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Reflection

Nursing actions in childbirth: Dilemmas of duty and practice

Actuar de Enfermería en el parto: dilemas del deber ser y hacer

Atuação da enfermagem no parto: dilemas do deve ser e fazer

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Abstract

Childbirth is a natural process; however, unjustified medical interventions have pathologized it, turning the birthing experience into a negative one for many women. These interventions often compromise women's autonomy and central role during childbirth. This article aims to reflect on humanized childbirth from the perspective of a nursing student during their training practices. It also considers the philosophies and anthropological views that guide professional actions, focusing on the biopower exerted over a woman in labor who is subjected to the paternalism of her caregivers. Additionally, it discusses how the infrastructure of the birthing environment and the lack of skills such as empathy among healthcare professionals are crucial determinants in the care provided and how these factors impact the lack of humanization.

Keywords: Childbirth, Humanized childbirth, Nursing, Obstetric Nursing, Nursing care

Abstract

El parto es un proceso natural, sin embargo las intervenciones medicalizadas e injustificadas hicieron que este proceso se patologizara y esa clase de actos hacen que el proceso del parto para las mujeres se conviertan en experiencias negativas, ya que, pasan por momentos donde se les vulnera su autonomía y protagonismo. Por lo que en este artículo se busca reflexionar sobre el parto humanizado desde la perspectiva de un estudiante durante sus prácticas formativas, además, de tener en cuenta las filosofías y miradas antropológicas que marcan la pauta en el actuar del profesional, el biopoder del cuerpo de una mujer en labor de parto que es sometida al paternalismo de quienes la atienden. Por otro lado, cómo la infraestructura del lugar donde se atiende a las mujeres y la falta de habilidades como lo es la empatía en el profesional de salud son determinantes durante su atención y cómo impacta en la falta de humanización.

Palabras clave: Parto, Parto humanizado, Enfermería, Enfermería obstétrica, atención de Enfermería.

Resumo

O parto é um processo natural, porém intervenções medicalizadas e injustificadas tornaram esse processo patologizado e esses tipos de atos fazem com que o processo de parto para as mulheres se tornem experiências negativas, pois passam por momentos em que sua autonomía e liderança são violadas. Portanto, este artigo busca refletir sobre o parto humanizado

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na perspectiva de uma estudante durante suas práticas de formação, além de levar em conta as filosofias e visões antropológicas que pautam nas ações do profissional, o biopoder do corpo de uma parturiente submetida ao paternalismo de quem a atende. Por outro lado, como a infraestrutura do local onde as mulheres são atendidas e a falta de habilidades como a empatia no profissional de saúde são fatores determinantes durante o seu atendimento e como isso impacta na falta de humanização.

Palavras chave: Parto, Parto Humanizado, Enfermagem, Enfermagem Obstétrica, Cuidados de Enfermagem.

Introduction

According to the WHO (1), childbirth is the process that begins with spontaneous, rhythmic, involuntary, and progressive uterine contractions, aiming to dilate the cervix and allow the baby to pass through the birth canal, from the onset of labor to delivery (2).

Childbirth involves more than just contractions and pain; it is accompanied by hopes, dreams, joys, and uncertainties. Thus, it requires the presence of experts who provide support not only through procedural and biomedical knowledge but also from an emotional and attitudinal perspective. Traditional midwives exemplify this type of support. These women, despite having little formal education, apply ancestral knowledge in their communities, attending to women before, during, and after pregnancy with naturalness and affection (3). For these women with ancestral knowledge, childbirth has a humanistic focus that allows the woman, the baby, and the family to be the protagonists of this unique event.

In line with this, the term "humanized childbirth" emerges. According to UNICEF (4), it is defined as the respect for the rights of mothers, children, and their families at birth, promoting consideration for the particularities of each family, ethnicity, religion, and nationality, and supporting them through safe and informed decision-making that will impact the health of the mother-child dyad. Practices such as skin-to-skin contact and early breastfeeding mitigate discomfort for the baby, caused by environmental factors like loud noises, bright lights, cold, and newfound independence. Additionally, these practices prevent postpartum depression in the mother, strengthen the mother-child bond, and help the baby adapt physiologically in terms of respiration, blood pressure, heart rate, and stress reduction (5).

