

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

**Etelvina Jose Tilman, Ermelinda Monteiro, Natalia Pereira, Elisa de Deus, Eugenia de Carvalho, Jose Dionisio Ximenes**

Department of Midwifery, National University of Timor Lorosa'e, Timor-Leste

[etelsalsinha@gmail.com](mailto:etelsalsinha@gmail.com), [ermelindamonteiro30@gmail.com](mailto:ermelindamonteiro30@gmail.com),

[liapereirafraga@gmail.com](mailto:liapereirafraga@gmail.com), [joyelyina@gmail.com](mailto:joyelyina@gmail.com), [aroujogina5@gmail.com](mailto:aroujogina5@gmail.com),

[josedionisioximenes@gmail.com](mailto:josedionisioximenes@gmail.com)

**Article Information**

**Submitted: 10 October 2023**

**Accepted: 15 October 2023**

**Online Publish: 20 October 2023**

**Abstract**

**Introduction:** According to the World Health Organization (WHO, 2005) a normal delivery is the process in which labor begins spontaneously (the birth canal) with a low-risk index at the beginning of the work and cephalic presentation, a pregnancy between 37-42 weeks. After birth mother and baby remain in good condition. **Objectives:** To describe the opinion of midwives on the participation of father / family as humanization strategy of care during labor of women cared for at Clinica Vera Cruz, Dili, Timor-Leste. This is an exploratory and descriptive study with a qualitative approach, using semi structured interviews. **Method:** The total number of this health center midwives is 17. The sample consisted of the midwives who perform functions in maternal and fetal health to mothers. **Results and Discussion:** All midwives consider important the father attend the birth, favoring humanized care to women in labor, lessens the trauma of childbirth and the use of medicalization. The involvement of the father in childbirth contributes to their psychoactive preparation for better recovery of women, promotes the involvement of the couple in promoting the health of the mother and baby. Humanized births are quicker and develop more naturally. **Conclusion:** This research is beneficial to the women and for caregivers responsible for decision-making in the health center of Vera Cruz, especially midwives. The involvement of the father in normal birth is consensus as great benefit to the tirade (father, child & mother) with many advantages for the provision of humanized maternal and child care and to humanize the time of delivery and reduce the trauma and the hospital stay associated with it.

**Keywords:** *Father Participation; Humanization of Birth; Midwives;*

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

## **Introduction**

The normal birth is the result of what the baby and the placenta birth through the vagina without using the instrument, like use force and ventures, between 37-40 weeks of gestation or with with equal 2500 gram. The World Health Organization (WHO) is a normal birth when the process begins spontan (with the power of protected the canal of birth), with a low birth index and an analysis of working conditions, a pregnancy between 37 and 42 weeks. Post birth the mother and baby remain in good conditions. According data WHO (2005), 536.000 mother of pregnancy birth mortality with complication at the world. Maternal mortality rate is an indicator successful development, and the health sector in the country. The setting of referral rates number of deaths per pregnancy, birth, and post birth.

The data Indonesian Special Health Service (IDHS), in 2003, maternal mortality rate (MMR) in Indonesia with 307/100.000 birth life, in 2007 of 228/100.000 birth life, and 226/100.000 birth life in 2009. Even if an average maternal mortality rate continues to be measured in terms of the average value of 102/100.000 birth life up to 2015. The mortality and morbidity like the indicator maternal health can also be a major problem in Timor-Leste. Entered into an agreement with the Timor-Leste Demographic and Health Survey (TLDHS) in 2004-2005 to MMR 880/100,000 country of livelihoods. In 2009-2010, MMR took 557/100.000 per country in live. The claims of a dilemma of number, are largely higher than Indonesia, the representative in Timor-Leste has a debt service, and the rigorous measures in maternal health.

