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COMPLEMENTARY AND INTEGRATIVE PRACTICES BY DOULAS IN MATERNITIES IN JOÃO PESSOA (PB), BRAZIL

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ABSTRACT: This study aimed to analyze the Integrative and Complementary Practices applied by doulas in the city of João Pessoa (PB). This is a qualitative study encompassing fifteen doulas. The data were collected in the second half of 2015 by conducting semi-structured and pre-organized interviews following the procedures of thematic content analysis. The interpretations of the results were based on the idea that institutionalization of knowledge and practices happen through the conformation of nuclei and fields. The nucleus demarcates the identity of an area of knowledge and the professionals' practices, and the field de marcates the blurred limits among disciplines that can be submitted to conflicts. We observed that the support offered by doulas permeates a variety of practices framed in traditional medicine as well as in complementary and alternative medicine. the Integrative and Complementary Practices was associated with decreases in length of labor, superior pain management, ability of making de cision and empowering of women. It is understood that the range of activities offered by doulas and the use of the Integrative and Complementary Practices converge to the uniqueness, respect and autonomy of women. Furthermore, it proposes a new model of awareness and practices centered on the importance of the natural process of childbirth

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KEYWORDS: Integrative and Complementary Practices; pregnancy; labor and delivery; doulas.

INTRODUCTION

"This study is all my love for nursing, the care and obstetrics".

The research focuses on analyzing the institutional and private work of doulas who provide support to women at childbirth, in public and private maternity wards in the county of João Pessoa (PB).

Nowadays, basically three childbirth care models are in force in several countries: the medicalized model that uses high technology and does not of ten include midwives, which is found in the United States of America, in most European countries and in Brazil's urban regions; the humanized model that is more often performed by midwives and does not include medical interventions so often, which is found in Holland, New Zealand, and Scandinavian countries; and the mixed model, in force in Great Britain, Canada, Germany, Japan, and Australia (WAGNER, 2001).

As a matter of fact, maternity care in Brazil is observed to have high indices of interventions, with a special mention to the fact that in the year 2000 the number of caesarean sections reached 38% of total births. In 2008, Brazil was considered one of the world leaders in caesarean sections, with rates ranging from 32% in 2008 to 52% in 2013 (FIOCRUZ, 2011). At the global level, according to the Brazilian Ministry of Health (MH), cesarean section rates are highlighted to have increased from 5% in the 1970s in the developed countries to over 30% as of the 1990s, reaching 50% in the early 21st century (BRAZIL, 2011).

In the context of maternal health care, maternity care is characterized by practices following the bio medical model; it proposes the institutionalization of women and the excess number of procedures, gaining distance from the humanist model. In Brazil, most hospitals and maternity wards do not have room for a practice focused on the needs of the mother-to-be, as their technical capacity and social power to act legitimately on behalf of science impose the criteria for dealing with women's bodies, submitting them to a kind of symbolic violence that depersonalizes them (HELMAN, 2003).

The World Health Organization (WHO) since 1996 has defended the argument that childbirth should not be medicalized and that its supervision must be conducted

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with the least interventions as possible (WHO, 1996). As a matter of fact, MH invests in the creation of policies and programs, such as Programa de Humanização no Pré-natal e Nascimento (Program for Humanizing Prenatal Procedures and Childbirth - PHPN) (BRAZIL, 2002) and Política Nacional de Atenção Integral a Saúde da Mulher (National Comprehensive Women Health Care Policy - PNAISM) (BRAZIL, 2004). To strengthen those programs, MH has released Ordinance no. 1,459, which regulates Rede Cegonha (Stork Net work), an innovative strategy that intends to implement a care network to ensure women their right for reproductive planning and humanized maternity care (BRAZIL, 2011).

Due to that, it is vital to highlight the publication of Law no. 11,108, which recommends the presence of a companion (BRAZIL, 2005). In regards to accompanying women during childbirth, the support form doulas is highlighted. According to (SILVA *et al*., 2010), they can provide emotional, physical, information, psychosocial, and decision-making support, reduction of anxiety, emotional protection, encouragement and reduction of stress, preventive interventions, and promotion of safety, trust, encouragement, and ease.

