

## LABOR AND CHILDBIRTH: WOMEN'S UNDERSTANDING AND UNVEILING OF THE SOLICITUDE AS AN ASSISTENTIAL POSSIBILITY

TRABALHO DE PARTO E O PARTO: COMPREENSÃO DE MULHERES E DESVELAMENTO DA SOLICITUDE COMO POSSIBILIDADE ASSISTENCIAL

EL TRABAJO DE PARTO Y EL PARTO: COMPRENSIÓN DE MUJERES Y REVELACIÓN DE LA SOLICITUD COMO POSIBILIDAD ASISTENCIAL

Anna Maria Oliveira Salimena<sup>1</sup>  
Michelle Barbosa Moratório Paula<sup>2</sup>  
Ívis Emília Oliveira Souza<sup>1</sup>  
Ana Beatriz Azevedo Queiroz<sup>1</sup>  
Thaís Vasconcelos Amorim<sup>2</sup>  
Maria Carmen Simões Cardoso Melo<sup>1</sup>

<sup>1</sup> Universidade Federal Juiz de Fora - UFJF. Programa de Pós-graduação da Faculdade de Enfermagem. Juiz de Fora, MG - Brazil.

<sup>2</sup> Universidade Federal Rio de Janeiro - UFRJ, Programa de Pós-graduação da Escola de Enfermagem Anna Nery. Rio de Janeiro, RJ - Brazil.

Corresponding author: Anna Maria Oliveira Salimena  
E-mail: annasalimena@terra.com.br

### Author's Contributions:

**Methodology:** Anna M. O. Salimena, Michelle B. M. Paula, Ana B. A. Queiroz, Ivis E. O. Souza, Thaís V. Amorim; **Project Management:** Anna M. O. Salimena, Michelle B. M. Paula; **Writing - Original Draft Preparation:** Anna M. O. Salimena, Michelle B. M. Paula, Ana B. A. Queiroz, Ivis E. O. Souza, Thaís V. Amorim; **Writing - Review and Editing:** Anna M. O. Salimena, Michelle B. M. Paula, Ana B. A. Queiroz, Ivis E. O. Souza, Thaís V. Amorim, Maria C. S. C. Melo.

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## ABSTRACT

**Introduction:** the implementation of good practices in labor and delivery is a potent action to provide more comfort and empower women during this event. Health professionals carry out a major role, since prenatal care should be given to pregnant women regarding delivery, and guaranteed access to information about this event. **Method:** this is a qualitative research with a phenomenological approach based on Martin Heidegger's theoretical-philosophical-methodological framework, aiming to understand the significances and to unveil the meanings of the experience of labor and delivery. The location was an in-hospital normal birth delivery center in the inland of the state of Minas Gerais, Brazil, and 15 women who experienced vaginal labor in an open interview conducted in July and August 2014 were the participants. **Results:** from the comprehensive analysis the unity of meaning in the parturition process emerged: serum increases pain, shower helps and being listened strengthens. Hedeggerian hermeneutics unveiled the meanings of being-with, of being-of-possibilities, of the substitutive-dominating solicitude and of the anticipatory-liberating solicitude. **Conclusion:** the woman brought to light that the appreciation of the Nursing and medical team is not restricted to the execution of tasks, because she feels better cared when the professionals offer a kind of assistance that sees the other as a being who has possibilities of choice.