Maternal mortality is cause to direct and indirect. The cause direct corresponded with inadequate interventions of his complication, namely hemorrhagic, post-birth, and infection. The cause indirect the existing disease or disease caused by pregnancy, instead of being affected by worms, such as malaria, anemia, HIV/AIDS, and disease cardiovascular. Globally, 80% of caution of the remains of the direct is a hemorrhagic post birth, sepsis, hypertension pregnancy, birth complication the abort unsafe between others.

The causes death fetal include the disorder of the birth, pregnancy long, maternal health problems, pre-birth and abnormal position fetal, the work of birth is long can caution, infection, maternal exercitation, and dehydration of the mother, for the reasons may be also include hemorrhagic uterine and atonia post birth. To promotes a humanity guide at clinical Vera-Cruz, proposed to participate the father/family during the birth. Support by father or family of the children in case of important factors that affect the State of psychology during the birth. Success and process of birth work is an important factor in deeming maternal mortality.

## **Method**

This research use study quantitative and exploratory approach. The use of data should be used as a structure workshop for data collection, meeting and identification and

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

application information shared throughout all intervenient and study, addition to providing verbal information about table, a request the second round of research was made to the Vera Cruz Chief. Only 17 midwifery houses were asked for 14 interviews, selection by aleatory. Technical samples, intension obey the criteria of midwives that work at Clinical Vera-Cruz, Dili, Timor-Leste.

## **Result and Discussion**

### **Result**

Present of the case study in Vera Cruz Clinical Dili Timor-Leste with the aim of verifying the opinions of the hospital regarding the participation of the husband/family members of the humanitarian strategy for maintenance during the childbirth in this Center. Used instrument to collect the data and interview a semi structured for the midwifery in this institution. Only 17 midwiferies, answers to 14 interviews, selected form aleatory. The design of the second demographic sample was undertaken. The average of these children is 41 years. According to may observe in table 1, most midwives present the accounting rate of bechamel degree I (58%), insurance the degree of Diploma III with 21% of the elements.

**Table 1**

Distribution of the second midwives to the level education

Level of education	Freq	%
Bechamel degree I	8	58
Bechamel degree III	3	21
Obstetrics degree	2	14
Public health degree	1	7
<b>TOTAL</b>	<b>14</b>	<b>100</b>

Only 2 - 15 years of professional vocational training between 2 and 15 years, meaning that if half of the possessed samples will have a professional license.

**Table 2**

Distribution of the second midwives to the time professional exercise

Time professional exercise	Freq	%
0 – 2 years	3	21
3 – 10 years	5	36
>15 years	6	43
<b>TOTAL</b>	<b>14</b>	<b>100</b>

Analysis of interviews has been done through transition role and then categorized with the table below.

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

**Table 3**

Analysis of interviews relation with midwives

<b>Categories</b>	<b>Registration Unrelated</b>
The importance of the participation father for humanitarian birth	Participation with wife and give information (E1, E2, E3, E5, E6, E7, E8, E9, E11, E12, E13, E14) Preparing for birth, preparation of transport. (E3, E8, E9, E10, E13, E14) Dar resposta to needs of the baby. (E4, E8, E12) Financial Support. (E12, E13)
Factors involved the father/family for humanitarian the birth.	The knowledge economy, culture, and education. (E1, E2, E4) Encourages the wife in this situation (E3, E6) acompanha the wife (E4, E8, E9, E10, E12, E14) age, school, and knowledge. (E5, E6) Preparing for the birth (E7, E8, E11) Adequate information about birth. (E7) Confidence for midwives (E7, E9, E10, E11, E14) Financial, moral, and spiritual support. (E13)
Strategies used to facilitate the participation of the father/family during the birth.	Amendment permanent care areas of need of wives. (E1, E4, E5, E7, E10) Support and information. (E2) make teaching and employment. (E3, E8) participated and comfort. (E4) Prepare for planning birth and family planning. (E6, E7, E8, E10, E11, E12, E13, E14) Preparation of transport. (E7, E10, E11, E12, E13, E14)
Carrying the father for humanization during of the childbirth	Spiritual support service. (E1, E8, E9, E13) Encouraging and collaboration (E3, E4, E6, E7, E11, E14) collaboration with health staff (E11).

