Revista de Enfermagem
do Centro-Oeste Mineiro
2017;7: e1142
DOI: 10.19175/recom.v7i0.1142
www.ufsj.edu.br/recom

RECOM
REVISTA DE ENFERMAGEM DO CENTRO-OESTE MINEIRO

Original Article

PRÁTICA DA EPISIOTOMIA NO PARTO: DESAFIOS PARA A ENFERMAGEM

PRACTICE OF EPISIOTOMY DURING CHILDBIRTH: CHALLENGES FOR NURSING

PRÁCTICA DE LA EPISIOTOMÍA DURANTE EL PARTO: DESAFIOS PARA LA ENFERMERÍA

Kelen da Costa Pompeu[1], Juliane Scarton[2], Luiza Cremonese[3], Rosiele Gomes Flores[2], Maria Celeste Landerdahl[4], Lúcia Beatriz Ressel[5]

RESUMO

Objetivo: identificar o conhecimento de puérperas sobre a episiotomia e como se deu a realização dessa prática no parto. **Método**: trata-se de uma pesquisa do tipo descritiva, com abordagem qualitativa, realizada em um hospital no Rio Grande do Sul. As informantes foram oito puérperas que vivenciaram o parto vaginal com episiotomia. Na coleta de dados, utilizou-se a técnica de entrevista semiestruturada com posterior análise temática. **Resultados:** apontam para a falta de esclarecimento e o desconhecimento das participantes quanto ao termo episiotomia, fatores que podem influenciar o evento do parto e, ainda, a violência de gênero que ocorre nas instituições de saúde, como a violência obstétrica, a qual está perpetrada nas maternidades e, muitas vezes, não é percebida por quem as pratica e, também, por quem sofre essa violência. **Conclusão**: Foi possível perceber que as participantes possuem poucas informações sobre a episiotomia e notou-se que o desconhecimento das mulheres sobre essa prática é fator que contribui para a realização rotineira desse procedimento**.**

Descritores: Episiotomia; Enfermagem; Parto; Parto humanizado.

ABSTRACT

Objective: identify the knowledge of recent mothers about episiotomy and as the realization of this practice in childbirth. **Method**: It is a descriptive research with qualitative approach, carried out in a hospital in Rio Grande do Sul. The informants were eight recent mothers who have experienced the vaginal delivery with episiotomy. In data collection, it was used the semi-structured interview technique, with further analysis. **Results** point to a lack of clarification and the ignorance of the participants as the term episiotomy, factors that can influence the event of childbirth and the gender violence that occurs in health institutions, such as obstetric violence which is perpetrated in maternity wards and, often, is not perceived by those who practice and also for those who suffer this violence. **Conclusion**: It was possible to notice that the participants have little information about the episiotomy and noticed that the ignorance of women on this practice is contributing factor to carry out routine this procedure.

Descriptors: Episiotomy; Nursing; Parturition; Humanizing delivery.

RESUMEN

Objetivo: identificar el conocimiento de las madres recientes como la realización de esta práctica en el parto y episiotomía. **Método**: Es una investigación descriptiva con enfoque cualitativo, llevó a cabo en un hospital de Rio Grande do Sul. Los informantes fueron ocho madres recientes que han experimentado el parto vaginal con episiotomía. Recopilación de datos, se utilizó la técnica de entrevista semiestructurada, con análisis posterior. **Resultados:** apuntan a una falta de clarificación y la ignorancia de los participantes como la episiotomía de término, factores que pueden influir en el evento del parto y la violencia de género que ocurre en las instituciones de salud, como la violencia obstétrica que es perpetrado en salas de maternidad y, a menudo, no es percibida por quienes la practican y también para aquellos que sufren esta violencia. **Conclusión**: Fue posible notar que los participantes tienen poca información sobre la episiotomía y notó que la ignorancia de las mujeres en esta práctica está contribuyendo factor para llevar a cabo la rutina de este procedimiento.

Descriptores: Episiotomía; Enfermería; Parto; Parto humanizado.

