

Analyze Factors, Based of Midwife's Perspective, That Influenced Pre-Natal Visits at Public Health Center

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Article Information

Submitted: 10 February 2024

Accepted: 14 February 2024

Online Publish: 20 February 2024

Abstract

Introduction: Pregnancy is a period of growth and development of embryo inside women. Some risk factors of the maternal mortality are related to the lack of women (mothers)'s participation in the consultation of the pre-natal care. **Objective:** of this thesis was to analyze factors, based of midwife's perspective, that influenced pre-natal visits at Public Health Center of Comoro, Dili district. **Method:** used for this study was descriptive study and qualitative approach, and used a questioner for midwives in CHC Comoro. **Result and Discussion:** Data from Comoro health center; average age of midwives: 37, Majority education: Diploma I, Prenatal consultation importance: very important (100%), Prenatal consultation disclosure importance: very important (70%), Midwives' opinion on the factors of late visits of pregnant women: lack of knowledge of prenatal care (85%), Aspects considered important during the pre-natal consultation visit: tests for Sexually Transmitted Diseases and medical referral if positive (70%), Types of pre-natal consultation disclosures considered adequate: health education measures with the population (90%). **Conclusion:** My current job requires me to address a range of challenges and enables me to understand the importance of inquiry in the field of maternal health and midwifery and to understand the application of its outcomes that can drive positive change in midwifery care and teaching practice.

Keywords: Midwives' Perspective; Prenatal Care; Pregnancy; Knowledge;

Introduction

The World Health Organization, with the aim of assessing progress in improving maternal health has established two goals: To reduce maternal mortality rates by three quarters between 1990 and 2015 and to achieve universal access to reproductive health (WHO, 2010). Maternal death is the death that occurred during pregnancy, childbirth or within 42 days after birth with a cause related directly or indirectly to pregnancy, such as bleeding, sepsis, hypertension, premature birth fetal death, and complications in abortion directly contribute to justifying 80% of the causes (WHO, 2004). Some of the risk factors for maternal mortality are related to women's lack of participation in prenatal care, which is due to low levels of maternal education, low family economic capacity, culture, social position, and lack of knowledge of the pregnant woman during pregnancy. The support of the husband during prenatal care is important, both in the mental preparation and physical health of pregnant women.

Data on pre-natal consultations from January to December 2014 in Dili municipality showed that there were 12,106 pregnant women in total, with 3,518 of them (99.4%) attending their first consultation at the health center in Comoro. However, only 2,796 pregnant women (51%) attended their fourth consultation. Demographic data also revealed a neonatal mortality rate of 22/1000 live births and an infant mortality rate of 44/1000 live births in Dili municipality. Timor Leste has a high maternal mortality rate compared to Southeast Asia, estimated at 557/100,000 live births, with a fertility rate of 5.7 (meaning Timorese women have the potential to give birth to 5-7 babies during their reproductive life). Two thirds of the causes of maternal mortality internationally are known to be direct (hemorrhage, infections, abortion, and prolonged labor) with the other third being indirect (anemia, malnutrition, hypertension, malaria, diabetes, and heart disease).

Most of these maternal deaths occur at the family level, far from the reach of health care professionals. Essentially, this mortality is due to cultural habits and delays in decision-making, delays in receiving appropriate treatment, delay in receiving necessary treatment and lack of transport (Ministry of Health, Timor Leste, 2007). Maceiras and Sousa (2007, p. 63) state that "pre conception consultation is very important whose main objective is to identify risk factors or diseases that may alter the normal course of a future pregnancy." To implement prenatal surveillance activities, it is necessary to identify the risks to which each pregnant woman is exposed, which will provide correct guidance and appropriate referral at each stage of pregnancy. One of the central intentions of this study is health education to influence pregnant women about the importance of prenatal consultations during pregnancy. One reason for low coverage is the low education and social, cultural, and economic conditions of pregnant women (Ministry of Health, 2012). Immediately conducting the first prenatal checkups can be a strategy to anticipate complications threatening the mother and fetus. Reducing perinatal mortality, which has occurred in various countries, is attributed to expanding women's access to surveillance during the prenatal, childbirth, and postpartum periods (Lansky, França & Leal, 2002).

