



## GOOD PRACTICES OF THE OBSTETRIC NURSE IN DELIVERY CARE IN A NORMAL DELIVERY CENTER

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### ABSTRACT

**Objective:** to describe the assistance provided by obstetric nurses in a Normal Delivery Center of a large hospital, from January to December 2020. **Method:** this is a quantitative, descriptive research. The sample consisted of 1,442 normal deliveries. Data were collected from a database already existing in the maternity hospital, organized in a spreadsheet of Microsoft Excel and analyzed in Epi Info, version 7. **Results:** of the deliveries assisted by obstetric nurses, 100% of parturient women made use of at least one non-pharmacological method of pain relief. Regarding birth, timely clamping of the umbilical cord occurred in 85.16% of deliveries. Regarding the harmful practice when used indiscriminately, the rate of 0.42% of episiotomy was identified. The most adopted positions were half-sat/half-lying (75.38%), followed by the stool (15.55%). Regarding the presence of laceration, the intact perineum was identified in 41.82%. **Conclusions:** this study showed that most of the deliveries performed by nurses had good results in terms of good practices of delivery and birth care. Moreover, indiscriminate interventions in the process of labor and delivery were not present in most of the services performed, which brings benefits for delivery.

**Keywords:** Obstetric Nursing. Humanizing Delivery. Natural Delivery.

### INTRODUCTION

Historically, the process of parturition was conducted naturally and at home. However, numerous transformations over the years have culminated in hospitalization, with indiscriminate use of technologies and medications. In this context, it is worth mentioning the expropriation of the protagonism of the woman at the time of delivery, from which the need to humanize this process arose<sup>(1,2)</sup>.

In an attempt to ensure humanized care, in 1999, the Ministry of Health (MH) created the Normal Birth Centers (CPN - *Centros de Parto Normal*), where obstetric nurses (ON) were

inserted in order to qualify the assistance, reduce the unfavorable outcomes for the binomial, the right to privacy and dignity of women, through the provision of humanized and quality care<sup>(3, 4)</sup>.

The World Health Organization (WHO) considers that obstetric nurses are professionals that should be prioritized for the conduction of deliveries of habitual risk, since the care provided by them has the potential to reduce unnecessary interventions and consequently, reduce cesarean section rates<sup>(5,6)</sup>.

In 2011, the Ministry of Health launched the strategy of the *Rede Cegonha* (RC) aiming to organize the Maternal and Child Care Network, ensuring attention focused on the needs of

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women and the right to safe pregnancy, delivery and postpartum through the implementation of guidelines that encourage the use of beneficial practices and impact the reduction of maternal and child morbidity and mortality<sup>(7,8)</sup>.

In line with the national and international guidelines, the Federal Nursing Council COFEN, through resolution n. 516/2016, supports the performance of ON in the CPN, since the care provided by this professional can qualify obstetric care and promote a women-centered care model. The resolution emphasizes that these professionals must act in these establishments in accordance with the professional regulation and the norms of the MH<sup>(9)</sup>.

In 2018, WHO published care recommendations for a positive delivery experience. In this document, the best care practices for deliveries and births were presented, based on the best available scientific evidence. Such practices include care at different stages of labor and delivery, and reinforce the important role of obstetric nursing professionals in this context<sup>(5)</sup>.

Among the practices presented, there stands out the presence of a companion during labor, delivery and immediate postpartum, freedom of position of the woman during the entire parturition process and the use of non-pharmacological methods for pain relief (MNFAD). Among them, Swiss ball, massage, warm water, relaxation and ambulation techniques, effective alternatives in pain, anxiety and stress relief, which allow better progression of the parturition process and greater satisfaction of the woman<sup>(5,10,11)</sup>.

Therefore, the role of ON in the qualification of delivery care is highlighted, since these professionals act in a humanized way, rescue the natural characteristics of delivery, provide each woman with individualized care and identify the needs of the parturient to promote an appropriate environment, where she can be participant and has her autonomy and dignity valued<sup>(12)</sup>.