The work of doulas, intrinsic to the context of humanized maternity care, is tied to the use of Traditional Medicine (TM) and Complementary and Alternative Medicine (CAM). The work of doulas was regulated in 2006 by the MH, through the publication of Ordinance 971, which created Política Nacional de Práticas Integrativas e Complementares (National Policy of Integrative and Complementary Practices - PICs) with the scope of ensuring the prevention of illnesses, promoting and recovering health (BARROS, 2006). These practices resume the search for simple therapeutic methods that seek the autonomy of being and of health (TESSER *et al.,* 2008; OTANI *et al.,* 2011).

The PICs also highlight the importance of women becoming responsible for their fates, being aware of their abilities, and competent in the control of their own health and bodies. Therefore, these health care practices aim to enable subjects to acquire competences of self-esteem and self-care, as well as the ability to critically analyze the reality they live in (KLEBA *et al.,* 2009).

Thus, a national movement exist seeking to rethink the childbirth model in force in Brazil, re covering elements of humanization and use of integrative and complementary practices. In the work of doulas, the emergence of a new form of organizing childbirth knowledge and practices is highlighted, outlining another professional knowledge field that is committed to the needs of women. This new

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method for organizing and institutionalizing the knowledge and its organization in practices is conducted from the conformation of cores and fields that take into consideration a certain standard of commitment with the production of values of use (CAMPOS, 2000).

Even for the same author, that notion of field and core rises from the need and the unavoidability of establishing social identities for knowledge professions and field. However, it also suggests the possibility that such institutionalization may happen more democratically, which makes room for the socially constituted dimension; i.e., the social action of individuals, groups, and movements is contrasted with the weight of scientific structures.

Thus, knowledge is also produced by other fields, even if they are not dominant. The PICs and the work of doulas may be said to still occupy a secondary position in the scientific field as compared to the medicalizing model of childbirth, but they certainly are a knowledge form that is made legitimate by the action and practice of some agents. This notion of core indicates a certain concentration of knowledge and practices, without, however, indicating a radical breach with the field dynamics.

The author proposes a new view on stance on the issue of disputes concerning the scientific field. The scientific authority, to Bordieu, is backed by the combination of technical abilities, symbolic power, and legitimacy a scientist has due to their position in the scientific field, which is defined as a system of objective relationships between acquired positions that compete for the monopoly of scientific legitimacy. That is, the cores dispute for the power to impose the criteria to define what is scientific or not. In this field, the competing agents develop strategies for conservation and exclusion according to their position in their group. These strategies are executed by those who occupy dominant positions. On the other side are those who occupy dominated positions in the field or who are excluded from it (Campos, 2005). With the formation of disciplines, however, the closing or institutionalization of part of the field and the creation of controlling and management devices of social practices regarding knowledge take place. In contrast, as seen before, presents a notion of porosity among the disciplines or cores that may coexist within a field.

Considering this debate, this article focuses on the possibility of making a more democratic practice regarding childbirth, in which women have more autonomy, by appropriating their wishes and subjectivities; in which they are entitled to access good maternity care practices and to be ensured a companion during childbirth. This new core

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of knowledge is legitimate and backed in the PICs. However, as it is still incipient, it has trouble imposing itself before the hegemonic health care model (BRAZIL, 2011).

Upon conducting a non-systematized review of the literature using the keywords "complementary" "therapies", "delivery", "pregnancy", and "doulas" on the MEDLINE, LILACS, PubMed, and SciELO databases, from 2004 to 2014, we found 26 studies with qualitative and quantitative approaches, of which only four discussed the topic related to the use of PICs at childbirth and mentioned the support from doulas, showing how scarce research on the topic is.

Therefore, this study aims to analyze the PICs used by doulas institutional and private activities in the city of João Pessoa (PB). When considering the use of PICs for doulas in the field of maternal health, flowed the following questions: How is the use of complementary and alternative practices by doulas during labor and birth? And what contributions to pregnant women from the use of these practices in the perception of doulas? Still, what is the reaction of health professionals in relation to the work of doulas?

METHOD

This paper presents the report of a qualitative research that seeks to understand the use of PICs for doulas who act in a particular way and institutional in public and private hospitals in João Pessoa (PB). The choice of the city was due to the fact characterized in relevant social movements in the field of humanization of labor and birth. The city of Joao Pessoa is located in the Northeast is the state capital of Paraiba and has an estimated 7,951,174 inhabitants.

