

GOOD PRACTICES PROTOCOL FOR THE NURSING CARE IN THE DELIVERY PROCESS

PROTOCOLO DE BOAS PRÁTICAS OBSTÉTRICAS PARA OS CUIDADOS DE ENFERMAGEM NO PROCESSO DE PARTURIÇÃO

PROTOCOLO DE BUENAS PRÁCTICAS OBSTÉTRICAS PARA LA ATENCIÓN DE ENFERMERÍA EN EL PROCESO DEL PARTO

Adriana Aparecida Piler¹
Marilene Loewen Wall¹
Julliane Dias Aldrichi²
Deisi Cristine Forlin Benedet²
Lindalva Rodrigues da Silva¹
Camila Caroline Szpin¹

¹ Universidade Federal do Paraná – UFPR. Programa de Pós-Graduação em Enfermagem Profissional. Curitiba, PR – Brazil.

² UFPR, Programa de Pós-Graduação em Enfermagem. Curitiba, PR –Brazil.

Corresponding author: Adriana Aparecida Piler
E-mail: a.piler@gmail.com

Author's Contributions:

Conceptualization: Adriana A. Piler, Marilene L. Wall; **Data Collection:** Adriana A. Piler, Marilene L. Wall; **Investigation:** Adriana A. Piler, Marilene L. Wall; **Methodology:** Adriana A. Piler, Marilene L. Wall; **Project Management:** Adriana A. Piler, Marilene L. Wall; **Supervision:** Adriana A. Piler, Marilene L. Wall; **Validation:** Adriana A. Piler, Marilene L. Wall, Juliane D. Aldrichi, Deisi C. F. Benedet, Lindalva R. Silva, Camila C. Szpin; **Writing - Original Draft Preparation:** Adriana A. Piler, Marilene L. Wall, Juliane D. Aldrichi; **Writing - Review and Editing:** Adriana A. Piler, Marilene L. Wall, Juliane D. Aldrichi, Deisi C. F. Benedet, Lindalva R. Silva, Camila C. Szpin.

Funding: No funding.

Submitted on: 2018/12/12

Approved on: 2019/08/19

ABSTRACT

Objective: to build with the Nursing professionals a care protocol to guide Nursing care in the process of parturition, based on good practices in childbirth and birth care. **Method:** a study with a qualitative approach based on the convergent Care Research involving 36 Nursing professionals from an Obstetric and Gynecological Surgical Center, from June to August 2017. Data collection occurred through thematic workshops. The analysis followed the steps proposed by Creswell, supported by the Iramuteq software. **Results:** two thematic categories emerged from the analysis: Nursing professionals' perception of care protocols, and protocol of good practices for obstetric Nursing care. **Conclusion:** the shared construction of the care protocol for the woman in the parturition process made it possible to identify and understand the barriers and weaknesses in the care process, to reflect and discuss possibilities to guide the actions of each professional involved.

Keywords: Obstetric Nursing; Nursing Care; Parturition; Humanizing Delivery; Labor, Obstetric; Qualitative Research.

RESUMO

Objetivo: construir com os profissionais de Enfermagem protocolo assistencial para nortear os cuidados de Enfermagem no processo de parturição, embasando-se nas boas práticas de atenção ao parto e ao nascimento. **Método:** estudo com abordagem qualitativa baseado na pesquisa convergente assistencial envolvendo 36 profissionais de Enfermagem de um Centro Cirúrgico Obstétrico e Ginecológico, no período de junho a agosto de 2017. A coleta de dados ocorreu por meio de oficinas temáticas. A análise seguiu os passos propostos por Creswell, apoiada pelo software Iramuteq. **Resultados:** da análise emergiram duas categorias temáticas: percepção dos profissionais de Enfermagem frente a protocolos assistenciais; protocolo de boas práticas para o cuidado de Enfermagem obstétrica. **Conclusão:** a construção compartilhada do protocolo assistencial para a mulher em processo de parturição possibilitou identificar e compreender as barreiras e fragilidades no processo assistencial, refletir e discutir possibilidades para nortear as ações de cada profissional envolvido.

