

Feelings About Childbirth and Concepts About Preparation for Giving Birth

Sentimentos em Relação ao Parto e Concepções Sobre a Preparação para Parir
Sentimientos Ante el Nacimiento y Concepciones Sobre la Preparación al Nacimiento

RESUMO

Objetivo: descrever os sentimentos em relação ao parto durante a gestação e as concepções das mulheres sobre o preparo para parir. **Método:** estudo descritivo de natureza qualitativa, realizado com nove puérperas, que tiveram parto no Hospital Sofia Feldman de Belo Horizonte, Minas Gerais. Os dados foram coletados em Janeiro de 2021, por meio de um roteiro de entrevista semiestruturado. Da análise, conforme proposto por Bardin, emergiram duas categorias. **Resultados:** sentimentos de ansiedade, insegurança e medo em relação ao parto emergiram durante a gestação. Evidenciou-se pouco conhecimento das puerperas sobre os métodos que visam diminuir a dor e aumentar a colaboração da mulher no parto, bem como das terapias humanizadas integrativas complementares. **Conclusão:** as mulheres tem buscado fontes de informação sobre o parto e diferentes métodos de preparo durante a gestação, porém a iniciativa às vezes parte apenas da própria mulher com pesquisas na internet ou de profissionais contratados.

DESCRIPTORIOS: Trabalho de Parto; Parto; Gravidez; Motivação; Mulheres.

ABSTRACT

Objective: to describe feelings about childbirth during pregnancy and women's conceptions about preparing to give birth. **Method:** descriptive study of a qualitative nature, carried out with nine postpartum women who gave birth at the Sofia Feldman Hospital in Belo Horizonte, Minas Gerais. Data were collected in January 2021, through a semi-structured interview script. From the analysis, as proposed by Bardin, two categories emerged. **Results:** feelings of anxiety, insecurity, and fear about childbirth emerged during pregnancy. Little knowledge was evidenced among postpartum women about methods that aim to reduce pain and increase women's collaboration in childbirth, as well as complementary integrative humanized therapies. **Conclusion:** it is concluded that women have sought sources of information about childbirth and different methods of preparation during pregnancy, but the initiative sometimes comes only from the woman herself, with research on the internet or from hired professionals.

DESCRIPTORS: Labor; Childbirth; Pregnancy; Motivation; Women.

RESUMEN

Objetivo: describir los sentimientos respecto al parto durante el embarazo y las concepciones de las mujeres sobre la preparación para el parto. **Método:** estudio descriptivo, de carácter cualitativo, realizado con nueve puérperas, que dieron a luz en el Hospital Sofia Feldman de Belo Horizonte, Minas Gerais. Los datos fueron recolectados en enero de 2021, mediante una guía de entrevista semiestructurada. Del análisis propuesto por Bardin surgieron dos categorías. **Resultados:** durante el embarazo surgieron sentimientos de ansiedad, inseguridad y miedo ante el parto. Hubo poco conocimiento entre las puérperas sobre los métodos que tienen como objetivo reducir el dolor y aumentar la colaboración de la mujer durante el parto, así como las terapias humanizadas integradoras complementarias. **Conclusión:** se concluye que las mujeres han estado buscando fuentes de información sobre el parto y diferentes métodos de preparación durante el embarazo, pero la iniciativa en ocasiones proviene sólo de la propia mujer con búsquedas en Internet o de profesionales contratados.

DESCRIPTORIOS: Trabajo; Parto; Embarazo; Motivación; Mujer.

RECEIVED: 03/09/2025 APPROVED: 03/24/2025

How to cite this article: Borel EM, Nascimento AC, Fonseca ADG, Amorim TV, Farão EMD, Nazareth JB, Sousa IB, Paiva ACPC. Feelings About Childbirth and Concepts About Preparation for Giving Birth. Saúde Coletiva (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(95):15566-15579. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i95p15566-15579

Original Article

Borel EM, Nascimento AC, Fonseca ADG, Amorim TV, Farão EMD, Nazareth JB, Sousa IB, Paiva ACPC
Feelings About Childbirth and Concepts About Preparation for Giving Birth

ID **Eloisia Maria Borel**
Specialist in obstetrics. Municipal government of Belo Horizonte.
ORCID: <https://orcid.org/0000-0001-6100-744X>

ID **Adrinez Caçado e Nascimento**
Master in Nursing. Sofia Feldman.
ORCID: <https://orcid.org/0000-0002-8732-4619>