Access to research subjects in the city of João Pessoa gave up the search for particular work of doulas and publish certified and registered by groups that offer doula certificates. In the city, we were initially identified 12 doulas, of which 5 were located and agreed to participate in this research. The selection of representative groups of the study was for its involvement in the investigated reality.

The research subjects are 5 doulas: taken voluntarily worked in a tertiary maternity belonging to the public network of the city, and provided support to the laboring woman by the conditions of service, the final composition of the number of participants endorsed on theoretical saturation, operationally set when the data start to present some redundancy or repetition in the evaluation of researcher.

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The five participants are in the age group 24-49 years. Regarding family income, doulas institutionalized in the municipality received one to two minimum wages; an era missionary community and the particular activity had a two to three income wages and higher education in pedagogy, psychology, physical therapy, journalism, law and nursing.

The data were collected throughout the second half of 2015 through a semi-structured interview on sociodemographic data, motivation, and benefits of being doulas, and on perceptions regarding the use of PICs, through the following guiding questions: "Which alternative and complementary practices do you use during pregnancy, labor, and childbirth?", "How do you perceive the contributions from those practices in pregnancy and labor?", "How is the re action from health care professionals concerning your practices?".

Individual meetings in private spaces were scheduled with the study subjects to conduct the interviews, which lasted two hours, in average. The inclusion criteria included: providing support to pregnant women for over six months, and being trained and certified to perform such practice.

The study met the requirements of Resolution no. 466/2012, from the Brazilian National Health Care Council/Brazilian Ministry of Health (BRAZIL, 2012), and it was approved as per official opinion no. 423/2011 from the Human Research Ethics Commit.

Intending on preserving the anonymity of interviewed subjects, their speeches are identified by the letter D, according to their numbers and locations. Besides that, in the identification of private doulas, the word private is added before the letter D. The data were organized and analyzed based on Content Analysis, theme modality, according to. A pre-analysis was conducted first. It consisted of a preliminary and full reading of descriptions, to capture the meaning intended by the subjects. Two other readings of the descriptions took place later in a more intense and exhaustive manner, and the meaning units were identified. Following that, the meaning contained in each unit was sought to be apprehended to formulate the categories that emerged from the speeches, and central ideas, convergences, and divergences were identified in the meaning units (BARDIN, 2008).

The results were interpreted based on the idea that the institutionalization of knowledge takes place upon the conformation of cores and fields. A core outlines the identity of a knowledge field and professional practices. A field, in turn, is characterized as a porous space of imprecise boundaries, where each discipline would seek support

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from others to fulfill its practical and theoretical tasks, even if this process implies con flicting relationships within the field (CAMPOS, 2000).

RESULTS AND DISCUSSION

The results are presented under three guiding parameters: work of doulas and use of Integrative and Complementary Practices; Contributions from the use of Alternative and Complementary Practices in the perception of doulas; and Difficulties for the work of doulas in the institutional space and in their relationship with professionals and mothers-to-be.

Work of doulas and use of Integrative and Complementary Practices

The work of doulas is based on the field and core of Traditional Medicine (TM) and Complementary and Alternative Medicine (CAM), or PICs, and it concerns the theoretical and practical implications, approximations, and tensions in this field. The first one gathers native knowledge, practices, and beliefs in distinct cultures, whereas the second one prioritizes health care that is not integrated to the dominant health care model (LUZ, 2005).

At the end of pregnancy we recommend that women start taking sesame milk according to the midwives loose meat ; when the woman goes into labor, start contractions also has a widely used by traditional midwives technique of the woman take half a bath, which is from the waist down with a pint of alcohol and half a bowl of water ; pepper lime during labor when she goes into labor and the contractions are increasing , it can take the hot broth to help in dilating (D1 , João Pessoa).

Postpartum use grass (D2). I recommend medicinal herbs, especially in early pregnancy to issue the sick; indicate homeopathy and floral , sometimes also for the couple (D3/D4) ; Forward many women to acupuncture, homeopathy and shiatsu (D5).

The doulas inserted in these contexts are highlighted to represent a group of activist women who are concerned with improving women's quality of life and wellness, and who seek to once more have support from women, their families, and partners during childbirth.