Palavras-chave: Enfermagem Obstétrica; Cuidados de Enfermagem; Parto; Parto Humanizado; Trabalho de Parto; Pesquisa Qualitativa.

RESUMEN

Objetivo: elaborar, juntamente con los profesionales de enfermería, un protocolo asistencial para la atención de enfermería durante el proceso de parto, basado en buenas prácticas de atención al mismo y al nacimiento. **Método:** estudio con enfoque cualitativo basado en una investigación convergente asistencial que involucró a 36 profesionales de enfermería de un Centro de cirugía obstétrica y ginecológica, de junio a agosto de 2017. La recogida de datos se realizó a través de talleres temáticos. El análisis siguió los pasos propuestos por Creswell, respaldado por el software Iramuteq. **Resultados:** del análisis surgieron dos categorías temáticas: la percepción de los profesionales de enfermería de los protocolos asistenciales; protocolo de buenas prácticas

How to cite this article:

Piler AA, Wall ML, Aldrichi JD, Benedet DCF, Silva LR, Szpin CC. Good practices protocol for the Nursing care in the delivery process. REME – Rev Min Enferm. 2019[cited ____];23:e-1254. Available from: ____ DOI: 10.5935/1415-2762.20190102

para la atención en enfermería obstétrica. Conclusión: la construcción compartida del protocolo para atención a la mujer en el proceso de parto permitió identificar y comprender las barreras y debilidades en el proceso asistencial y, asimismo, reflexionar y discutir las posibilidades para guiar las acciones de cada profesional involucrado.

Palabras clave: Enfermería Obstétrica; Atención de Enfermería; Parto; Parto Humanizado; Trabajo de Parto; Investigación Cualitativa.

INTRODUCTION

Caring for women during the evolution of labor and delivery is critical to the success of the birth process, as is the quality of care, which, through a holistic human rights approach, should ensure patient-centered care with views to your needs.^{1,2} Thus, it is urgent to establish means for the incorporation of good childbirth and birth care practices, so that the parturition process is, besides being safe, a positive experience for women and their families.²

Good delivery and birth care practices were first described in 1996 by the World Health Organization and updated in 2018. These are common practices determined for the conduct of the parturition process, based on scientific evidence, with the purpose of establishing adequate and safe care for women and ensuring the quality of maternal and child care.^{1,3}

In this context, Nursing plays a fundamental role in the delivery and birth care scenario, in order to promote institutional and technical conditions to qualify the work process and care, ensuring humanized care in order to provide positive maternal and neonatal outcomes.⁴

In this sense, it was considered that care protocols are an important tool for facing problems related to care practice in the parturition process and specifically for the establishment of good practices aimed at the humanization of care, especially the integration of the professionals involved.

Care protocols direct care, relating what is done, who is doing it and how it is done, and describing specific care situations.⁵ Thus, they are relevant tools for management, quality and safety, which seek excellence in care delivery, as they contribute to the reduction of adverse events, dynamically and based on scientific evidence.⁶

Given the understanding that the process of parturition should not only be determined by the scientific and interventionist knowledge of health professionals, but also by the individuality and need of women, there was concern about which Nursing care in relation to good practices of attention to childbirth and birth are rendered so that the woman is protagonist of this event. Standing out as a gap is the establishment of care protocols based on scientific evidence to guide the practice and direct assistance to women in the process of parturition.