[1]Graduada em Enfermagem pela Universidade Federal de Santa Maria (UFSM). [2]Graduada em Enfermagem. Mestre em Enfermagem pela Universidade Federal de Santa Maria. Santa Maria (RS), Brasil. [3]Graduada em Enfermagem. Mestranda em Enfermagem do Programa de Pós-Graduação em Enfermagem/PPGEnf pela Universidade Federal de Santa Maria/UFSM. Santa Maria (RS), Brasil. [4]Graduada em Enfermagem. Doutoranda em Enfermagem. Professora do Curso de Graduação em Enfermagem pela Universidade Federal de Santa Maria/UFSM. [5]Graduada em Enfermagem. Doutora em Enfermagem. Professora associada ao Departamento de Enfermagem da Universidade Federal de Santa Maria/UFSM. Santa Maria (RS), Brasil.

Como citar este artigo:
Pompeu KC, Scarton J, Cremonese L, et al. Prática da episiotomia no parto: Desafios para a enfermagem. Revista de Enfermagem do Centro-Oeste Mineiro. 2017;7:e1142. [Access_____]; Available in:_____.Doi: http://dx.doi.org/10.19175/recom.v7i0.1142

INTRODUÇÃO

The childbirth constitutes one of the main happenings on the women's life, because it is the event that results on the birth of a new life. It is a experience that pass through psychological, emotional and social aspects, being experienced according with the culture that each woman is inserted. The way to give birth is equally influenced by this culture and is being changed through the history[1].

In the past, it was common the domiciliary childbirth attended by lay midwife, also known as godmothers. They were called by the mothers and had empirical knowledge of the pregnant, parturition and post childbirth period. The childbirth was an event shared by women, in which the men didn't take part, in addition, the childbirth physiological process was always that possible respected[2].

The entrance of the male figure at the childbirth time occurred since the XVIII century, when the medicine started to be interested by the reproduction, incorporating the surgical obstetrics practice to the childbirth. For this reason, the mothers and babies mortality rate increased, mainly for the puerperal fever, by the parturition instrumentalization and the cesarean section. The childbirth that, till that period, was a physiological event, became pathological, being necessary the women hospitalization for its handling[3].

Through this institutionalization, the interventions became more commons. Among them, can be cited the bed restriction, the synthetic cytokine use, repeated touches for more than one professional, routine amniotomy, Kristeller's maneuver, intestine washing, forceps use, episiotomy, among others. In this study will be highlighted the episiotomy practice for being one of the most used interventions at the obstetrical practice and for being part of the concern of this research's author[4].

Over the years, the episiotomy has been widely practiced in Brazil. A national research of the women and children health demography revealed an index of 71.6% of episiotomy in Brazil and an index of 78.5% in Rio Grande do Sul[5]. Those numbers surpasses, and a lot, the recommended percentage by the World Health Organization (WHO) that suggests an ideal rate of episiotomy at the different services about 10%, reality of many European countries[6].

The data reveal[5] that this practice goes in contrast to what advocates the Prenatal and Childbirth Humanization Policy (PCHP). This aim the adoption of measures and procedures wisely beneficial to the childbirth and nativity monitoring, avoiding unnecessary interventionist practices that, although traditionally performed, doesn't benefit the woman, neither the newborn, and that, with frequency, result in more risk to the both[7].

On the literature, there isn't the recommendation to abolish the episiotomy in a general way, but to limit it to patients with relation to the evident cost-benefit. Regarding this, the World Health Organization (WHO) advises the episiotomy conduction in situations like the fetal suffering, insufficient parturition progress and imminent lesion of 3rd degree of the perineum[6]. However, there isn't an agreement at the literature about what would be those situations, only if its use should be limited to specific clinical situations, according to the service determination[8].

In Brazil, almost all the vaginal childbirth is preceded by the episiotomy. It is known that this procedure can be reduced and even avoided with exercises help to fortify the perineum, like the perinea massage from the 34 weeks of pregnancy[9]. Likewise, the adoption of non horizontal position contributes significantly to don't have laceration[4].