**Keywords:** Women's Health; Parturition; Nursing; Qualitative Research.

## RESUMO

**Introdução:** a implementação das boas práticas no trabalho de parto e parto é uma ação potente para proporcionar mais conforto e oferecer autonomia à mulher durante esse evento. Os profissionais de saúde desempenham papel primordial, pois é preciso que desde o pré-natal a gestante seja orientada quanto ao parto, sendo-lhe garantido mais acesso às informações sobre esse evento. **Método:** esta é uma investigação de natureza qualitativa com abordagem fenomenológica com base no referencial teórico-filosófico-metodológico de Martin Heidegger, objetivando compreender os significados e desvelar os sentidos do vivido do trabalho de parto e parto. Teve como cenário um centro de parto normal intra-hospitalar no interior do estado de Minas Gerais, Brasil, e foram participantes 15 mulheres que vivenciaram o trabalho de parto vaginal em entrevista aberta realizada nos meses de julho e agosto de 2014. **Resultados:** da análise compreensiva emergiu a unidade de significado no processo de parturição: que o soro aumenta a dor, o chuveiro ajuda e ao ser escutada se fortalece. A hermenêutica hedeggeriana desvelou os sentidos de estar-com, ser-de-possibilidades, a solicitude substitutivo-dominadora e a solicitude antecipativo-liberatória. **Conclusão:** a mulher trouxe à luz que a valorização da equipe de Enfermagem e médica não está restrita à execução de tarefas, pois se sente mais bem cuidada quando os profissionais oferecem uma assistência que vê o outro como um ser que tem possibilidades de escolha.

**Palavras-chave:** Saúde da Mulher; Parto; Enfermagem; Pesquisa Qualitativa.

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## RESUMEN

**Introducción:** la implementación de buenas prácticas en el trabajo de parto y el parto es una acción potente para proporcionar más comodidad y autonomía a la mujer durante ese evento. Los profesionales de salud juegan un papel importante ya deben brindar atención prenatal a las mujeres embarazadas y garantizarles acceso a la información sobre el hecho. **Método:** se trata de una investigación cualitativa con un enfoque fenomenológico basada en el marco teórico, filosófico y metodológico de Martin Heidegger. Su objetivo es comprender los significados y develar los sentidos de la experiencia del trabajo de parto y del parto. El escenario fue el centro de parto normal de un hospital del interior del estado de Minas Gerais. Participaron 15 mujeres que habían tenido parto vaginal. Las entrevistas abiertas se realizaron en julio y agosto de 2014. **Resultados:** del análisis comprensivo surgió la unidad de significado en el proceso de parto: el suero aumenta el dolor, la ducha ayuda y se fortalecen al ser escuchadas. La hermenéutica de Heidegger reveló los sentidos de estar con, ser de posibilidades, la solicitud sustitutivo-dominadora y la solicitud anticipativo- liberadora. **Conclusión:** las mujeres mostraron que la valoración del equipo médico y de enfermería no se limita a la ejecución de tareas porque se sienten mejor atendidas cuando los profesionales las ven como seres capaces de hacer elecciones.

**Palabras clave:** Salud de la Mujer; Parto; Enfermería; Investigación Cualitativa.

## INTRODUCTION

The question on how the parturition process has been conducted in hospital institutions is a relevant topic, since the abusive number of cesarean sections in Brazil points to weaknesses in the care of vaginal delivery.<sup>1</sup> According to the World Health Organization (WHO), the goal of childbirth care is to maintain healthy women and newborns with minimal medical intervention, seeking to ensure the safety of both.<sup>2</sup>

Thus, the implementation of good practices in labor and delivery is a potent action to provide more comfort and empower women during this event. However, the persistent use of procedures not recommended by scientific evidence is still a reality in maternity wards. And, allied to these bad practices, it is often observed that the parturient is subjected to stressful situations such as fasting, loneliness, insecurity and disrespectful treatment.<sup>3</sup>

Health professionals carry out a major role, since prenatal care should be given to pregnant women regarding delivery, and guaranteed access to information about this event. Empowered pregnant women are able to make a conscious decision about childbirth, demanding from health professionals quality care, requesting their rights as parturient.<sup>4</sup> Each woman should receive a differentiated assistance, and care and comfort should be provided considering the uniqueness of each parturient.<sup>5</sup>,

for the view on how childbirth is and how it is experienced must be unique.