The obstetric nurse has, in addition to providing comprehensive care to women and newborns, as well as welcoming and evaluation, the competence to promote a model of care centered on women, delivery and birth, as well as to adopt practices based on scientific evidence, such as offering non-pharmacological pain relief methods, freedom of birth position, preservation of perineal integrity at the time of fetal expulsion, skin-to-skin contact between mother and newborn, breastfeeding support after birth, among others, as well as respect for the ethnic-cultural specificities of women and their families.⁷

From this perspective, this study has the following as its guiding question: "What are the contents that should integrate a care protocol to guide Nursing care in the process of parturition, based on good practices in delivery and birth care?" Thus, the objective of this study was to build with the Nursing professionals a care protocol to guide Nursing care in the process of parturition, based on good practices in delivery and birth care.

METHOD

A study with a qualitative approach based on the methodological framework of the Convergent Care Research (*Pesquisa Convergente Assistencial* – PCA), which brings the convergence of professional practice and scientific research. And it foresees the immersion of the researcher in the contextual reality, so that changes and innovations are achieved to improve the care process.⁸

The implementation of the PCA occurs by means of four phases: conception phase, instrumentation, scrutiny and analysis. The conception phase is the reference framework of the research in which the research problem is called. In the instrumentation phase the elaboration of the methodological procedures of the research takes place. In the scrutiny, skills and sensitivity are developed for investigation and refinement of the data. And in the analysis phase the data are analyzed and interpreted simultaneously.⁸

The research was followed by the concepts governed by the PCA, in which communication was established through dialog as a generator of change, expanding the researcher's initial purpose in relation to the need for practice, articulating scientific research and care practice to build that shared change, and thus achieve the proposed goal.⁸

The research was conducted at an Obstetric and Gynecological Surgical Center (OGSC) of a university hospital in southern Brazil, from June to August 2017. The inclusion criteria were Nursing professionals working in the OGSC who worked directly and indirectly (responsible for other activities, such as transportation) with women in the process of parturition. And the exclusion criteria were professionals who were on vacation,

with certificates or licenses and who only performed paid shifts for overtime, not being their capacity the OGSC.

The professionals were invited to participate in the research through a 60-minute workshop, in which the theme, research objectives, methods, advantages and disadvantages were previously presented and clarifications and previous directions were made. The population that participated in the workshops consisted of 36 Nursing professionals, of whom three were nurses, nine Nursing technicians and 24 Nursing assistants who agreed to participate in the study, 34 female and only two male.

Data collection took place by means of four thematic workshops with a mean duration of 60 minutes each, held at the OGSC facilities. In order to reach all Nursing professionals involved in this area, the workshops were held in the morning, afternoon and evening and, at night, the service had three separate teams, divided into night 1, 2 and 3. And, in each period, the professionals were divided into two groups, in order to ensure the continuity of Nursing care for women admitted to the OGSC, totaling 39 meetings.

All workshops were held by the lead author, recorded in audio and had the Free and Informed Consent Form signed by all participants. The speeches were fully transcribed in a digital document, with each participant identified by the letters PE (*"Profissional de Enfermagem"* in Portuguese, Nursing Professional) followed by a number, to ensure anonymity.

The first workshop, in order to reflect on Nursing care for women in the process of parturition, was guided by the following question: "What is the perception and understanding about Nursing care for women in the process of parturition?" This theme was worked on in nine meetings.

In the second workshop, which took place in 10 meetings, good obstetric practices were worked on by means of the following question: "What are the problems regarding Nursing care for women undergoing parturition in the OGSC and how are good obstetric practices inserted in this scenario?"

The third workshop, held 10 times, addressed the systematization of Nursing care for women undergoing parturition in the OGSC, based on two questions: "What are your suggestions regarding Nursing care for women in the process of parturition based on good delivery and birth care practices?" and "How do you think Nursing care and routines based on good childbirth and birth care practices could be developed, organized and standardized?"

In the fourth and last workshop, taking into account the group discussions held in previous workshops and based on scientific evidence regarding good practices in childbirth care, after 10 meetings, the Nursing care protocol was presented to women in parturition process for group validation.

It is noteworthy that, to support the workshops, an integrative literature review was performed, identifying the

factors that determine Nursing care for women in the process of parturition.