The nursing has a fundamental role to modify the actual assistance to the childbirth panorama, when acting to reformulate the improper practices use, like the episiotomy[10]. About this, the health public policies reinforce the legal character to introduce beneficial practices to the childbirth, like the PCHP creation, and also the recommendation amount of good practices at the parturition and childbirth assistance, elaborated by the WHO[6].

It is noteworthy that the Law of the Professional exercise 7.498786 and the Law-decree 94.406/8 ensure to the obstetrician nurse to perform assistance to the mother and the eutocic parturition, highlighting the responsibility at the articulation of a humanized care to the unnecessary interventions reduction[11]. It is believed that the nurse, basing on the scientific knowledge, bring with him the ability to possibility the empowerment the women, and through this, will be give the changes on the actual paradigms.

This study is justified for being lined up with the proposes of the National Agenda of Priorities researchers in Health, of the Health Ministry[12], by the premise that the unnecessary

interventions reduction at the parturition is a primordial factor to achieve the assistance humanization to the parturition and childbirth. Even, due to the risks and complications occasioned at the conduction of such procedure, like the predisposition to the women increasing the blood lost, infection, sexual dysfunction, dyspareunia, urinary incontinence, cervix prolapsed and also later consequences of the physical and psychological effects[13].

Thus, based on this, was established the following research question: What does the mothers know about the episiotomy and how was given the conduction of this practice at the childbirth? And as objective: identify the mothers' knowledge about the episiotomy and how was conducted this practice at the childbirth.

METHOD

A descriptive field study with qualitative approach, developed at the gynecological unity at a federal character hospital, linked to the Unified Health System (UHS), located in Rio Grande do sul. The participants were mothers that experienced the vaginal childbirth with episiotomy.

The inclusion criteria comprised women submitted to the vaginal childbirth with episiotomy, hospitalized at the study scenario during the data collection period; that resulted in alive newborns; older than 18 years old. The participants suited on the inclusion criteria were informed, individually, about the objectives, possible risks and benefits of the research, as well as the presentation of the Term of Consent.

The data collection was conducted through semi structured interview, from April to May, 2014. To the participants approach, was respected the period of 24 hours after the childbirth. The place to conduct the interviews was the unity meeting room. At the interview moment, the newborn was cared by the studied participant's companion. The interviews were recorded using a digital recorder and, posteriorly, was fully transcript aiming to possibility the reliable analyzes and interpretation of the results. The end of data collection occurred when answered the research objective and by the data saturation[14].

To data analyses, was used the Thematic content analyzes, proposed by Minayo[14], that is characterized by operational moments. The first moment was an inclusion moment of the study fundamental determinations, which was mapped at the investigation exploratory step. In this step, was searched the socio-historical context of the group to be studied, becoming as analyzes center the social practice and the human action.

The second moment, the interpretative step, constituted in two steps: the data ordination through the transcription of the obtained material through the data collection, material reading and reports organization, which determined the beginning of the obtained results classification; the data classification in which was conducted the horizontal and exhaustive reading of the findings, and through the floating readings it was possible to learn the relevance structures and the central ideas on the statements; the transversal reading was the moment to establish relations among the data, constructing the categories or sense unities. The final analyses comprised the final step in which the obtained data were compared with the literature about the theme.

The study participants were eight mothers whose ages were between 18 and 24 years old. As for the parturition situation, they were all primiparous. In relation to the civil status, one was married, one had a stable union and six were single. Referring to the schooling, one was coursing the university, four concluded the high school and three presented an incomplete primary school. As for the working situation, four were housewife, one was seller, one was sailing consultant, one was attendant and one was kitchen helper.

To preserve the participant's identity, they were identified with the letters PI, followed by the number referring to the interview conduction (PI1, PI2, PI3...). The letters refers to the campaign "Perineum integral", incorporated by the childbirth humanization movement that aims to end with the routine episiotomy. Were followed the ethic principles of the Resolution 466/2012, what regulates the researches with human beings[15]. The project was proved under Certificate of Presentation to Ethic appreciation (CPEA) 27353814.5.0000.5346.