In this context of humanization of the parturition process, nurses find themselves as a prominent professional, because their work is focused on care, which is indispensable for the realization of a humanized assisted delivery. It thus opposes the technocratic and institutionalized model in which we live, where the figure of the medical professional is hegemonic.<sup>6</sup>

Synchronizing the technician and the human being is essential for quality care, and education and interdisciplinary must be worked on within health institutions, creating an environment in which there is no hegemony of a professional category, but the addition of knowledge brought by the various categories.<sup>7</sup>

Therefore, there is an urgent need to reflect and ensure qualified maternal and child care through the implementation and consolidation of public policies for women's care, seeking to ensure safe motherhood and birth.<sup>8</sup>

In seeking to understand the meanings for women about the experience of labor and childbirth, Martin Heidegger's phenomenological approach and philosophical framework can be used, since it allows immersion in subjectivity to go to the hidden and thus, understand the phenomenon from the intentional awareness of being, in a unique way, because each individual experiences the same situation differently.<sup>9</sup>

The question of the health professional's solicitude as a way to free or imprison women in their parturition process in the hospital institution is the object of this study and aimed to understand the significances and to unveil the meanings of the experience of labor and delivery.

## METHOD

In seeking to understand the meanings for women about the experience of labor and childbirth, we found the possibility of unveiling this existential phenomenon from the philosophical-methodological framework,<sup>10</sup> since for the phenomenology, the subjects are inserted in the world that is determined by them, man not only being subjectivity or only objectivity.<sup>11</sup>

This article is part of a larger study and was conducted at an in-hospital normal birth delivery center in the inland of the state of Minas Gerais, Brazil, a philanthropic reference institution. It is a large hospital that serves a variety of specialties and has a high-risk maternity ward. The choice of deponent was made upon arrival in the sector using the electronic medical record, and the inclusion criteria were being over 18 years old and having experienced labor and vaginal delivery.

The chosen place for the meeting was the ward, since most of the time the woman had a few postpartum hours and thus felt more comfortable in bed. In addition, the newborn was with her at this location. To achieve the objectives the instrument used was the phenomenological interview technique,<sup>12</sup> which made it possible to describe the ontic and ontological dimensions according to the Heideggerian framework.<sup>10</sup>

The interview began with the following guiding question: How was your labor and delivery experience from the moment you entered the pre-delivery room? During the interview, other questions were formulated to deepen the expressed questions of the possible identified meanings. The meetings, mediated by empathy, which enables understanding without having to live the other's experience,<sup>12</sup> occurred in the months of July and August 2014 and lasted an average of one hour.

Testimonials were recorded on digital media (*iphone*) aiming at the reliability of the postpartum language in order to guarantee their thinking and expression. They were transcribed, read, and re-read to capture the essential structures. During the meetings, the expression revealed in gestures or other manifestations was also carefully observed, recording such impressions in a field diary. Interviews were interrupted when the study objective was reached.

In order to guarantee anonymity, codenames chosen by the researcher herself were used, with bird names as a way to symbolize the wisdom, divinity and freedom of women in the process of childbirth. That said, the hermeneutic analytical movement proposed by Heidegger began, which consists of two moments: vague and median understanding and hermeneutics.<sup>10</sup>

We used discursive textual analysis to perform data analysis, since this method aggregates phenomenological principles, requiring a detailed description of the phenomenon to understand how it appears.<sup>13</sup>

Thus, the following stages were performed:

- pre-analysis or fluctuating readings of the interviews' corpus;
- exploration of the material, in this stage the units of analysis were selected (meaning units;<sup>13</sup>)
- treatment of the results and interpretation, which is the process of categorization and sub categorization.<sup>14</sup>

In the vague and median understanding, which corresponds to stage 2, it was sought to explain how the woman understood the experience of labor, childbirth and hospital birth without performing interpretations of the meanings brought by them, but opening the horizon to unveil the facets of the investigated phenomenon. In this article, we bring the unity of meaning: in the process

of parturition, serum increases pain, shower helps well and when the woman is listened to and treated with affection she strengthens herself.

Subsequently, hermeneutics was performed,<sup>10</sup> understanding the studied phenomenon from Heidegger's existentialist phenomenology. At this point, we performed stage 3 of the discursive textual analysis, as previously indicated.