For data analysis, the six steps proposed by Creswell were followed, which were the organization and preparation of data for analysis; reading of the data; detailed analysis with data coding; data description; representation of the analysis; and interpretation of the analysis.⁹ Data coding was supported by the *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* software (Iramuteq), where the Descending Hierarchical Classification method was employed.¹⁰

The study is a clipping of a professional master's dissertation from the Graduate Program of the Federal University of Paraná¹¹ and was approved by the Research Ethics Committee of the *Hospital de Clínicas* Complex of the Federal University of Paraná on January 9th, 2017, with registration N° 62119816.5.0000.0096 and Opinion N° 1,891,192, in accordance with the attributions defined in the National Health Service (*Conselho Nacional de Saúde*, CNS) Resolution N° 466/2012.

RESULTS

The care protocol was built and validated among Nursing professionals, based on: group discussions through thematic workshops; scientific evidence on good delivery and birth care practices; and the recommendations of major health agencies.

Next, the emerging data of the analysis from the meetings between professionals shall be presented in two categories: perception of the Nursing professionals regarding care protocols, and good practices protocol for obstetric Nursing care.

NURSING PROFESSIONALS' PERCEPTION OF CARE PROTOCOLS

The speeches of the Nursing professionals reveal repercussions regarding the lack of care protocols for Nursing care for women in the process of parturition. In their perception, this can cause divergences in the care process, therefore, it is necessary to institute care protocols, as shown by these fragments:

There is no protocol here, it will just do the same thing [the professionals in general] when writing the protocol. If you don't have a protocol, each one will do the way they think is right (PE07).

Lack of standardization. Here no protocol is followed. Each employee enters and is guided by other people and not upon a protocol, which causes disagreement. Many professionals don't go to a classroom and have been in sameness for a long time (PE10).

I think each one says something different here. Everyone had to have training, retraining to say the same thing. Must have a standard. Everyone has to learn (PE15).

They also expressed important points regarding the construction of care protocols, emphasizing the importance of integrating the professionals involved in the practice and training through continuing education. Thus, it was evident that the Nursing professionals understood there is a need to institute protocols to direct the practice, thus demonstrating the sensitivity and concern regarding Nursing care to women in the process of parturition, as shown in these statements:

Our care has to be evidence-based through good obstetric practices (PE07).

[...] it's important to have training, continuing education, building standards together, because there are things that are imposed. I think it has to be built together (PE12).

It is important to provide courses on humanization and approach to labor. Efficient protocols that streamline care from reception to discharge from the maternity (PE22).

Through the speeches, they also demonstrated the contributions to the shared construction of the care protocol, which enabled the sharing of learning and provided the Nursing professional to discuss and propose possibilities for the systematization of Nursing care for women in the process of parturition:

[...] It was a wonderful learning, I find it very good, very valid (PE15).

[...] I thought it was very well prepared. Really elaborate, and if everyone follows it will be fine. I found it excellent, all that really has to be done is written in the protocols for everyone to follow (PE28).

[...] I think it was very complete and very good. It was good to see things, to remember, because there are things we don't do because we don't remember, so it was very good (PE34).

Data from this class demonstrate, therefore, that the Nursing professionals recognized the fragility for the Nursing care of women in the process of parturition, given the lack of care protocols instituted in the service. Also, that the shared

construction of the care protocol generated reflection, learning and consensus with the group, expressing the contributions and establishing the actions for care.

GOOD PRACTICES PROTOCOL FOR OBSTETRIC NURSING CARE

The care protocol elaborated in a shared way with the Nursing professionals established the care for the woman in the process of parturition, directing the actions to be performed in a systematic way, from the admission of the parturient and her companion to the OGSC, until the assistance to the newborn to the woman after birth.¹¹

It was organized into five themes: reception of pregnant women in the OGSC; reception of the woman's companion of choice in the OGSC; Nursing care during the parturition process; non-pharmacological methods for pain relief; and Nursing care for the newborn. Some speeches were highlighted in order to demonstrate the defined care through consensus with the group, which provided the construction and shared validation in order to ensure a coherent care protocol that can be feasible for the service.

