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COMPLIANCE WITH ARTICULATED DEMANDS IN THE CHILDBIRTH PLAN AMONG USERS OF THE PUBLIC HEALTH SYSTEM

CUMPRIMENTO DAS DEMANDAS ARTICULADAS NO PLANO DE PARTO ENTRE USUÁRIAS DO SISTEMA PÚBLICO DE SAÚDE

CUMPLIMIENTO DE LAS DEMANDAS ARTICULADAS EN EL PLAN DE PARTO ENTRE USUARIOS DEL SISTEMA DE SALUD PÚBLICA

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ABSTRACT

Objective: Evaluate the fulfillment of the PP among users of Basic Health Units (UBS), of the Unified Health System (SUS), in the municipality of Montes Claros, Minas Gerais, between March and September 2014. **Methods:** Cross-sectional, descriptive study, carried out between March and September 2014, with 48 pregnant women participating in conversation circles at Basic Health Units. Data were analyzed using absolute and relative frequencies. **Results:** 41 (85.4%) women had no prior knowledge about the birth plan, 28 (58.3%) reported that it helped in labor, 11 (22.9%) presented it on admission and 17 (35.4%) informed their choices verbally to the team. The most fulfilled demands were the presence of the companion, free movement and use of non-pharmacological methods for pain relief. **Conclusion:** The results of the present study are important evidence for the promotion of public policies aimed at obstetric care.

Descriptors: Prenatal Care; Humanizing Delivery; Humanization of Assistance; Unified Health System.

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RESUMO

Objetivo: Avaliar o cumprimento do PP entre usuárias de Unidades Básicas de Saúde (UBS), do Sistema Único de Saúde (SUS), no município de Montes Claros, Minas Gerais, entre os meses de março a setembro de 2014. **Métodos:** Estudo transversal, descritivo, realizado entre os meses de março a setembro de 2014, com 48 gestantes participantes de rodas de conversas em Unidades Básicas de Saúde. Os dados foram analisados através de frequências absolutas e relativas. **Resultados:** 41 (85,4%) mulheres não possuíam conhecimento prévio acerca do plano de parto, 28 (58,3%) relataram que ele ajudou no trabalho de parto, 11 (22,9%) o apresentaram na admissão e 17 (35,4%) informaram suas escolhas à equipe verbalmente. As demandas mais cumpridas foram a presença do acompanhante, livre movimentação e uso de métodos não farmacológicos para alívio da dor. **Conclusão:** Os resultados do presente estudo são evidências importantes para a promoção de políticas públicas voltadas à assistência obstétrica.

Descritores: Cuidado Pré-Natal; Parto Humanizado; Humanização da Assistência; Sistema Único de Saúde.

RESUMÉN

Objetivo: Evaluar el cumplimiento del PP entre usuarios de Unidades Básicas de Salud (UBS), del Sistema Único de Salud (SUS), en el municipio de Montes Claros, Minas Gerais, entre marzo y septiembre de 2014. **Métodos:** Estudio transversal, descriptivo, realizado entre marzo y septiembre de 2014, con 48 gestantes participantes de ruedas de conversación en Unidades Básicas de Salud. Los datos se analizaron utilizando frecuencias absolutas y relativas. **Resultados:** 41 (85,4%) mujeres no tenían conocimiento previo sobre el plan de parto, 28 (58,3%) informaron que ayudó en el parto, 11 (22,9%) lo presentaron al ingreso y 17 (35,4%) informaron verbalmente sus elecciones al equipo. Las demandas más cumplidas fueron la presencia del acompañante, la libre circulación y el uso de métodos no farmacológicos para el alivio del dolor. **Conclusión:** Los resultados del presente estudio son evidencia importante para la promoción de políticas públicas dirigidas a la atención obstétrica.

Descriptores: Atención Prenatal; Parto Humanizado; Humanización de la Atención; Sistema Único de Salud.