ID **Adélia Dayane Guimarães Fonseca**
Doctor in Health Sciences. Federal University of Juiz de Fora.
ORCID: <https://orcid.org/0000-0002-1168-7106>

ID **Thaís Vasconcelos Amorim**
Doctor in Nursing. Federal University of Juiz de Fora.
ORCID: <https://orcid.org/0000-0002-7686-4839>

ID **Elaine Miguel Delvivo Farão**
Doctor in Nursing. Federal University of Mato Grosso do Sul.
ORCID: <https://orcid.org/0000-0002-8089-9196>

ID **Juliana Bernardo Nazareth**
Master in Nursing. Brazilian Hospital Services Company (EBSERH)
ORCID: <https://orcid.org/0009-0003-3682-1927>

ID **Isabelle Barros Sousa**
Specialist in obstetrics.
ORCID: <https://orcid.org/0000-0001-9019-3341>

ID **Andyara do Carmo Pinto Coelho Paiva**
Doctor in Nursing. Federal University of Juiz de Fora.
ORCID: <https://orcid.org/0000-0002-3567-8466>

INTRODUCTION

Childbirth is a unique moment and a remarkable and significant experience in women's lives, as it is an event that accompanies the entire pregnancy and postpartum process, since it is already anticipated in pregnancy in the form of expectations, and continues to be referred to after its completion, in the form of memories and feelings that accompany the mother, forming part of her story.⁽¹⁻²⁾

Women's satisfaction with labor and birth is closely linked to their culture, expectations, experiences, knowledge about this process and the attention and care received during labor. Factors such as obstetric procedures, prenatal preparation courses, previous obstetric history, and the outcome of a previous pregnancy are particularly influential. The pregnancy itself and the expectations held regarding labor and the baby during this period can influence the way labor will be experienced.⁽²⁻³⁾

Likewise, fear of pain, anxiety and other psychological factors can sometimes have stressful and exhausting effects on a woman's experience of childbirth. Fear does not always refer to pain, and is also associated by women in labor with the

fear of their own death or the death of the baby during labor.^(1,4)

Given the magnitude of the meanings of childbirth in a woman's life, the importance of preparing for this moment as a source of support and collaboration stands out, since preparing for childbirth increases the knowledge and skills of pregnant women; facilitates the choice of healthy alternatives for experiencing the birth process and overcoming limitations; provides a lower risk of undergoing an unnecessary cesarean section and greater satisfaction for women with the childbirth experience.⁽⁵⁾

Preparing pregnant women for good practices during childbirth, as well as monitoring the development of the pregnancy cycle, is extremely important for mother and baby, as it aims to alleviate anxieties, tensions, fears, beliefs and myths regarding childbirth, providing well-being for mother and child.⁽⁴⁻⁵⁾

With the perspective of prevention and promotion of the mental health of women and future babies, preparation for childbirth encourages active participation in the birth process, helps control and reduce pain, provides a positive relationship with the child, increasing female self-esteem and has the potential to strengthen the bond between parents and their child.

⁽⁴⁻⁵⁾

There are several methods that aim to accompany and prepare women for childbirth. Psychoprophylaxis, or Lamaze, stands out, along with the well-known Dick Read method or natural childbirth method and the Bradley Method or husband-assisted childbirth method. Other methods also emerge with the aim of reducing suffering and increasing women's collaboration during childbirth, such as Autonomous Respiratory Training, Sophrology, Eutony, Transcutaneous Electrical Nerve Stimulation, Hydrotherapy, Yoga, Effleurage, Aromatherapy, Acupuncture, Haptonomy and Hypnosis.⁽⁶⁾

Considering the importance of preparing for childbirth as a source of support throughout pregnancy, it is essential to understand how this preparation can influence the experience of labor and delivery, in order to contribute to more positive, satisfactory experiences and better pain control. The study in question aims to describe feelings regarding childbirth during pregnancy and women's conceptions about preparation for giving birth.

METHOD

This is a descriptive study, with a qualitative approach, developed according to the criteria of the Consolidated Crite-

ria for Reporting Qualitative Research (COREQ).⁽⁷⁾

The study setting was the Sofia Feldman Hospital, a philanthropic institution in Belo Horizonte, under private law, with exclusive care for the SUS, and the largest maternity hospital in Minas Gerais, a national reference in humanized care for women and newborns.