Regarding the reception of pregnant women in the OGSC, actions were established in relation to the reception of the pregnant woman, presentation, identification, orientation, conference information (prenatal card, examination and results), vital data measurement, anamnesis and physical exam. The reception of the pregnant woman allows to evaluate the obstetric risk, to plan the assistance and to establish a bond.

Caring for the woman at the most important phase of her life. Ensuring company and welcome. Being together, respecting, showing the satisfaction of participating in a very important moment in her life (PE06).

Besides the vital signs and the technical part, the woman needs a lot of attention at this moment, support and comfort measures. I think we have to be safe and watch out for the warning signs. We have to empathize with the woman. I always thought that Nursing is basically a caregiver activity (PE23).

For the theme of welcoming the companion of choice of women in the OGSC, actions of reception of the companion, presentation, guidance and insertion in the process of caring for the parturient were determined.

Allow the companion of choice of the patient to participate, as they can assist in this process and guide their importance. The companion is a key player (PE01).

Encouraging the companion is better for the patient, she feels safer and childbirth is much faster [...] The companion is also a key piece, and it has to be of the woman's choice, someone she trusts to teach the escort how to massage (PE07).

Nursing care during the parturition process, although it is a theme that portrays a single and continuous process, was divided into periods (first, second, third and fourth periods of labor), in which actions were permeated by care with the setting (privacy, safety and proper temperature), guidance regarding labor, clarification of doubts, support, encouragement, obstetric assessment, obstetric monitoring, offering non-pharmacological pain relief methods, description of techniques (drug administration) and registration.

Seeing the patient as a human being. Providing security, observing each patient's individuality and psychological support (PE26).

It is a very critical moment that the woman is going through. Offering security and information. Observing possible physical or mental limitations. Ensuring that Nursing will be available to assist when needed (PE35).

Encouraging delivery verticalization, change of position every 30 minutes. Promoting comfort and relaxation of the parturient, turning off the light, putting on a song if the woman wants to, not speaking loudly, taking to the bathroom, massaging [...] Whatever we are going to do we have to guide and explain. Using noninvasive methods for pain relief, relaxation techniques, massages, music, bathing, all that relieves (PE07).

The chapter on non-pharmacological methods for pain relief described in detail each method available in the OGSC and in which period of labor to use these methods according to their effectiveness, and the Nursing staff should offer, encourage and guide the parturient and the companion.

Offering different forms of childbirth support. Devices that assist in the evolution of humanized and non-medicated childbirth, using the ball, horse, walking, sitting on the stool, relaxing, bathing, massaging the back (PE12).

Explaining about comfort methods that help in labor. Bathing, massaging, ball, horse and walk (PE22).

Assisting in pain relief methods and advising on what will happen [...] Routine guidelines, progress of the labor

process. Origin of the pain, effective methods and exercises during labor (PE27).

And, for the theme of Nursing care for the newborn, the actions involved care with materials and environment (warm crib, necessary materials available and tested, maintenance of the appropriate temperature), encouragement (skin-to-skin contact and breastfeeding), identification (bracelet, plantar impression and portfolio of the newborn), description of techniques (drug administration) and registration.

Comprehensive care for mother and newborn, ensuring safety and comfort. Let it be a humanized, individualized and technically correct event. In addition to the technique, we need the holistic and humanized part (PE14).

Beware of the psychological part. Welcoming the mother, newborn and family. Physical comfort, environment and safety (PE21).

All actions were based on good delivery and birth care practices,^{1,3} through scientific evidence, recommendations from major health agencies,⁴ and also in the internal routines of the service.