The environment in which childbirth takes place influences the health of the baby (6), leading us as healthcare professionals to question whether it is fair to compromise the health of the future baby by not adhering to the guidelines of humanized childbirth, which take the mother's autonomy into account.

In most childbirth scenarios, healthcare professionals engage in obstetric violence. The WHO defines this as a specific form of violence perpetrated by healthcare professionals (predominantly doctors and nurses) towards pregnant women, women in labor, and postpartum women. It constitutes a violation of women's reproductive and sexual rights (7). This type of violence involves mistreating women during childbirth through actions, omissions, or negligence, such as inappropriate comments, lack of information and consent in procedures, restriction of movement, suppression of food or drink, among others (8,9).

Permitting and normalizing obstetric violence during the education of healthcare personnel perpetuates these forms of mistreatment, which could jeopardize the health of the mother-child dyad, highlighting the need to reflect on empathy towards the pain, emotions, and diverse experiences of women during childbirth (10). Women do not experience pain or the situation in the same way, as each woman is unique. Therefore, individualized care should be a priority. This is where the role of nursing staff is crucial during childbirth, as they are responsible for caring for the woman (10,11). Within their caregiving role, nurses should seek a humanistic worldview, a philosophy that is taught to nurses but is challenging to apply due to systemic issues, leading to inadequate practices.

This philosophy emphasizes the goal of respected childbirth and its benefits for the mother-child dyad. However, it is frustrating to witness that some interdisciplinary team members do not allow humanizing practices, such as giving a sip of water to a woman in labor for over an hour, assuming that intravenous fluids are sufficient. For these and many other reasons, it is important to reflect on humanized childbirth from the perspective of undergraduate students. Their first experience in an institutionalized childbirth setting leaves an emotional imprint, which can either lead to the normalization of these processes or provoke a critical response to the harsh conditions that pregnant women endure in a delivery room.

Development

Humanized childbirth can be considered a model of care that not only addresses the biological process but also includes medicalized assistance. However, this care rarely focuses on respecting the decisions and culture of the pregnant woman (12,13).

Often, decisions are made to favor the convenience of healthcare personnel and service-providing institutions. This is evident in practices such as forcing the mother to give birth in a horizontal position and performing unnecessary cesarean sections.

Philosophies Involved in Humanized Childbirth

Various philosophies play a role in the process of childbirth. One of the most commonly applied is the productivist philosophy. According to Blázquez (12), this philosophy focuses on the cost-benefit analysis of performing a cesarean section, often carried out to save time in the childbirth process and thereby attend to more pregnant women. The productivist philosophy views pregnancy as something pathological. Consequently, unnecessary cesarean sections are performed to save healthcare personnel's time, neglecting the needs and plans of families for the birth of a new life.

The second philosophy is the ethnomedical naturalistic obstetrics philosophy. Nightingale (12) asserts that the human body is wise and follows a perfect process, suggesting that childbirth is so natural that it requires no assistance. The philosophy underpinning doulas is based on this theory. Doulas allow childbirth to progress naturally, focusing on supporting the woman and her family during this significant moment. They ensure that the woman decides how to proceed, adopting various positions and even having a significant person support her during each push.

The third philosophy is the holistic-humanistic ethnomedical obstetrics philosophy. Kant (12) states that a woman is an integral being, not just a physiological entity needing biomedical intervention during childbirth, but also including emotional and spiritual aspects that influence the birthing process. This philosophy considers more aspects, including maternal perspectives, although in most cases, there is an implicit hierarchy of knowledge where the maternal perspective occupies the lowest place.