RESULTS AND DISCUSSION

After the obtained data on the study analyzes and to better discussion about the findings, was formulated the following categories: Mother's knowledge about the episiotomy during the childbirth: the little cut down there; and episiotomy conduction by the mothers' voice.

Mothers' knowledge about the episiotomy: the little cut down there

The health professionals, specially the nursing, shall provide a centered care on the individual necessities of each woman. Those shall provide guidance, clarify doubts, as well as receive, give advices about the suitable practices in each case and help them on the childbirth process[40]. The assistance quality, as well as the active hearing, bond, accountability, resolution and access to the care continuity are actions that permeate a care to woman integrally. Then, it is necessary to guarantee access to the right information and in an adequate language, guarantying quality at the women assistance during the prenatal, parturition and post parturition[16].

In this context, it is considered extremely important that the health professionals know about the information degree that the patients have about the procedures conducted and the importance to provide correct information and in adequate language. Thereby, it is understood at the following speeches the ignorance of the participants to the term episiotomy: "[...] episiotomy? I've never heard about […]' (PI 2). "[…] I don't know what is this word […]" (PI 6)".

The technical term "episiotomy" so frequently used by the health professionals is not part of those women's routine. In addition, as is noticed on the following speech, in any moment is explained to them about the meaning of such term in clarify language. "[…] to tell the truth, this name is new, I didn't know what was it called, now I know, today, when the doctor asked me if they had done it with me and I answered 'no', but I didn't know what they had done, by the name, I didn't know. Now I know that it is the little cut that they make during the childbirth […]" (PI 8).

The speech expose that the participant ignored the term episiotomy when refers to it as a "little cut", understanding thus as a necessary procedure to their kid's birth. It is noteworthy that the information and guidance about the parturition process and the usual terminology at the professional area like the episiotomy, as well as the indications to performance or no, they should happen even before the women had enrolled at the hospitals institutions.

Once the assistance and the women empowerment starts at the prenatal with educative actions and qualified hearing aiming to increase supports about the pregnancy-purperium cycle and give value to the life experience of the users and their own knowledge about their body to the autonomy search. Being thus, it is up to the health professionals the reflection about the prenatal assistance and the search for elements that help the planning, the introduction and evaluation of their caring aiming to achieve a quality level[17].

Then, the respectful dialogue between the health professionals and the women is the first step for a humanized assistance[17]. Thus, the assistance humanization can be understood as a possibility to care, attending the users' human necessities. To that, it is necessary to respect them, considering their feelings and individualities aiming to allow them the prominence of their own history.

However, this study shows that, in contrast to what is prescribed, the dialog not always happens and the users still need clarification, bearing in mind that, after conducted elucidation by the interviewer about the meaning of the word episiotomy, immediately they demonstrated to understand the term: "[…] The little cut? I had it […]" (PI 4). "[...] Already, but not with this name [...]" (PI 7). "[...} Oh, Yes! This Yes [...] (PI 5).

It is evidenced, on the fragments, the episiotomy as a "little cut", minimized through small words. Being thus, it is considered that those women have few or no knowledge about what represents the procedure, once it is a cut at the vagina, this is a surgical incision that can result in physical and psychological injuries.

It is also highlighted, that this way to think can be associated to the cultural context where those women live, because many factors can influence their perception during this step of their life, and the happenings that permeate the childbirth event, according to what is possible to see on the speeches: "{...] my aunt had already told me that, generally, at the first pregnancy, at the first kid, they do it to facilitate the baby passage […]" (PI 5). "[…] And that, as I have my mother, who has nine kids and with all of them, she had the normal parturition, she told me that they gave her a little cut down there to help, so that the baby can leave, in case of we don't complete the then dilation fingers, so they gave the little cut […]" (PI 3).