The humanized model of delivery and birth care, guided by good practices, favors the well-being of the woman and her baby, seeks to be the least invasive possible and considers both

physiological and psychological processes. Moreover, this paradigm makes appropriate use of technology, since the assistance is characterized by the continuous monitoring of the parturition process<sup>(13)</sup>.

Considering the proposals for humanization of deliveries and births reaffirmed by the *Rede Cegonha* and the importance of the effective insertion of ON in direct assistance to vaginal delivery, as well as in the transformation of the hegemonic model of hospital delivery care and having as analytical reference the recommendations of care for a positive experience of delivery of the WHO, the following research question arises: What is the profile of the assistance provided by obstetric nurses in a Normal Delivery Center?

The study is justified by the importance of producing knowledge about the care provided by these professionals, the beneficial practices implemented during labor and delivery, as well as maternal outcomes related to them. It is believed that this research will bring contributions to improve the quality of obstetric care, performance of nurses in this scenario and greater visibility of the work of this professional category.

This study aimed to describe the assistance provided by obstetric nurses in a Normal Delivery Center linked to a large hospital in 2020.

## METHOD

This is a descriptive study with quantitative approach. The research was conducted in a Normal Delivery Center inserted in a large hospital, philanthropic, which provides care by the Unified Health System (UHS), private and health insurance plan, and is located in the third largest municipality of Mato Grosso, Brazil, local reference for delivery care of habitual risk and for 19 municipalities in the state for high-risk deliveries.

The normal delivery center scenario of the study is composed of nursing station, ambulation room and six suites, two of them with bathtub. The works were funded by the “*Rede Cegonha*” program, both the renovation and the purchase of equipment. The entire structure guarantees pregnant women greater

privacy at the time of delivery with the chosen companion.

Data collection was performed using a spreadsheet (secondary source) of Microsoft Excel fed by the professionals of the service, which contains records referring to all deliveries assisted in the CPN. Information was collected from parturient women assisted from January to December 2020, totaling 2,430 women.

All deliveries assisted by ON were used as inclusion criteria, which totaled 1,442, regardless of the type of care (UHS, health insurance plan and private). The 698 deliveries performed by physicians and 290 who presented blank series in relation to professional care were excluded.

The data collected were analyzed by the EPI Info tool, version 7, by calculating the absolute and relative frequencies of the variables of interests, mean, median and mode. The discussion was based on the protocols and recommendations of the WHO and scientific evidence dealing with good practices of delivery and birth.

This research respects the ethical aspects of Resolution 466, of November 12, 2012, of the National Health Council. The risks that the study presents are minimal, such as maintaining information security, since it uses secondary data. Thus, it was ensured the maintenance of the confidentiality of information during the collection, process and analysis of data. It should be noted that the research is linked to the matrix project "The practice of obstetric nursing: repercussions on the autonomy of parturient women and professionals", approved by the Research Ethics Committee of the

Federal University of Rondonópolis under the n. CAAE 29020320.0.0000.8088, opinion n. 3.901.106.

## RESULTS

Obstetric nurses assisted 1,442 deliveries in 2020, in the CPN studied. The age of the parturient women ranged from 13 to 46 years, being the median 23 years, the average 24.28 years and the mode 23 years. Regarding hospitalizations, 99.65% were by SUS, 0.07% private and 0.07% insurance. As for the obstetric antecedents, multigestational parturient women predominated, with 36.23%, followed by primipregnant women, in 33.53% of births, and secondary deliveries, with a total of 30.24%.

Regarding the presence of companions during the parturition process, 91.97% were accompanied, with the husband prevailing in 44.59% of cases, followed by the mother, 24.13%. A very small portion of the parturient women assisted (0.49%) had the presence of doula at the time of delivery.

As shown in Table 1, which deals with good practices in labor and birth accompanied by OS, 100% of parturient women received/used at least one non-pharmacological method for pain relief. Among the methods used, the most prevalent were breathing (57.63%), use of warm water through the spray bath and/or access to the bathtub (55.41%), stimulation of ambulation (30.79%), massages (21.64%), followed by exercises that favor the descent of the fetus, as the use of the Swiss ball (24.40%) and squat (2.29%).