INTRODUCTION

Childbirth is a physiological event in the female universe, marked by a complex trajectory, permeated with changes throughout history. With the discoveries of medicine in the fields of asepsis, surgery and anesthesia, childbirth left the family context to be part of an institutionalized, technological environment with often unnecessary interventions, without adequate obstetric justifications, leaving the woman to be the protagonist and responsible for conducting her own birth.[1,2]

The proposal to humanize childbirth care recognizes the importance of this moment in the lives of women and newborns, in addition to the biological dimension. It proposes the active participation and autonomy of women as

human beings with specific demands, giving them back the role of protagonist. It also includes the adoption of obstetric practices in hospital routines, based on scientific evidence that ensure their well-being and that of the newborn.[2,3]

One of the good practices to promote respectful care during labor and birth, favoring a positive experience recommended by the World Health Organization (WHO) is the Birth Plan (BP).[3] It was created in the 1980s in the United States by Sheila Kitzinger to strengthen the physiology of labor and birth, reduce unnecessary interventions and encourage women to express their preferences.[4]

The BP must be constructed during prenatal care together with the health professional, based on scientific evidence. Through this process carried out in Primary Health Care (PHC), the pregnant woman can learn about the alternatives available in the assistance in normal cases and in the event of complications arising, to make her choices, including the whole process.[2]

The BP is considered an educational tool, which contains the description of the pregnant woman's expectations and preferences regarding childbirth, taking into account her personal values and needs. Furthermore, it constitutes an important instrument of communication between the hospital service professional and the parturient woman.[2,4] Thus, the construction and use of the BP can be understood as acts of empowerment and the exercise of women's autonomy in the search for their protagonism in the parturition.

Although the benefits of the BP at the time of delivery and birth have already been evidenced in different studies over the last few years[2,4-6], the way this document is worked on during prenatal care, as well as its use and execution in the hospital environment is still considered fragile, especially in low- and middle-income countries. In view of this, the present study aimed to evaluate compliance with the BP among users of Basic Health Units (BHU), of the Unified Health System (SUS), in the municipality of Montes Claros, Minas Gerais, between March and September, 2014.

METHODOLOGY

This is a cross-sectional study, part of the project “Building Strategies for Strengthening and Rescuing the Autonomy of Women in the Labor and Birth Process”, coordinated by the Nursing School of the Federal University of Minas Gerais (UFMG), carried out in three municipalities of this state.

The present study was carried out in two stages. The first stage was conducted

from conversation circles with pregnant women in eight Basic Health Units (UBS) in the municipality of Montes Claros, Minas Gerais, between March and September 2014, by professors of the Nursing Department of the State University of Montes Claros (UNIMONTES). The BHUs, in which the population was recruited, were selected because they were the internship field of the Residency in Women's Health, a postgraduate program to which the researchers belonged.

There were 78 pregnant women participating in the conversation circles, and all women who attended prenatal care at the BHU were invited to participate in these moments. The conversation circles were led by two facilitators/researchers, and a resident to help with the documentation.

The meetings were conducted based on dynamics to introduce the participants, familiarize themselves with the subject and reflect on the condition of being pregnant and, in the future, experiencing parturition. Based on a schedule previously agreed upon by the study coordinators, the researchers provided the pregnant women with information on good practices in obstetric care for the BP elaboration.

Topics addressed in the conversation circles included: right to a companion, adequate choice of companion and their role during labor, preparation of the body and emotional condition for childbirth, labor physiology, non-pharmacological methods (NPM) to relieve pain, nutrition during labor, care for the environment during labor, right to information, birth positions and skin-to-skin contact between mother and child shortly after birth. After discussing these topics, the facilitators/researchers helped each pregnant woman in the elaboration of the BP using the model of the Municipal Health Department of Belo Horizonte.[7]

The second stage of the study included the interview with the women after childbirth. As soon as the women returned to their homes, the study researchers were notified by the HBU professionals, and from that, these women were contacted to schedule the interview that took place in their homes. The inclusion criteria for this stage were: having been enrolled in the HBU prenatal program and having participated, at least 28 weeks, in a conversation circles. Pregnant women were excluded: who, during the period between the elaboration of the BP and the delivery, presented a clinical situation that required hospitalization, who had fetal death, parturients with an elective cesarean section and those who did not agree to participate of the interview or that were not found for its realization after three search attempts. Thus, not all pregnant women who participated in

the conversation circles participated in the second moment of the study.