It is evident, through the speeches, the ignorance of the women about their own body and the childbirth physiological process, seen that they understand the episiotomy practice as cut to facilitate the baby's passage and related to the uterine dilation evolution. It is also understood, that the familiar culture, in which the knowledge is passed through informal talk, influence at the

women's comprehension and make them believe that the episiotomy is necessary to a good evolution at the parturition.

Therefore, the knowledge of each woman comes from their familiar context. In those gaps, it is common to see the body as defective and the vagina as inadequate to the physiologic process of the childbirth, collaborating on the popular imagination that the obstetrician intervention is indispensable. Thus, It is perpetuated the medical hegemony maintenance. Which is enforced by the women's ignorance in relation to the routine episiotomy[18].

According to a study, the man results from the cultural ambient in which he lived, reflecting on his way of living, on his knowledge, as well on the experience get by the generations that preceded him[19]. The culture intervenes on the people basic necessity and also on the health, the disease, the life and death. Those women make part of this context and expose in their speeches information related to the parturitive process that was passed by familiars and compose their imaginary and their cultural charge.

Therefore, it is necessary to recognize the many values, beliefs, necessities and expectative related to the pregnancy-puerperal process to the construction of an individualized caring. In addition, the providing of orientation about the conducted practices is indispensable to that the woman can participate actively and feel that she has the power to collaborate to her well-being and her baby[16].

Further, although the cultural questions influence at those women's comprehension in relation to the childbirth happenings, the health professionals shall guide them, clarify their doubts and perform the caring that are understood and consented by them. The professional shall clarify the woman about the real indications to each procedure, in a way that she can participate on the decisions involving their body. In this way, it is followed the belief of the participants in relation to the indications to conduct the episiotomy: "[…] I believe that it is to make a larger space, because our womb dilates, isn't it? And out there, there is this dilation, so, I believe that it is because of this, to make a larger space to let the baby pass […]" (PI 1). "[…] I think it is according to the baby's size, too […]" (PI 2). In this context, they understand that the procedure is conducted due to the baby's size. This perspective brought at the reports evidence a perception of the women's body as being defective. Besides that, it is highlighted that the legitimate necessity of performance and the reason because was made the episiotomy was not clarified, though, unknown by them.

It is also understood, the vulnerability of the future mother, seen that the obstetrician concepts the episiotomy as an indispensable intervention and favorable, even with so much scientific evidences available that are against its conduction[20]. This way of technicist assistance Is rooted on the mechanics professional's culture that had their graduation in biomedical models and perpetuates them at the teaching to who comes to the hospital practice.

The women accept the episiotomy because they believe in its necessity, they believe that this procedure protect them and also their baby. They also believe that its conduction accelerates the childbirth. This guidance, the lack of information, many times, generates insecurity, abandonment and even, triggers aggressive aptitudes, because they revolt before the professionals that let them at the mercy of their parturition happenings[20].

It was understood on the speeches, that there is recognition, by the participants, as for the unnecessary practices still not conducted commonly on the childbirth, but there isn't an active movement of them to be opposed to this practice: " […] But as him [the baby] is really little, there wasn't necessity for this […]" (PI 2). […] I read on the internet that nowadays it is wrong the cut, and also that anyone can anymore come on your belly and push, that it is all prohibited nowadays […]" (PI 4).

Based on the exposed, although the woman has searching for information and is aware of the recommendations, at the childbirth moment, they are submitted to the procedure without questionings, showing the perception that the professional has the knowledge and that, thus, they can't impose before them. In this perspective, it is understood that the women can experience the childbirth in its integrality, but for this it is necessary to stimulate the knowledge about our own body, secure practices during the vaginal parturition, risks and complications, as well as about the necessities in some cases to conduct interventions, however it is fundamental the empowerment through the knowledge.

Episiotomy conduction through the mothers' voice.

The results point that the episiotomy practice, many times, is conducted in a routine

way without the women's consent and awareness. A study points[21] that the woman shall be informed about the episiotomy practice before its conduction, if it is necessary. Then, she shall be guided about the possible risks and benefits and shall authorize or not this procedure conduction.