The sample was composed by convenience, with the participation of nine postpartum women. The sample size was not previously defined, so that data collection was interrupted when the phenomenon under investigation was revealed in its multiple dimensions, making it possible to achieve the necessary depth and scope in the understanding process.⁽⁸⁾

The inclusion criteria were women aged 18 or over, primiparous or multiparous. Women who had any illness or health problem that would make communication difficult were excluded. Data collection took place in February 2021. Initially, contact with the women took place in the hospital's shared accommodation spaces, still in the immediate postpartum period, after the survey was carried out with the care professionals. All agreed to participate in the research while still in the shared accommodation.

Data collection was carried out through a semi-structured interview consisting of two parts: the first covered the sociodemographic characteristics of the participants, while the second asked questions related to the women's perceptions about preparation for childbirth.

The interviews were recorded on a smartphone and transcribed in full by the researchers immediately after the meeting. The average duration was 15 minutes. In order to preserve privacy and anonymity, each participant was identified by an alphanumeric code represented by the letter P.

The content was analyzed in three phases, as proposed by Bardin: pre-analysis, where the material was organized and analyzed, following the rules of exhaustiveness, representativeness, homogeneity and relevance. Next, the researched mate-

rial was explored, where it was studied in more depth, adopting the procedures of coding, classification and categorization. Finally, the results were interpreted by inference and interpretation of the data.⁽⁹⁾

Regarding ethical aspects, the study was approved by the Research Ethics Committee (CEP), under opinion number 4,422,156/2020, CAAE: 39727220.5.0000.5132.

RESULTS

The age range of the nine interviewees varied between 18 and 39 years, with six participants declaring themselves as brown, two white and one Asian. Regarding education, six had completed high school and three had higher education in fashion, psychology and literature. All participants stated that they were employed or working independently, but were currently away from work due to their pregnancy. Regarding religion, five postpartum women were evangelical, two were Catholic and two were Christian.

Regarding marital status, three were married and six were single, and five participants stated that the couple had planned the pregnancy. Of the women, four were primiparous and another four reported a history of miscarriage. Gestational age ranged from 37 to 42 weeks, with an average of approximately 39.3 weeks. The frequency of prenatal consultations varied from 5 to 15 consultations and three participants reported having attended 5 consultations.

The exploration of the interview material allowed the construction of two categories: from fear to joy: feelings about childbirth during pregnancy; the importance of seeking information and planning for a healthy birth.

From fear to joy: feelings about childbirth during pregnancy

Feelings were highlighted by the research participants, highlighting anxiety, insecurity and fear in the experience of pregnancy and in relation to childbirth, especially in primiparous women.

It's anxiety, fear, joy, a lot of insecurity about what it would be like because it's my first child, it's a mix of different feelings [...]. (P1)

Look, it was a mix of anxiety and fear [...]. (P5)

[...] I was scared, I was anxious, I kept thinking about what it would be like. (P6)

Fear (laughs). Anxiety, that's more it, it was more about fear because it's my first pregnancy, it's my first birth and I didn't know what to expect [...]. (P8)

Likewise, concern about pain during childbirth was frequent, leading to feelings of suffering and despair, and was mostly influenced by reports from family members, friends and the experiences of other women.

Despair, anxiety, because at the time we only think about the pain [...]. (P2)

[...] I was very afraid of childbirth, of suffering, because it is really painful [...]. (P7)

The fear was because people talked so much, every day someone would come up to me and say something different and I would get scared, they would say "wow, it's going to hurt" [...] My family, some of them scared me. (P9)

[...] everyone says something different about childbirth, "oh my childbirth was like this", "my childbirth was complicated", "my childbirth was natural", "my childbirth was a cesarean". And since it was my first pregnancy, I didn't know what it would be like, I was scared, I was anxious [...]. (P6)

In addition to pain, concern for the

baby's health contributed to feelings of fear and anxiety during birth, especially in high-risk pregnancies.

[...] I was afraid that he would be born with some complication, but we who are mothers can't help but worry and feel [...]. (P5)

I was very afraid that the problem I was experiencing would reach the baby, because I had anemia, received three blood transfusions and had gestational diabetes and pre-eclampsia [...]. (P8)

At the same time, there were positive references regarding childbirth during pregnancy.