The categories meet during inspection with most midwives to consider the participation of humanitarian father in relation to the maintenance of health of mother and the health status of the baby who are suitable, to prevent their long birth. Considered the father and families participate and support during childbirth for help with the future generations of women and the process of birth to be executed without any problems.

The midwives have ideas for husband less to preparation planning childbirth and give question prepare necessity the baby. The father can prepare relation planning for birth promoting comfort and confidants in future for mother degree collaboration for all the step during the process birth. The midwifery currently, globally, contact with the agreement with the collaboration of the father and at the time of preparation.

## Discussion

Most midwives considered the participation of humanitarian father, reduction of the health emergency and the health status of a baby who is unable to implement, assistance and prevention the prolong process birth. WHO (1985), recommended in various guidelines, which, during the childbirth, benefit from this support emotional and services, at the end of a results-based agreement: The importance of participation of husband humanitarian, the institutions of registration units: support her wife to give information; the Preparations for childbirth, the preparation of transport; give response to needs for child; financial support. These units express is understood to be carried out by a nurse with importance in the presence of the victim during childbirth. We recognize order for

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

study humanization who strengthen their natural rights, increase security, and reduce the probably of complication during and post birth. The marriage needs to be prepared strategically for the moment of the birth (Nakano, Silva, Beleza, Stefanello, Gomes, 2007; Davin& Menezes, 2001).

Refer also while husband and families participate in and support the session allowed for help with the future generations of women and the process of birth to be executed without any problems. For husband to revealed the intensive of moment emotional, the first approximate effective. The father preparing for childbirth, promotion will be done, and confirm future for mother and increase collaboration in so far as the stages of the process of childbirth. The presence of husband, strengthening the naturality of women currently, as well as supporting therapeutic support, increasing the security and happiness of the storms and ancestral harvest (Gungor& Beji, 2007). The results-based to increase well-being sensitivity, control now and interact positively with the dynamic of birth, to maintain complication and inclusive time internment (Carvalho, 2003; Tarnowski, Propero, Elsen, 2005; Perdomini, Bonilla, 2011, Davin & Menezes 2001). The Proximity and integration, or at least contact between family and baby, is intended to recognize mutual, identify the group of family members, the passage and access to fills and (Edwards, 2002). The significant for marriage, for child opportunity become a family (Cardoso, 2003). Support to midwives during the birth time job. A midwife may avoid anisates for women explain the term familiarized, proportional the explain information without which the request is required and prepared for sensational actions that may be pursued and processed.

The encouraged the women or marriage of offenders with honesty and forms understand, and the nurse may employ an important role in providing helping with the women experience of satisfactory birth (Hodman et al.2002 Milmet. Care of nurses supports the process childbirth job (Simkin, 2002) Support the women of confronts and participated at birth courage;

1. Achieve expectations relation at childbirth job;
2. Actions of defence the women, support for decision and respect his choose appropriate to transmit appropriate his desire with others staff health.
3. Support the wife and conserve his energy
4. Support control desconfort for women.
5. Recognize to effort the wife with her friends during process birth form positive.
6. Protect a privasity and power of wife

For this justify involved the children with the baby, to whom prepare for the collaboration with the mother and family dynamics.

Humanization childbirth adequate in each of mother, and each husband it is the family members involved and the childbirth. It is not a crucial step in technical assistance and an important role for all the people involved (Seibert et all, 2005), based on the

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

principles of each wife/family member who present the fundamental rights and adequate assistance provided for in relation to the central part of the process of (Pereira, 2006).

The World Health Organization (WHO), who has responded to the launch of the humanitarian directs and their services, and the statement is given to the opportunity for participation to make decisions responsible for aiding, and supervision. For health professionals and health studies to be involved in the family with a very important part, the house rather than determining the quality of care for the delivery of essential goods and for the development of the family physical and psychiatric development (Figueiredo et al., 2007).

