Cogitare Enferm. 2016 Jul/sep; 21(3): 01-08

Original article

PUERPERAL WOMEN'S PERCEPTIONS ABOUT EPISIOTOMY

Vanessa Aparecida Rezende Dengo[1], Rosana dos Santos Silva[2], Silvana Regina Rossi Kissula Souza[3], Juliane Dias Aldrighi[4], Marilene Loewen Wall[5], Franciane Zabloski Vieira Cancela[2]

ABSTRACT: The objective of the present study was to know how parturient women were informed and guided regarding the undertaking of episiotomy during childbirth. A qualitative and descriptive study was conducted with eight puerperal women hospitalized in a rooming-in of a public maternity hospital in the state of Paraná. Data were collected in February 2015, by means of semi-structured interviews. The following topics emerged from the data analyzed based on thematic analysis: Episiotomy: the known unknown; "Cutting" the right of choice; Being unaware of the episiotomy's consequences. Women were not informed and guided regarding the episiotomy's procedure, which leads to a misunderstanding about this practice and the limitation of women's right of choice. This shows the need for increasing knowledge and rescuing women's autonomy during the childbirth and birth process.
DESCRIPTORS: Episiotomy; Sexual and Reproductive Rights; Obstetric Nursing; Personal Autonomy.

A EPISIOTOMIA NA PERCEPÇÃO DE PUÉRPERAS

RESUMO: O presente estudo teve como objetivo conhecer como a parturiente foi informada e orientada quanto à realização da episiotomia no parto. Trata-se de uma pesquisa qualitativa e descritiva. Participaram do estudo oito puérperas, internadas no alojamento conjunto de uma maternidade pública do Estado do Paraná. A coleta de dados foi realizada em fevereiro de 2015 por meio de entrevista semiestruturada. Os dados foram analisados com base na análise temática, emergindo os seguintes temas: Episiotomia: o conhecido desconhecido; "Cortando" o direito de escolha; Desconhecendo as consequências da episiotomia. Observou-se que as mulheres não são informadas e orientadas a respeito da realização da episiotomia, o que leva ao entendimento errôneo sobre esta prática e à limitação do direito de escolha da mulher. Isso indica a necessidade de ampliação do conhecimento e do resgate da autonomia da mulher no processo de parto e nascimento.
DESCRITORES: Episiotomia; Direitos Sexuais e Reprodutivos; Enfermagem Obstétrica; Autonomia Pessoal.

LA EPISIOTOMÍA EN LA PERCEPCIÓN DE LAS PUÉRPERAS

RESUMEN: El objetivo del presente estudio fue conocer cómo fue informada y orientada la parturiente respecto de la realización de episiotomía en el parto. Investigación cualitativa, descriptiva. Participaron del estudio ocho puérperas, internadas en alojamiento conjunto de una maternidad pública del Estado de Paraná. Datos recolectados en febrero de 2015 mediante entrevista semiestructurada, posteriormente analizados utilizándose análisis temático, habiendo surgido los siguientes temas: Episiotomía: el conocido desconocido; "Cortando" el derecho de elegir; El desconocimiento de las consecuencias de la episiotomía. Se observó que las mujeres no son informadas ni orientadas respecto de la realización de la episiotomía, lo que lleva a un entendimiento erróneo sobre la práctica y a la limitación del derecho a elección de la mujer. Esto indica la necesidad de ampliación del conocimiento y del rescate de la autonomía de la mujer en el proceso de parto y nacimiento.
DESCRIPTORES: Episiotomía; Derechos Sexuales y Reproductivos; Enfermería Obstétrica; Autonomía Personal.

[1]Nurse. Federal University of Paraná. Curitiba, Paraná, Brazil.
[2]Nursing undergraduate student. Federal University of Paraná. Curitiba, Paraná, Brazil.
[3]Nurse. Doctor of Nursing. Professor of Nursing of the Federal University of Paraná. Curitiba, Paraná, Brazil.
[4]Nurse. Master's student of Nursing. Federal University of Paraná. Curitiba, Paraná, Brazil.
[5]Nurse. Doctor of Nursing. Professor of the Nursing Department and Graduate Program of the Federal University of Paraná. Curitiba, Paraná, Brazil.