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Prenatal care is care provided by healthcare professionals for pregnant women and their fetus that includes examining the pregnant woman at least 4 times during pregnancy, once in the first trimester, once in the second trimester, and twice in the third trimester (Ministry of Health, 2011). Based on the data presented above, we would like to understand the reasons why pregnant women do not attend the pre-natal consultations recommended by the Ministry of Health of Timor Leste at a Health Center in the Dili District. From our experience, we know that many pregnant women do not go to the health Center during pregnancy, and others only do so at the end of pregnancy. Therefore, we decided to study the factors that condition late surveillance of pregnancy at a Health Center in the Dili District. And so, the starting question arose: What factors, from the midwife's perspective, influence pre-natal surveillance/frequency of pre-natal consultations? To achieve the stated objectives, a descriptive and quantitative approach study was conducted, applying a questionnaire to Health Center midwives.

This work is structured in three parts. In the theoretical framework, we contextualize the problem being studied, addressing the concepts of pre-natal surveillance and pregnant women's adherence to consultations. In the methodology, we describe all phases of the research work. In the presentation and discussion of the data, we present the data and compare the findings with the literature. Finally, in the conclusions, we highlight the most relevant findings and describe the main limitations of the work, as well as the implications it may have in practice

Method

It is through methodology that the path to develop and achieve the objectives of an investigation is constructed. This methodology gathers a set of methods and techniques that guide the elaboration of a scientific research study with a view to creating a logical plan to obtain valid answers to the research question or formulated hypotheses (Fortin 2003)

Result and Discussion

In this chapter, we will describe the variables characterizing the sample, followed by the description of the midwives' opinion on the factors that condition prenatal surveillance. We will highlight the most significant data related to the study and critically reflect on them, comparing the obtained results with the literature available on the subject. Before starting the presentation, we emphasize that the sample of this study is formed by all midwives working in a health center in the district of Dili, except for one who was absent at the time of data collection. Our sample is thus an intentional sample, and the results obtained are only valid for this specific context and not generalizable to other centers.

Age

Table 1 allows us to assert that midwives are between 23 and 57 years old. The mode is 37 years and the average age is 39 years, with a median of 37 years.

Research at the Comoro Health Center shows that most midwives working there are 37 years old (4; 20%), and with 36, 38, and 48 years, we have (2; 10%); with 23, 28, 29, 30, 39, 41, 42, 47, 53, and 57, we have (1; 5%)

Table 1
 Distribution of age of midwives
 AGE

Age	Frequency	%
3	1	5
28	1	5
29	1	5
30	1	5
36	2	10
37	4	20
38	2	10
39	1	5
41	1	5
42	1	5
47	1	5
48	2	10
53	1	5
57	1	5
Total	20	100

Professional training of midwives

Regarding the professional training of midwives, data from Table 2 indicates that the majority (12; 60%) have bachelor I, followed by midwives with bachelor III (5; 25%) and only 3 midwives are postgraduate.

Table 2
 Distribution of midwives by professional training
 PROFESSIONAL TRAINING OF MIDWIVES

BACHELOR I		BACHELOR III		POSTGRADUATE	
Frequency	%	Frequency	%	Frequency	%
12	60	5	25	3	15

To ensure a calm and risk-free pregnancy, the pregnant woman and her family must receive preparation from conception to childbirth. To achieve this, policies must be guaranteed that allow for the organization and implementation of programs in different services, as well as trained professionals who welcome the pregnant woman and her family to ensure quality monitoring and reduce maternal, fetal, and perinatal mortality. Most complications occur during pregnancy and can be treated or minimized (Pinho & Meincke, 2003).