**Table 1.** Good practices in delivery and birth care, from a Normal Delivery Center, Rondonópolis, Mato Grosso, 2020

Practices	N	%
<b>Non-pharmacological methods for pain relief</b>		
Yes	1442	100
No	0	0
Not informed	0	0
Total	1442	100
<b>Timely clamping of the umbilical cord</b>		
Yes	1228	85.16
No	205	14.22
Not informed	9	0.62
Total	1442	100

**Skin to skin contact**

Yes	1094	75.86
No	343	23.79
Not informed	5	0.35
Total	1442	100

**Breastfeeding in the 1<sup>st</sup> hour of life**

Yes	1291	89.53
No	142	9.85
Not informed	9	0.62
Total	1442	100

**Source:** Database of a Normal Birth Center inserted in a large hospital located in Rondonópolis, Mato Grosso, Brazil, 2020.

Regarding birth care, timely clamping of the umbilical cord occurred in 85.16% of deliveries, skin-to-skin contact was performed in 75.86% of newborns (newborns) shortly after birth and stimulation of breastfeeding in the first hour occurred in 89.53% of cases.

Table 2 shows the practices that are not routinely recommended in delivery and birth

care. Administration of oxytocin was recorded in 19.50% of the services and use of venoclysis in 36%. The study also identified that amniotomy was performed in 10.12%, whose amniotic fluid color after artificial rupture was considered clear in 84.25%, meconial in 13.01% and bloody 1.37%.

**Table 2.** Practices that are not routinely recommended in labor and birth care, at a Normal Birth Center, Rondonópolis, Mato Grosso, 2020

Practices	N	%
<b>Venoclysis</b>		
Yes	519	36.00
No	898	62.27
Not informed	25	1.73
Total	1442	100
<b>Oxytocin</b>		
Yes	281	19.50
No	954	66.20
Not informed	207	14.30
Total	1442	100
<b>Amniotomy</b>		
Yes	146	10.12
No	1258	87.24
Not informed	38	2.64
Total	1442	100
<b>Episiotomy</b>		
Yes	6	0.42
No	1343	93.13
Not informed	93	6.45
Total	1442	100

**Source:** Database of a Normal Birth Center inserted in a large hospital located in Rondonópolis, Mato Grosso, Brazil, 2020.

Regarding the position adopted at the time of delivery, the most used was half-sat/half-laying in bed, 75.38% of parturient women, followed by stool (15.55%), Gaskin, squatting and standing (2.98%), lying (1.66%) and half-sat in the bathtub in only 0.49%. Episiotomy was performed in a

small number of women (0.42%). The perineum remained intact in 41.82% of cases. The most frequent lacerations were the second (29.47%) and first (25.03%) degrees, followed by the third degree in 1.18%, and the fourth degree injury was found in only 0.07% of women.

## DISCUSSION

According to the results of this study, 91.97% of women were followed up at the time of delivery, which is a right guaranteed by Law n. 11,108, which guarantees the presence of a companion during labor, delivery and immediate postpartum, within the UHS<sup>(14)</sup>. This finding surpasses that found by a retrospective cross-sectional study with data from 475 medical records of women with habitual risk pregnancy who gave birth in the state hospital of Goiás, which verified the presence of a companion in 17.2% of deliveries accompanied by ON<sup>(15)</sup>.

Concerning the discreet presence of doulas in the assistance to parturient women, it is emphasized that these professionals had suspended entry from March 2020 due to the prevention measures adopted in the pandemic period, thus, only 0.49% of parturient women had this support. During the parturition period, the doula assists the woman, by providing physical and emotional support, and, most of the time, has a previous relationship and bond with the parturient woman<sup>(16)</sup>. There was a gap in relation to scientific articles on the performance of doulas in labor.

As for the NPMPR, although the most used practice in this study is breathing (57.63%), this value is below that found by a quantitative study, conducted with 344 parturient women in two public maternity hospitals in the city of Londrina, Brazil in which 80.2% received guidance to perform breathing techniques<sup>(17)</sup>. This discrepancy in the percentage is probably due to the failure of the professionals in this study to fill out the database, which was characterized as a limitation of this investigation.