Corresponding author:
Juliane Dias Aldrighi
Universidade Federal do Paraná
Av. Lothário Meissner, nº 632 – 80210-170 – Curitiba, PR, Brasil
E-mail: juliane.aldrighi@gmail.com

Received: 26/11/2015
Finalized: 15/06/2016

INTRODUCTION

Episiotomy is a surgical incision undertaken in order to enlarge the perineum for the passage of the fetus during childbirth[1-2]. This procedure has been used with the prerogative to prevent perineal tears, facilitate the release of the fetus, prevent damage to the pelvic floor, genital prolapse, future urinary incontinence and relaxation of pelvic floor muscles, in addition to reducing the risk of neonatal morbidity and mortality[2-4].

Nonetheless, there is not enough evidence in the literature to support the benefits of the episiotomy's routine practice. It was found that the routine practice of this procedure does not prevent serious perineal tears. It increases the rate of infection and risks of blood loss, in addition to causing discomfort and increasing the recovery time of women in postpartum. Its use is associated with results without benefits for women, and with maternal morbidities in the puerperal period, such as interference in mobility and presence of moderate local pain[2-3,5].

In the safe motherhood practical guide of the World Health Organization (WHO), episiotomy is classified as a practice often used inappropriately, and it may be indicated occasionally and with limitations, since there is evidence that its routine use might cause harm[6].

Despite evidence showing disadvantages in the routine undertaking of episiotomy, its practice is common in Brazil. It is undertaken in up to 94% of vaginal births, whereas the WHO estimates an acceptable rate between 10% and 15%, being considered one of the surgical procedures of higher prevalence in the Brazilian public system[1,3,7].

These high rates of episiotomy are justified because training is grounded in the technocratic model of childbirth care, which is often ruled by standards and routines based on the daily professional practice. Therefore, many professionals responsible for childbirths keep undertaking such procedure without consent or appropriate information to parturient women[7], which characterizes a violation of sexual and reproductive rights[3]. In this respect, this interventionist attitude affects women on deciding on their bodies during childbirth[7]. When women have access to information on the episiotomy's procedure and know the potential of their bodies, they realize that they are submitted to an injury that most times might be prevented and even refused[1,3]. Moreover, the omission of information at the time of the episiotomy's procedure characterizes depreciation of women's opinion and consent, which is a practice contrary to that supported by the humanized childbirth care model[7].

Since 1990, there is a struggle from different movements for the humanization of childbirths and for the use of good practice during the perinatal period. Although there are government guidelines that support the practice for the humanization of childbirths and births, a mismatch between what is indicated by the WHO and what is undertaken by healthcare services is still observed[7]. It is of utmost importance that professionals perform their practices based on scientific evidence to contribute to the improvement of care and respect sexual and reproductive rights of women.

A concern emerged based on these issues: How have women been guided and informed about the episiotomy's procedure? This study was developed with the aim of knowing how parturient women are informed and guided on the episiotomy's procedure in a public maternity hospital in the south of Brazil.

METHOD

A qualitative and descriptive study was conducted with the aim to respond to particular issues, with a reality level that cannot be quantified, working with the universe of reasons, values, attitudes and meanings, where its object of research can hardly be translated into quantitative indicators[8].

The present study was conducted in a public maternity hospital in the south of Brazil. Eight puerperal women who were hospitalized in the rooming-in of the maternity hospital from March to April 2015 participated in the study. The inclusion criteria were: puerperal women submitted to episiotomy on the occasion of vaginal birth, aged 18 years or older. The exclusion criteria were: puerperal women submitted to cesarean section or who had delivered stillbirths.

For data collection, the researcher invited the puerperal women to participate in the study, with the presentation of its objectives and the request for them to sign an informed consent form. At this time, the ethical aspects of Brazilian Resolution no. 466/2012[9] were explained. The data collection was carried out in a private room, by means of semi-structured interviews during the puerperal women's hospitalization. The interviews were recorded and fully transcribed, and information that could identify the participants was omitted. For this purpose, the women were identified with the letter "M" and their respective number, indicating the order of the interviews.

The data were analyzed and interpreted by means of the thematic content analysis technique, which is associated with the notion of topics and linked to an affirmation on a particular subject[8].

First, a pre-analysis of the material obtained was carried out, by means of transcription and reading of the interviews. Then, the data were analyzed by means of selection of significant extracts and classification of the interviews by thematic axes, seeking topics on which the different parts of the analyzed texts could be discussed. After this categorization, interpretation of the results was carried out by means of the scientific material available[8].

The research project was submitted and approved by a research ethics committee on 01/12/2015 under protocol no 931.537, and allocated on Plataforma Brasil, respecting the standards of Brazilian Resolution no. 466/2012 for research involving human subjects[9].