The holistic-humanistic ethnomedical obstetrics philosophy is the perspective under which some nursing schools base their training processes to support humanized childbirth. However, inconsistencies between theory and actual practice are observed. Healthcare institutions often struggle to implement humanized childbirth due to logistical factors, untrained personnel, and even a lack of supplies such as vertical birthing beds, indicating a decline in the quality of care.

Anthropological Perspective on Understanding Humanized Childbirth

Anthropological perspectives allow us to analyze and understand that humanized childbirth is not a recent phenomenon; rather, its essence lies in cultural manifestations and the holistic nature of human beings. From the technocratic anthropological perspective, as referenced by Llano and Marcel cited by Hernández and De-Maya (12), there is an emphasis on bodily vulnerability, where an expectant attitude towards maternal corporality prevails, often leading to indiscriminate intervention and neglect of risk prevention.

The holistic perspective places excellence in care humanization, maternal dignity, and a biopsychosocial approach. A body exposed to a foreign environment must be contextualized within a biopsychosocial framework, considering not only its pathology but also biological, psychological, social, and cultural factors that collectively play a significant role in addressing a vulnerable body subjected to verbal mistreatment by healthcare personnel. Such mistreatment affects the

childbirth process, generating more distress and fear in what is initially perceived as a natural event (12).

These perspectives prompt nurses, both in training and in practice, to reflect on which perspective they believe should guide childbirth care. It emphasizes the importance of guaranteeing autonomy and dignity for the mother-child dyad before prioritizing factors such as time, economics, and staffing shortages. If such factors do influence care decisions, it begs the question of why not restructure care according to a holistic approach that considers the vulnerability of women, their fears, and desires for a memorable moment—the arrival of a new family member.

Biopower and Humanized Childbirth

Foucault, as cited by Fernández and Diaz (14), expresses how power is not something to be possessed or preserved universally, but rather exercised through unequal relationships, taking into account countless variables in the context in which it is exercised. Urrea, also cited by Fernández and Diaz (14), discusses how a paternalistic relationship is often exerted during clinical practice, which undermines the autonomy of women. This is evident when healthcare professionals exert power over a woman's body, usurping her agency and even disregarding her birth plan decisions.

Furthermore, Foucault, from his perspective on biopower exerted over women, also discusses pathologization, where bodies are treated as diseased and in need of control. Hence, there is a need to intervene in this instrumentalization process (14). The biopower exercised in delivery rooms is multifaceted. Healthcare personnel have normalized and simplified childbirth as a means of controlling women's bodies, saving time between births, or increasing the number of patients attended to, which ultimately reflects in the healthcare facility's economy.

Reflection prompts us to empathetically visualize a woman's body being subjected to such power dynamics by healthcare providers. For instance, envisioning a pregnant woman attempting to change positions to alleviate pain, only to be denied by healthcare providers for the sake of their own convenience. It is worth questioning how such situations affect the maternal experience.

Influence of Establishment and Working Conditions on Humanized Childbirth

The lack of training for healthcare personnel in evidence-based advanced practices is a deficiency that affects the care provided to women in labor. The absence of educational spaces raises questions about the leadership of healthcare professionals. Having pedagogical spaces based on critical thinking can help reduce knowledge gaps and improve care for women and their families (15,16).

Another influencing factor is the environment of the healthcare facility. If the establishment does not provide space for women to have companionship or make position changes to alleviate pain, it can hinder the humanization of childbirth.

Optimizing spaces according to women's needs, such as organizing shifts among maternity patients to allow walks around the ward or providing support from significant others during advanced stages, can help meet women's needs and reduce the demand for healthcare personnel. Additionally, involving the family in the care of the pregnant woman strengthens couple bonds and balances the inherent burdens of motherhood and fatherhood.

Vallana (10) mentions that a tired and inadequately serviced professional will be less empathetic towards their patients' health situations. There are instances where working conditions, exhausting shifts, patient overload, and violence towards healthcare personnel are determining factors in perpetuating obstetric violence.

Feminist economics addresses the role of women professionals who also undertake household duties (domestic work), compared to men who do so to a lesser extent (17). Having both work and home responsibilities could affect sleep quality, leading to high levels of stress when arriving at work to attend women in labor.