DISCUSSION

The lack of care protocols that describe operational details can lead to communication failures and divergences of actions taken by the professionals, resulting in the disorganization of the work process, in addition to the absence of legal support, a fact evidenced in this study through the Nursing professionals' speeches in the first category. Developing protocols based on current scientific evidence supports the promotion of skilled care by reducing care variability and assisting team interaction, discouraging unnecessary interventions and encouraging those based on good childbirth and birth care practices.¹²

At present, assistance in the parturition process reflects the excessive use of technologies in an inappropriate and unnecessary way. This is mainly due to the lack of institution of care protocols based on scientific evidence, which often hinders the empowerment of the professionals to perform practices that bring benefits to women in the process of parturition.¹³

Still, there are obstacles that hinder the assistance in the parturition process and the adherence to good obstetric practices. In this sense, there is still a lack of preparation by the team regarding the incorporation of guidelines recommended by the WHO, highlighting the need for updating these professionals.^{1,3,14}

The search for updating through the scientific evidence becomes an important step for the construction of consistent

care protocols, since it makes the selection of the best studies and brings relevant information on the subject. Given this, it provides the use of technologies satisfactorily and enables quality assistance to women in the process of parturition.¹⁵

The Nursing professionals are important mediators for the institution and implementation of good obstetric practices by means of care protocols based on the best scientific evidence. Understanding and using these protocols leads to the reduction of negative outcomes in the care for the parturition process. In this approach, it is necessary to change attitudes in the professional practice, as well as continuing education.¹⁷

The discourse of Nursing professionals highlights the importance of continuous training to prevent adverse events and ensure a humanized, safe and evidence-based care. The inclusion of care protocols capable of systematizing Nursing care and timely decision making can improve the quality of Nursing care and patient safety.¹⁶

Thus, the recognition of the potentialities and weaknesses of care is only possible from the reflection shared with the Nursing professionals who are involved in the care practice, because the process of change is not built in a singular way. Thus, for the systematization of Nursing care, it is necessary to identify the potentialities and gaps in the care process.^{12,14,17}

The shared elaboration of care protocols with the Nursing professionals and continuing education are fundamental measures to generate changes and ensure more safe and quality Nursing care for women and newborns.¹²

This continuous reflection in the process of elaborating care protocols is a method that considers the performance of the professionals involved in care. Therefore, it is a flexible process for changing reality in relation to the problems encountered in the practice, aiming to achieve the objectives for their resolution.^{12,14} Therefore, it is up to the nurses, as one of their duties, to promote permanent education; and up to the institution, to encourage and provide resources for its development in order to qualify assistance and prevent the incidence of adverse events.^{7,16,18}

The contributions identified by the professionals' speeches regarding the construction of care protocols for women in the process of parturition were significant and these contributions have a positive impact on care practice. Given this, the experience of contributing to the elaboration of care protocols provides the involvement and interaction between professionals, in which one has influence over the other, allowing to review their form of care, their knowledge in relation to care practice, and provide opportunities for the sharing of technical-scientific knowledge, resulting in an improved quality of care.¹⁹

A study conducted in Spain revealed the satisfaction of the Nursing professionals after contributing to the elaboration of care protocols and, consequently, provided improvement in the quality of care and patient safety.²⁰

Therefore, care protocols are instruments that provide the systematization of Nursing care in delivery and birth care, standardizing the actions to be developed by the entire Nursing team, and assisting in health interventions for a safe birth process.^{4-7,12}

CONCLUSION

The existence of protocols that guide the professional practices contributes to a care based on the best evidences, and the joint construction of these instruments favors the reflection of the professionals about the work process, contributing to the transformation of the practice.

In this study, it was possible to ascertain, through the speeches of the professionals, the lack of systematization of Nursing care and knowledge about the good practices of childbirth care, since the updating and training of the professionals who worked in the midwifery sector did not provide this demand.

