

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

PESQUISA

Home parturition: power to feminine nature and a challenge for the obstetric nurse

Parto natural domiciliar: um poder da natureza feminina e um desafio para a enfermagem obstétrica

Parto normal en casa: un poder de la naturaleza femenina y un desafio para la enfermeria obstétrica

Roberta Mattos de Souza ¹, Lidia Santos Soares ², Jane Baptista Quitete ³

ABSTRACT

Objective: Aims at identifying the reasons, which led these women to choose home parturition, and at addressing the quality of home-care assistance given to them. **Method:** The “life history” method and our subjects were five women who chose to have home birth, with the assistance of an obstetric nurse. Data collected in October and November 2009, by means of semi-structured interviews. **Results:** That motivation for choosing a lying-in outside the usual (hospital) model was due to several factors including personality, lifestyle, worldview, and experiences lived with their mothers and grandmothers. **Conclusion:** The subjects thought that the obstetric nurses who assisted them were warm and competent professionals who made them feel safe and calm. **Descriptors:** Woman’s health, Obstetric nurse, Home parturition.

RESUMO

Objetivo: Identificar os motivos que levaram as mulheres a optarem pelo parto domiciliar; avaliar a assistência obstétrica recebida pelas parturientes em seus domicílios. **Método:** História de vida e os sujeitos foram constituídos por cinco mulheres que tiveram seus partos no domicílio, assistidas pela enfermeira obstétrica. A coleta dos dados foi realizada em outubro e novembro de 2009 através da entrevista semiestruturada. **Resultados:** A motivação para a escolha de um parto fora do modelo institucionalizado está relacionada à multifatores como personalidade, estilo de vida, visão de mundo e experiências vivenciadas com seus ascendentes. **Conclusão:** A enfermeira obstetra foi considerada uma profissional acolhedora e competente para acompanhar o parto domiciliar transmitindo tranquilidade e segurança às parturientes. **Descritores:** Saúde da mulher, Enfermagem obstétrica, Parto domiciliar.

RESUMEN

Objetivo: Identificar las razones que motivaron esta opción, así como evaluar la asistencia obstétrica recibida por las parturientas en sus domicilios. **Método:** Historia de vida y los sujetos fueron cinco mujeres que dieron a luz en casa, con asistencia de la enfermería. La colecta de los datos se realizó en octubre y noviembre de 2009, a través de entrevistas semi-estructuradas. **Resultados:** La motivación para la elección de un parto domiciliar se relaciona con múltiples factores, como personalidad, estilo de vida, visiones de mundo y experiencias vividas con sus ascendentes. **Conclusión:** La enfermería obstétrica fue considerada un profesional acogedor y competente para acompañar el parto domiciliar, transmitiendo seguridad y tranquilidad a las parturientas. **Descriptor:** Salud de la mujer, Enfermería obstétrica, Parto domiciliar.

*Article drawn from the work of conclusion of course titled “Active Labor: a reality of the female nature and a challenge for obstetric nursing home care” presented in the course of nursing of Universidade Federal Fluminense-UFF/PURO. Rio das Ostras, Brazil. 2009.

¹Nurse/UFF/Puro/RJ. E-mail: roberta1986@gmail.com. ²Doctor in nursing/EEAN/UFRJ. Professor of the course of nursing/UFF/PURO/RJ. E-mail: lidiasantossoares@gmail.com. ³Obstetrical Nurse. Doctoral candidate in nursing/UERJ. Professor of the course of nursing/UFF/Puro/RJ. E-mail: janebq@oi.com.br.

INTRODUCTION

Giving birth is an event only feminine and natural in essence where the time has awaited the woman, delivered to your nature, receives the be designed. This time, for a long time, held in the home environment of women attended by midwives having knowledge by oral tradition.

However, with the advent of modern medicine, occurs a change of scenery of childbirth from the House to the hospitals. Birth happens to be the doctor's responsibility, whose administrative authority founded the "competence" of scientific and specialized knowledge, associated with the model of healing and medicalization.¹ Childbirth is a natural process, and the woman, to be the protagonist of this act.