[...] so it was a feeling of curiosity and a lot of desire. (P4)

During the birth, relief and at the end, love, a lot of love. (P9)

The importance of seeking information and planning for a healthy birth

The search for knowledge through information during pregnancy emerged in the statements as a form of preparation, and was even fundamental in helping to choose the mode of delivery and techniques for pain relief. Another source of information considered important was family members, relatives, friends and other close people.

Yes, I read a lot, I read a lot of articles, since I had a doula with me, she sent me books [...] and the most important thing I found about this pregnancy was the preparation with information, and nowadays information is everything, if you have good information, you can prepare yourself in every way. [...] I didn't want to be a lay person, I wanted to know what it was like, first I wanted to know what kind of birth I really wanted to have and, from the beginning, I wanted to have a more natural birth. So, from that point on I followed my path, so if I'm going to have a more

natural birth, I'm going to learn about natural birth. (P1)

The preparation that I see is breathing during the act to relieve the pain, that kind of thing, right [...]. (P2)

Oh, it was people close to me, three friends who had recently had babies and others who had also had babies a while ago. (P3)

But I think that's it, gathering information, understanding how childbirth works, so I think that's what preparing for childbirth is all about, getting informed about everything. [...] I think it's about demystifying this issue of fear, that it's something impossible, that there's going to be suffering. I've used an app since the beginning of my pregnancy [...]. (P4)

And more like relatives who've already had a baby. Cousin, sister, then you end up asking how it was, but each one has a different story about how it was [...] During pregnancy I was mostly researching on the internet what it would be like, if there were any changes in the exam or if they told me to do some exam, I researched what it was. (P6)

At home it's just women, my mother and my sister, they talked a lot. I looked it up, you know, you know, what people told me, I asked my mother and my sister, there were other coworkers too. (P9)

On the other hand, there were reports about planning and care for a healthy pregnancy and birth in every sense. In addition, the importance of the health team in prenatal care was highlighted and, in some situations, the lack of guidance during this period of the pregnancy-puerperal cycle.

So during prenatal care, I received almost no information [...] Preparing for childbirth? Well, that's when we start to think more, remembering everything we planned during pregnancy and during childbirth as well. [...] the only thing I really put into my head was to stay calm and breathe deeply so I wouldn't get desperate. I used to breathe a lot. (P3)

So I talked a lot with the nurse, she encouraged me a lot, that was really important, [...] I talked a lot with this friend here who is doing an obstetrics residency, so she helped me a lot, she helped me prepare the birth plan, explain everything, the terms [...] I participated in the last four weeks, from thirty-eight onwards, in integrative therapies, I was able to almost enter a bubble at that moment to really think about this, that your body is ready, your baby is ready, so for me, this last phase, having access to these conversations also helped me a lot. (P4)

I received practically no guidance like that. I did my prenatal care, and then they ask if you already have a child, and when you say you do, they give you almost no information. So basically I already knew some things like that [...] for me it's really about organization, preparing your body, preparing your mind, what you have to do before the birth, choosing a maternity hospital, choosing someone to be with you during the birth. (P5)

So, I actually researched because we do prenatal care but it's not really explained [...] Be careful, take care of your diet, your body so there are no complications, I didn't take care of myself and my blood pressure went up at the end, because I gained a lot of weight,

I wasn't taking care of myself, so much so that I had to be induced at the end, to avoid any risks [...]. (P7)

[...] the nurses, Dr. L. who took great care of me, they made me feel a little calmer. The prenatal care was a good time for me, I was kept informed there, about how my pregnancy would be. They told me to stay calm, that G. was fine, that I should think about taking care of him, feeding him, in the end everything went well, thank God. As for the moment of delivery, they said it would be the most beautiful moment of my life, and it was. (P8)

I think the first thing to do is to take good care of my health, [...] eat well, go to the appointments properly [...] prepare yourself psychologically because you go crazy at the time, you even think you're going to die. [...] At the health center they gave me all the information I needed, they said that if I had any pain I would be taken care of, because my labor was induced, they also explained to me everything beforehand how the whole procedure would be. (P9)

DISCUSSION

Childbirth, like pregnancy, introduces changes in the life of a woman and her family, being an event of psychological significance that has profound repercussions on the physical, mental, emotional and social levels. It is a unique moment that is anticipated during pregnancy in the form of expectations, and continues to be referred to after its completion, in the form of memories and feelings.⁽¹⁰⁻¹¹⁾