Evidence indicates that breathing exercises in labor help control stress. Abdominal and slightly deeper breathing is advised for the intervals of contractions, as it promotes the relaxation of the parturient woman<sup>(18)</sup>.

The warm water by means of the spray bath and/or bath was accessed by 55.41% of the parturient women. The use of this technology of care during labor reduces painful sensitivity, stimulates circulation, reduces the discomfort of contractions and therefore favors cervical

dilation<sup>(18)</sup>. Systematic review with meta-analysis that included 36 studies concluded that the use of water in the obstetric setting brings benefits to the mother and the newborn by improving the quality and satisfaction with care, since it reduces pain in labor without increasing the risk. Immersion in water during labor and delivery was also associated with lower rates of episiotomy and need for pharmacological analgesia<sup>(19)</sup>.

As for ambulation, this practice was present in 30.79% of deliveries that occurred in the CPN studied. Similar data were found in a study developed in the Obstetric Hospitalization Unit of a university hospital in southern Brazil, which had an index of 44.9%, representing the second method most used by parturient women<sup>(20)</sup>. Ambulation promotes relaxation and reduces pain during labor, and provides the pregnant woman a shorter time in the length of the dilation period<sup>(21)</sup>.

It is necessary that the NPMPR are widely stimulated, because they are safe and cause less interventions. These methods have the potential to provide a positive experience of delivery for women<sup>(5)</sup>.

Accordingly, a qualitative study developed in the state of Rio de Janeiro, in order to identify the care technologies used by ON in a CPN, highlights that non-pharmacological and non-invasive care practices, such as spray bath, massage, Swiss ball, half-moon stool, horsetail, aromatherapy, music therapy, free movement and/ or ambulation, penumbra and a welcoming environment, contribute to the promotion of respectful delivery and favor the autonomy of women in the process of parturition. The research concludes that these technologies should be offered to parturient women as a care option, and not imposed, so that they can actively participate in the process. In this context, it is emphasized the importance of women being informed about these methods since prenatal care in order to ensure care focused on the needs of women<sup>(22)</sup>.

Regarding the use of good practices used at birth, the result was a stimulator for timely clamping of the umbilical cord, which occurred in 85.16% of deliveries. A similar result was found by a documentary research carried out in a municipal maternity hospital in the city of Rio

de Janeiro, which found that 88% of newborns had their cords clamped timely, that is, within the period from one to three minutes after birth<sup>(23)</sup>. Therefore, it is important to highlight the importance of the assistance of ON in providing good care practices to the neonate in these contexts.

In relation to skin-to-skin contact (SSC), this occurred in 75.86% of deliveries, an index above that found by research conducted in a public maternity hospital inserted in a school hospital, which enabled the SSC between mother and baby in 51.6% of births<sup>(24)</sup>.

The SSC calms the newborn, helps in placental expulsion and encourages the bond between mother and child. In addition, it assists in blood stabilization, heart and respiratory heartbeat of the child, as well as reduces crying and stress, reducing energy loss and keeping the baby warm by the heat transmission of his/her mother<sup>(25)</sup>. This finding is in accordance with the recommendations of the WHO of contact soon after birth<sup>(5)</sup>.

Breastfeeding in the first hour occurred in 89.53% of births. This datum is close to the findings of a documentary research, with a quantitative approach, carried out in a state public institution in the city of São Paulo, which verified breastfeeding after delivery in 95.3% of births<sup>(26)</sup>. This result may be related to the early contact of the NB with the mother, which increases the rates of breastfeeding in the first hour of life.

The episiotomy rates recorded in the context of the study (0.42%) are in line with the rates recommended by the WHO (up to 10%) and far below the rates found by national studies whose obstetric care was not restricted to ON, as is the case of the research that sought to evaluate the *Rede Cegonha* (public sector) and the project *Parto Adequado* (private sector) and identify possible improvements compared to the study *Nascer no Brasil*, in which the observed episiotomy index exceeded 56.1% of women in habitual delivery<sup>(27)</sup>.