After the vague and median understanding, the first methodical moment, departed from the ontic dimension to the ontological dimension, thus beginning the second methodical moment, hermeneutics, which is the interpretation of the meanings of being.

The concept of being emerges from the experience of women after labor, childbirth and birth and announces daily life, remembering that moment as painful and sometimes even desperate, whose obstetric interventions bring relief or increase discomfort during labor and the presence of the Nursing and medical team during labor brings tranquility and facilitates delivery.

In compliance with ethical issues in accordance with Resolution N<sup>o</sup>. 466/2012 of the *Ministério da Saúde* (BR),<sup>13</sup> the research project was sent to the *Comitê de Ética e Pesquisa da Universidade Federal de Juiz de Fora* and approved under opinion number 511.468.

## RESULT

The age of the 15 participants' ranged from 19 to 26 years old, they had between one and two pregnancies and childbirth, no miscarriage and a gestational age from 38 to 41 weeks. Table 1 shows the study participants' data.

It was necessary to suspend prejudices, seeking to promote a meeting in which a relationship of empathy with the deponent was established. All women readily accepted to participate in the study and reported their experiences from admission to that moment, telling their experience in labor in detail and with emotion.

Recalling the labor and birth experience, the interviewees spoke about the procedures performed, and it was possible to identify some obstetric interventions, which are considered good, since they help the parturition process. In contrast, some make this process more painful.

In the meaning unit addressed at this time, the mothers highlight the care provided by the Nursing and medical team as a way to relieve tension and fear, as they bring security at this time. They assert the presence of these professionals at that time of pain and fear as very important, since it brings them calm and confidence, which makes the process of parturition and birth easier.

Table 1 - Historiography of the being-world

	Age	Pregnancies	Childbirth	Gestational Age (weeks)
Swallow	22	I	I	41
Heron	20	II	II	38
Seagull	26	II	II	39
Canary	31	II	I	39
Hummingbird	30	I	I	40
Flamingo	27	II	II	39
Mockingbird	29	II	II	40
Harpy Eagle	19	II	II	39
Picazuro Pigeon	21	I	I	39
Great Kiskadee	22	I	I	39
White Stork	21	I	I	38
Southern lapwing	27	I	I	39
Eagle	22	I	I	29
White-bearded Manakin	28	II	I	39
Sparrow	20	II	I	41

Source: Participants' electronic medical records, accessed at the field stage of the research.

Table formulated by the researchers.

The speeches that portray how the procedures performed and the care of professionals are remarkable for women in the process of parturition are included below.

*I went to the bathroom to make a belly massage, then contraction started again, then I sat in that little chair to do gymnastics, the water broke, it was even better and I had no difficulty, it was good, it didn't take long [...] it was excellent (Mockingbird).*

*She went and put me in the serum [doctor]. Then I was put to serum from midnight to five in the morning, no longer holding the pain anymore (Swallow).*

*[...] the bath did me good, helped a lot. Their attention, understanding, when the pain didn't come they asked to breathe, for a little with no hurry, there was no hurry (Mascau).*

*[...] they left me with the serum, they did buscopan in the vein, in the serum I started to feel more pain, when I was not in the serum the pain was bearable, but after I was put in the serum my pain began stronger, then when they put me in the serum, then it got worse (Heron).*

*[...] then they took me to do analgesia, right? Then, it was indeed cool, the pains decreased a little inside, but you can't take all the contraction, because we have to make the effort too. But it was good, there comes a time when you ask for God's sake to take one, a medication to relieve. Oh, I don't know how a person can handle it without no, no medication. You really want it to alleviate (Hummingbird).*

*They were very patient, very understanding, you know, at certain times, very explanatory, you know, very cool, I liked it, I can't complain about anything, thank God, the concern of facilitating childbirth, anyway you see that it's taking you too long to take a bath, you worry if you're walking, right? To facilitate childbirth these things, this things caught my attention I found it very cool (White-bearded Manakin).*