● RESULTS

Eight women who met the inclusion criteria participated in the study, aged between 18 and 37 years. Six of them had complete high school and they all undertook prenatal care. Only one made use of forceps in the current childbirth and had already been submitted to a previous episiotomy.

The topics identified according to approach among the statements of the study participants were: Episiotomy: the known unknown; "Cutting" the right of choice; Being unaware of the episiotomy's consequences.

Episiotomy: the known unknown

Four puerperal women reported that they did not receive any information about the procedure before or during childbirth. One of the interviewed women had never heard about episiotomy and some had heard about the procedure, but they did not know exactly what it was about:

I did not know [what episiotomy was], I learnt about it at the time of childbirth. I thought that the baby would get out, that it would not require stitches.(M3)

It is a small cut […].It is just a cut that they make there, but I never heard about its specific name.(M4)

Well, it is normal for me, I do not know. I think this is common in any childbirth.(M6)

No. I did not know how it was. They make a small cut, right? It was made to close more […]Perhaps because of the push, I do not know. Maybe because it opens a little bit more, I think this is it.(M8)

Regarding the reasons why they were submitted to an episiotomy, the interviewed women said that the professional made the procedure to help them in the delivery of the baby, preventing risks and facilitating the childbirth process, as we can observe in the following statements:

[...] so, to help me, she told me that she does not undertake the procedure in all situations, but she would give me anesthesia and make the cut.(M1)

He told me that he would make a small cut to help in the birth of the baby.To not taking too long to be born […].(M5)

He told me that he had to make the cut to help the baby get out.He told me that he would do it to help.(M7)

Other situations identified in the puerperal women's statements regarding the reason why the episiotomy was undertaken are associated with the inability of the feminine body to give birth naturally, that is, because the vagina does not expand enough for the passage of the fetus, associated with its size, which would make natural childbirth impossible:

[...] I think that she found the baby bigger, you know?(M1)

[...] I thought that because the baby was 3580g and 49cm according to the ultrasonography, I figured that it would be born with this weight, and that a small cut would be required.(M2)

He told me that it would be necessary because the baby was big.(M3)

I think it is too small for the baby to get through, so I think that it would not work. My space there was too small.(M4)

He told me that the head was too big.(M5)

To help the baby be born? To help the baby's head get through, right?(M6)

I knew that… I heard that sometimes, when it does not get out, a small cut is required, but I believe that it is only at this time, is it right?(M7)

"Cutting" the right of choice

Six puerperal women were not questioned regarding their consent for the procedure, and some of them only noticed that they were submitted to an episiotomy at the time of the suture:

The doctor informed me about it when she was undertaking it, that it would be required, that I would be given anesthesia. Then she made the cut.(M1)

I did not feel the cut. I saw later that they were stitching […].They did not say anything. I even thought that the cut was made by itself, that it cut by itself. They did not inform me about anything.(M2)

I did not know, I learnt at the time of the procedure. He told me that it was necessary.(M3)

He said:"I am going to make a small cut."(M5)

They did not say anything. Unless they told my sister in law, not me […]I felt at the time they made it. I felt at the time they were stitching. Then, I felt a cord pulling.(M6)

I felt the stitches.(M8)

Being unaware of the episiotomy's consequences

The interviewed women did not have major complaints regarding the procedure; however, four of them reported discomfort, mild pain and burning:

Apart from the stitch's discomfort, it is fine. It is not pain, only a discomfort. I feel a burning, maybe because of too much push. It is fine to go to the bathroom. I did not feel burning.(M2)

I am not feeling pain, only to move. I feel a mild pain when I turn like this, just a mild pain. It is nothing. (M3)

It is a sore region, but now I only have to take care to heal. Everything is fine. It is not bothering me until now.(M4)

It is fine. I am not feeling anything. Nothing at all. I do not feel the stitches. It always burns a little bit. Then, I wash with soap.(M8)

● DISCUSSION

The women of this study received little or no information on episiotomy, nor even at the time of the childbirth or during prenatal care, which showed lack of knowledge about the procedure. This fact confirms what is found in the literature, where most women submitted to an episiotomy did not receive any information about the procedure at any time before childbirth, being unaware of the risks to which they are exposed[10].