The type of birth, expectations raised during pregnancy, fears, anxieties and previous obstetric history can influence the way the birth will be experienced. In this regard, pain is a factor commonly related to the birth experience, and the reports of

the interviewees confirm this argument by mentioning pain as a frequent concern.⁽¹⁰⁻¹³⁾

Feelings of fear and insecurity arise in first-time mothers, especially in relation to the moment of birth, as they have many doubts about this moment, as observed in the statements of the interviewees in this research, feelings of anxiety and insecurity associated with the fact that it is the first pregnancy arose.⁽¹³⁻¹⁵⁾

Considering childbirth as an event that can provoke the most different expectations during pregnancy, feelings of fear, pain and anxiety stand out in the participants' statements, however, positive feelings were also observed, after all, childbirth can represent a moment of great dream and desire in a woman's life.⁽¹¹⁾

Cultural factors contribute to women's insecurity and anxiety about the moment of childbirth, since learning about pregnancy and childbirth is often done empirically, internalized through stories of complicated pregnancies and births, transmitted mainly through oral tradition. This fact was verified in this research when it was realized that learning through the experiences of other women, especially family members and friends, was one of the main sources of preparation for childbirth, evidenced in the statements of the interviewees.⁽¹⁴⁾

However, it is observed that women have sought other sources of information about childbirth, with media outlets such as books and the Internet being cited as secondary sources. It is clear that even though access to information has occurred through various sources, the information does not have an educational character that favors a better preparation of the woman in relation to the future experience of childbirth. The initiative comes only from the woman herself and sometimes there is a lack of communication spaces for clarifications that contribute to a better understanding of the labor and delivery process.⁽¹⁵⁾

Preparing pregnant women for childbirth, as well as monitoring the development of the pregnancy cycle, is extremely

important for mother and baby, as it not only prevents clinical problems but can also act at the level of treatment when necessary, since it aims to alleviate anxieties, tensions, fears, beliefs and myths about childbirth. The importance of educational action and/or guidance from health professionals is highlighted⁽¹⁵⁾, positively enhancing experiences during pregnancy, childbirth and postpartum.⁽¹⁶⁾

Regarding prenatal care, the interviewees in this study presented two positions. Some women indicated that during the consultations they received information on how to take care of their health and what the moment of childbirth would be like, however other participants stated that they did not receive guidance, although all participants mentioned prenatal care as important in monitoring the woman's preparation for childbirth.

This fact is reflected in the quality of prenatal care, guaranteed to the extent that individual consultations are complemented by individual educational actions, capable of favoring women in terms of knowledge about their bodies and understanding the changes that have occurred, acting in a more conscious and positive way in their pregnancy and childbirth.⁽¹⁶⁾

Educational activities related to preparing for childbirth were not carried out by the prenatal doctor, possibly because he considered that, as some puerperal women were multiparous, they would have already received information in previous pregnancies, believing that multiparous women have the necessary knowledge to face the birthing process.⁽¹⁶⁾

When asked about the methods used to prepare for childbirth, it was noted that few possibilities were mentioned by the participants in this study, highlighting complementary integrative therapies in care.

There are different methods of preparing for childbirth, but all of them have underlying muscle relaxation and relaxation, associated with adequate breathing patterns. The benefits of attending childbirth preparation courses are numerous, as in addition to preparing the woman physi-

cally and psychologically for childbirth, allowing her to experience it in a more active way, they also enable her to develop the confidence and security necessary to perform her new role as a mother, caring for her child without fear.⁽¹⁷⁾

This perspective is present in the definition of Childbirth Preparation as a program of educational sessions for pregnant women and their partners that encourages active participation in the birthing process, with the main objective being to teach relaxation techniques, often through the use of breathing exercises to help women control the pain of uterine contractions and labor. Similar to the definition, the participants' statements show that breathing is the most cited and used method in labor to control pain, as well as psychological preparation and emotional control during pregnancy as support.⁽¹⁷⁾

One of the women interviewed mentioned the use of aromatherapy and music therapy as resources used during her preparation for the moment of childbirth. Several non-pharmacological methods for pain relief during labor, from movement and changes in maternal position to hydrotherapy, touch and massage, acupuncture, acupressure, hypnosis, intradermal transcutaneous nerve stimulation with water, aromatherapy and music therapy.⁽¹⁸⁻²⁰⁾