A cultural movement against the hospital model, women of almost all over the world began to claim an attention less interventionist. In the Decade of 90, an obstetric nurses group, initiated in Brazil, through the Brazilian Association of Obstetrizes and Obstetrical Nurses (ABENFO), an ethical discussion, technical-scientific and policy in order to strengthen the integration of these professionals in the plans and child health programs in the country.

Consequently, congresses held national meetings and the opening of State Sections of ABENFO favoring a regionalized discussion of women's health issues and the need for a strategic planning for the insertion of the nurse's experts in attention to low-risk childbirth.

During labor, the role of the midwife is to help the mother to tune into nature seeking therefore the female essence and parturient ability to conduct its own birth in a familiar environment, accompanied by the husband/partner/companion who also shows active during the whole process.¹

The Ministry of health, through the law of Companion (law nº 10,241/1999), ratifies the importance the passenger seat next to pregnant women during prenatal care, during labor and delivery, experiencing along her birth experience. It is known that for the couple, a childbirth experienced by both the father and the mother, is a moment of Union, which generates a deep respect and affection between the two.²

In the fifth and sixth periods of the undergraduate program in nursing, during the theoretical-practical subjects women's health and women's health II, one of the authors had the opportunity to accompany women in all stages of reproduction, since pregnancy to

puerperium. During academic activities attended to women providing care you learned at University and based on the "empowerment of technical scientific knowledge".

In this context, some situations provide reflection on nursing care and education of nurses. It observed that the nursing staff made artemether-lumefantrine, getting limited to procedure, i.e. reproducing the model of healthcare, serving just the prescription that often was not answering the needs of women. It also observed that his own theoretical reinforces the biomedical model, so far away from a humane assistance and the actual needs of women in labor.

Such a situation, possibly because of the students of obstetrics frequently do not have a clear idea of your professional identity and submit to the bias of nursing, more pathological aspects oriented health-disease process.³

Mister report also that another strong justification for this study based on personal experience of one of the researchers who chose the home childbirth and can experience the benefits of the evolution of labor in this environment. Freedom of movement, associated with some relaxation techniques, massage, positions, proper breathing, feeding and hydration, carried out with the aid of obstetric nurse and a body therapist, facilitated the understanding of the strength of the female essence and power of physiological Act, without the need for use of any medicine, because the very strength of the feminine essence becomes irrepressible.

In this sense, arose some concerns about the home childbirth and that will addressed in this study: why women have opted for natural childbirth at home? What is the profile of these women? How did obstetric nurse, from the perspective of women, provide the assistance?

In this way, the overall objective of the study is to discuss the female power in the art of giving birth, giving voice to women who staged this Act through the home childbirth assisted by nurses. The specific objectives are to identify the reasons that led women to opt for active birth home; and evaluate the obstetric care received by women in their homes.

The research seeks to diffuse the relevance of the work of obstetric nurse in the deployment and implementation of Humanized childbirth care, especially of home childbirth, as well as highlight the satisfaction of women who opted for this modality of delivery valuing your feminine power and the art of giving birth.

Since the year 2000, the home childbirth has been one of the priorities of the Ministry of health and the public health agencies have been committed to the problems of women, the child and the family as a guarantee of human rights, with a view to implement actions directed to the improvement of health care and in particular for the control and reduction of maternal and perinatal mortality, among which include actions to improve the attention to the home childbirth performed by traditional midwives.⁴

The Ministry of Health believes that, in a country like Brazil, with enormous cultural diversity, geographical and economic partner, it is necessary to adopt various forms of attention to pregnancy, childbirth and the newborn.⁵

Active Labor is more comfortable, safe and effective than labor liabilities. Is not merely something that is extracted or downloaded through the vagina, where the attendants control the situation and you are nothing but a passive patient.⁶

Despite women giving birth since the beginning of time and your body programmed to the reproduction of the species, the practices and customs that surround the birth and childbirth have varied over time and in different cultures.⁷

Around 50 years began new questions about the way to give birth and how this birth assisted by medical obstetrics. Through the method called "Childbirth without pain", developed by the French doctor Frederick Leboyer, and is it possible to disclose this critique of the biomedical model and the prenatal preparation shall considered decisive for childbirth.⁸ The method has also been called "natural childbirth" because it has focused on the case of "laws of nature".