*From the moment they put the serum in there the pain came strong [...] when he put his arm to remove the placenta I felt that I was without anesthesia, so I was feeling him making the movement to remove the placenta, running with scissors inside with gauze and cotton on tip, it hurt a lot. After I told him that I was feeling pain, he wanted to sew me too without anesthesia, then he gave me anesthesia (Harpy Eagle).*

*The doctor's affection calmed me so much, it brought me the peace and tranquility I needed (Southern Lapwing).*

*I felt like this, when the pain came, the girls [Nurses] encouraged me, I heard the voice that gives strength, when you hear someone talking to you, it strengthened more, I gained a lot of strength (Seagull).*

*Then I said: for God's sake, I need to hold someone's hand. Then the nurse came and said: you can hold my hand. Then I held her hand, and all time they were explaining me (Picazuro Pigeon).*

*It didn't hurt, but I screamed a lot, they explained, they said I wouldn't be in pain, but when I saw that instrument of that size, with a tip, it's traumatizing. They treated me well, they said I was very good, I didn't even gave then trouble, I was treated well (White Stork).*

*[...] she [Nursing technician] is very attentive, very affectionate with us, I have nothing to complain about.*

*You know, she's always there, mindful of things. I really liked it (Flamingo).*

The fact that women are in labor, moment they perceive as painful and even desperate, makes both procedures that bring relief and help the parturition process and the presence of professionals who transmit calm and tranquility become of great importance for the parturient, making her feel more confident.

## DISCUSSION

Women in labor who evolve without dystocia need care to help with the evolution of labor. And the Nursing team is the main responsible for performing this care through non-invasive interventions, since it has sufficient technical and scientific knowledge and its own legislation to ensure its performance in this scenario.<sup>15</sup>

The testimonies of the mothers meet the "good practices of childbirth care", in which these women feel more comfortable during their parturition process when they are offered the possibility of walking, being in the shower, on the horse and when they have attentive professionals who help at that moment by their side.<sup>16</sup>

The awareness of health professionals is necessary for the exercise of attention, dialog, welcoming and communication with the parturient. This practice becomes fundamental for a smooth labor, and this dialog should begin prenatally so that the woman arrives empowered at the hospital and experiences the process of parturition confidently. Prenatal health education is essential for women to develop autonomously and to understand, from the knowledge of their citizenship rights, the implications of gender in the process of gestating and giving birth.<sup>17</sup>

Mothers value the presence of professionals in the parturition process, because they bring security, strength and confidence. Therefore, it is necessary that the professionals help the parturient to understand how to be a being-of-possibilities in their facticity.<sup>10</sup>

Women feel safe in the presence of these professionals, due to their own decadence in facticity in which they do not understand themselves as beings-of-possibilities.<sup>10</sup> Thus, humanized and welcoming attitudes of professionals are important through listening, touching and being in a disposition mood.<sup>10</sup> This interrelationship with medical and Nursing professionals helps women cope with the facticity in which they are thrown in by providing this concerned care, which involves being committed to the well-being of the other.

In this study the figure of the dedicated professional involved with issues that go beyond the technical and biological

sphere of the human being emerged, as observed in the deponents' speeches. These professionals unveil an authentic care, highlighting its importance in assisting women and the newborn, using the technical-scientific knowledge to promote the health and well-being of their clients and helping in the implementation of humanizing practices within hospitals and maternity hospitals.<sup>18</sup>

According to the interviewees, the routine use of oxytocin, which they call "serum" was also observed. The excessive use of oxytocin is a procedure not recommended by scientific evidence, such as immobilization in the bed and lithotomic position in childbirth with compression of large vessels, which compromises intrauterine oxygenation, prolongs labor and expulsion and may have negative repercussions on perinatal outcomes. Unfortunately, they are still routine procedures in hospital institutions.<sup>3</sup>

This procedure is carried out through the substitutive-dominating solicitude, which is one of the modes of preoccupation-with-the-other.<sup>10</sup> This kind of solicitude occurs when one takes care of the other, causing the latter to become dominated and dependent. In addition, within hospital institutions this domination becomes very frequent and veiled by the use of technologies, especially the so-called harsh technologies, which are often used during labor.