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Qualified and sensitive healthcare workers, as well as technological tools, are necessary for the development of consultations, specialized attention, and dynamic care at different levels of attention to provide comprehensive and holistic care (Neto, 2008).

Governments, local organizations, healthcare teams, and especially midwives should find strategies for the training of women of childbearing age regarding their health and prenatal care (Ponte, 2006). It is thought that political authorities should invest in midwifery training, and midwives themselves should make efforts towards self-improvement to respond to the needs of the population.

Distribution of Midwives' Opinions about The Importance They Confer on The Realization of Prenatal Consultation

The results presented in table 3 show that all midwives (20; 100%) considered the prenatal consultation to be very important.

Table 3

Distribution of midwife's opinions about the importance they confer on the realization of prenatal consultation.

Degree of importance given to prenatal consultation realization	Total	%
Verry Important	20	100
Important	0	0
Litle Important	0	0
Not important	0	0

According to the consulted literature, care for pregnant women and newborns is a priority area of intervention. Planned prenatal consultations based on each woman's needs are essential to ensure a safe pregnancy, delivery, and postpartum period. The challenge for policy makers and health professionals is to implement effective measures to combat the lack of knowledge and ensure that women receive health promotion measures throughout their reproductive cycle (Martins 2014). Women who are guided and supported during the prenatal period show greater tranquility and less fear and anxiety regarding childbirth and caring for the newborn (Castro, Moura & Silva 2010).

Prenatal consultations that offer an appropriate approach to women's particular needs enable monitoring of the pregnant woman's wellbeing and provide an excellent opportunity for midwives to provide women with health education actions (Araújo & Okasaki, 2007). Considering what is expressed in the literature and the results obtained, the midwives at the health Center are aware of the importance of conducting prenatal consultations.

The importance that midwives attribute to promoting the prenatal consultation

Regarding the midwives' opinion on the importance, they attribute to publicizing prenatal consultations, the data in table 4 indicates that most midwives consider it very important (14; 70%) and report that it is important (6; 30%) midwives.

Table 4

Distribution of midwives' opinions on the importance they attribute to publicizing prenatal consultations

Level of importance they attribute to publicizing prenatal consultations	Total	%
Very important	14	70
Important	6	30
Little Important	0	0
Nothing importante	0	0

As previously mentioned, prenatal surveillance is an important measure for preventing health complications and can contribute to preventing and/or avoiding potential complications for both the mother and baby. This helps to reduce maternal and perinatal morbidity and mortality, promoting a healthy pregnancy through monitoring of the mother and the growth and development of the fetus (Martins 2014).

Given the data from Timor Leste, the dissemination of prenatal visits is very important, as considered by most midwives. In 2012, out of 45,905 pregnant women in Timor-Leste, 40.3% had postpartum hemorrhage. The health goal is for prenatal surveillance visits to increase to 80%, but this number is still far from being achieved. In other words, in 2012, 36,049 (78.5%) attended the first prenatal visit and 22,590 (49.2%) attended the fourth visit (Ministry of Health demographic data, 2014).

In our opinion, midwives' intervention should aim to raise awareness among the population to attend health centers and undergo pregnancy surveillance. Regarding the factors that contribute to late pregnancy surveillance, midwives stated that in most cases it depends on women's lack of knowledge about the existence of prenatal visits (17; 85%), followed by distance from home to health centers (2; 10%) and difficult transportation access (1; 5%), as shown in Table 5.

Table 5

Distribution of midwives' opinions on the factors that give rise to late pregnancy surveillance.

Midwives' opinions on the factors that give rise to late pregnancy surveillance	Total	%
Lack of knowledge about its existence	17	85
Culture	0	0
Myths	0	0
Low income (less than 100 dollars/month)	0	0
Distance from home to health center	2	10
Access - difficult transportation	1	5
Others specific	0	0

The consulted literature shows that low education, scarce economic resources, absence of husband or partner, and residence in rural areas with difficult transportation access are associated with inadequate prenatal surveillance, with a decrease in the number of consultations or even absence of them being carried out. (Coimbra, Silva, Mochel, Alves, Ribeiro, Aragão & Bettiol, 2003).