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Contributions from the use of alternative and complementary practices in the perception of doulas

The contributions from doulas are highlighted as representative of a knowledge field and professional practices based on the needs of individuals. The contributions from doulas' use of PICs are inferred to regarding the issue of empowering women at the time of childbirth. Actions that favor the reduction of labor times, head engagement, the natural induction of the process, and the improved control of pain help in the making of decisions and promote a pleasant environment for birth, contributing to improve the quality of life of mothers-to-be.

In this perspective, the use of hydrotherapy, man tras, and moxibustion, according to the subjects, provides a more pleasant environment and facilitates labor:

Both showers and bathtubs are things that help dealing with and reducing pain (D1,D2,D3,D4).

The use of mantras harmonize and support the dilation process, and moxibustion greatly favors relaxation (D5).

Corroborating the findings, the literature signals the fact that hydrotherapy promotes increased diuresis, diminished edema and arterial blood pres sure, enables improved fetal rotation, speeds up labor, and reduces perineal trauma whereas moxibustion enables fetal wellness. The use of PICs by doulas promotes decision-making by mothers-to-be and enables them to choose which techniques and positions they should adopt during labor. Thus, mothers-to-be take active part in childbirth, going beyond the possibilities imposed by professionals.

By this outlook, the need for overcoming the dominant model becomes evident, as it focuses on high rates of medical interventions and defines the criteria and the monopoly of legitimate exercise under the medicalized childbirth. According to, humanization as professional and corporate legitimacy requires that roles be reconfigured in a childbirth setting. That involves several changes, such as the location, which is changed from operating rooms to delivery rooms, rethinking procedures that are exclusive to medical professionals, among others, inserted in the field of conflicts and struggles for space and legitimacy.

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Difficulties for the work of doulas in the institutional space and in their relationship with professionals and mothers-to-be

The findings point towards the contributions the work of doulas can bring to a more humanized childbirth. Nonetheless, they experience several difficulties and struggles while working in institutional spaces and in their relationship with professionals and mothers-to-be.

Many doulas point out that their main difficulty is the very deficiency in the structure of hospitals for the conduction of their activities, which, according to them, also denotes the invisibility of their work:

Lack of infrastructure in the very hospital, as the culture of lack of companionship is present, even though it is a woman's right (D all).There are no proper environments in private hos pitals, there is no space for use to calmly perform our duties (D all).

FINAL REMARKS

The findings pointed out that the space of the work of doulas was tied to the use of TM and CAM, which were identified in the field of recommendations and uses during pregnancy and childbirth, as well as in the difficulties for the work of doulas in the institutional space and in their relationship with professionals and mothers-to-be. The inter viewed subjects believe the use of such practices may promote the sensitization of pregnant women of a more humanized labor and childbirth model.

The speeches of doulas showed no significant differentiation between practices exercised by them in institutional or private action . Doulas inserted its support in empirical ity area and are fighting for their performance space , which is faced with institutional barriers , power disputes over the domination of assistance , of women's desires devaluation and, above all , the breakdown of a model, previously configured as physiological , which is non- human assistance. The role of the doula is still very restricted, since their support can not overcome the limitations and institutional barriers intreposts the hegemonic model of health. Additionally, the lack of professionals and patients and the invisibility of work by doulas difficult to overcome these barriers.

We understand that much needs to be done for doulas to achieve their space, a small number of studies on that topic exist, contemplating the use of PICs, which make

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it possible to make comparisons of practices of doulas in national and international contexts. Such recovery contributes to a search for the creation of stimuli that favor the recognition of the support doulas provide to women at the time of childbirth.

The space for the work of doulas and the use of PICs are understood to converge to singularity, respect to the autonomy of women, and to propose a new model centered on the importance of childbirth humanization. It highlights the fact that the crystallization of the institutional model managed by the domination of knowledge on the woman's body renders invisible the field of expertise of members who fight for the valuation of practices and knowledge for the benefits of healthy pregnancy and childbirth. the search for objectivity and to include people's subjectivity into discussions, to rid ourselves from which is irreducible to scientific rationality in health care practices, and, in this case, regarding practices related to labor and childbirth.

There is a trend in Conventional Medicine to naturalize knowledge based on sciences; i.e., to treat them as if they did not have social origins. The scientific field expresses its own dynamics and, as any social field, is subject to conflicting interests that grants it specific structuring and operation characteristics that need to be apprehended by a sociologist's analytical effort. Thus, the pure world of science and the flawlessness of its products vanish, to give rise to a sphere of social practice that is crossed by interests not always explicit and by struggle positions that give new outlines to science (LUZ, 2008).