These findings show that the model of medical-centered obstetric care is still characterized by excessive use of routine interventions and without clinical indications/support in scientific evidence. In contrast, the presence of nursing in delivery

care is associated with better outcomes in labor and delivery, lower rates of unnecessary interventions and greater satisfaction of women with the care received<sup>(27)</sup>.

Regarding the position adopted at the time of delivery, it was observed that the parturient women assumed several positions, but the most used was the half-sat/half-lying in bed in 75.38% of cases. Of the 232 medical records of parturient women analyzed in a study at a large public hospital in Porto Alegre, women opted for different positions, among them half-sat (62.5%), laterally (14.7%), squatting (7.3%) and four supports (3%) and 12.5% in the lithotomy position (19). Evidence shows that this position causes greater comfort for women and pain tolerance, besides reducing perineal lacerations<sup>(5,28)</sup>.

These data show that, despite the changes and advances in active postures and stimulation of mobility during labor and delivery, it is noted that most of the parturient women are restricted to bed at the time of the expulsive period. This behavior may be related to an option of the women themselves, who are unaware of the possibilities and benefits of vertical postures, or the lack of encouragement and security of the professionals who assist them.

In this sense, a study that aimed to unveil the perception of health professionals working in the obstetric block about delivery in a non-supine position suggests the realization of permanent education and awareness of the team of assistance to the parturient as well as the empowerment of professionals and pregnant women for the use of non-supine positions in the expulsive period<sup>(29)</sup>.

As for the presence or not of laceration, the percentage of 41% of intact perineums found in this study is higher than the index of 30% identified by research conducted at the Obstetric Center of the Regional Hospital of Ceilândia/DF, Brazil, which analyzed 370 deliveries assisted by obstetric nurses. In the mentioned study, most parturient women (74.3%) had access to non-pharmacological techniques for pain relief and 56.58% gave birth in a half-sat position in bed, however, 31% received oxytocin in the expulsive period<sup>(30)</sup>.

This finding shows good conduction of labor and delivery by ON. Nevertheless, there is need to stimulate vertical-oriented postures, especially outside the obstetric bed, allowing greater pelvic mobility, better descent of the fetus into the vaginal canal and maternal comfort, thus improving the rates of lacerations in the service.

As limitations of the study, the failure to record the position of delivery stands out, since the half-sat/half-lying postures were not differentiated, which hindered clarifying the amount of vertical/horizontal positions.

Finally, the results of this research shall subsidize other studies in the area of obstetric nursing in order to qualify obstetric care through the effective implementation of good practices in the conduction of delivery and birth and expand the visibility of the work of obstetric nursing in the country.

## CONCLUSION

This research allowed describing the profile of deliveries assisted by obstetric nurses. The results show that the care focused on the parturition period provided by these professionals are endowed with good practices and have fewer interventions, thus emphasizing the importance of this category in delivery care at habitual risk.

There are high rates of good practices that favor a positive experience of delivery, using conducts recommended by the ministerial and international guidelines, ordinances and regulations, such as non-pharmacological methods for pain relief, timely clamping of the cord, skin-to-skin contact and breastfeeding in the first hour of life. Thus, it is clear the importance of the ON in the assistance to labor, delivery and birth.

## BOAS PRÁTICAS DA ENFERMEIRA OBSTÉTRICA NA ASSISTÊNCIA AO PARTO EM UM CENTRO DE PARTO NORMAL

### RESUMO

**Objetivo:** descrever a assistência prestada pelas enfermeiras obstétricas em um Centro de Parto Normal de um hospital de grande porte, no período de janeiro a dezembro de 2020. **Método:** trata-se de uma pesquisa quantitativa, de caráter descritivo. A amostra foi composta de 1.442 partos normais. Os dados foram coletados de um banco já existente na maternidade, organizados em uma planilha eletrônica do Microsoft Excel e analisados no Epi Info, versão 7. **Resultados:** dos partos atendidos por enfermeiras obstétricas, 100% das parturientes fizeram uso de pelo menos um método não farmacológico de alívio de dor. Em relação ao nascimento, o clampeamento oportuno do cordão umbilical ocorreu em 85,16% dos partos. Quanto à prática prejudicial quando utilizada de forma indiscriminada, identificou-se a taxa de 0,42% de episiotomia. As posições mais adotadas foram semissentada/semideitada (75,38%), seguidas da banqueta (15,55%). Referente à presença de laceração, identificou-se períneo íntegro em 41,82%. **Conclusões:** este estudo evidenciou que a maioria dos partos realizados pelas enfermeiras teve bons resultados quanto às boas práticas de atenção ao parto e nascimento. Ademais, as intervenções indiscriminadas no processo de trabalho de parto e parto não se mostraram presentes na maioria dos atendimentos realizados, o que traz benefícios para o parto.