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On the other hand, the literature also refers that the preparation of professionals to provide humanized care where they listen to women and the organization of consultations in a way that women do not spend a long time waiting in the room before being seen, are important factors to promote women's adherence to consultations and to avoid inadequate pregnancy surveillance (Rios & Vieira, 2007). Although none of the midwives selected myths and culture as factors that may be behind late pregnancy surveillance, this is a very important aspect because in many places, often due to cultural issues, pregnancy is considered a normal process that does not require special care, and women experience it within their families only seeking health services if complications arise (Shimizu & Lima, 2009).

Opinion of midwives on the interventions they consider most important to carry out during prenatal monitoring consultation

Regarding the interventions that midwives consider most important during prenatal monitoring consultation, data from table 6 allow us to say that the majority (14;70%) of midwives consider it important for pregnant women to undergo tests to assess the presence of sexually transmitted diseases and to refer them to medical consultation if the tests are positive, while 6 midwives (30%) consider the evaluation of the height of the uterine fundus as the most important care. The midwives did not value interventions such as weighing the pregnant woman, evaluating blood pressure, tetanic isoimmunization, providing iron tablets, and carrying out health promotion actions. It should be noted that none of the midwives specified why they considered the procedures important.

Table 6

Distribution of midwives' opinions on the interventions they consider most important to carry out during prenatal surveillance consultations

Opinions of midwives on aspects they consider most important to carry out during prenatal surveillance consultations	Total	%
Determining gestational age	0	0
Weighing the pregnant woman	0	0
Assessing blood pressure	0	0
Assessing the height of the uterine fundus	6	30
Tetanus isoimmunization	0	0
Providing iron tablets	0	0
Performing tests to assess the presence of sexually transmitted diseases and referring the woman to a medical consultation if the tests are positive	14	70
Carrying out health promotion actions	0	0
Total	20	100%

We emphasize that, according to the guidelines of the World Health Organization, all aspects included in the list should be evaluated in the prenatal surveillance consultation (WHO, 2002). Cunha, Mamede, Dotto & Mamede (2009) report that quality prenatal care can play an important role in reducing maternal and neonatal mortality; it includes a set

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of procedures to be performed, which include physical examination of the pregnant woman and laboratory tests, as well as health promotion actions aimed at empowering the pregnant woman to experience a healthy and safe pregnancy, childbirth, and care for the newborn.

Regarding the aspects valued by the midwives in our sample, listed in Table VI, they are in accordance with the literature. Zampieri (2006) emphasizes that many professionals, when carrying out prenatal care, do not practice a holistic approach or even establish an empathetic relationship, but center the care of the pregnant woman on compliance with technical procedures, without providing information and clarifications to the woman, and without considering the multidimensional aspects (physiological, psychological, emotional, cultural, educational, and spiritual) that involve pregnancy.

In prenatal care, pregnant women should be viewed holistically and the professional should have the sensitivity to address issues related to the woman, as she is not just a belly carrying something inside. As Zubaran (1998, p. 30) refers behind a pregnant uterus there are people, a whole woman, a whole man, and a whole family involved in the gestation of the new member who will arrive. The same author adds that the woman carrying this pregnant uterus seeks to express her feelings in this encounter, through symptoms of pregnancy or through her emotions, at this very special moment in her life.

Guerrero, Rodrigues, Silveira & Lucena (2012) highlight that in the traditional education model, there is no space for questions and for an effective communication process between professionals and clients. The technical dimension of caring takes priority in the care provided, leaving gaps in the understanding of the entire process of pregnancy, childbirth, and care for the future baby. For promoting women's health, it is essential to involve them in the process of caring. According to some authors, health promotion represents a promising strategy for addressing health problems affecting human populations. Promoting health is not only about the absence of disease but also the ability to act on its determinants. In this regard, we emphasize that health promotion is a dimension that should be valued by health professionals and carried out in all areas and contexts. It allows for a healthy pregnancy through the provision of humanized care that is highly valued by women. Nascimento (2014) states that educational actions carried out by professionals during the prenatal period, which prioritize individual needs of women and their families, are highly valued by expectant mothers.