It is essential to reflect on the exhaustion and frustration resulting from long shifts in the delivery room. However, these factors should not reflect in the quality of care provided to women who choose to trust nursing personnel.

Necessary Skills of Nursing Professionals in the Obstetrics Area

Nursing professionals working in obstetrics services must be specialized personnel, as this area requires empathy for the pain and fear experienced by women in labor. They should also possess extensive knowledge of caring for and administering medication to pregnant women (18,19).

In interviews with obstetric nurses regarding their perception of humanized childbirth and its impact on mothers, it is evident how nurses implement humanized childbirth by granting autonomy to women. There is also emphasis on the importance of implementing humanized childbirth practices from academia. Having knowledge on the subject allows for the implementation of practices that benefit both mother and child, while also serving as a reference for nursing professionals' actions compared to other healthcare workers (20,21).

Compassion for care and empathy are key factors in the skills of specialized personnel in obstetrics services (22,23). Given the high levels of stress and pain in the environment, nurses with these qualities are required to listen, support, interact, and create a bond that fosters a safe environment for women. This ensures ethically responsible and respectful quality care (24,25).

Humanized Childbirth from the Perspective of an Undergraduate Student

During the formative nursing care practices for women, pregnant women, and newborns, it is striking to encounter a reality where healthcare personnel often hegemonically impose their actions on the autonomy of women. This situation often makes nursing students want to generate change and provide empathetic and respectful care. They aim to address the woman by her name, support the labor process with encouraging words, employ acupressure techniques, and other supportive practices.

Labor is not only influenced by physiological factors but also by aspects such as infrastructure, lack of skills (empathy and compassion), and workload. These aspects become evident in the initial practical experiences, where providing adequate support and active listening is crucial. Unfortunately, nurses and doctors sometimes engage in violence, leading to negative experiences for women. For instance, during natural biological processes like contractions, women might hear phrases like, "Don't scream, or no one will pay attention to you," causing them to lose trust in the healthcare personnel and institutions.

A study by Becerra, Vargas, and Ardila mentions the following account: "When I was a first-time mother, I was in the delivery room crying a lot because the woman next to me was screaming a lot. When the doctor arrived, he only said… since you weren't afraid to make the baby, don't be afraid of the contractions. That's why it's better to have patience because the more you complain, the less attention you'll get" (3:16) (26).

Such experiences, narrated by the women themselves, show how seemingly harmless and thoughtless comments can create very negative experiences. These can remain in the unconscious of not only the woman who experienced them but also in the collective unconscious of all women who know they might be mistreated in an institutionalized delivery room.

Replacing violent actions with words of encouragement can undoubtedly generate a positive experience and a sense of well-being for the woman (27). These types of experiences are common, especially when there are nursing students in training in the delivery rooms. Students are taught the importance of accompaniment and support for the woman during that moment. They are given the time to stay beside the laboring woman, listen to her, help with breathing exercises, monitor and control her contractions, assist with walking, and engage in other supportive activities. It is common for women to feel grateful to the student, creating a safe environment, and at the end of labor, having their baby on their chest, they say, "Thank you, if it weren't for you, they would have let me die." This is the greatest satisfaction for a nursing student and having these thanks multiply during a shift brings a sense of duty fulfilled.

Therefore, it is crucial to improve the quality of care not only from Nursing but also by implementing strategies for multidisciplinary teamwork in favor of the mother-child dyad. One strategy is the "circle of care" (28), aimed at enhancing the quality of care and the nursing role.

Molinier (28) defines the circle of care as the relationship between care and hierarchy, considering that its members communicate and deliberate to reach agreements for the other's well-being. This approach decom-

partmentalizes care activities and rearticulates them into a dynamic process. The goal is for no member within the circle to have greater authority than others; instead, all form a multidisciplinary team.