The method of "Childbirth without Pain" proposed a drug form of abolish the labor pains, via a "re-education" of pregnancy based on information about the anatomy and physiology of childbirth and in a physical training centered on respiratory and relaxation techniques. It was the ' 70 that discussions around delivery and birth were formed in a globalized debate. From 1979, groups of professionals coordinated by obstetricians began work on systematic reviews on pregnancy and childbirth.¹

In Brazil, in the Decade of 80, started happening some home births, as a viable option for a more participatory and natural childbirth, but restricted to large cities and in number due. Therefore, it is still a matter under discussion and not an option for everyone.⁶

Also in the mid-80 the World Health Organization (who) proceeds to disclose documents named as who recommendations, these papers aim to standardize the care that must surround the vaginal delivery.⁹

Among the recommendations are: elaboration of a personal plan of calving (birthing plan) that determine where and by whom will be assisted the birth, to be held in conjunction with the woman during pregnancy, which must be shared with your partner, and if possible, with the rest of the family; offer oral fluids during labor and delivery; respect the choice of company during labor and delivery; do not use invasive methods or pharmacologic methods for pain relief during labor and delivery, but methods like massage and relaxation techniques; give freedom in selecting the position and movement during labor; stimulation of early affective mother-infant bond through breastfeeding in the immediate post-partum and accommodation set of mother and newborn.¹⁰

The new proposals of who understand the birthing process as eminently "physiological", that is, the one that occurs as the physiology without unnecessary interventions or sequelae of these interventions.¹ In Brazil, the Ministry of health considers whom recommendations for childbirth assistance to refer to the practices carried out about childbirth in SUS.¹¹

With these movements towards the humanization of childbirth resulted in proposals for renewal of childbirth assistance. Some health professionals began to attend home births in the cities. Since the end of the 70, physicians and obstetrical nurses linked to homeopathy and acupuncture and subsequently to the humanization of childbirth have performed this type of care.¹

The home childbirth has its particularities, which distinguished from natural childbirth in hospital environment. There is the appreciation of women, the newborn, and the father as subjects of childbirth and the identification of women with their environment.

The woman to be in a known environment-your home, with people of your bond and your choice, presents less anxiety during labor, collaborating like this, to be faster; with less pain and more meaningful, in general women who opt for home childbirth have a characteristic in common as "self-care" and "be healthy".¹²

Being healthy is considered the "prerequisite" is fundamental to the successful home childbirth, so that the body care and food become fundamental to the manufacture of "healthy body", able to gestate and give birth so "independent" of hospitals. Thus, being "active" is a practice and a basic quality for the woman to have the home childbirth.¹

This being active that chooses this type of childbirth has or shall have, through prenatal monitoring, awareness of his starring role in childbirth, so active and spontaneous childbirth takes place, distant from the stretcher, free movement, without strict controls, without unnecessary commands.

Prenatal consultations are as foundation of active labor at home. The prenatal period is extremely valuable, since it understands that during pregnancy the social world "prints" on a baby as a "brand," or as a "rubber stamp". In this case, not only are the emotions of the mother, if "pass" for the child, but their habits and why it is important to have a good quality of life during pregnancy.¹

These "preparatory meetings" are not restricted only to the obstetric nurse and his wife, but all participants in that process. There is the involvement of the couple as well as their family members or friends who will be present at time of delivery, so that everything will harmonize and labor flow as natural as possible. These meetings are a chance for the participants to "prepare together" for childbirth, placing doubts in debate and share experiences and information.

Through these meetings, which vary according to the period of gestation of the woman, the obstetric nurse makes its assessment that not always follows the medical diagnosis or institutional model.