Among the non-pharmacological methods for achieving a less painful birth is aromatherapy, which uses essential oils with specific odors to reduce stress, anxiety and, consequently, pain. Aromas such as lavender, jasmine, eucalyptus, rose and orange have significant effects on the perception of pain, the anxiety of women in labor and, consequently, the duration of labor.⁽¹⁸⁻²⁰⁾

Likewise, music therapy plays an important role in relieving pain, acting as a distraction that increases the understanding of control and causes an increase in endorphin levels. Music therapy uses techniques that aim to produce beneficial effects in the three psychological areas (affective, cognitive and psychomotor). These advantages contribute to improving

the mood of the woman who, with a good and personalized choice of music, can significantly change her character and deal with this moment in a calmer and more peaceful way.⁽¹⁸⁻²⁰⁾

As in several bibliographical references on the use of complementary integrative humanized therapies during pregnancy and the postpartum period, the participants' reports reinforce the benefits of alternative therapies, in addition to strengthening women to face the situation they are experiencing, the most common being music therapy, aromatherapy, tea workshops and foot baths.⁽¹⁸⁻²⁰⁾

On the other hand, although the interviewees recognized the importance of using complementary and integrative humanized therapies during pregnancy and the postpartum period, which are essential for preparing for childbirth, there was little knowledge on the subject. This study shows that such resources were mentioned only by women who had the support of professionals hired as obstetric nurses, doulas, and specialists in the area of obstetrics.

Access to integrative and complementary therapies during childbirth is not yet routine in obstetric care, and this is due to the lack of knowledge of these resources and their benefits on the part of the interviewed women. Some of the participants highlighted the help of the health team during childbirth, which offered non-pharmacological methods for pain relief, support, and encouragement. This fact may be related to the institution's care model, since the Sofia Feldman Hospital is considered a reference for good practices in the area of labor and birth care. (18-20)

CONCLUSION

It was concluded that different feelings prevailed regarding the moment of childbirth, whether negative or positive, demonstrating different expectations arising from the gestational period. Women have sought sources of information about childbirth and different methods

of preparation during pregnancy. However, this initiative, in some cases, comes only from the pregnant woman herself, through research on the internet or guidance from hired professionals specialized in obstetrics and neonatology.

It was observed that there is little knowledge on the part of women about the methods aimed at reducing pain and increasing cooperation during childbirth, as well as about complementary integrative humanized therapies. Correlating with this result, the quality of prenatal care and professional health practice is questioned, since in the participants' perception, the information received during consultations about labor and delivery was absent or insufficient.

The need for actions aimed at improving prenatal care is reinforced, with special attention to adequate preparation for childbirth and encouraging women to play a leading role in the birthing process. It is essential to seek spaces for listening and welcoming women's doubts and concerns during pregnancy, favoring the implementation of a new model of obstetric care based on humanized care and good practices based on scientific evidence.

The limitation of the study is due to the fact that it portrays only one hospital institution; therefore, it is suggested that further research involve more health units, contemplating different realities. As an implication for professional practice, the study may contribute to the promotion of strategies for including preparation for childbirth as a focus in the care and services offered in prenatal care and maternity wards; and serve as support for the discussion and production of knowledge on the subject, mainly within the scope of health policies and care strategies.