Thus, in the interpretation of the meanings of the parturient the substitutive-dominating solicitude and the anticipatory-liberating solicitude emerged. Such concepts help to understand and clarify the health care provided to the parturients in the childbirth process.<sup>10</sup>

In the subtler-dominating solicitude, professionals take the decisions ahead without allowing the parturient to participate and decide on their care. The woman is not seen as a being of possibilities capable of acting authentically where she is the protagonist in her parturition process. And in the anticipative-liberating solicitude, a concern that does not replace women, but helps them to become free in their parturition process is unveiled. The professional presents the intervention as a possibility of relief and improvement in the evolution of labor, but it is the woman who will decide on the adhesion or not of the intervention, the professionals help the parturient to understand how to be a being-of-possibilities in her facticity.<sup>10</sup>

The comprehensive analysis made it possible to reveal that women felt better cared for based on good practices, which are non-invasive interventions that require professionals to be with, with words of encouragement, touch and listening, being attitudes that make women participatory during labor. From these practices a care that privileges the woman-being as a being-of-possibilities emerges, an authentic care moved by attention and affection.

The phenomenological method presents itself as a challenge to think about the possibility of breaking the daily practice, embodied by pre-established models and allowing a different way of being, authentic and not merely performed by the occupation in carrying out the care, but concerned with the other person receiving the care and who may mean it as well-being and comfort.<sup>19</sup>

When Heidegger refers us to the question of being authentic, he reports on caring individually, in voluntary involvement, without the condition of compulsion or fad.

The process of parturition is a unique moment in the life of women and their families and has great repercussions for the postpartum: from satisfaction and strengthening of self-esteem, when properly conducted, to postpartum depression, if it is a traumatic process, will lead to serious consequences for the mother-child-family triad.

It is understood that the meanings and significances that the deponents bring about labor and delivery are linked to the procedures performed and the care of professionals since, when they report their experience of labor and delivery, the mothers bring these two issues to light: procedure and care.

Using the Heideggerian phenomenology made it possible to unveil meanings that were veiled in the issue of existential understanding that involves the phenomenon of parturition. And from that we reflect that perhaps one of the reasons that hinder the implementation of good obstetric practices in hospitals is the professional's lack of *willingness to be-with* and to see women as beings-of-possibilities, freeing them from the armor of the pre-established routines within institutions.

Like birds, pregnant women need to prepare the "nest" for the arrival of their children so that they can be received safely, warmly and in places protected from the "predators". We, health professionals, especially Nursing, due to our role as educators, should be bridges that enable the transposition of women from inauthenticity to authenticity through education, which is not simply the transfer of knowledge, but the creation of possibilities for its construction, allowing the pregnant woman to recognize herself as a being-of-possibilities.

## FINAL CONSIDERATIONS

The study revealed that the presence of the Nursing and medical team at the moment of labor and delivery is fundamental for a smoother evolution of this process. Affection, attention, and constant presence collaborate so that labor evolves in the best way possible. The woman brings to light that the appreciation of the Nursing and medical team is not only related to the execution of tasks. On the contrary, they feel better taken care of when these professionals offer

assistance that sees the other as a thinking, feeling, and choice-making being.

The research reinforces the importance of the anticipative-liberating solicitude on the part of the health professionals, providing confidence and autonomy to the parturient, which should be performed with the minimum of invasive interventions, giving priority to non-invasive technologies during the parturition process that give women more freedom in the parturition process because they highlighted these aspects and how valuable they were in childbirth and birth.

The study presented limitations regarding its sampling, since the investigation of postpartum women who experienced labor and vaginal delivery occurred in only one hospital in the state of Minas Gerais, so the findings should not be generalized.

It is considered that there are still gaps in relation to the subject, requiring further studies. And it is believed that universities play a fundamental role in the training of health professionals aimed at recognizing the importance of caring in a way of being with the others, not restricting the training to technical knowledge that is important, but that must not be hegemonic.

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