**Palavras-chave:** Enfermagem Obstétrica. Parto Humanizado. Parto Normal..

## BUENAS PRÁCTICAS DE LA ENFERMERA OBSTÉTRICA EN LA ASISTENCIA AL PARTO EN UN CENTRO DE PARTO NORMAL

### RESUMEN

**Objetivo:** describir la asistencia prestada por las enfermeras obstétricas en un Centro de Parto Normal de un hospital de gran porte, en el período de enero a diciembre de 2020. **Método:** se trata de una investigación cuantitativa, de carácter descriptivo. La muestra fue compuesta de 1.442 partos normales. Los datos fueron recolectados de una base ya existente en la maternidad, organizados en una hoja de cálculo de Microsoft Excel y analizados en Epi Info, versión 7. **Resultados:** de los partos atendidos por enfermeras obstétricas, 100% de las parturientas hicieron uso de al menos un método no farmacológico de alivio del dolor. Respecto al nacimiento, el clapeo oportuno del cordón umbilical ocurrió en 85,16% de los partos. En cuanto a la práctica perjudicial cuando se utiliza indiscriminadamente, se identificó la tasa de episiotomía del 0,42 %. Las posiciones más adoptadas fueron semi sentada/semi acostada (75,38%), seguidas del taburete (15,55%). Referente a la presencia de laceración, se identificó períneo íntegro en un 41,82%. **Conclusiones:** este estudio evidenció que la mayoría de los partos realizados por las enfermeras tuvo buenos resultados en cuanto a las buenas prácticas

de atención al parto y nacimiento. Además, las intervenciones indiscriminadas en el proceso de trabajo de parto y parto no se mostraron presentes en la mayoría de las atenciones realizadas, lo que trae beneficios para el parto.

