

Maternity in Portugal

Care and rights received by immigrant and Portuguese women during pregnancy, childbirth and post-partum

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Abstract - The quantity and quality of care provided during maternity are factors that influence its experience and the even the acceptance of parenthood. The objectives of this study were to identify the health care received by women during pregnancy, childbirth and postpartum, in Portugal, to understand the meaning assigned to these life stages and also to identify social benefits enjoyed, or hoped for during these periods. The sample that integrates this qualitative nature study corresponds to 60 immigrant and 22 Portuguese women. To collect information a semi-structured interview was used and the data was analysed using aoNvivo10. The results indicate, for the most part, satisfaction with health care provided by the Portuguese National Health Service, which are similar to Portuguese and immigrants. It emphasizes the proper care and monitoring throughout the process, as well as the help and support they received from health professionals. The lack of such care translates into dissatisfaction. In general women were using the various benefits covered within the health system, with the exception of those women who did not know their rights.

Keywords : *maternity, health care, benefits, Portuguese health system*

I. INTRODUCTION

Motherhood is a common experience among women in any part of the world, and is characterized by a mix of emotions,

challenges and physical and psychological changes among others, assuming both positive and negative meanings [1].

Maternity is considered a transition defined as “the passage of one life phase, condition or status to another” [2], [3]. Immigration is also another transition, experienced by foreign women. This phenomenon is becoming increasingly motivated by the search for better living conditions or due to emotional reasons (to stay with the spouse). Portugal is a country where immigration is present [4], justifying the importance of cultural care advocated by Madeleine Leininger, which combines cultural diversity and universality, nursing care, creating a culturally congruent care [5].

Currently, due to social changes, the knowledge that once was generational and culturally transmitted, is now sought after, resorting progressively to the attention of health professionals, namely nurses, while facilitators of the transition to motherhood [6]. Meleis advocate that nursing encompasses “the art and science of facilitating the transition to health and well-being of the people,” even claiming that, the central “mission” of nursing is to facilitate the transition processes across the life cycle [7].

With regard to assistance and education lead by the promotion and restoration of health and prevention of diseases

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during pregnancy, which begins in the pre conception stage, it is expected that nurses assume, increasingly, their leading role in order to assure that mother and newborn are healthy, with the least possible interventions, reaching the goal of prenatal surveillance [8], ie the reduction of maternal and perinatal mortality [9]. The quality of care, set against the background of the patient and their situation, and the amount of prenatal care are factors that will influence the experience of women allowing them to experience motherhood with greater autonomy and health [10].

It is therefore necessary to be aware of barriers or gaps that may impede access to health care. These may be linked to factors related to the pregnant women or to the health institutions, as for example the search for, the quality of health care provided and health care policies adopted [9]. In this sense, the Portuguese legal framework is a facilitator in the access to maternal health and midwifery, as it determines some perks, including a free of charge health system during this period, among other rights, addressed to the woman/couple, pregnant woman, and newborn baby and mother [26].

Given the above, this study aims to contribute through the results, to improve the quality of health care during pregnancy, childbirth and postpartum, thus tracing the following objectives: identify the health care received by immigrant and Portuguese women during pregnancy, childbirth and postpartum in Portugal; understand the meaning attributed to maternal health and midwifery, received by immigrant and Portuguese mothers in Portugal and identify the benefits used or hoped for by the Portuguese and immigrant mothers during pregnancy, childbirth and postpartum in Portugal.

II. PARTICIPANTS AND METHODS

This is a qualitative research, using the semi-structured interview for data collection. The content analysis of verbatim interviews, the Qualitative Analyses Software Certified Partner (NVivo version 10) was used. The objective was to identify the health care received by women during pregnancy, childbirth and postpartum, in Portugal, to understand the meaning assigned to them, and identify the social benefits enjoyed, or hoped for during the same periods. Ethical precepts were observed with the study participants, the institutions involved, and the National Commission for Data Protection (Case 85/2011, No 191/2011). The interviews took place in the period between February 2011 and February 2012, using the recording and subsequent transcription of verbatim.