In this sense, the professionals understood that the establishment of care protocols is essential for care to be systematized in order to organize and structure the Nursing work, in addition to promoting an improvement in the quality of health care. Given this, the importance of the construction and implementation of care protocols in the parturition process is evident, as it allowed us to rethink the work process, share and improve the knowledge regarding Nursing care to women during this period based on good practices in care for delivery and birth.

The shared construction of the care protocol for the woman in the parturition process made it possible to identify and understand the barriers and weaknesses in the care process, to reflect and discuss possibilities for the systematization of the Nursing care in the parturition process and to guide the actions of each professional involved.

The importance is highlighted of meetings with the Nursing professionals through the thematic workshops as a methodological strategy for the elaboration of the care protocol, since it allowed dialog, the reflection of the professionals about the decision making in face of the problems encountered in practice and the establishment of consensus in order to provide systematization of care, making the parturition process safer. It was concluded that the use of PCA as a research methodology provided the articulation of the health care practice with the practice of scientific research, in which the construction of the care protocol resulted in a qualified product to guide care in the parturition process, fostering and collaborating so that improvements in care practice are achieved.

Among the limitations of this study, there is the absence of data regarding the official implementation of care protocols,

resulting from the bureaucratic and arduous process, which will follow beyond the conclusion of this study. It was also observed that the continuing education actions should be extended to all the Nursing professionals working in the service in relation to the care protocol, since the study was conducted during a period in which the institution was lacking in Nursing staff. And yet, the fact that this study did not involve the OGSC multiprofessional team to build the care protocol.

In view of this, the need for future studies involving the multiprofessional team is emphasized in order to evaluate its application in practice, as well as its feasibility in different realities.