In this circle, there is no power hierarchy, which is often evident when doctors lead decisions without considering the nurse's viewpoint. Bringing this concept to undergraduate students in practical training, the hierarchical power is even more pronounced. Students' opinions, even when well-founded, are often disregarded because admitting a student is right might be seen as disrespecting the hierarchy. However, implementing the circle of care could open new learning fields, highlighting the autonomous actions and critical thinking of nursing, ultimately benefiting the health, comfort, and well-being of patients.

Conclusiones

- The nursing professional possesses a solid academic foundation but faces challenges due to external and internal factors that can negatively influence their practice, sometimes leading to the exertion of power over women, thus violating their autonomy.

- Seeking strategies that promote humanized childbirth, such as the circle of care, would be fundamental to improving the quality of care for women. These strategies can create a trustful environment, reducing the anxiety and fear they may feel.

- In conclusion, exposing this issue through theoretical references aims to open the possibility of integrating humanized care into the nursing profession, promoting continuous changes in actions that benefit the women who place their trust in nurses.

- For future nursing professionals, this is more than a reflection; it is an invitation not to lose the enthusiasm and commitment instilled in academia, which focuses on beneficence and non-maleficence in nursing actions. It is crucial to remember that human beings should be cared for holistically.

- Additionally, in professional practice, it is essential never to fall into the role of the nurse who does not listen, support, or empathize with the pain of others just to rush the childbirth process. Instead, it is vital to take the lead in cultivating the importance and benefits of a humanized birth for the mother-child dyad.

Conflict of interest

The author declares no conflict of interest.

Referencias bibliográficas

1. Información Legislativa. Atención del parto normal [Internet]. INFOLEG [citado 19 de marzo de 2022]. Disponible en: http://servicios.infoleg.gob.ar/infolegInternet/anexos/90000-94999/91868/res647-2004-cap2.htm
2. Mittelmark RA. Manejo del trabajo de parto normal - Ginecología y obstetricia [Internet]. Manual MSD versión para profesionales. 2020 [citado 6 de abril de 2022]. Disponible en: https://www.msdmanuals.com/es-co/professional/ginecolog%C3%ADa-y-obstetricia/trabajo-de-parto-y-parto-normales/manejo-del-trabajo-de-parto-normal
3. Argüello-Avendaño HE, Mateo-González A. Parteras tradicionales y parto medicalizado, ¿un conflicto del pasado? Evolución del discurso de los organismos internacionales en los últimos veinte años. LiminaR [Internet]. diciembre de 2014 [citado 19 de marzo de 2022];12(2):13-29. Disponible en: http://www.scielo.org.mx/scielo.php?script=sci_abstract&pid=S1665-80272014000200002&lng=es&nrm=iso&tlng=es
4. UNICEF. Semana Mundial del Parto Respetado [Internet]. UNICEF.ORG. 2019 [citado 19 de marzo de 2022]. Disponible en: https://www.unicef.org/argentina/parto-respetado
5. Macías-Intriago MG, Haro-Alvarado JI, Piloso-Gómez FE, Galarza-Soledispa GL, Quishpe-Molina M del C, Triviño-Vera BN. Importancia y beneficios del parto humanizado. Dominio Las Cienc [Internet]. 15 de septiembre de 2018 [citado 19 de marzo de 2022];4(3):392-415. Disponible en: https://dominiodelasciencias.