If professional is involved at childbirth will be able to approximate between tirade, emotional support and security, the act is gendered and integrated in the form of adequate for family caring, make the felling of intimidation and compliance with a singular for the health child birth, stimulate trainers (Cruz et 2007).

The agreement with the provision of evidence supports the import of participation of humanitarian father is fundamental to enable public awareness of the state of health and infants to determine whether the possessor prevention of compliments for civic purposes. The issue of involvement of the community and the work of both parties is broadly discussed and is an essential factor in the transformation of the contemporary paradigm. Wildlife and humanitarian assistance to victims is one of the most difficult aspects of the humanitarian assistance, so that they may be houses based on evictions (WHO, 1996). The study gathered for the theme of disclosure were great and satisfactory in attendance and birth-time work in a joint venture, likely to have an intentional impact of survival, assumed a special significance within the experience of joint- life. (Bertshetal., 1990, Chalmers & Meyer, 1996, Chapman, 2000; Espírito-Santo et al., 1992, Szeverényi et al.,1998; Unbehaum, 2000).

According to Colman (1994), so that the future of the family is a newest baby. Is a transitional period, which encompasses the preparatory works of the country for several projects and difficulties that may be donors who will pay for the frontier instead of a requirement that father and mother to develop gradual form, implicate all aspects of your own priority, both at the level of processing, appropriate level of identity and the way to which everyone is involved. humanizations refer to different factors, rather than the duty is respected individually by one person in each type, adequate housing for cultural purposes, values and decision making (Castro, 2005). This concept promotes well-being, comfort and reduce risk for mother child (Reis, Zuleica, 2005). Results-based and birth-time presence promoting the physical and symbolic well-being of mother and health recuperation of and post birth time.

The criteria transmit security contributions, contribute to the reduction of the notes and complicity, the medication, and resources of the most technical and entrepreneurial techniques during the birth time. Aim has reduced hospitality, professional recuperation, and housewife involvement in pollution. (Bruggemann, Osis, Parpinelli, 2007). A

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

midwife is responsible for the different types of assistance and quality assistance, demonstrate houses, and specialized in support of a medical pregnancy and humanitarian assistance (Diniz, 2005).

We respect the individual personalities of mother, the provision of assistance in more disadvantaged, natural and respect for socio-economic aspects of the civil society and the country. Support and financial to strengthen the budget, the guarantee of respect for human rights (Dias & Sunday, 2005). Preparation for the second round of training for female representatives in relation to pregnancy.

Airnorth 278m; the important of psychiatric unions to be punished, seniors identified factors that affect the intentional action with father than a strong power during the labor. While the objective of preparing for most of this labor is to be met, as far as the information is retreated, the information is concerned, it may be made available to all labor, revenues, and charges. Through the exploration and presentation of educational representatives available for the preparation of the labor. Who discloses the existence of an insufficient power to act during a pregnancy and work preparation for the well-being of during labor (Germano, 2003).

National specialized activities of midwives, serving as support to the family. Establishing the activity of duty should be made to observe the immediate nurse, adequacy of the need for the labor force. Preparation for parentage, with preparatory steps, consisted in preparation for a pregnancy, labor, maternity. The nurse's capacity for a positive nursery building has highlighted the renovation of a baby's second phase, the second to the needs and will of the housewives.

The preparation should be a theoretical approach to process and do the role of the family and at the same time the birth are involved, contempt in the house more practical approach, as well as the role of customary assessment of the ownership and identification of the applications (OE, 2012). Differences in students validating interest in preparing for the nation, and downstream, to contribute to and involve pregnant women (Cordeiro, 2013).

In countries with a full feeling of happiness, time proud and outbreaks, challenges, and heritage (Genesoni, Tallandity, 2009). Sober chided which means humanity's may be prestige during part-time work, unless the meeting of the health worker is encouraged; assistance and collaboration; spiritual support and collar with health staff. Partiality disclosure is important for maternity services, with an effective level of social and passion (Le Camus, 2000, citate for Marques, 2007).