Regarding the opinion of midwives on the most appropriate ways to disseminate prenatal care, most midwives consider the implementation of health education activities for the population (18;90%) and dissemination through the media (2;20%) as the most suitable methods, according to Table 7.

Table 7

Distribution of midwives' opinions on the most appropriate ways to disseminate prenatal consultation.

Forms of dissemination of Prenatal consultation considered most appropriate	Total	%
Actions to educate the population on health	18	90 %
Posters on health centers	0	0
Posters in the waiting room of the health center	0	0
Distribution of pamphlets to the population	0	0
Dissemination through media social	2	10 %

Regarding the dissemination of prenatal consultation, most midwives considered actions to educate the population on health as the most appropriate way of dissemination. These data do not seem to be in line with what was mentioned about carrying out interventions that midwives consider most important during prenatal checkup, as none of them considered actions that promote health during the prenatal checkup.

According to the literature consulted, care for pregnant women and newborns is a priority area of intervention. Planned prenatal consultations, according to the needs of each woman, are fundamental to ensure safe pregnancy, childbirth, and postpartum. The challenge for policymakers and healthcare professionals is to implement effective measures to fight against the lack of knowledge and to ensure that women receive health-promoting measures throughout the entire reproductive cycle (Martins 2014).

Conclusion

In this last chapter of our work, we intend to summarize the main ideas that guided its elaboration and expose the main conclusions that respond to the objectives initially set. Pregnancy is a period in a woman's life during which the development of a new being takes place inside the abdomen, constituting a time of great changes for adaptation to her new role. Prenatal care is a service provided by health professionals for women and aims to timely detect complications during pregnancy, both for the mother and the fetus. Prenatal surveillance is an indicator of the quality of services provided through a systematic follow-up during the gestational period. Prenatal surveillance should be implemented as early as possible to promote a healthy pregnancy and a complication-free delivery for both the mother and fetus. The midwife, when providing prenatal care, should adopt a posture of assistance to the pregnant woman, as this can win her trust and promote her adherence, as well as that of other women, to future consultations.

Regarding the conclusions of our study:

We emphasize the following: Regarding the importance that midwives attach to prenatal consultation, all midwives consider it very important to have it (20; 100%). They consider the dissemination of the existence of prenatal consultations very important (14; 70%) and important (6; 30%). In terms of identifying the factors that, in the midwife's perspective, are behind late prenatal care, the data found point to a lack of knowledge

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about the existence of prenatal care consultations by women, which is mentioned by (17; 85%) of those surveyed, immediately followed by women living far from health centers (2; 10%) and difficult access and transportation to health centers (1; 5%).

Regarding the most important interventions to be carried out in prenatal consultations, we found that the most important intervention is to perform tests to assess the presence of sexually transmitted diseases and refer the woman to a medical consultation if the tests are positive (14; 70%) and assess the height of the uterine fundus (6; 30%). These findings suggest that midwives value mainly aspects related to the screening of diseases and women's physical well-being. There is no evidence of concern on the part of midwives in this study, with aspects related to the promotion of women's health and overall wellbeing. In our opinion, this may be related to the high mortality rate still existing in Timor Leste and the shortage of time to during the consultation, have a more holistic approach to women. Regarding the forms of dissemination of prenatal consultations that midwives consider most appropriate, the data found shows that carrying out health education activities among the population is considered by most midwives as the most appropriate way to disseminate prenatal consultations (18; 9%) immediately followed by publicity in the media (6;30%).

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First publication right:

KESANS: International Journal Health and Science

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