REFERENCES

- World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: WHO; 2018[cited 2018 June 30]. Available from: <https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>
- Bohren MA, Hunter EC, Munthe-Kaas HM, Souza JP, Vogel JP, Gülmezoglu AM. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. *Reprod Health*. 2014[cited 2018 June 30];11(1):71-88. Available from: <https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/1742-4755-11-71>
- Organização Mundial de Saúde (OMS). Maternidade segura: assistência ao parto normal: um guia prático. Genebra: OMS; 1996.
- Ministério da Saúde (BR). Cadernos Humaniza SUS: humanização do parto e nascimento. Brasília: MS; 2014[cited 2018 June 29]. Available from: http://www.redehumanizaus.net/sites/default/files/caderno_humanizaus_v4_humanizacao_parto.pdf
- Pimenta CAM, Pastana ICASS, Sichieri K, Solha RKT, Souza W. Guia para construção de protocolos assistenciais de enfermagem. São Paulo: COREN-SP; 2015[cited 2018 June 30]. Available from: <http://portal.coren-sp.gov.br/sites/default/files/Protocolo-web.pdf>
- Sangaleti CT, Schweitzer MC, Peduzzi M, Zoboli ELCP, Soares CB. The experiences and shared meaning of teamwork and interprofessional collaboration to health care professionals in primary health care settings: a systematic review protocol. *JBIR Rep*. 2014[cited 2018 June 3];12(5):24-33. Available from: 10.1124/JBIR-2016-003016
- Conselho Federal de Enfermagem (COFEN). Resolução nº 477/2015. Dispõe sobre a atuação de Enfermeiros na assistência às gestantes, parturientes e puérperas. Brasília: COFEN; 2015[cited 2018 June 30]. Available from: http://www.cofen.gov.br/resolucao-cofen-no-04772015_30967.html
- Trentini M, Paim L, Silva DMGV. Pesquisa Convergente-Assistencial - PCA: delineamento provocador de mudanças nas práticas de saúde. Porto Alegre: Moriá; 2014.
- Creswell JW. Investigação qualitativa e projeto de pesquisa: escolhendo entre cinco abordagens. 3ª ed. Porto Alegre (RS): Penso; 2014.
- Camargo BV, Justo AM. Tutorial para uso do software IRAMUTEQ (Interfacede R pour l'AnalysesMultidimensionnelles de Textes et de Questionnaires). Florianópolis: UFSC; 2016[cited 2018 June 30]. Available from: http://www.iramuteq.org/documentation/fichiers/Tutorial%20IRaMuTeQ%20em%20portugues_17.03.2016.pdf
- Piler AA. Boas práticas obstétricas: guia para sistematização dos cuidados de enfermagem no processo de parturição [dissertação]. Curitiba: Universidade Federal do Paraná; 2018[cited 2018 July 30]. Available from: <https://acervodigital.ufpr.br/handle/1884/57361>
- Rosenfeld RM, Shiffman RN, Robertson P. Clinical practice guideline development manual, third edition: a quality-driven approach for translating evidence into action. *Otolaryngol Head Neck Surg*. 2013[cited 2018 July 22];148(1):1-55. Available from: <https://doi.org/10.1177%2F0194599812467004>
- Oliveira VJ, Penna CMM. Ethos and pathos in the delivery room. *Rev Gaúcha Enferm*. 2017[cited 2018 Mar 20];38(2):e67761. Available from: <http://www.scielo.br/pdf/rge/v38n2/0102-6933-rge-1983-144720170267761.pdf>
- Backes M, Ribeiro LN, Amorim TS, Vieira BC, Souza J, Dias H, et al. Challenges for the management of nursing care for the quality of obstetric and neonatal care in Brazilian public maternity hospitals. In: Anais do 6º Congresso Ibero-Americano de Investigação Qualitativa, 2017 Jul 12-14; Salamanca, Espanha; 2017[cited 2018 Mar 20]. Available from: <http://proceedings.ciaiq.org/index.php/ciaiq2017/article/view/1232>
- Camargo FC, Iwamoto HH, Galvão CM, Monteiro DAT, Goulart MB, Garcia LAA. Models for the implementation of evidence-based practice in hospital based nursing: a narrative review. *TextoContextoEnferm*. 2017[cited 2018 Aug 19];26(4). Available from: <http://www.scielo.br/pdf/tce/v26n4/0104-0707-tce-26-04-e2070017.pdf>
- Eddy K, Jordan Z, Stephenson M. Health professionals' experience of teamwork education in acute hospital settings: a systematic review of qualitative literature. *JBIR Database*. 2016[cited 2018 June 30];14(4):96-137. Available from: 10.1124 / JBIR-2016-1843
- Rossaneis MA, Gabriel CS, Haddad MCL, Melo MRAC, Bernardes A. Health care quality indicators: the opinion of nursing managers of teaching hospitals. *Cogitare Enferm*. 2015[cited 2018 July 22];20(4):798-804. Available from: https://edisciplinas.usp.br/pluginfile.php/4876135/mod_resource/content/1/Artigo%20complementar.pdf
- Mangilli DC, Assunção MT, Zanini MTB, Dagostin VS, Soratto MT. Ethical role nurses face with medication errors. *Enferm Foco*. 2017[cited 2018 July 13];8(1):62-6. Available from: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/878/360>
- Selhorst ISB, Camargo Bub MBC, Girondi JBR. Protocol for embracement and attention to users that underwent upper gastrointestinal endoscopy and persons accompanying them. *Rev Bras Enferm*. 2014[cited 2018 June 30];67(4):575-80. Available from: <http://www.scielo.br/pdf/reben/v67n4/0034-7167-reben-67-04-0575.pdf>
- Cidón EU, Martín FC, Villaizán MH, Lara FL. A pilot study of satisfaction in oncology nursing care: an indirect predictor of quality of care. *Int J Health Care Qual Assur*. 2012[cited 2018 June 30];25(2):106-17. Available from: <https://www.emerald.com/insight/content/doi/10.1108/09526861211198272/full/pdf?title=a-pilot-study-of-satisfaction-in-oncology-nursing-care-an-indirect-predictor-of-quality-of-care>