This fact reflects the quality of information and guidelines provided during prenatal care regarding the childbirth and birth processes, since this is the time to prepare women to experience pregnancy and childbirth in a positive and integrative way[11]. Health education carried out by professionals during prenatal care includes access to information relevant to possible interventions during the childbirth process, being essential for not only the acquisition of knowledge on being pregnant and giving birth, but also for their strengthening as human beings.

When prenatal care is provided in a contextualized and qualified way, it may prevent complications during childbirth. Moreover, pregnant women have the right to be informed about the health care to which they will be submitted, thus allowing them to participate in decisions that influence their lives[11].

By means of access to information, women's autonomy in the childbirth and birth process may be rescued, and this is one of the great challenges for women's health care[7]. Women look forward to receiving information during their prenatal care and, at the same time, they end up being multipliers of knowledge by exchanging information with other women, thus being transformers of opinions, because when acquiring information, they will consequently have more control over their bodies and more decision power over their pregnancy[11].

Therefore, the Brazilian Ministry of Health, has promoted the activity of nurse midwives both in prenatal care and in childbirth, by means of initiatives, proposing changes in the childbirth and birth health care model. The education of this professional is focused on humanized nursing care that respects the physiology of the whole childbirth and birth process, values information as a way to promote empowerment, shares responsibilities and encourages women's autonomy[12-13]. It is worth mentioning that nurse midwives, who are specialized professionals committed to the quality of care to pregnant, parturient and puerperal women, have in their legal practice, the support for providing care to this population, with the aim of empowering women so that their experience of pregnancy, childbirth and postpartum is complete, with dignity, safe and autonomy[14].

The present study found that the interviewed women's perception is that their bodies are not able to give birth naturally, thus needing professional help, in this case from doctors, to expand the birth canal by means of an episiotomy, and enable the fetus to pass through with lesser risks. This shows how the lack of information and knowledge of women regarding their own bodies and episiotomy bring significant consequences, especially regarding the power/control of professionals over their bodies, through the idea that the procedure is essential to help them, in a process that is natural.

In the technocratic paradigm, by the conception of a patriarchal society, it is believed that the feminine body is a deviation of the masculine body and understood as defective and unexpected, thus requiring masculine manipulation in order to be organized. Therefore, childbirth requires the skillful and fast intervention of professionals, transforming women's bodies in machines. By means of this mechanization of the body, the patient is seen as an object of medical care, releasing professionals from the feeling of responsibility before individuals[15].

A study conducted with 522 puerperal women in the state of Pernambuco, in the northwest of Brazil, found prevalence of episiotomy in childbirths of primiparous women assisted by physicians on duty, as well as the use of forceps. It was also found that supine position was present in most cases where episiotomy occurred, which is known for hampering the baby descent during labor, leading to the belief that the undertaking of the procedure was necessary[4]. That study shows that episiotomy is associated with other procedures that are often used inappropriately, such as instrumental/surgical births, supine position during childbirths, and extension of the fetal expulsion stage, consolidating and reflecting the medical control during childbirths, thus depriving women from performing their roles.

Episiotomy was undertaken in less than 8% of childbirths assisted by nurse midwives, and in about 30% of childbirths assisted by doctors[4]. The present study corroborates a systematic review available in the Cochrane Library, which points a risk of episiotomy 20% lower in childbirths undertaken by nurse

midwives[16]. Another study conducted in the state of Rio de Janeiro in 2010 that analyzed 1287 records of normal childbirths assisted by nurse midwives showed that 16% of women were submitted to an episiotomy, vertical position was found in 78% of childbirths, and non-invasive and non-pharmacological methods were used to provide comfort and pain relief in 89% of the parturient women[17]. Once more, it is observed that nursing respects the WHO's precepts for promoting minimum possible interventions, thus promoting the rescue of appreciation for physiological childbirths[6].

Another important issue to be considered is the lack of prior consent, since according to the puerperal women's statements, most of them were not consulted about the procedure. Moreover, some of them only realized that they were submitted to an episiotomy when the professional was undertaking the episiorrhaphy.

Many professionals affirm that episiotomy is the only surgical procedure that can be undertaken without the consent of parturient women. However, because episiotomy is a surgical procedure, women must be informed about it and they must authorize it before its undertaking, and moreover, the procedure's possible risks and benefits must be presented without violation of sexual and reproductive rights[10]. Planning regarding this procedure and other interventions must be part of the childbirth plan[10,18].