REFERENCES

BARDIN, L. **Análise de conteúdo**. Lisboa: Edições 70, 2008.

BARROS, N. F. Política Nacional de Práticas Integrativas e Complementares no SUS: uma ação de inclusão. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 11, n. 3, p.850-850, 2006.

BEHRUZI, R. et al. Facilitators and barriers in the humanization of childbirth practice in Japan. **BMC Pregnancy and Childbirth**, London, v. 10, n. 25, p. 2-18, 2010.

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ISSN 2447-2131
João Pessoa, 2016

Artigo

BOURDIEU, P. O campo científico. In: ORTIZ, R. (Org). **Pierre Bourdieu**: sociologia. São Paulo: Ática, 1983. p. 122-155.

BOURDIEU, P. **Razões práticas: sobre a teoria da ação**. 7. ed. São Paulo: Papirus, 2005.

BRASIL. Ministério da Saúde. **Resolução 196/96 de 10 de outubro de 1996. Dispõe sobre as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos.** Diário Oficial da União, Brasília, DF, 12 nov. 1996. Disponível em: <Disponível em: https://conselho.saude.gov.br/docs/Reso196.doc >. Acesso em 07 jul. 2016.

BRASIL. Ministério da Saúde. **Programa de humanização no pré-natal e nascimento**. Brasília, DF, 2002.

BRASIL. Ministério da Saúde. **Política nacional de atenção integral a saúde da mulher**. Brasília, DF, 2004.

BRASIL. Ministério da Saúde. **Política nacional de práticas integrativas e complementares no SUS.** Brasília, DF, 2006.

BRASIL. Ministério da Saúde. **Lei nº 11.108, de 08 de abril de 2005. Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde - SUS**. Diário Oficial [da] República Federativa do Brasil, Brasília, DF, 8 abr. 2005. Disponível em: <Disponível em:http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2005/Lei/L11108.htm >. Acesso em 07 jul. 2016.

BRASIL. Secretaria de Vigilância em Saúde. **As cesarianas no Brasil: situação no ano de 2010, tendências e perspectivas**. Brasília, DF, 2011.

BRASIL. Ministério da Saúde. **Manual prático para implementação da Rede Cegonha**. Brasília, DF, 2011.

Temas em Saúde
Volume 16, Número 4
ISSN 2447-2131
João Pessoa, 2016

Artigo

BRÜGGEMANN, O. M.; PARPINELLI, M. A.; OSIS, M. J. D. Evidências sobre o suporte durante o trabalho de parto/parto: uma revisão da literatura. **Cadernos de Saúde Pública**, Rio de Janeiro, v. 21, p. 1316-27, Set/Out. 2005.

CAMPOS, G. W. S. Saúde pública e saúde coletiva: campo e núcleo de saberes e práticas. **Ciência e Saúde Coletiva**, Rio de Janeiro, v. 5, n. 2, p. 219-230, 2000.

CLUETT, E. R. et al. Randomised controlled trial of labouring in water with standard of augmentation for management of dystocia in first stage labour. **British Medical Journal**, London , v. 1, p. 314-328, Feb. 2004.

FIOCRUZ - FUNDAÇÃO OSWALDO CRUZ. **Nascer no Brasil**: sumário executivo temático da pesquisa. Rio de Janeiro, 2011.

FLORENTINO, L. C. A participação do acompanhante no processo de nascimento numa perspectiva de humanização. 2001. Tese (Doutorado em Saúde Pública) - **Escola de Enfermagem da Universidade de São Paulo**, São Paulo, 2003.

FRANCO, J. A.; PECCI, C. La relación médico-paciente, la medicina científica y las terapias alternativas. **Medicina** (Buenos Aires), Buenos Aires, v. 63, n. 2, p. 111-118, 2002.

HELMAN, C. G. **Cultura, saúde e doença**. Porto Alegre: Artmed, 2003.

HODNETT, E. D.; GATES, S.; HOFMEYR, G. J. Continuous support for women during childbirth. **Cochrane Database of Systematic Reviews**, Hoboken, v. 16, n. 2, p. 1-113 , 2012.