For data collection, a questionnaire structured by members of the research coordination was used, which addressed socioeconomic characteristics (age, education, family income, marital status, paid occupation and skin color), obstetric care (clarification of doubts during the labor, fluid intake during labor, freedom to move during labor, use of non-pharmacological methods for pain relief, delivery position, presence of a companion and skin-to-skin contact). Data related to obstetric care were based on WHO recommendations in that period. Also, information was collected regarding the women's prior knowledge BP and the influence of the conversation circle on the parturition process.

The collected data were organized and analyzed using IBM SPSS Statistics software, version 21.0 for Windows®.

Descriptive analyzes were processed through absolute and percentage frequency sociodemographic variables, as well as variables related to obstetric care. Data from women who showed BP were described, as well as data from women who only verbalized their preferences.

The study was approved by the Research Ethics Committee of Unimontes, under opinion 572.169-0/2014. The research was presented to the women during the conversation circle, and those who agreed to participate signed the Free and Informed Consent Form (TCLE), or their guardians (in case of minors under 18 years old) signed the Free and Informed Assent Term (TALE).

RESULTS

Of the 78 pregnant women who participated in the conversation circles, 48 answered the questionnaire in the second stage of the study. Among the losses, the following stand out: 04 (four) who had a clinical situation requiring hospitalization, 02 (two) who had fetal death, 05 (five) pregnant women with elective cesarean section and 19 (nineteen) who did not agree to participate of the interview or that were not found for its realization after three search attempts. Among the 48 women, most were 20 years old or older, declared themselves non-white, had more than 8 years of schooling, lived in a stable relationship and had a monthly income ranging from 1 to 3 minimum wages. (Table 1).

Table 1 -Sociodemographic data referring to the total study sample. Montes Claros, MG, Brazil, 2014

Variables	n	%
Skin color		
White	7	14.6
Not white	41	85.4
Age Range		
Up to 19 years	8	16.7
≥20 years	40	83.3
Education		
Up to 8 years	7	14.6
> 8 years	41	85.4
Fixed Partner		
No	two	4.2
Yes	46	95.8
Paid Occupation		
Yes	23	47.9
No	23	47.9
No data	two	4.2
Family income		
< 1 salary	13	27.1
1 – 3 salaries	29	60.4
> 3 salaries	6	12.5

It was evident that 41 (85.4%) women did not have knowledge about the BP, 20 (41.7%) did not present it and did not inform their choices to the health team. For 28 (58.3%) women, the BP had a positive influence on their experience of parturition and 47 (97.9%) reported that participating in the conversation circle helped with the TP. It is noteworthy that 33 (89.2%) women forgot the BP at home when they went to the hospital in search of care and therefore did not present it. Most maternity professionals rejected or ignored when women presented their BP (Table 2).

Table 2- Data related to the Birth Plan (BP). Montes Claros, MG, Brazil, 2014

Variables	n	%
Prior information about BP (n=48)		
Yes	7	14.6
No	41	85.4
Did you present the BP or inform the team of the choices? (n=48)		
Showed the BP	11	22.9
Just informed the choices	17	35.4
Did not show the BP or inform the choices	20	41.7
Did BP help you with childbirth? (n=48)		
Yes	28	58.3
No	18	37.5
No data	two	4.2
Did the conversation circle help you during childbirth? (n=48)		
Yes	47	97.9
No	1	2.1
Reason for not submitting the BP (n=37)		
Forgot at home	33	89.2
Admitted in expulsion period	3	8.1
Did not trust the effectiveness of the BP	1	2.7
Professional's reaction to the presentation of the BP (n=11)		
Rejection/denial	8	72.7
Acceptance	3	27.3

Most of the women who showed the BP and those who only informed their choices had their requests met in relation to: having a companion, freedom of movement, (MNF) for pain relief, cutting the umbilical cord by a person of their choice, information when requested and skin-to-skin contact with the NB. Of those who showed BP, only four (36.3%) received analgesia as requested, five (45.4%) were able to choose the position of giving birth, and nine (81.8%) did not have their request answered regarding having a low-light environment (Table 3).