However, in this study, the conduction to perform the episiotomy didn't follow this way: "[...] No, they only told me after. She said: "Now, you stay here that we're gonna sew, we're gonna do all the procedure". Then I stayed there, waiting […] " (PI 2). "[…] She came with the scissors and did it. But once I read on the internet that nowadays it is wrong to make this cut. But I didn't know it at this time, so she came and did it. She did the cuts and had to stitch […]" (PI 4). […] The doctor only said that would make a little cut, then I was relaxed, said that there was no problem […]" (PI 3).

In this line of though, the women were unanimous denying that they asked them for permission to perform the episiotomy and only were informed after the acting, it is, at the suture moment or at the time that the episiotomy was being performed. Moreover, it is understood that they were inert, indifferent with the procedures and subordinated to the doctor will, what can be presented as the passive self perception, differently from the questioner women, who refused and readjust their way to live in society[20].

Daily, the women undergo through routine obstetrician and interventionist practices, many times unnecessary, without being informed. In that way, there are controversies in relation to the medical ethic code what determines that is forbidden to obtain the consent of the patient or responsible without clarifying about what will be performed, except in case of eminent risk of death[22].

The daily practice of episiotomy is not backed by the medical ethic code, as well as its performance without the parturient consent. However, it is still being inserted on the maternities, even being considered as a genital mutilation way, presenting the obstetrician power on the women body, denying their decision power[4].

In relation to the exposed, the childbirth, many times, is still conducted as a pathological event as can be noticed on the speech: "[...] I thought I would get there and give birth to my baby, but came the anesthesia, came the cut, came the stitches. All this was a surprise. When they took me to the delivery room, I thought it was supposed to push and the baby would come out, then I was pushing but nothing happened, so they came with the needle, with the anesthesia that I haven't imagined that it would be necessary. I was already terrified, so came one [professional] with scissors in her hands and didn't say anything. So one [professional] yelled from far: "Oh, those scissors, they let only the old ones to here, to the obstetrician. We try to cut, try to cut and it doesn't cut". Then I was freaking out. Then they simply told me to be quiet, that they would stitch, and I didn't know, and I don't know till today, how many stitches, where they are and how it was made […]" (PI 2).

It is noteworthy that the participant referred to believe that would not suffer interventions during her parturition and it would be only to maximize the force and the baby would born naturally. However, the technocratic model is clear in its words when the professional that assisted her parturition didn't ask her to take part on the process or to decide about her body.

The speeches evidence that the women's body is seen as an object passive of interventions and its autonomy is devalued, once that she only receive orders without at least be informed previously. Consequently, it is understood that, with suitable information and guidance, it is possible to avoid negative experiences in this period, because it can turn the time of parturition more pleasant and centered on the woman as this event's protagonist.

The currently model f parturition ant childbirth assistance must take in consideration the caring practice based on scientific evidences and reformulate the assistance model. Model that still persist the routine practices performance, without taking in consideration the individuality of each woman as a being worthy of respect, hearing, guidance, attention. It is worth to mention as study limitation the fact of the additional information haven't been approached on the research, as the mother's knowledge about the risk and later complications for the episiotomy performance, such as significant bleeding, pain after the delivery, swelling, infections, sexual dysfunction, urinary and fecal incontinence, among others. It is suggested thus, the conduction of studies that contemplate the association of those complications with the episiotomy practice at the parturition, bearing in mind that those happenings interfere significantly

on the actual and future life quality of those women.

CONCLUSION

The participants have little knowledge about the episiotomy, they ignore the scientific technical name and recognize the procedure as necessary and normal at the childbirth process. Then, the nurse and others health professionals involved at the parturition care must host the woman and give her support through orientations and clarifications of eventual doubts, bearing in mind that, in determined cases, the episiotomy use can be necessary, but that its routine use hasn't scientific evidences.