**Palabras clave:** Enfermería Obstétrica. Parto Humanizado. Parto Normal.

## REFERENCES

1. Possati AB, Prates LA, Cremonese L, et al. Humanização do parto: significados e percepções de enfermeiras. *Esc Anna Nery* [Internet]. 2017; 21(4):e20160366. DOI: <https://doi.org/10.1590/2177-9465-EAN-2016-0366>
2. Sanches METL; Barros SMO, Santos AAP, et al. Atuação da enfermeira obstétrica na assistência ao trabalho de parto e parto. *Rev enferm UERJ* [Internet]. Rio de Janeiro, 2019; 27:e43933 p.2. DOI: <https://doi.org/10.12957/reuerj.2019.43933>
3. Brasil. Portaria GM/MS n. 985, de 05 de agosto de 1999. Cria o Centro de Parto Normal – CPN no âmbito do Sistema Único de Saúde. *Diário Oficial da União*, Brasília, DF, 26 ago. 1999 [Acesso em 2021]. Disponível em: <https://www.diariodasleis.com.br/busca/exibelinck.php?numlink=1-92-29-1999-08-05-985>
4. Vilela AT, Tenório DS, Silva RMS, et al. Percepção dos enfermeiros obstetras diante do parto humanizado. *Rev enferm UFPE on line*. 2019; 13:e241480. DOI: <https://doi.org/10.5205/1981-8963.2019.241480>
5. World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva, 2018 [Acesso em 2021] 13:e241480. Disponível em: <https://apps.who.int/iris/bitstream/handle/10665/272447/WHO-RHR-18.12-eng.pdf>
6. Costa RS, Ferreira JP, Viana MGP. Boas práticas na assistência ao parto natural. *Research, Society and Development* [Internet]. 2021; 10(5). DOI: <http://dx.doi.org/10.33448/rsd-v10i5.15394>
7. Brasil. Ministério da Saúde. Secretaria de Assistência à Saúde. Departamento de Ações Programáticas Estratégicas. Portaria n.º 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: Ministério da Saúde; 2011 [Acesso 2021]. Disponível em: [https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1459\\_24\\_06\\_2011\\_comp.html](https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1459_24_06_2011_comp.html)
8. Magalhães PAP, Paes LBO, Cavalcante LF, et al. Conhecimento das boas práticas ao parto por parte dos profissionais de enfermagem: uma revisão integrativa da literatura [Internet]. 2022; 5(5). DOI: <http://dx.doi.org/10.34119/bjhrv5n5-031>
9. Conselho Federal de Enfermagem (COFEN). Resolução Cofen n.º 516 de 24 de junho de 2016. Dispõe sobre a atuação de Enfermeiros na assistência às gestantes, parturientes e puérperas [Internet]. Brasília (DF): Conselho Federal de Enfermagem; 2016 [Acesso 2021]. Disponível em: [http://www.cofen.gov.br/resolucao-cofen-no-05162016\\_41989.html](http://www.cofen.gov.br/resolucao-cofen-no-05162016_41989.html)
10. Ministério da Saúde (BR). Secretaria da Ciência, Tecnologia e Insumos Estratégicos. Departamento de Gestão e Incorporação de Tecnologias em Saúde. Diretrizes nacionais de assistência ao parto normal: versão resumida. Brasília (DF): Ministério da Saúde; 2017 [Acesso 2021]. Disponível em: [http://bvsms.saude.gov.br/bvs/publicacoes/diretrizes\\_nacionais\\_assistencia\\_parto\\_normal.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_assistencia_parto_normal.pdf)
11. Carvalho SS; Silva CS. Revisão integrativa: Promoção das boas práticas na atenção ao parto normal. *Revista Atenção Saúde*, São Caetano do Sul, [Internet]. 2019; 18 (63). DOI: <http://dx.doi.org/10.13037/ras.vol18n63.6290>
12. Lima MM, Ribeiro LN, Costa R, et al. Enfermeiras obstétricas no processo de parturição: percepção das mulheres. *Rev enferm UERJ* [Internet]. Rio de Janeiro, 2021; 8:e45901. DOI: <https://doi.org/10.12957/reuerj.2020.45901>
13. Jacob TNO, Rodrigues DP, Alves VH, et al. A percepção do cuidado centrado na mulher por enfermeiras obstétricas num centro de parto normal. *Rev. Esc Anna Nery*. 2022; 26:e20210105. <https://doi.org/10.1590/2177-9465-EAN-2021-0105>
14. Brasil. Ministério da Saúde. Lei nº 11.108, de 07 de abril de 2005. Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir as parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde. Brasília: Ministério da Saúde; 2005 [Acesso 2021]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2004-2006/2005/lei/111108.html](http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2005/lei/111108.html)