Since a pregnancy that has developed a related house with a Crim, it involves the commission of the mother and the process of transition to paternity. Most involved in a pregnancy, but strong reporting on whether to develop with the mother and creation (Marques, 2007). So, you can really understand the difference in the lives of staff, family, and social persons (Canavarro, Pedrosa, 2005).

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

As expected, on the provision of support and to the elderly during the period, it is with great satisfaction and cohesive, demonstrators, as well as if the commission is positive to a trend for the mother and mother, as well as to maintain indoor, more cohesive, and cohesive victims and to a cohesive and cohesive attack. The commission and parties, local authorities, parents, families, and traditional houses (Abecassis, 2003) and are responsible for their participation and responsibility.

The important if the prestige a midwife supports the strength of protein that has been maintained, cereals (Cordeiro, 2013). Most of the family in the capital are attending birth time assistance, disclosure of houses with free experience. Expressed his regret for the lack of previous preparation for the support and livelihoods are positive now. For example, the father policy is not legally defined as a decision to assist irrelevant is not, itself, mandatory, taking advantage of a vector for a strike of interests (Johnson, 2002).

Currently, it should be noted that different role is given to families, transitioning a more traditional role and authority to play of the most affected and active role (Genesoni, Tallandini, 2009). The caring modelling of parentage with a lifelong naturalness, enhanced flow between the house way and the midwife (Sardo, 2005).

## **Conclusion**

Most midwives work in Clinical Vera Cruz with participation of humanitarian father for labor, have proposed a great benefit for the realization of a normal birth and mother feelings - for providing consistency and collaboration.

The objectives described in this proposal also include the investigative process, at the end of the general objective including the examination of the opinions of the related stakeholders to the participation of the father/family members of the humanitarian strategy for maintenance during the labor time work areas of the Vera Cruz Clinic, as well as most people admitted at Vera Cruz Clinic. The perception of the involvement father is increasing collaboration for the future, and the work as more humanities, even more humanism, for this involvement the father of a baby, the struggle for pension value for paternity, for the inclusion of social exhibitions, promotion and admiration, promotion, as well as sentiment. The opinions of midwives on physical, psyching, and spiritual diseases that apply for humanity while providing labor time services.

As a strategy of use of consultants for the definition of a protected system for the future generations, the passed away from good housing for the preparation of labor time planning for the consultation countries through the provision of long-term vigilance with the father having raised doubts that the availability of force is father difficult and timely you should avoid involving the local nod and recorder, as well as an appear with natural labor without prejudice. Private support or family welfare to a particular extent may be affected by the extraordinary circumstances of the state of emergency in the face of labor time work.



**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

Success and process of labor time work is an important factor in determining maternal mortality. The second institutional engagement between the nation and the baby is a theme that is being developed, not only about the current issue in relation to the availability, but also for the purpose of referring the meeting in Colman and Colman (1994), as well as the value of theory as the experiences of parental experience. Syconia involving a pregnancy and partridge for several, who has since then been an admissibility, had to aliment, to be caustically aware of the availability of the house, time, a life for major duration and sensitivity.

Even if a vital source of adequate benefit is given to the benefit of interaction with the countries in the birth time work. Recognizes the importance of providing positive feedback and services to the future areas of mother, throughout the process of labor-time work and support of physical, psychiatric, and spiritual development. At the same time, the results of the resolution are important, involving the fact that since the pre-natal vigilance has been involved, and that assistance will contribute to positive improvements in relation to the relations with mother and creation.

For revenues on birth-time work needs to support this project, rather than most beneficiaries may obtain the support for the benefit of a person's home or experience, who is not relevant to a health team. Support to obstetrics may not implicit the rate of birth, due to intervening training.