The obstetric nurse accompanies during pregnancy the "signs of vitality" of the woman which reveal the "psychophysical preparedness" for childbirth: the brightness of the eyes, the face color, posture, available on a daily basis and the interest in things, the functioning of the intestines and kidneys, ease or difficulty breathing, good dentition, among others.¹

The materials used in the labor also differ from those used in the hospital environment, and only if it makes use of medication when strictly necessary.

The use of medical specialists and hospital technology at time of delivery not discarded, but considered a possibility that may occur according to the need¹, since the notion of risk not discarded between professionals and women who opt for childbirth at home. Usually related to chronic maternal diseases or developed during gestation.

The medical model is exactly the one that intervenes with all the technology, trying to alleviate, prevent risks and thereby triggers other even greater risks, often resulting in an emergency C-section. Is also one that includes pipes intended for high-risk women, regardless of whether they had a quiet and healthy pregnancy.¹³

It is important in childbirth intimacy with the environment. The woman being in your own home is in a known location with people who have confidence and strong links. It can affirmed that the ideal environment for a woman giving birth is related with a location that allows you to more peripheral-level security, where the appropriate assistance is feasible and safe.¹⁴

Note that what gives sense of security is to "reach", which is known and has solidity of what can be handled. In the home childbirth to total freedom, not the woman deprived of any movement or desire, letting it flow what your body needs spontaneously and experiencing intensely each stage of labor, all in due time and rhythm. The "rhythm" of labor should be a harmonious form, recorded in a dynamic process of small sequences adjusted to each other, without expenditure of energy.¹

Pregnant women in labor can eat freely, being indicated foods that give you energy. As an aid to labor used spontaneously body techniques like massage and breathing, to help the woman to "surrender" and confront the labor pains.¹⁵

These techniques can be trained during pregnancy in the meetings with the obstetric nurse, but more fundamentally is at the time of childbirth that the interaction between the professional and mother has to be effective.¹ Professional accompanying domiciliary deliveries have to be very, very "love" has to "honor the life" and pass a "huge sense of security" to the family, in addition to knowing how to be "silent" when necessary.

To take into account the feelings of the newborn at the time of childbirth, there needs to be a silence, a privacy and that the birth is in the shadows, with minimal lighting. On technique of "Childbirth without pain" the first contact between mother and son is done in silence, just through touch, feel and gradually mother and child will be recognizing, preparing for a new step of interactions and experiences.⁸

In the home childbirth, there is also appreciation of this contact between two beings that once defined as "one body". After birth, the newborn placed instantly in the lap of mother, where the umbilical cord not severed immediately act to perform by the person preferably of parturient and only after you have stopped beating. Still linked through the umbilical cord, the woman suckle the child raised.

The period immediately after birth is important, not only for the good progress of the completion of labor by hormonal factors, but also influences the way this baby to relate to the world and people in the future.¹³

With regard to the placenta, this has a destination other than the one given in the hospital environment. Your destination in Active Labor at home is the Earth. Some people plant a tree or flower in the place where she buried.

Childbirth at home has its own Constitution and its own characteristics, does not follow any pattern or systematization. Everything flows naturally and each delivery has its individuality, being different from each other, whereas in fact people differ.

METHODOLOGY

This is a research with qualitative approach using the life history method. The history of life is a method of social research that gives voice to the subject of research regarding your personal trajectory, allowing getting information on subjective essence of people's lives, going to meet the objective of the research.¹⁴ Search-obtain information on the "intimate experience" of someone who has special significance for the understanding of the object under study.¹⁶

The subjects of the research were made up of 5 (five) women who have had at least 1 (one) home childbirth experience. The participants selected from nominations provided by an Obstetric Nurse who plays in home births in the State of Rio de Janeiro. It is noteworthy

that all women indicated showed interest in participating in the research, after informed about the topic of the study and its purpose.

The data collected in the period from October to November 2009, scheduling a semi-structured interview. The roadmap for getting the data composed initially by the woman's identification data and their reproductive history. The targeting of the principle would be accomplished with a single question: could you tell me how your birth was and what are their feelings during the same? However, it noted the need of adding other questions present in the interview to improve targeting of the reports.

The accounts recorded on mini DV tape lasted on average 60 minutes and transcribed in full to ensure greater accuracy of responses and avoid loss of any relevant information.