15. Alves TCM, Coelho ASF, Sousa MC, et al. Contribuições da Enfermagem Obstétrica para as Boas Práticas no Trabalho de Parto e Parto Vaginal. *Enfermagem em foco* [Internet]. Fev 2020; 10(4). DOI: <https://doi.org/10.21675/2357-707X.2019.v10.n4.2210>
16. Reis LAM, Valois RC, Silva LFL, et al. Relação de trabalho entre enfermeiros obstétricos e doulas na assistência ao parto. *Enfermagem em Foco*. [Internet] 2021; 12(3):512-9. DOI: <https://doi.org/10.21675/2357-707X.2021.v12.n3.4248>
17. Maffei MCV, Zani AV, Bernardy CCF, et al. Uso de métodos não farmacológicos durante o trabalho de parto. *Rev enferm UFPE on line*. 2020; 15:e245001. DOI: <https://doi.org/10.5205/1981-8963.2021.245001>
18. Mascarenhas VH, Lima TR, Silva FM, et al. Evidências científicas sobre métodos não farmacológicos para alívio da dor do parto. *Acta Paulista de Enfermagem* [Internet]. Jun 2019; 32(3):350-7. <https://doi.org/10.1590/1982-0194201900048>
19. Burns E, Feeley C, Hall PJ, Vanderlaan J. Systematic review and meta-analysis to examine intrapartum interventions, and maternal and neonatal outcomes following immersion in water during labour and waterbirth. *BMJ Open* [Internet]. Jul 2022; 5;12(7):e056517. DOI: <https://doi.org/10.1136%2Fbmjopen-2021-056517>
20. Milke KC, Gouveia HG, Gonçalves AD. A prática de métodos não farmacológicos para alívio da dor de parto em um hospital universitário no Brasil. *Avances Enferm* [Internet]. jan 2019; 37(1):47-55. DOI: <https://doi.org/10.15446/av.enferm.v37n1.72045>
21. Santos CB, Marçal RG, Voltarelli A, et al. Métodos não farmacológicos de alívio da dor utilizados durante o trabalho de parto normal. *Global Academic Nursing Journal* [Internet]. 2020;1(1). DOI: <https://doi.org/10.15446/av.enferm.v37n1.72045>
22. Duarte MR, Alves VH, Rodrigues DP, Souza KV, Pereira AV, Pimentel MM. Tecnologias do cuidado na enfermagem obstétrica: contribuição para o parto e nascimento. *Cogitare enferm*. [Internet]. 2019; 24. DOI: <https://doi.org/10.5380/ce.v24i0.54164>
23. Ramos WMA, Aguiar BGC, Conrad D, et al. Contribuição da enfermeira obstétrica nas boas práticas da assistência ao parto e nascimento. *Rev Fund Care Online* [Internet]. jan 2018; 10(1):173. <https://doi.org/10.9789/2175-5361.2018.v10i1.173-179>
24. Andrade LF, Rodrigues QP, Silva RD. Boas Práticas na atenção obstétrica e sua interface com a humanização da assistência. *Revista Enfermagem UERJ* [Internet]. 20 dez 2017; 25:e26442. DOI: <http://dx.doi.org/10.12957/reuerj.2017.26442>
25. Ayres LFA, Cnossen RE, Passos CM, et al. Fatores associados ao contato pele a pele imediato em uma maternidade. *Escola Anna Nery* [Internet]. 2021; 25(2). DOI: <https://doi.org/10.1590/2177-9465-EAN-2020-0116>
26. Freitas JMS, Narchi NZ, Fernandes RAQ. Práticas obstétricas em centro de parto normal intra-hospitalar realizadas por enfermeiras obstetras. *Rev. Escola Anna Nery*. 2019; 23(4):e20190112. <https://doi.org/10.1590/2177-9465-2019-0112>
27. Leal MDC, Bittencourt SDA, Esteves-Pereira AP, Ayres BVDS, Silva LBRADA, Thomaz EBAF, et al. Avanços na



assistência ao parto no Brasil: resultados preliminares de dois estudos avaliativos. *Cadernos de Saúde Pública* [Internet]. 2019; 35:e00223018. DOI: <https://doi.org/10.1590/0102-311X00223018>

28. Lopes GL, Leister N, Riesco MLG. Desfechos e cuidados perineais em centro de parto normal. *Texto & Contexto Enfermagem*. [Internet]. 2019; 28:e20180168. DOI: <https://doi.org/10.1590/1980-265X-TCE-2018-0168>

29. Silva CR, Pereira LB, Vogt SE, de Oliveira Dias CL. Parto em

posição não supina: percepção de profissionais na assistência hospitalar. *Cienc Cuid Saude* [Internet]. 7 de agosto de 2019. <https://doi.org/10.4025/cienccuidsaude.v18i4.45203>

30. Batista KS, Carvalho DCC. Partos atendidos pela enfermagem obstétrica em um hospital público de saúde: análise de dados. *Health Residencies Journal-HRJ* [Internet]. 2022; 3(15). DOI: <https://doi.org/10.51723/hrj.v3i15.382>

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