## **Reference**

Etelvina Jose Tilman, Ermelinda Monteiro, Natalia Pereira, Elisa de Deus, Eugenia de Carvalho, Jose Dionisio Ximenes/**KESANS**

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

- Asri H., Mufdlilah (2008). Catatan kuliah Konsep kebidanan plus materi bidan delima cetakan kedua mitra. Yogyakarta: Endikia press.
- Bartels R. (1999) Literatur review experiences of child's birth from father's perspectives. British Journal of Midwifery 7=681-3 London Council 2012-9-2015 Disponível em <http://www.ncbi.nlm.nih.gov/PMC/articles/PMC27765190>
- Bruggemann OM, Osis MJD, Parpinelli MA. (2007) Apoio no nascimento: percepções de profissionais e acompanhantes escolhidos pela mulher. Rev Saúde Pública.
- Canavaro MC Pedrosa (2005). A transição para a parentalidade compreensão segundo diferentes perspectivas teóricas. In: Psicologia da gravidez e parentalidade Lisboa, Fim de Século, P 225-255.
- C, Germano (2003). A preparação para o parto representações mentais de um grupo de grávidas de uma área rural. Lusociência.
- Carvalho, M. L. (2003). Participação dos pais no nascimento em maternidade pública: dificuldades institucionais e motivações dos casais. Cadernos de Saúde Pública, Rio de Janeiro.
- Castro Jc Clapis MJ (2005). Parto humanizado na preparação das enfermeiras obstétricas envolvidas com a assistência ao parto. rev latino-am enfermagem. 13, 960-7.
- Cardoso (2003). Representação dos conceitos centrais da enfermagem num contexto em ciências de enfermagem. Instituto de ciências Biológicas Abel Salazar. Universidade de Porto.
- Chapman, L. (1992). Expectant father's roles during labor and birth. Journal of obstetric, gynecologic, and Neonatal Nursing.
- Colman L.L. e Colman A.D (1994). Gravidez a experiência psicológica. Lisboa, edições colibri.
- Correia M.J Sereno (2005). O lado masculino da gravidez adolescentes sexualidade da planeamento familiar 40/41.
- Cordeiro M. (2013). Vou ser pai. Barcarena, Marcador editora.
- Cruz D.C.S Sumam Spindola T (2007). Os cuidados imediatos prestados ao recém nascido e a promoção do vínculo mãe e bebê Rev Esc Enfermagem USP (41).
- Davin, R. Menezes, R. (2001). Assistência a Parto Normal. Revista Latino-Americana de Enfermagem 2001; 9(6):62-8.
- Dias MAB, Dominiques (RMSM 2005). Desafios na implementação de uma política de humanização da assistência hospitalar ao parto. Cien da Saude coletiva 2005; 10 (3)699-705.
- Diniz, Cs (2005). Humanização da assistência ao parto no Brasil os muitos sentidos de um movimento. Cienc saude coletiva 10 (3).627-37.
- Diane M, A Margareth (2010). Assistência Obstétrica um guia prático para enfermagem. Churchill livingstone.
- Edwards (2002). Adaptação a paternidade /maternidade. O cuidado em enfermagem maternal. Porto Alegre Artmed 457-495.