It is emphasized the necessity to transform the scenario, in which the biomedical model, in this study, is still presented as predominant. Change that can happen through education in health since the basic attention at the prenatal, thus as to revaluate permanently the scientific technical knowledge of the professionals acting in health centers aiming to enable and replace the episiotomy performance for non pharmacological methods at the first step of the parturition.

It is also highlighted the necessity to promote to women and familiars the knowledge to take decision before the events that permeate the childbirth. It is suggested new studies to evaluate the health professional's difficulties to introduce secure practices at the vaginal parturition and eliminate the routine use of practices many times unnecessary, as the episiotomy.

REFERENCES

1. Oliveira ASS, Rodrigues DP, Guedes MVC. Percepção de puérperas acerca do cuidado de enfermagem durante o trabalho de parto e parto. Rev. enferm. UERJ, Rio de Janeiro. [Internet]. 2011 [acesso em: 21 aug 2016];19(2):249-54.Disponível em: http://www.facenf.uerj.br/v19n2/v19n2a13.pdf

2. Seibert SL, Barbosa AJLS, Santos JM, Vargens OMC. O significado de desmedicalização da assistência ao parto no hospital: análise da concepção de enfermeiras obstétricas. Rev Esc Enferm USP. [Internet]. 2008 [acesso em: 21 aug 2016];42(2):339-46. Disponível em: http://www.scielo.br/pdf/reeusp/v42n2/a17.pdf

3. Dodou HD, Rodrigues DF, Guerreiro EM, Guedes MVC, Lago PN, Mesquita NS. A contribuição do acompanhante para a humanização do parto e nascimento: percepções de puérperas. Esc. Anna Nery Rev. Enferm. [Internet]. 2014 [acesso em: 10 nov 2014]; 18(2):262-9. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452014000200262

4. Leal MC, Pereira APE, Domingues RMSM, Theme MM, Dias MAB, Pereira MN, et al. Intervenções obstétricas durante o trabalho de parto e parto em mulheres brasileiras de risco habitual. Cad. saúde pública. [Internet]. 2014 [acesso em: 15 set 2014]; 30(1):17-32. Disponível em: http://www.scielo.br/scielo.php?pid=S0102-311X2014001300005&script=sci_arttext

5. Lago T, Lima LP. Assistência à gestação, ao parto e puerpério: diferenciais regionais e desigualdades socioeconômicas. In: BRASL. Ministério da Saúde. Pesquisa Nacional de Demografia da Saúde da Criança e da Mulher-PNDS 2006: dimensões no processo reprodutivo e da saúde da criança. Brasília, 2006:151-70.

6. Organização Mundial da Saúde. Saúde Materna e Neonatal. Unidade de Maternidade Segura Saúde Reprodutiva e da Família. Assistência ao parto normal: um guia prático de saúde materna e neonatal. Unidade de Maternidade Segura. Saúde Reprodutiva e da Família. Genebra: Organização Mundial da Saúde; 1996.

7. Ministério da Saúde (Brasil). Portaria n°. 569, 570, 571, 572 /GM. Estabelece o Programa de Humanização do Pré-Natal e do Nascimento. Diário Oficial da República Federativa do Brasil, Poder Executivo. Brasília: Ministério da Saúde; 2000.

8. Carvalho CCM, Souza ASR, Moraes Filho OB. Selective episiotomy: advances based on evidence. FEMINA. [Internet]. 2010 [acesso em: 21 aug 2016];38(5):265-70. Disponível em: http://files.bvs.br/upload/S/0100-7254/2010/v38n5/a008.pdf

9. Beckmann MM, Stock OM. Antenatal perineal massage for reducing perineal trauma. Review. Cochrane database syst. rev. (online). [Internet]. 2013 [acesso em: 10 nov 2014];30(4): CD005123. Disponível em: http://www.cochrane.org/CD005123/PREG_antenatal-perineal-massage-for-reducing-perineal-trauma

10. Pimenta LF, Ressel LB, Stumm KE. The cultural construction of the birth process. Rev. pesqui. cuid. fundam. (Online). [Internet]. 2013[acesso em: 25 nov 2014];5(4):591-8. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2344