The study population consists of immigrant and Portuguese women, who were mothers less than a year before, from two districts of the Central Region of Portugal. The sample consisted of 82 women, 22 of which are Portuguese and 60 are immigrant. In this sample 22 nationalities are represented, with 28.05% of the sample consists of Portuguese nationality, 17.07% Brazilian, 13.41 % Ukrainian, 9.76 % Chinese, 4.88 % Moldovan, 3.66 % French, Russian 3.66 %, 2.44 % Spanish, 2.44 % Indian and each of the other nationalities representing 1.22 %.

III. RESULTS

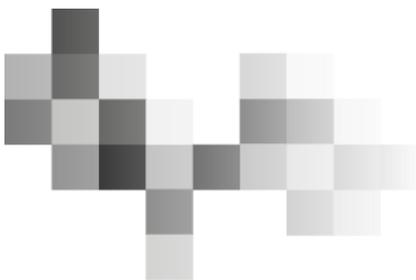
The results of the analysis and coding of the verbatim of the participants correspond to health care during pregnancy, childbirth and postpartum, social benefits during pregnancy due to being in Portugal and user cost-free of the Portuguese health system, which constitute the main categories. Each of these categories is subdivided into subcategories, some of them giving rise to sub-subcategories, as evidenced, these being the result of the grouping of units of registration, resulting from the speech of each interviewee.

Health care during pregnancy: Assessing the quality of healthcare during pregnancy (Continuous Monitoring; Proper care; Lack of quality in health care during pregnancy; Satisfaction with health care; Satisfaction with health professionals; Being well accompanied; Being well treated; health system with quality); Care developed by the pregnant woman (Food, safe environment; avoid strenuous efforts; Exercise; Talking to the baby; Moisturize and apply cream to prevent stretch marks on the body; To keep informed about the pregnancy; follow the advice of professionals, Having more care of oneself and ones' health); Professional care received (blood tests; Evaluation of blood pressure; Consultations; Ultrasound; Weighing; Conducting other tests; Cardiocotographic Registration; Visit to the maternity); Reasons to consultations in the private health system (to dislike or unable to get a family doctor in the public health system; Receive personalized and continuous care; feel security); Reasons to consultations in the public health system (No charge; Better surveillance of pregnancy; they offer specialized care; shared surveillance between health centre and hospital); Topics covered in education sessions for health (About blood pressure; About risky behaviours; Forms of availability of information; About physical activity and rest; About food and weight; About travelling); Valorisation assigned by the pregnant woman to the preparation for childbirth (Feeling that it was a help at delivery moment; Feeling more informed; Feeling more relaxed and confident; Feel better prepared)

Health care during childbirth: Employing strategies for pain relief (Resorting to epidural or other analgesia technique breath control techniques); Having reasons not to use an epidural (not having time to do the epidural; Wanting to have a natural childbirth and feel the pain; to be healthier for the baby and the mother; to be afraid; Having back problems); Concern themselves with food; Performing gynaecologic observation; Performing foetal heart auscultation; Registering contractions; Performing collection of stem cells; making skin to skin contact; Quality of care in childbirth (Being dissatisfied with care; Being satisfied with care; Opt for private system due to lack of confidence in the public system)

Health care during the postpartum: Being satisfied with the care received; have no help from health professionals; Being monitored in the health centre; Having help from health professionals in the hospital (Nurses helped solve problems; Nurses taught breastfeeding; Nurses taught and helped care for the baby)

To enjoy social benefits during pregnancy due to being in Portugal: Not knowing their rights; benefits they hoped for;



(longer maternity leave; More state aid; Free Vaccines), Benefits enjoyed (Subsidy; Time off work go to appointments; medical leave; dentist cheque; free surveillance care; discount on medications; Exemption from user fees; Leave for breastfeeding; maternity leave with absence from work; Free Delivery; Priority in public places; Subsidies, free vaccines); did not enjoy any benefits.

IV. DISCUSSION

It's a fundamental step, where the most significant results will be highlighted, and confronted with results of other studies developed in this field.

- *Health care during pregnancy*

The pregnant woman, inherently due to her status, is more susceptible to the need for care that is essentially based on learning what is pregnancy, its implications and conditions [10]. Nursing actions begins during the prenatal period, through consultations and activities addressing the needs and condition of pregnancy in which are included: screening for complications; the guidelines about this period, particularly concerning pregnancy common discomforts and techniques of relief; care about nutrition; weight gain; sexuality; the emotional aspects; the risk associated with the use of unprescribed drugs and medication [8].