Table 3- Answered choices of women who showed the BP and those who only verbalized their preferences (n=28). Montes Claros, MG, Brazil, 2014

Variables	Showed the BP		Just informed choices	
	n (11)	%	n (17)	%
Companion				
Answered	11	100.0	15	88.0
Not met	0	0	two	12.0
Analgesia				
Answered	4	36.3	6	35.2
Not met	3	27.2	3	17.6
Unsolicited	0	0	5	29.4
No data	4	36.3	3	17.6
Freedom of movement				
Answered	8	72.7	17	100.0
Not met	two	18.1	0	0
No data	1	9.0	0	0
Fluid intake				
Answered	5	45.4	9	52.9
Not met	5	45.4	8	47.1
No data	1	9.0	0	0
Non-pharmacological methods**(MNF) for pain relief**				
Answered	7	63.3	17	100.0
Not met	4	36.3	0	0
Position				
Answered	5	45.4	4	23.5
Not met	6	54.5	0	0
No data	0	0	13	76.3
Umbilical cord cutting by a person of woman's choice				
Answered	10	90.9	17	100.0
Not met	1	9.1	0	0
Environment with low light				
Answered	0	0	0	0
Not met	9	81.8	3	17.6
unsolicited	0	0	14	82.4
No data	two	18.1	0	0
Information				
Answered	7	63.6	11	64.7
Not met	two	18.1	5	29.4
No data	two	18.1	1	5.8
skin-to-skin contact				
Answered	6	54.5	9	52.9
Not met	5	45.4	8	47.0

DISCUSSION

The prevalence of non-white women in this study, with a family income between 1 and 3 minimum wages, reflects the clientele served by the SUS. In general, these women are in an unfavorable socioeconomic situation, of social vulnerability with risks to their reproductive health. In this context, prenatal care offered by family health teams plays a fundamental role in reducing these risks.[8]

Participation in the conversation circles for the women in the study had a positive influence on the parturition process and the BP construction. Educational groups are an important resource to empower women in terms of planning and experiencing the process of pregnancy and childbirth. However, the adherence of the pregnant women to the meetings depends on the bond established with the professional, as well as on the theme and didactics used. It is important that professionals explore the potential of group activity in order to reduce the pregnant woman's anxiety regarding the experience of childbirth and her future role as a mother, seeking to know the expectations of pregnant women in relation to the content and didactics they prefer in order to encourage greater adherence.[9]

Regarding the BP, most women did not have information about it or how to prepare it, agreeing with other studies[5,6], which shows a gap in prenatal care. Although the BP was created in 1980 in the United States[4], it was inserted by the WHO as an instrument for good practices in obstetric care[3] and is part of the pregnant woman's handbook prepared by the Ministry of Health[10]. In general, its use is still far from being a reality for most pregnant women.

A study carried out in Spain identified that of the 9,303 deliveries analyzed, only 240 had a BP, with a significant association of these with women's autonomy.[5] In the United States, a prospective study carried out with 300 women, only 143 had a BP.[11] In Brazil, the Health Education Program for Health in Pernambuco managed to encourage all women who participated in educational workshops to strengthen good obstetric practices, to present their BP at the maternity ward.[12] The same can be seen in another study with pregnant women who intended to give birth in a Normal Birth Center in Rio de Janeiro (CPN).[13] In Belo Horizonte, of the 415 women evaluated regarding the meanings of the BP, 60% reported having prepared it during pregnancy and taken it to the maternity.[14]

The fact that more than half of the women took the BP or informed the professionals about their choices should be considered positive in the local context, as it

indicates a more active participation of women. Encouraging the elaboration of the BP during prenatal educational workshops at the CPN in Rio de Janeiro led women to see themselves as protagonists of their pregnancy and childbirth. According to the study, the BP preparation contributed to these women feeling more active in decision-making moments related to care and also capable of modifying their initial planning and making new choices at the time of delivery.[13]

It is noteworthy that compliance with BP does not depend only on clinical-obstetric factors that arise during labor and can change its course, but also on the professionals' resistance or acceptance.[2,6] Furthermore, the characteristics of services generally do not offer adequate structural conditions for the woman's participation in the moment of childbirth, making them surrender to the imposed conditions. The scenario encountered by pregnant women is usually full of obstacles: professionals who are insensitive to their needs, fear, insecurity, lack of information and inadequate conditions in the health system.