In compliance with the provisions of resolution No. 196/96, the National Health Council, the project was submitted for consideration to the Research Ethics Committee of the University Hospital Antônio Pedro (UFF), having been adopted under the Protocol n° 098/09 (CAAE n° 078.0.258.000-09) of 6/5/2009. All informants clarified in advance about the contents of the study, and signed an informed consent (TFCC).

RESULTS AND DISCUSSION

At the end of analysis emerged from the interviews and their interpretation, two central categories: housewives of history; and evaluating the care received the Obstetric Nurse.

Women in history

This category encompasses the following conceptual dimensions: the profile of users, family history and access to information.

Women who opt for active birth at home have common characteristics that meet the empowerment in relation to their lives; possess a strong personality, believe in themselves, in their powers, do not accept things in which I believe, believe in the power of nature and appreciate the simplicity of life, as can be seen in the accounts of the following subjects:

Look, I've always thought that nature is wise, I always thought that things of nature are better, my search on nutrition was that too, it's always the same, respect the things of

nature, of life, of things, people. I've always had this since I was very young. I always thought that want things very artificial lead people to get sick, they not linked to themselves, then so is make that contact with the natural childbirth, making this birth, make my daughter be born naturally. I think its resume that life in its essence, what life is (Azalea).

I've always believed that God endowed women this ability to generate and deliver your children, our grandmothers did, our bodies haven't changed that much, but we believe that strength and pass the delegate to the doctor that the disconnect of intuition to listen and learn from our body, makes us hostages of doctors who inculcate that we are unable to give birth (Orchid).

Even before, you opt for home childbirth and for being active at birth, these women showed the world a differentiated form, far from the crackdown. It is like being a woman that is what it is and how that unfolds in possibilities, seeking meaning for the experiences in your time while subject of uniqueness, unique in the way of being, thinking, acting and being in the world.

Being a woman is being a mother and being Earth, generating Warrior! (Begonia).

Opt for a natural birth, home environment, has a meaning of liberation from everything that the health system provides in relation to assistance to woman.

The choices and decisions regarding the type of childbirth caused by a process that involves several factors, drawing attention to the story of their own births, taking as an example the story of birth from their mothers and grandmothers, in which the construction of choice by the home childbirth is directed by the experiences of childbirth of her background. (Because it is mother and grandmother).¹⁴

Below, reports of women who confirm the statement of the authors mentioned above:

My mom had the home birth, in Bahia. I was 12 years old at the time and was just me, her, the father of my brother at home and the midwife. My mother was 40 years. My brother was with two laps to go Drawstring neck that my mother took myself while was born. She pushed a little inside and pulled the cord turns with your finger. I first went to see the head of my brother. And this whole event marked me very positively (Sunflower).

So, to me, to live this experience as my grandmother lived, like my mother, all the women in my family, it was for me a dream (Azalea).

When reporting Gerbera daisy "is one thing that I look with fresh eyes," demonstrates the nuanced vision of these women about childbirth, health and body. Such a vision associated by the interviewed with the information, added to other factors already described above. The right to informed choice on how to give birth constitutes, in the area of health, a human right and a reproduction right.¹⁷

You end up having C-section, as a matter, which has no other option. And on my first son, I didn't have such great knowledge of ways to accomplish this. [...] So today I see that the midwife helps a lot in the sense of laying that she has, the show you this operation that procedure, on the question of the physiological, in how much your posture, your thought your wish will contribute as baby ta, like the body, as the baby is responding to these things that you are placing (Azalea).

Was the information, total information? Not only about the birth, but also after about breastfeeding and sleep. Is everything. I received the information, to me it all made perfect sense, all very well based on research. In evidence, so it made sense to me and combined a lot with me (Gerbera daisy).