REFERENCES

1. Bezerra JC, Costa E, Coêlho AFFM, Candeia RM, Santos J, Braga L. Difficulties, fears and expectations of pregnant women in the pregnancy period. *Saúde Colet. (Barueri)*. 2021; 11(69): 8566-71.
2. Baggio MA, Pereira FC, Cheffer MH, Machineski GG, Reis ACE. Meanings and experiences of women who experienced the hospital humanized birth labor assisted by an obstetric nurse. *Rev Baiana Enferm* 2021;35:e42620.
3. Reis TH, Lohmann PM, Costa AE, Laste G. Aspectos relacionados às preferências e vivências das mulheres perante as vias de parto. *Enferm Foco* 2024;15:e-202446. doi: 10.21675/2357-707X.2024.v15.e-202446
4. Albuquerque ASS, dos Santos MSN, Rabelo SMF de M, Fialho AV de M, Chaves EMC, Saraiva EMS, Albuquerque FHS, Brito OD. A percepção das mulheres sobre a dor no trabalho de parto e parto. *Contribuciones a las Ciencias Sociales* 2024;17(2):e4756
5. Silva EA, Pereira AMM, Dantas SLC, Soares PRAL, Melo LPT, Costa N, et al. Knowledge of puerperals about good practices in delivery centers. *J Nurs UFPE On Line* 2021;15:e246029. doi: 10.5205/1981-8963.2021.246029.
6. Couto GR. Conceitualização pelas enfermeiras de preparação para o parto. *Rev Latino-am Enferm* 2006;14(2):190-198.
7. Souza VRS, Marziale MHP, Silva GTR, Nascimento PL. Tradução e validação para a língua portuguesa e avaliação do guia COREQ. *Acta Paulista Enferm* 2021;34:eAPE02631.
8. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev Pesq Qualit* 2017 5(7):1-12. Disponível em: <https://editora.sepq.org.br/rpq/article/view/82>
9. Bardin L. *Análise de Conteúdo. Edição revista e ampliada.* São Paulo: Edições 70; 2020.
10. Ferreira MSC, Silva PL, Pereira VB. Um olhar sobre a experiência do parto: trajetória, possibilidades e repercussões. *Rev Abordagem Gestalt [Internet]*. 2020 dez [acesso em 2025 mar 06];26(spe):416-427. Available from: <https://doi.org/10.18065/2020v26ne.6>
11. Othman AJ. The Effects of Pregnancy and Childbirth on Women's Health-Related Quality of Life: A Scoping Review. *Evidence-Based Nursing Research*. 2024;6(1):39-5212. Rodrigues DP, Alves VH, Silva AME, Penna LHG, Vieira BDG, Silva SÉDD, Reis LCD, Branco MBLR. Women's perception of labor and birth care: obstacles to humanization. *Rev Bras Enferm [Internet]*. 2022 Mar 7 [cited 2024 Oct 08];75 Suppl 2(Suppl 2):e20210215. Available from: <https://doi.org/10.1590/0034-7167-2021-0215>
12. Imakawa CSO, Nadai MN, Reis M, Quintana SM, Moises ECD. Is it Necessary to Evaluate Fear of Childbirth in Pregnant Women? A Scoping Review. *Rev Bras Ginecol Obstet [Internet]*. 2022 Jul [cited 2024 Oct 08];44(7):692-700. Available from: <https://doi.org/10.1055/s-0042-1751062>
13. León Insuasty MC, Mendoza G, Inca Ruiz GP. Interpretación de la praxis cultural de la maternidad desde la enfermería antropológica. *Rev Cuba Reumatol [Internet]*. 2023 Jun [citado 2025 Mar 06];25(2). Disponível em: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1817-59962023000200010&lng=es
14. Silva JA, Oliveira MR. A importância da informação para a mulher durante o parto e puerpério. *Rev Bras Saude Materno Infantil*. 2020;20(3):345-352.
15. Marques BL, Tomasi YT, Saraiva SS, Boing AF, Geremia DS. Orientações às gestantes no pré-natal: a importância do cuidado compartilhado na atenção primária em saúde. *Esc Anna Nery [Internet]*. 2021 [cited 2024 Oct 08];25(1):e20200286. Available from: <https://www.scielo.br/j/ean/a/hR4MwpCd88cvTfs9ksLJGFs/>
16. Aragão M, Santos SBC, Cordeiro T, Fernandes N, Ramos H, Pinto M, et al. Assistência de enfermagem no preparo para o parto normal. *Res Soc Dev*. 2024;13(5):e5413545804. Available from: <https://doi.org/10.33448/rsd-v13i5.45804>
17. Klein BE, Gouveia HG. Utilização de métodos não farmacológicos para alívio da dor no trabalho de parto. *Cogitare Enferm [Internet]*. 2022 Ago 12 [citado 2025 Mar 06];27. Available fro: <https://doi.org/10.5380/ce.v27i0.80300>
18. Rodrigues VS, Ribeiro JP, Treptow VP, Oliveira TB de, Maliszewski LS, Decker JPA. Métodos não farmacológicos para o alívio da dor no trabalho de parto. *CLCS [Internet]*. 2024 Jun 5 [citado 2025 Mar 7];17(6):e7283. Available from: <https://doi.org/10.55905/revconv.17n.6-040>
19. Freitas JC de, Silva CC, Rodrigues MD, Souza RAP de. Eficácia dos métodos não farmacológicos para alívio da dor no trabalho de parto natural: uma revisão integrativa. *Rev Eletronica Acervo Enferm [Internet]*. 2021 [cited 2025 Mar 7];12:e7650. Available from: <https://doi.org/10.25248/re-aenf.e7650.2021>