A study about the occurrence and factors associated with episiotomy conducted in 2012 in a public hospital in the state of Pernambuco found that women do not experience childbirth as something physiological and strengthening due to the excess of interventions and medicalization. The authors reinforced that, in general, women do not receive any information about the procedure during their pregnancy and childbirth, and this practice is often undertaken without their consent[3]. Another literature review study conducted in the state of Rio Grande do Norte in 2011 adds that the violation of rights and lack of autonomy might affect the psychic and emotional state of parturient women, in addition to depriving their right of control over their bodies and disrespecting their individuality[10].

There is still a long way to go by women regarding their decision autonomy, because they are currently submitted to professionals' choices. Women's decision right must be preserved and the choice informed must be encouraged by professionals.

Regarding the episiotomy's consequences, most interviewed women did not have major complaints about the procedure; however, the statements show some situations of discomfort and inconvenience in the genital area that must be considered.

Episiotomy is an invasive procedure and, as far as women are not given the right of decision to make it or not, it becomes invasive both for the physiological and psychological aspect. Women might have unpleasant memories of pain, discomfort, fear and shame of their partners due to the current appearance of the genital area (one of the symbols of their sexuality), fear of resuming their sexual activities, as well as being unsecure and less desired. The consequences might lead women to make choices based on the previous traumatic experience, such as the preference for a caesarian section in future childbirths, even with its implications, as normal childbirth was necessarily followed by the cut[2].

Because the present study was conducted during the hospitalization of puerperal women in rooming-in, their sexual consequences could not be questioned; however, the literature shows that women have difficulties in resuming sexual activities with their partners due to pain and discomfort caused by the cut. This fact might lead to imbalance in couples' relationship, since sexuality is a determinant of physical and social well-being, and it is no longer considered a merely reproductive act. Therefore, possible consequences of episiotomy, not only physical, but also psychic and social are discussed[19].

FINAL CONSIDERATIONS

Most puerperal women in this study did not receive information about episiotomy at the time of childbirth, and their lack of knowledge about the procedure was clear. As a result, parturient women adopt a submissive attitude during the childbirth and birth process, thus becoming hostages of decisions and practices of health professionals.

Informing women regarding episiotomy and their right is of utmost importance, since women should decide about any procedure of choice concerning their bodies. By means of access to information, it is possible to rescue women's autonomy in the childbirth and birth process, and in any other situation that concerns their life choices. Therefore, the dissemination of a misunderstanding on episiotomy is prevented, which whenever used without criteria, it can be associated with a mandatory and routine procedure during childbirths.

Both nurses and nurse midwives have legal support to undertake normal childbirths without dystocia, although this procedure is still not a reality in Brazil. The insertion of this professional in prenatal care, childbirth and postpartum follow-up is crucial, so that the scenario of care humanization is incorporated by health institutions and multidisciplinary teams.

One of the limitations of the present study regards the episiotomy's consequences, since most interviewed women did not have major complaints, perhaps because they were recently submitted to the procedure. Nonetheless, future studies should be carried out with the aim to verify the episiotomy's long-term consequences.

The struggle for the restricted use of episiotomy must be encouraged based on scientific evidence, which proved that this procedure is harmful when undertaken in an unsystematic way. Women must be informed and guided during their prenatal care concerning the episiotomy's procedure, and health professionals must be properly trained and updated regarding guidelines based on evidence, with the aim of contributing with the decrease in unnecessary rates of episiotomy, and its harmful consequences to women's physical and psychic health.

REFERENCES

1. Carvalho CCM, Souza ASR, Moraes Filho OB. Episiotomia seletiva: avanços baseados em evidências. Femina [Internet] 2010, 38(5) [acesso em 22 out 2015]. Disponível:
http://files.bvs.br/upload/S/0100-7254/2010/v38n5/a008.pdf

2. Figueiredo GS, Santos TTR, Reis CSC, Mouta RJO, Progianti JM, Vargens OMC. Ocorrência de episiotomia em partos acompanhados por enfermeiros obstetras em ambiente hospitalar. Rev. Enferm. UERJ [Internet] 2011, 19 (2) [acesso em 22 out 2015]. Disponível: http://www.facenf.uerj.br/v19n2/v19n2a02.pdf

3. Pitangui ACR, Carvalho NHMG, Siqueira CV, Castro JFL, Araújo RC. Occurrence and factors associated to the practice of episiotomy. Rev enferm UFPE online [Internet] 2014, 8 (2) [acesso em 22 out 2015]. Disponível:
http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5820/pdf_4520