Any calving is potentially a moment of risk, independent of occur at home or in the hospital, both births, hospital and home care must have their indications.¹³ And, although the majority of the population believe that labor at home is dangerous, statistics don't confirm this assumption and rather new research already are proving to be the home birth safer than hospital birth.¹⁸ The interviewees, as well as the need for cesarean section in certain cases do not discard the awareness of the risk, this being inherent to life; it may observed in the following lines:

Wasn't thinking about cesarean section, although my sister have done a C-section, my cousins have done a C-section, I always thought the C-section a something, a necessary procedure in exceptional case, something that was out of the ordinary, than would be the natural (Azalea).

The hospital really for me it has nothing to do with the birth, unless you need (Gerbera daisy).

Evaluating the care received for the Obstetric Nurse

Two conceptual dimensions built the second category: preparation and professional competence; and obstetric nurses believe in the ability to give birth.

The Obstetric nurse work assignment as a key role for the tranquility and safety in labor was observed on account of interviewed, because on professional interaction and parturient, the professional must transmit immense sense of security.¹

[...] will I handle it? But I didn't ask to go to the hospital, and that's where an experienced midwife makes all the difference, have someone hold your hand, understand what is within the expected or not, gives you security to join forces and go ahead, although the final moments are very intense (Orchid).

And when I heard of midwife, hum ... Us! Look at that beautiful thing eh! Then when I heard the word midwife I encouraged me, I felt confident when I found my midwife saw that she was a nurse and then I went searching and saw that she had information and experience to accompany my childbirth, but at no time I doubted her capacity to do that, not only informing me about the profession, but also talking to her. When I met her, she seemed a brave person to change the world, but sweet enough to let have the break that I wanted. And so it was (Gerbera Daisy).

The Obstetric Nurse is highly valued in the speech of these women, mainly by adopting this posture attendance to the woman. The report of Azalea leaves that clear:

So I think the nursing Professional is much more prepared in their training to give such assistance. Such follow-up. The right time to intervene, when to observe and be the observer, in and out of the scene of childbirth in a discrete way [...] In the labor of my son I felt the doctor as someone trustworthy but far. Away from my labor, whereas with the midwife, not because she is a woman, but because I'm a woman who is near, within the labor, without interfering, but inside (Azalea).

The above report confirms that public policy aimed at helping the woman are seeking, through the program of humanization of prenatal and Birth where the attendance is centered on the woman and offered within the criteria considered to be "humanized".¹⁹

The Obstetric Nurse, to understand the birth as a physiological process of female nature, offers the woman a better nursing care that focused on health, after all are health professionals and not from illness, but able to intervene and use of technology when necessary.

It is worth mentioning that the legislation that adopts provisions concerning the performance of nurses on assistance to women in pregnancy and Puerperal Cycle, States that it is also the Obstetric Nurse performing episiotomies, episiorrafia and application of local anesthesia, when applicable.²⁰

As the importance of the relationship between the pregnant woman and the Professional is more widely recognized, the ancient art of healing traditionally associated to the work of the midwife will be restored.⁶

CONCLUSION

In this study, it concluded that the option by the home childbirth related to the perception that women have on the nature and his worldview.

Women who decided on Active Labor have a strong personality, believe in themselves and in their power, not accept things they do not believe. Believe in the power of nature and appreciate the simplicity of life.

Other factors also influenced the choice of active birth home as family history, early access to information about the home childbirth, as well as the dehumanization of assistance in childbirth in hospitals, sometimes related to the biomedical model hegemonic.

The study reiterates the importance of the role of Nurse in Obstetric humanized childbirth assistance, especially in the home childbirth.