A descriptive study in Belo Horizonte[15] demonstrated the choices of pregnant women who used the same BP model as the women in this study: Of the 84 women who completed the BP, the majority choices were: to be accompanied by a partner, to drink juices, to maintain a quiet environment with low light, receiving massages and using a shower during labor, lying down with the head of the bed raised during the expulsion period and cutting the umbilical cord by the health professional.

It is noteworthy that in this study, the presence of a companion was 100% for women with BP and 88% for those who verbally informed their preferences. In the national territory, its prevalence increased significantly between 2014 and 2017, going from 46.4% to 84.7%.16 This evolution demonstrates how public policies can promote good care practices.

The companion helps alleviate the parturient's emotional vulnerability, promoting positive perinatal outcomes. A systematic review of 26 clinical trials with a total of 15,858 women showed that continuous emotional support during labor, whether offered by a loved one, a doula or a professional, can reduce the duration of labor, the frequency of surgical delivery, instrumental vaginal delivery, the use of any type of drug analgesia and negative feelings about childbirth experiences.[17]

Regarding the freedom to move during labor, it is highlighted that it generates benefits such as an increased sense of control and more effective contractions. As a result, the time required for cervix dilation is reduced, the demand for analgesia, the

cesarean section rate and admission to the NICU are reduced.[18] Although there are still services where movement during labor is not well established in Brazil[18], there has been a considerable increase in recent years among the hospitals that joined the Cegonha Network. In 2017, the prevalence of ambulation during labor varied, in macro-regions in Brazil, from 67.6% to 73.2%.[16]

NFM for pain relief are strategies that should be encouraged to increase tolerance to labor pain and that may bring a humanized approach to care, helping women to go through labor in a less traumatic way.[2] In recent years, the use of MNF increased in Cegonha Network hospitals, from 49.1% in 2014 to 69.1% in 2017 in the Southeast region.[16]

The fact that the vast majority of women had their wish fulfilled in terms of using the NFM, having a companion and moving freely, indicates that the maternity hospitals in the city, where the research was carried out, offered this strategy at the time. But participation in the BP construction workshops may have contributed to these practices being requested by the parturients. The presence of a companion during childbirth seems to be an old practice in the city, as suggested by a 2004 study that analyzed the conception of the humanization of childbirth care among medical students.[19]

Even though data collection took place at a time when there was still a lower prevalence of these practices at the national level, free movement was already a more accepted practice in 2014 with a prevalence between 42.7% and 56.4% in the five macro-regions than food and hydration during labor and alternative positions during the second stage, with a prevalence between 19.8% and 23.4% and 3.4% and 10.9%, respectively.[16]

As for the position that the woman assumes during labor, this can have a great influence on the intensity of the pain, increasing the time of the expulsive period and the number of obstetric interventions. In addition, this position can compress the large blood vessels, which makes it difficult for the fetus to receive oxygen.[20] Women are often unaware of the possibility of giving birth in alternative positions[20], with lithotomy being the most used position at the time of delivery.[16] The literature also highlights that the lithotomy position is quite ingrained in the behavior of medical professionals, and its abandonment is a complex process.

In relation to early skin-to-skin contact, this is recognized as an important moment for the woman and the NB, as it provides numerous benefits, such as improving the effectiveness of the first feeding, regulation of the baby's body temperature and maternal

attachment.[3] In the present study , half of the women had skin-to-skin contact with their babies, although all wanted it. It should be noted that the fulfillment of women's desires is not always guaranteed, despite the proven benefits.

With regard to cutting the cord, the women who did not have this demand met were those who asked the companion to cut it. Studies indicate that, in relation to the moment of cutting, there is not always agreement between maternal desire and professionals' practice.[14] It is noteworthy that late cutting of the cord, between one and three minutes, is recommended by the WHO for the prevention and treatment of hemorrhages after delivery, in addition to allowing blood to continue to pass from the placenta to the newborn after delivery, thus increasing its iron stores.[3]

As for the environment, lighting and noise can have a negative influence on the physiological process of childbirth, by causing stress and tension in women, which will consequently affect the release of endogenous oxytocin, delaying uterine contractions and prolonging labor.[15] However, a dim environment interferes with the professionals' need to control labor, which may explain the non-fulfillment of this demand in this study.