com/ojs/index.php/es/article/view/815

6. Gutiérrez JJ, González de la Torre H. Parto humanizado ¿para cuándo? Enferm Clínica [Internet]. 1 de julio de 2019 [citado 19 de marzo de 2022];29(4):205-6. Disponible en: https://www.clinicalkey.es/#!/content/1-s2.0-S1130862119302840
7. Manifiesto FAME contra la violencia obstétrica en España [Internet]. FAME. [citado 19 de marzo de 2022]. Disponible en: https://www.federacion-matronas.org/2021/07/19/violencia-obstetrica-fame/
8. García-Torres O, Félix-Ortega A, Álvarez-Villaseñor AS. Perception of humanized childbirth in patients in the puerperium period. Rev Medica Inst Mex Seguro Soc. 18 de mayo de 2020 [citado 19 de marzo de 2022];58(3):258-64.
9. Silva-Kopereck C, Carvalho de Matos G, Correa-Soares M, de Lima-Escobal AP, Porto-Quadro P, Cecagno S. Obstetric violence in the multinational context. J Nurs UFPE Rev Enferm UFPE [Internet]. julio de 2018[citado 19 de marzo de 2022];12(7):2050-60. Disponible en: https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=130496809&lang=es&site=ehost-live
10. Borges-Damas L, Sánchez-Machado R, Peñalver-Sinclay AG, González-Portales A. Violencia hacia la mujer durante el parto: ¿realidad desconocida o naturalizada? Violence Women Childbirth Unkn Nat Real [Internet]. julio de 2020[citado 20 de julio de 2022];46(3):1-19. Disponible en: https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=149327079&lang=es&site=ehost-live
11. Vaca-Molina K, Jiménez-Peralta A. Rol de enfermería en el cuidado y atención del parto humanizado. REVISTA INVESTIGACIÓN Y DESARROLLO. 2021[citado 24 de julio de 2022];14:110-8.
12. Hernández-Garre JM, de Maya-Sánchez B. Culturas cosmopolitas del parto. contrastando sus bases antropológicas desde la perspectiva bioética. Cosmop Cult Childbirth Contrasting Its Anthropol Bases Bioethical Perspect [Internet]. octubre de 2019[citado 24 de julio de 2022];25(2):225-34. Disponible en: https://search.ebscohost.com/login.aspx?direct=true&db=zbh&AN=140949838&lang=es&site=ehost-live
13. Borges-Damas L, Sixto-Pérez A, Sánchez-Machado R, Borges-Damas L, Sixto-Pérez A, Sánchez-Machado R. Concepción integral del cuidado humanizado a la mujer durante el trabajo de parto y parto. Rev Cuba Enferm [Internet]. septiembre de 2018 [citado 24 de julio de 2022];34(3). Disponible en: http://scielo.sld.cu/scielo.php?script=sci_abstract&pid=S0864-03192018000300016&lng=es&nrm=iso&tlng=en
14. Fernández-Matos D, Díaz-Pérez A. Aspectos del biopoder y la bioética: entre el cuerpo y género. En: VIvencias de las mujeres en relacion con las intervenciones medicas durante el embarazo y el parto [Internet]. Universidad Simon Bolivar. 2017[citado 20 de julio de 2022]. p. 71-96. Disponible en: https://www.academia.edu/33304607/Cap%C3%ADtulo_6_Aspectos_del_biopoder_y_la_bio%C3%A9tica_entre_el_cuerpo_y_g%C3%A9nero
15. Borges-Damas L, Sánchez-Machado R, Domínguez-Hernández R, Sixto-Pérez A. El parto humanizado como necesidad para la atención integral a la mujer. Humaniz Childbirth Vital Need Compr Care Women [Internet]. julio de 2018 [citado 20 de julio de 2022];44(3):1-12. Disponible en: https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=138875272&lang=es&site=ehost-live
16. Castiblanco-Montañez RA, Berruecos-Prada DC, Calderón-Rivas EM, Guayacundo-Aldana MJ, Mancera-García RM, Rodríguez-Ramírez KS. Enfermera-matrona: beneficios, competencias e intervenciones. Rev Cienc Cuid [Internet]. 1 de mayo de 2021 [citado 24 de julio de 2022];18(2):96-110. Disponible en: https://revistas.ufps.edu.co/index.php/cienciaycuidado/article/view/2633
17. Brunet Icart I, Santamaría Velasco CA, Brunet Icart I, Santamaría Velasco CA. La economía feminista y la división sexual del trabajo. Culturales [Internet]. junio de 2016 [citado 20 de julio de 2022];4(1):61-86. Disponible en: http://www.scielo.org.mx/scielo.php?script=sci_abstract&pid=S1870-11912016000100061&lng=es&nrm=iso&tlng=es
18. da Silva Lira IM, Santos e, Silva Melo S, de Oliveira Gouveia MT, Cipriano Feitosa V, Melo Guimarães TM.