11. Conselho Federal de Enfermagem. Decreto Nº 94.406/87. Regulamenta a Lei Nº 7.498/1986. Dispõe sobre o exercício da enfermagem e da outras providências. Brasil: COFEN; 1986.
12. Ministério da Saúde (Brasil). Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Ciência e Tecnologia. Agenda Nacional de Prioridades de Pesquisa em Saúde. Brasília: Ministério da Saúde; 2011.
13. Figueiredo GS, Santos TTR, Reis CSC, Mouta RJO, Progianti JM, Vargens OMC. Ocorrência de episiotomia em partos acompanhados por enfermeiros obstetras em ambiente hospitalar. Rev. enferm. UERJ, Rio de Janeiro. [Internet]. 2011 [acesso em: 21 aug 2016] abr/jun;19(2):181-85. Disponível em: http://www.facenf.uerj.br/v19n2/v19n2a02.pdf
14. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13 th ed. São Paulo: Hucitec; 2013.
15. Conselho Nacional de Saúde. Resolução Nº 466/2012. Dispõe sobre as diretrizes e as normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília: Conselho Nacional de Saúde; 2012.
16. Ministério da Saúde (Brasil). Humanização do parto e do nascimento. Brasília: Ministério da Saúde; 2014.
17. Silva, ALS; Nascimento ER; Coelho EAC; Nunes IM. Educación durante el pre-natal, bajo la mirada de las mujeres embarazadas. Rev Cuba Enf 2014; 30(1) 79-89. http://www.revenfermeria.sld.cu/index.php/enf/article/view/487/82
18. Frigo J, Cagol G , Zocche DA , Zanotelli SS, Rodrigues RM, Ascari RA. Episiotomia: (des)conhecimento sobre o procedimento sob a ótica da mulher. Braz. J. Surg. Clin. Res. [Internet]. 2014 [acesso em: 10 jan 2015];6(2):5-10. Disponível em: http://www.mastereditora.com.br/periodico/20140403_2003162.pdf
19. Zanotelli SS, Ressel LB, Borges ZN. Cuidado no Climatério: um olhar interdisciplinar. Florianópolis: Editora Universitária. 2011:44-57.
20. Reis SP, Bielemann VLM, Meincke SMK, Carraro TE, Neves MD, Soares MC, et al. Sentimentos das puérperas durante o trabalho de parto. J. nurs. health. [Internet]. 2012 [acesso em: 28 nov 2014];2(2):490-501. Disponível em: http://www2.ufpel.edu.br/revistas/index.php/enfermagemesaude/article/view/224/235
21. BAguiar JM, D'Oliveira AFPL. Violência institucional em maternidades públicas sob a ótica das usuárias. Interface - Comunic., Saude, Educ. [Internet]. 2011 [acesso em: 24 jan 2014];15(36):79-92. Disponível em: http://www.scielo.br/pdf/icse/v15n36/aop4010.pdf
22. Conselho Federal de Medicina. Resolução CFM Nº 1931/2009. Art 22/IV. Direitos humanos. Brasília: Código de Ética Médica; 2009. Disponível em: http://www.portalmedico.org.br/resolucoes/CFM/2009/1931_2009.htm
23. Cortes LF, Vieira LB, Landerdahl MC, Padoin SMM. Compreensão de gênero e suas manifestações no cotidiano de um serviço de saúde. Rev. RENE. [Internet]. 2010 [acesso em: 15 set 2014];11(4):143-53. Disponível em: http://www.revistarene.ufc.br/revista/index.php/revista/article/view/440

Nota: Artigo original proveniente de Trabalho de Conclusão de Curso.

Received in: 24/09/2016
Final version resubmitted on: 24/03/2017
Approved in: 27/03/2017

Mailing address:
Kelen da Costa Pompeu
Maurício Sirotsky Sobrinho Avenue - 354
ZIP CODE: 97020-440 Santa Maria/RS Brasil.
Email: kperottoni@gmail.com