In this sense, we have sought to know the health care received during pregnancy resulting in one of the subcategories: professional care received, in which the interviewees mostly made reference to consultations, ultrasounds, blood tests, among other exams. The assessment of blood pressure, weight, cardiocotographic registration, and visit to maternity were also mentioned by women. "I had nursing consultations" AG Ukraine; "I also did blood tests" AL China; "[I did] the morphological ultrasound" AW Brazil; "I was weighed at every visit..." AM China; "did cardiocotographic registration" BY Poland; "It was late in pregnancy that I went to know the maternity ward" BH Portugal. "In the ongoing pursuit of excellence in professional practice, nurses help customers achieve maximum health potential" by "seizing opportunities to promote healthy lifestyles" providing "Cognitive learning and new capabilities generating information for the client" that in reporting for maternal health can be made in the consultations and in the lessons in preparation for childbirth [12]. Thus, according to what was said by the interviewees, the topics covered in the health education sessions were about blood pressure, risk behaviors, the importance of physical activity, nutrition, weight gain, and travel, which were contributing for a change of attitude and a greater concern on the part of pregnant women, thus resulting in the subcategory of care developed by the pregnant woman "Yes, all they [doctors and nurses] said and advised I put it into practice" BU Ukraine, culminating essentially in an attitude of greater concern for themselves and their health, including nutrition care "I had care with my nutrition [during pregnancy]" AR Brazil; "I spoke with the baby" BK Portugal; "[during pregnancy] I had more care with my health" BQ Moldova. Preparing for childbirth appears as a source of information that can reduce anxiety, fear and pain, so

characteristic of childbirth, through knowledge gained by the pregnant woman about all processes and mechanisms that she's going through and those she will go through during delivery [8], [13]. The preparation facilitates interaction with the pregnant woman and family [10], thus translating its importance [14]. The valuation assigned by pregnant woman to preparation for childbirth comes up with a clear positive connotation, being referred to as an aid in childbirth, feeling more informed and more confident and therefore calmer, feeling better prepared; "of course the pain is a little more complicated to manage but we also gain this control in the lessons of preparation for childbirth, it helped a lot" CO France; "Yes [the preparation for childbirth], helped me to get to know the process [labor]" BX Belarus; "with the preparation for childbirth, I was very calm during delivery" CY Brazil, "I think is very important. It makes us much better prepared" BE Portugal.

The consultations of the participants were held in public and private health system; reasons for the use of the public health system were the gratuity in exams; better surveillance of pregnancy; offering specialized care; and the shared surveillance between the health center and hospital, "she [the private system doctor] gave me a sheet with the exams I needed, I came to open consultation and the doctor prescribed them to me, otherwise I had to pay for the exams" AP Switzerland; "I was followed at the health center and the hospital because I had high blood pressure during pregnancy and so I had consultations with a cardiologist" BG Portugal; "it was very important [to have the monitoring of health professionals] because everytime I needed I cleared my doubts, I quickly came here [Health Center], I felt confidence" BU Ukraine. In turn, the fact of not getting a family doctor in the public health system, a more personalized care and feel greater security, are aspects that led mothers to opt for private health system, "was knowing that the person [in the private system] knew me, knew my life, my problems and at that time he would address me by my name and not, as another person there and that for me was important" CM Portugal; "I ended up without a family doctor, they were taking a long time to arrange appointments so I opted to go to a private" AP Switzerland.

Customer satisfaction is important since these are more likely to demonstrate better self-care and have better outcomes [24], the latter being directly related to the quality of services provided by a particular institution; thus health services should go along with the values and preferences of its users, since their opinion is a quality indicator [8]. In turn, dissatisfaction, is usually related "to the delay of time of an appointment or admission, with the wait for the results of clinical tests, with poor and inadequate information, at all levels and on the issues that matter most to the patient" [15]. In the assessment made by the participants, they show up has being mostly satisfied with the quality of health care and health professionals, referring to a continuous monitoring, being well treated, being well followed, and helped to prepare for childbirth, enjoying the care they received and the help from professionals, as revealed in some registered units "here in Portugal they have good service" BZ Moldova; "here I was treated very well" AD Brazil, "I was well followed, it is what matters most, both here

at the health center or the hospital" BN Portugal; "here [« in Portugal] they always helped me with everything I needed [during pregnancy]" AO Congo. There are, however, some participants dissatisfied with the lack of quality of care, referring to the delay in service and the lack of privacy in consultations, as observed in some instances "Why is scheduled for an hour, I always come before, but then it is always late, the doctor says someone arrived late and then it delays everything" AZ Ukraine; "I had few consultations... I just made three visits" AL China; "When I was in the health center it was never the same doctor, they changed from one to another" AB France.