4. Braga GC, Clementino STP, da Luz PFN, Scavuzzi A, Noronha Neto C, Amorim MMR. Risk factors for episiotomy: a case-control study. Rev. Assoc. Med. Bras. [Internet] 2014, 60(5) [acesso em 22 out 2015]. Disponível:
http://www.scielo.br/pdf/ramb/v60n5/0104-4230-ramb-60-05-0465.pdf

5. Carroli G, Mignini L. Episiotomy for vaginal birth (Cochrane review). Cochrane Library, 2009, (1) [acesso em 22 out 2015]. Disponível:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4175536/ doi: 10.1002/14651858.CD000081.pub2

6. Organização Mundial de Saúde (OMS). Maternidade Segura. Assistência ao Parto Normal: um guia prático. Genebra; 1996.

7. Previatti JF, Souza KVS. Episiotomia: em foco a visão das mulheres. Rev. Bras. Enferm. [Internet] 2007, 60 (2) [citado em 22 out 2015]. Disponível: http://www.scielo.br/pdf/reben/v60n2/a12v60n2.pdf

8. Minayo MCS, Deslandes SF, Gomes R. Pesquisa Social: teoria, método e criatividade. 30ª ed. Petrópolis: Vozes; 2011.

9. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília; 2012. Disponível:
http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf

10. Costa NM, Oliveira LC, Solano LC, Martins PHMC, Borges IF. Episiotomia nos partos normais: uma revisão de

literatura. Facene/Famene [Internet] 2011, 9(2) [acesso em 22 out 2015]. Disponível: http://www.facene.com.br/wp-content/uploads/2010/11/2011-2-pag-45-50-Episiotomia.pdf

11. Souza VB, Roecker S, Marcon SS. Ações educativas durante a assistência pré-natal: percepção de gestantes atendidas na rede básica de Maringá- PR. Rev Eletr Enf [Internet] 2011, 13(2) [acesso em 22 out 2015]. Disponível: https://www.fen.ufg.br/fen_revista/v13/n2/v13n2a06.htm

12. Quitete JB, Vargens OMC. O poder no cuidado da enfermeira obstétrica: empoderamento ou submissão das mulheres usuárias? Rev. Enferm. UERJ [Internet] 2009, 17(3) [acesso em 02 nov 2015]. Disponível: http://www.facenf.uerj.br/v17n3/v17n3a03.pdf

13. Malheiros PA, Alves VH, Rangel TSA, Vargens OMC. Parto e nascimento: saberes e práticas humanizadas. Texto Contexto Enferm. [Internet] 2012, 21(2) [acesso em 02 nov 2015]. Disponível: http://www.scielo.br/pdf/tce/v21n2/a10v21n2.pdf

14. Ministério da Saúde (BR). Lei 7.498, de 25 de junho de 1986. Dispõe sobre a Regulamentação do Exercício da Enfermagem e dá outras providências. Brasília, 26 jun. 1986. Disponível em: http://www.abennacional.org.br/download/LeiPROFISSIONAL.pdf

15. Davis-Floyd R. The technocratic, humanistic, and holistic paradigms of childbirth. Int J Gynaecol Obstet [Internet] 2001, 75 Suppl 1 [acesso em 13 nov 2015]. Disponível: http://www.dendimim.com.br/public/Material%20de%20leitura/Modelos%20tecnocr%C3%A1tico%20human%C3%ADstico%20e%20hol%C3%ADstico%20no%20parto.pdf

16. Hatem M, Sandall J, Devane D, Soltani H, Gates S. Midwife-led versus other models of care for childbearing women. Cochrane Database Syst Rev. 2008; (4): CD004667. Disponível: http://apps.who.int/rhl/reviews/langs/CD004667.pdf

17. Silva TF, Costa GAB, Pereira ALF. Cuidados de enfermagem obstétrica no parto normal. Cogitare Enferm. [Internet] 2011, 16(1) [acesso em 10 fev 2016]. Disponível: http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/21116/13942

18. Amorim MMR, Katz L. O papel da episiotomia na obstetrícia moderna. Femina [Internet] 2008, 36(1) [acesso em 22 out 2015]. Disponível: http://institutonascer.com.br/wp-content/uploads/2014/03/episio_femina.pdf

19. Progianti JM, Araújo LM, Mouta RJO. Repercussões da episiotomia sobre a sexualidade. Esc. Anna Nery [Internet] 2008, 12(1) [acesso em 22 out 2015]. Disponível: http://www.scielo.br/pdf/ean/v12n1/v12n1a07.pdf