LIMITATION

The present study has the sample size as a limitation. There was wide publicity with an invitation elaborated by the residents, who participated in the research, and telephone confirmation of the presence of the pregnant women before the circle. Even so, and with the residents having a strong bond with the HBU for attending weekly prenatal consultations, only about 50% of the invited women accepted the invitation to the conversation circle.

CONCLUSION

The participation of pregnant women in the conversation circles and the construction of the BP during the prenatal period contributed, in general, to the choices of the women in this study at the time of delivery. It is believed that these results may be important evidence for the promotion of public policies aimed at obstetric care.

Thus, in the context of prenatal care, it is suggested that health professionals be encouraged and made aware of the development of educational groups as a way of guiding pregnant women about the importance of the BP, and that hospital professionals should be sensitized to accept the decision of the woman and her partner, through a printed BP or by speech, offering

personalized and quality care for each one of them.

REFERENCES

1. Cruz PN, Penha JS, Simas WLA, Lacerda EP, Costa CCP, Alencar RFC, et al. Plano de parto e nascimento: uma análise de sua influência no protagonismo de parturientes. Braz J Dev. [Internet]. 2021 [citado em 28 set 2021]; 7(4):35393-406. Disponível em: https://brazilianjournals.com/ojs/index.php/BRJD/article/view/27763
2. Medeiros RMK, Figueiredo G, Correa ÁCP, Barbieri M. Repercussões no uso do plano de parto no processo de parto. Rev Gaúch Enferm. [Internet]. 2019 [citado em 4 nov 2020]; 40:e20180233. Disponível em: https://www.scielo.br/j/rgenf/a/FwsQmg48tP6BrWrd95GhWhJ/?format=pdf&lang=pt
3. World Health Organization. Recommendations: intrapartum care for a positive childbirth experience [Internet]. Geneva: WHO; 2018 [citado em 22 mar 2021]. Disponível em: https://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf
4. Anderson CJ, Kilpatrick C. Supporting patients' birth plans: theories, strategies implications for nurses. Nurs Womens Health. [Internet]. 2012 June/Jul [citado em 4 nov 2020]; 16 (3):210-8. Disponível em: https://www.sciencedirect.com/science/article/abs/pii/S175148511530670X
5. Suárez-Cortés M, Armero-Barranco D, Canteras-Jordana M, Martínez-Roche ME. Uso e influencia de los planes de parto y nacimiento en el proceso de parto humanizado. Rev Latinoam Enferm. [Internet]. 2015 [citado em 4 nov 2020]; 23(3):520-6. Disponível em: https://www.scielo.br/j/rlae/a/CnCH3f9JjpyCsCStbtdrZfS/?format=pdf&lang=es
6. Wiggers C, Araújo M, Martins W, Strada CFO. Conhecimento das puérperas sobre o plano de parto em um município do oeste do Paraná. Revista Eletrônica Acervo Científico [Internet]. 2021 [citado em 28 set 2021]; 38:e9253. Disponível em: https://acervomais.com.br/index.php/cientifico/article/view/9253/5636
7. Prefeitura de Belo Horizonte. Assistência ao parto e nascimento: diretrizes para o cuidado multidisciplinar [Internet]. Belo Horizonte: Secretaria Municipal de Saúde; 2015 [citado em 4 de novembro de 2020]. 33 p. Disponível em: https://prefeitura.pbh.gov.br/sites/default/files/estrutura-de-governo/saude/2018/documentos/publicacoes%20atencao%20saude/protocolo-assistencia_parto_nascimento-13-01-2016.pdf
8. Leal MC, Esteves-Pereira AP, Viellas EF, Domingues RMSM, Gama SGN. Qualidade da atenção pré-natal na rede básica de saúde do Brasil: indicadores e desigualdades sociais. Cad Saude Pública [Internet]. 2017 [citado em 28 set 2022]; 33(3):e00195815. Disponível em: https://www.scielo.br/j/csp/a/Ltr3JY8CdWTkbxmhTTFJsNm/?format=pdf&lang=pt
9. Teixeira J, Soares MC, Escobal APL, Gonçalves KD, Matos GC, Silva BMP, Rocha KS. Percepção dos profissionais de saúde da Atenção Básica sobre os grupos de gestantes. Saúde (Santa Maria) [Internet]. 2017 [citado em 4 nov 2020]; 43(1):94-103. Disponível em: https://periodicos.ufsm.br/revistasaude/article/view/22413
10. Ministério da Saúde (Brasil). Caderneta da gestante [Internet]. 6ª edição. Brasília: Ministério da Saúde; 2022 [citado em 4 de novembro de 2020]. 25 p. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/caderneta_gestante_versao_eletronica_2022.pdf
11. Afshar Y, Mei JY, Gregory KD, Kilpatrick SJ, Esakoff TF. Birth plans-