Educational intervention to improve normal childbirth care. Interv Educ Para Mejora En Asist Al Trab Parto Norm [Internet]. abril de 2020 [citado 24 de julio de 2022];19(2):247-56. Disponible en: https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=142716612&lang=es&site=ehost-live

19. Sousa-Monteiro A, Mendes-Martins E, Carvalho-Pereira L, de Castro-Freitas J, Magalhães da Silva R, Furtado-Jorge HM. Practice of obstetric nurses in humanized childbirth care in a high-risk maternity. Rev Rene [Internet]. enero de 2020[citado 24 de julio de 2022];21(1):1-8. Disponible en: https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=145886315&lang=es&site=ehost-live
20. Torres-Vilela A, da Silva-Tenório D, dos Santos-Silva RM, Bernardino-da Silva JC, Andrade-Albuquerque NL. Perception of obstetric nurses before humanized birth. J Nurs UFPE Rev Enferm UFPE [Internet]. julio de 2019[citado 24 de julio de 2022];13:890-5. Disponible en: https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=139704859&lang=es&site=ehost-live
21. Lira IM da S, Silva Melo SS e, Gouveia MT de O, Feitosa VC, Guimarães TMM, Lira IM da S, et al. Intervención educacional para la mejora en la asistencia al trabajo de parto normal. Enferm Glob [Internet]. 2020 [citado 24 de julio de 2022];19(58):226-56. Disponible en: https://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S1695-61412020000200008&lng=es&nrm=iso&tlng=es
22. Pereira-Rodrigues D, Herdy-Alves V, Cardoso-de Paula C, Gomes-Vieira BD, Vidal-Pereira A, Costa dos Reis L, et al. Humanized childbirth: the values of health professionals in daily obstetric care. Rev Bras Enferm [Internet]. marzo de 2022[citado 24 de julio de 2022];75(2):1-8. Disponible en: https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=153216712&lang=es&site=ehost-live
23. Abad ALG. Parto humanizado y el rol del personal de enfermería. 2020 [Internet].[citado 24 de julio de 2022] :47. Disponible en: https://dspace.ucacue.edu.ec/handle/ucacue/10521
24. Truisi MLV, Quintero LC. El cuidado de enfermería generador de confianza de la mujer durante el trabajo de parto. Rev Colomb Enferm [Internet]. 30 de abril de 2021 [citado 24 de julio de 2022];20(1):e031-e031. Disponible en: https://revistas.unbosque.edu.co/index.php/RCE/article/view/2830
25. Domínguez Montoya WA, Calvopiña Riera KM. Enfoque del cuidado humanizado de enfermería durante el trabajo de parto. 14 de julio de 2022 [citado 24 de julio de 2022]; Disponible en: http://dspace.unach.edu.ec/handle/51000/9395
26. Pabón ACB, Escobar LMV, Roa IDA. Imaginarios sociales del curso de preparación para la maternidad y la paternidad en Bogotá - Colombia. J Nurs Health [Internet]. 26 de junio de 2018 [citado 1 de septiembre de 2022];8(1). Disponible en: https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/11789
27. Navarro AMA. El acompañamiento por enfermería en la atención del trabajo de parto y parto: Una revisión narrativa de la literatura. Rev Investig En Salud Univ Boyacá [Internet]. 3 de septiembre de 2018 [citado 24 de julio de 2022];5(2):323-44. Disponible en: https://revistasdigitales.uniboyaca.edu.co/index.php/rs/article/view/346
28. Molinier P. Notas sobre el Círculo de cuidado [Internet]. Red ciudades y ciudadanías. 2020 [citado 18 de julio de 2022]. Disponible en: https://redcuidadosyciudadanias.wordpress.com/2020/10/05/notas-sobre-el-circulo-de-cuidado/