HOTIMSKY, S. N.; ALVARENGA, A. T. A definição do acompanhante no parto: uma questão ideológica? **Estudos Feministas**, Florianópolis, v. 10, n. 2, p. 461-481 , 2012.

KLEBA, M. E.; WENDAUSEN, A. "Empoderamento": processo de fortalecimento dos sujeitos nos espaços de participação social e democratização política. **Revista Saúde e Sociedade**, São Paulo, v. 8, n. 4, p. 733-743, 2009.

Temas em Saúde
Volume 16, Número 4
ISSN 2447-2131
João Pessoa, 2016

Artigo

LUZ, M. T. Cultura contemporânea e medicinas alternativas: novos paradigmas em saúde no fim do século XX. PHYSIS: **Revista de Saúde Coletiva**, Rio de Janeiro, v. 15, p. 145-176, Jul/Dez. 2005.

LUZ, M. T. As novas formas de saúde: práticas, representações e valores culturais na sociedade contemporânea. **Revista Brasileira Saúde da Família**, Brasília, DF, v. 9, p.8-19, Maio. 2008.

NUÑEZ, H. M. F.; CIOSAK, S. I. Terapias alternativas/complementares: o saber e o fazer das enfermeiras do distrito administrativo 71 - Santo Amaro - São Paulo. **Revista da Escola de Enfermagem da USP**, São Paulo, v. 37, n. 3, p. 11-18, 2003.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. **Assistência ao parto normal**: um guia prático. Genebra, 1996.

OMS - ORGANIZAÇÃO MUNDIAL DA SAÚDE. **Estrategia de la OMS sobre medicina tradicional**, 2002-2005. Genebra, 2002.

OTANI, M. A. P.; BARROS, N. F. A Medicina Integrativa e a construção de um novo modelo na saúde. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 16, n. 3, p. 1801-1811, 2011.

POLIT, D. F.; BECK, C. T.; HUNGLER, B. P. **Fundamentos de pesquisa em enfermagem: métodos, avaliação e utilização.** 5. ed. Porto Alegre: Artmed, 2004.

QUEIROZ, M. S. O itinerário rumo às medicinas alternativas: uma análise em representações sociais de profissionais da saúde. **Cadernos de Saúde Pública**, Rio de Janeiro, v. 16, n. 2, p. 363-375, 2000.
RATTO, K. M. N. É possível humanizar a assistência ao parto? Avaliação de dois anos da Maternidade Leila Diniz. **Saúde em Foco**, Teresina, v. 21, p.115-35, jul. 2001.

REHUNA - REDE PELA HUMANIZAÇÃO DO PARTO E NASCIMENTO. Carta de Campinas. In: RATTNER, D.; TRENCH, B. **Humanizando nascimentos e partos**. São Paulo: Senac, 2005. p. 15-17.

Temas em Saúde
Volume 16, Número 4
ISSN 2447-2131
João Pessoa, 2016

Artigo

SCHROEDER, C.; BELL, J. Doula birth support for incarcerated pregnant women. **Public Health Nurs**, Hoboken, v. 22, n. 1, p. 53-58, 2005.

SILVA, R. M. et al. Evidências qualitativas sobre o acompanhamento por doulas no trabalho de parto e no parto. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 17, n. 10, p. 2783-2794, 2010.

SANTOS, D. S.; NUNES, I. M. Assistência ao parto: concepção de profissionais de enfermagem. **Escola Anna Nery Revista de Enfermagem**, Rio de Janeiro, v. 13, n. 3, p. 582-589, 2009.

STORTI, J. de P. L. O papel do acompanhante no trabalho de parto e parto: expectativas e vivências do casal. 2004. Dissertação (Mestrado em Enfermagem em Saúde Pública) - **Escola de Enfermagem, Universidade de São Paulo**, Ribeirão Preto, 2004.

TESSER, C. D.; BARROS, N. F. Medicalização social e medicina alternativa e complementar: pluralização terapêutica do Sistema Único de Saúde. **Revista de Saúde Pública**, São Paulo, v. 42, n. 5, p.914-920, 2008.

WAGNER, M. Fish can't see water: the need to humanize birth. **International Journal of Gynecolgy & Obstetrics**, London, v. 75, p. 25-37, Nov. 2001.