impact on mode of delivery, obstetrical interventions, and birth experience satisfaction: a prospective cohort study. Birth [Internet]. 2018 Mar [citado em 4 nov 2020]; 45(1):43-9. Disponível em: https://pubmed.ncbi.nlm.nih.gov/29094374/

12. Silva JCB, Lima RMC, Lins MARA, Lemos MEP, Carvalho MVG, Silva SV. Oficinas educativas com gestantes sobre boas práticas obstétricas. Rev Enferm UFPE On Line [Internet]. 2019 jan [citado em 4 nov 2020]; 13(1):255-60. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1007579
13. Mouta, RJO, Silva TMA, Melo PTS, Lopes NS, Moreira VA. Plano de Parto como estratégia de empoderamento feminino. Rev Baiana Enferm. [Internet]. 2017 [citado em 4 nov 2020]; 31(4):e20275. Disponível em: https://portalseer.ufba.br/index.php/enfermagem/article/view/20275
14. Santos FSR, Souza PA, Lansky S, Oliveira BJ, Matozinhos FP, Abreu ALN, et al. Os significados e sentidos do plano de parto para as mulheres que participaram da Exposição Sentidos do Nascer. Cad Saúde Pública [Internet]. 2019 [citado em 4 nov 2020]; 35(6):e00143718. Disponível em: https://www.scielo.br/j/csp/a/FrXHFqx57JpZBsFV5Xdt3jB/?format=pdf&lang=pt
15. Gomes RP, Silva RS, Oliveira DCC, Manzo BF, Guimarães GL, Souza KV. Plano de parto em rodas de conversa: escolhas das mulheres. REME Rev Min Enferm. [Internet]. 2017 [citado em 4 nov 2020]; 21:e-1033. Disponível em: http://www.revenf.bvs.br/pdf/reme/v21/1415-2762-reme-20170043.pdf
16. 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 [Internet]. 2019 [citado em 4 nov 2020]; 35(7):e00223018. Disponível em: https://www.scielo.br/scielo.php?pid=S0102-311X2019000905002&script=sci_arttext
17. Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database Syst Rev. [Internet]. 2017 [citado em 4 nov 2020]; 7:CD003766. Disponível em: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub6/full
18. Niy DY, Oliveira VC, Oliveira LR, Alonso BD, Diniz CSG. Como superar a cultura da imobilização física das parturientes? Resultados parciais de estudo de intervenção em São Paulo, SP, Brasil. Interface (Botucatu) [Internet]. 2019 [citado em 4 nov 2020]; 23: e180074. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832019000100236
19. Rebello MTMP, Rodrigues NJF. A humanização da assistência ao parto na percepção de estudantes de medicina. Rev Bras Educ Méd. [Internet]. 2012 [citado em 4 nov 2020]; 36(2):188-97. Disponível em: https://www.scielo.br/scielo.php?pid=S0100-55022012000400006&script=sci_abstract&tlng=pt
20. Paiva EF, Sthal HC, Paulino VCP, Leite GR. Posições assumidas durante o parto normal: percepção de puérperas atendidas numa maternidade de Jataí-Goiás. Itinerarius Reflectionis. [Internet]. 2018 [citado em 4 nov 2020]; 14(4):1-21. Disponível em: https://www.revistas.ufg.br/rir/article/view/54977

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