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

- Fraser, D., Margaret, A. (2008). Assistência obstetrícia um guia prático para enfermagem. Rio de Janeiro: Editora.
- Figueirido B, Costa R, Paicheco A, Pais A (2007). Mother-to-child infant initial emotional involvement Daily child development nad care 177.
- Genesoni L., Tallandini A. (2009). Men's Psychological transition to fatherhood: An analysis of the literatur 1989-2008, 36;4 Dezembro p 289-296.
- Gungor, I.; Beji, N. K. (2007). Effects of fathers' attendance to labor and delivery on the experience of childbirth in Turkey. Western Journal of Nursing Research, [S.l], v. 29, March.
- Johnson M.B (2002). An exploration of men;s experience and rol of childbirth. The jurnal of mes's studies 10 (2).165-182.
- L. Perry (2008). Enfermagem na Maternidade. (7ª Edição ). Lusodidacta.
- Marques, A. M (2007). Gravidez na adolescência – A perspectiva da paternidade. Lisboa: Comissão para a cidadania e igualdade de género.
- Ministério da Saúde (2003). Inquérito Demográfico de Saúde, Gravidez, parto, pós-parto e ao recém-nascido de um novo cuidado para a prática essencial. Índia: SEARO.
- Ministério da Saúde de Timor Leste (2005). Inquérito Demográfico de Saúde de Timor-Leste (2004-2005): Estratégia Nacional de Saúde Reprodutiva 2000-2015. Índia: SEARO.
- Ministério da Saúde de Timor Leste (2012). Relatório Estatística Saúde. Período janeiro-dezembro 2012. Timor-Leste: Gabinete do Diretor Geral. Gabinete Sistema Informação Saúde e Vigilância Epidemiologia. Índia: SEARO.
- Morales, C., Alexandre, J., Prim, S., Amante, L. (2014). Preoperative communication from the perspective of patients undergoing bariatric surgery. *Texto & Contexto Enfermagem*, 23(2), 347-355.
- Nakano, A. M. S. et al. (2007). O suporte durante o processo de parturição: a visão do acompanhante. *Acta Paulista de Enfermagem*.
- Organização Mundial de Saúde (1985). Appropriate technology for birth. *Lancet*, agosto; 2(8452):452-76.
- Ordem dos Enfermeiros Portuguesa (2002) b. Recomendação nº2/2012 – Recomendações para a preparação para o nascimento. Mesa do colégio da especialidade de Enfermagem de Saúde Materna e Obstetrícia 2012/2015.
- Organização Mundial da Saúde. (1996). Maternidade Segura, Assistência ao parto normal: um guia prático, OMS/SRF/MSM.
- Simkin, P & O'Hara M (2002). Nonpharmacologic relief of pain during labour; Systematic reviews of five methods American Journal of Obstetrics and Gynecology, 46(3), 633-645.

Etelvina Jose Tilman, Ermelinda Monteiro, Natalia Pereira, Elisa de Deus, Eugenia de Carvalho, Jose Dionisio Ximenes/**KESANS**

**Describe The Opinion of Midwives on The Participation of Father/Family as Humanization Strategy of Care During Labor of Women Cared for at Clinic Vera Cruz, Dili, Timor-Leste**

- Reis AE, Zuleica MP (2005). Aplicação das ações preconizadas pelo ministério da saúde para o parto humanizado em um hospital de Santa Catarina. Cienc saúde coletiva, 10 (supl).221-30.
- Saifuddin, et al, (2006). National Reference Buku Kesehatan Ibu dan Neonatal, New York: JNPKKR.
- Pereira A,L.F (2006). Atuação da enfermeira obstétrica na política pública de humanização da prática ao parto no Rio de Janeiro.
- Sardo D S (2005). Outras visões e forma de assistir o parto. Lisboa Revista da Associação Portuguesa dos Enfermeiros Obstetras no 6, p 57-59.
- Sousa, D & Maceiras, M. (2010). Parto Natural Manual de ensino a Parteiras. Escola Superior de Cruz Vermelha Portuguesa.
- Seibert et al. (2005). Medicalização X Humanização O cuidado ao parto na história Revista enfermagem UERJ 13.
- Unicef e do Ministério da Saúde Timor Leste (2011).Buku Acuan Asuhan Persalinan Bersih dan Aman Fresh Creative. Timor-Leste.
- Vilelas, J. (2009). Investigação: o Processo de Construção do Conhecimento. Lisboa: Edições silabo.
- Yanti (2009). Buku Ajar Asuhan Kebidanan Persalinan (cetakan pertama). Yogyakarta: Pustaka Rihama.

**Copyright holder:**

Etelvina Jose Tilman, Ermelinda Monteiro, Natalia Pereira, Elisa de Deus, Eugenia de Carvalho, Jose Dionisio Ximenes **(2023)**

**First publication right:**

KESANS: International Journal Health and Science

This work is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/)

