumont-Pena É, Sousa AMM, Amorim T, Tavares LC, Nascimento DCP et al. Obstetric Nursing in best practices of labor and delivery care. *Rev. Bras. Enferm.* [Internet]. 2019 [cited 2020 Sep 25]; 72(Suppl 3):235-42. DOI: <https://doi.org/10.1590/0034-7167-2018-0561>.
20. Côrtes CT, Oliveira SMJV, Santos RCS, Francisco AA, Riesco MLG, Shimoda GT. Implementation of evidence-based practices in normal delivery care. *Rev. Latino-Am. Enfermagem* [Internet]. 2018 [cited 2020 Sep 25]; 26:e2988. DOI: <https://doi.org/10.1590/1518-8345.2177.2988>.
21. Amaral RCS, Alves VH, Pereira AV, Rodrigues DP, Silva LA, Marchiori GRS. Obstetric nursing and its interface with the brazilian obstetric model. *Revista Enfermagem Atual in Derme.* [Internet]. 2019 [cited 2019 May 07]; 87. DOI: <https://doi.org/10.31011/reaid-2019-v.87-n.25-art.224>.
22. Barros, FRB, Accioly LM, Freitas WFM, Andrade LL, Silva BKC, Araújo RO. Perception of puerperal mothers before nursing care in the preparation of labor and delivery. *Enferm. Foco.* [Internet]. 2018 [cited 2019 Mar 23]; 9(1):76-81. DOI: <https://doi.org/10.21675/2357-707X.2018.v9.n1.1035>.
23. Duarte MR, Alves VH, Rodrigues DP; Souza KV, Pereira AV, Pimentel MM. Care technologies in obstetric nursing: contribution for the delivery and birth. *Cogitare enferm.* 2019 [cited 2019 Mar 23]; 24:e54164. DOI: https://revistas.ufpr.br/cogitare/article/download/54164/pdf_en.



Research Article
Artigo de Pesquisa
Artículo de Investigación

Lima MM, Ribeiro LN, Costa R, Monguilhot JJC, Gomes IEM
Obstetric nurses and the parturition process

DOI: <http://dx.doi.org/10.12957/reuerj.2020.45901>

24. Amaral RCS, Alves VH, Pereira AV, Rodrigues DP, Silva LA, Marchiori GRS. The insertion of the nurse midwife in delivery and birth: obstacles in a teaching hospital in the Rio de Janeiro state. *Esc. Anna Nery* [Internet]. 2019 [cited 2020 Sep 28]; 23(1):e20180218. DOI: <https://doi.org/10.1590/2177-9465-ean-2018-0218>.
25. Vogt SE, Silva KS, Dias MAB. Comparison of childbirth care models in public hospitals, Brazil. *Rev. Saúde Pública* [Internet]. 2014 [cited 2020 Sep 28]; 48(2):304-13. DOI: <https://doi.org/10.1590/S0034-8910.2014048004633>.