REFERENCES

1. Souza HR. A arte de nascer em casa: Um olhar antropológico sobre a ética, a estética e a sociabilidade no parto domiciliar contemporâneo. [Dissertação]. Santa Catarina (SC): Universidade Federal de Santa Catarina; 2005.
2. Rodrigues MA, Souza CVD, Santos ZI. Humanização da assistência obstétrica no pré-parto e parto. Universidade do Vale do Paraíba. Relatório 2002. São José dos Campos (SP); 2002.
3. Riesco MLG, Fonseca RMGS. Elementos constitutivos da formação e inserção de profissionais não médicos na assistência ao parto. *Cad Saúde Pública* 2002 jun; 18(3): 685-98.
4. Ministério da Saúde (BR). Ministério da Saúde apoia parteiras, 2009. Brasília (DF); 2009. [Citado em 25 nov 2009]. Disponível em: http://portal.saude.gov.br/portal/saude/visualizar_texto.cfm?idtxt=24130.htm.
5. Ministério da Saúde (BR). Secretaria de Atenção a Saúde. Melhoria da assistência ao parto domiciliar realizado por parteiras tradicionais. Brasília; 2006.
6. Balaskas J. Parto Ativo: guia prático para o parto natural. São Paulo (SP): Ground; 1993.
7. Mott ML. Dossiê: Parto. *Revista Estudos Feministas* 2002 jun; 399-401.
8. Leboyer F. Nascer Sorrindo. São Paulo (SP): Brasiliense; 1974.
9. Organização Mundial de Saúde (OMS). Maternidade Segura: guia prático. Genebra: OMS; 1996.
10. SECRETARIA DE SAÚDE DO CEARÁ. Projeto Luz. Manual do Parto Humanizado. Fortaleza (CE); 2000.
11. Bruggemann OM, Parpinelli MA, Osis MJD. Evidências sobre o suporte durante o trabalho de parto/parto: uma revisão da literatura. *Cad. Saúde Pública* 2005 set/out; 21(5): 1316-27.
12. Koettkerl JGK et al. Hanami: o florescer da vida. Enfermeiras no atendimento ao parto domiciliar planejado. Santa Catarina (SC); 2008.
13. Kruno RB, Bonilha ALL. Parto domiciliar na voz das mulheres: uma perspectiva à luz da humanização. *Rev. Gaúcha Enferm* 2004 dez; 25(3): 396-407.
14. Medeiros RMK, Santos IMM, Silva LR. A escolha pelo parto domiciliar: história de vida das mulheres que vivenciaram esta experiência. *Esc. Anna Nery Rev. Enferm* 2008 dez; 12(4): 765-72.
15. Reberte LM, Hoga LAK. O desenvolvimento de um grupo de gestantes com a utilização da abordagem corporal. *Texto Contexto Enferm* 2005 abr./jun.; 14(2): 186-92.
16. Marconi MA, Lakatos EM. Técnicas de pesquisa: planejamento e execução de pesquisas, amostragens e técnicas de pesquisas, elaboração, análise e interpretação de dados. 6 ed. São Paulo(SP): Atlas; 2007.
17. Davim RMB, Menezes RMP. Assistência ao parto normal no domicílio. *Rev. Latino-Am. Enfermagem* 2001 nov; 9(6): 62-84.

18. Lessa HF. A representação das mulheres do parto fisiológico a partir de vivências domiciliares. [Dissertação]. Rio de Janeiro (RJ): Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro; 2003.
19. Ministério da Saúde (BR). Portaria nº 570, 571 e 572/GM, de 1º de junho de 2000. Institui o componente I, II e III, respectivamente, do programa de humanização no pré-natal e nascimento: incentivo a assistência pré-natal no âmbito do Sistema Único de Saúde; organização, regulação e investimento na assistência obstétrica e neonatal; e nova sistemática de pagamento a assistência ao parto. Diário Oficial da República Federativa do Brasil, Poder Executivo, Brasília (DF); 2000. [Citado em 20 nov. 20010]. Disponível em: <http://www.saude.gov.br>.
20. COFEN. Conselho Federal de Enfermagem. Resolução n. 223, de 03 de dezembro de 1999. Dispõe sobre a atuação de Enfermeiros na Assistência à Mulher no Ciclo Gravídico Puerperal. Brasília (DF); 1999 [citado em 25 nov 2009]. Disponível em: <http://www.portalcofen.gov.br>.



Received on: 12/09/2012
Required for review: 27/03/2013
Approved on: 01/04/2013
Published on: 01/01/2014

Contact of the corresponding author:
Lidia Santos Soares
Rua Educador Paulo Freire, 109. Nova Rio das Ostras. Rio das Ostras. RJ.
CEP: 28890 000. Tel.: 22 2771 9751.