- *Health care during delivery*

The support of health professionals, during childbirth, showing closeness, concern, willingness to listen and take care of laboring women, are essential aspects, in order to create bonds of trust and affection, which makes this process easier and comforting to women [16]. The participants reported the care by the professionals in an attempt to relieve pain to make this experience less traumatic as possible, adopting pharmacological and non-pharmacological techniques such as breath control "we learned to breathe with the nurse" AJ Brazil. These approaches to pain relief are corroborated by Robertson and Johansson for whom the individual needs of each woman are culturally influenced [17]. Additionally, two studies refer that women who receive continuous support during labor, such as the use of comforting touch and words of praise and encouragement have less need for any analgesia [18], [19].

Anim-Somuah states that pain relief is important, and for this there are several pharmacological methods, within which the epidural analgesia, which is widely used [20]. This was one of the options offered to mothers, "I even resorted to epidural" CO France, and in some situations there was the absence of the desired effect, with consequent pain and some problems arising thereof which contributed to a negative experience with respect to this type of analgesia "the contractions continued to hurt... even after epidural. It was not worth much the epidural for me because I continued to feel them" AB France; "I did not like the epidural, it hurts a lot; for a month I had pain in my back" AS China.

The epidural is not always the method of choice for every woman, there are many factors that influence their decision, such as fear, previous experience, wanting to feel everything and have a natural birth, as shown by some speeches "[Nurses] explained but I decided not to take [epidural]. I've been pregnant 3 times and always 10 or 15 minutes after arriving at the hospital the child is born, so I do not have time to do the epidural and did not want to risk it" BW Pakistan, "I had no epidural, it was a natural birth, yes. We wanted a natural birth" CD Holland, "I was informed [about the epidural], but I was afraid because I heard a lot of bad things about epidural, that it can cause back pain" BQ Moldova. Moreover, the fact that the dilation shown by mothers no longer allowed for the administration of epidural analgesia, and the existence of back problems, were also reasons cited by the participants for not resorting to this type of analgesia, as can be seen in some log

units "I did not take epidural, they tried to administer it, but failed because I have slightly crooked spine" AV Portugal, "I did not do it [epidural], it was not by choice, because I wanted it, it was just that when I arrived at the hospital I already had 8cm dilation and there was not time to take the epidural" BL Portugal.

Placing the baby in skin-to-skin contact with the mother viewing for the creation of an emotional bond between mother and son was an experience reported with satisfaction by some of the mothers interviewed "He was born, went to the observation table, they lowered our clothing and placed him next to me, it was spectacular!" BO Portugal. Placing the baby in skin-to-skin with the mother is an example of the quality of care, visible in the attitudes of respect, caring, understanding, and professional zeal revealing the competence of those who care and ensure the satisfaction of those who are cared, attitudes recommended by the World Health Organization [23] by noting that "the experiences of people with the care provided to them are determined primarily by how they are treated when they experience a problem and seek help from health services" hoping to be answered by someone they can "trust and that will answer them promptly in an appropriate environment, with respect and confidentiality". Regarding the quality of care during labor, it is known that access and hosting are essential to a good care and consequent satisfaction that generates quality [21], [22], [24]. According to the results of the interviews there is a considerable number of women satisfied with the health professionals and their assistance, also claiming to trust them "the delivery of this daughter was better than the one born in Ukraine, because the professionals here in Portugal are better than in Ukraine" AG Ukraine; "They kept giving information of what was happening and as things were happening, I was seeing it really was like the nurses or doctors were telling me and... and I did not have any reasons to fear, nothing like it" CL Portugal; "I trust the hospital, I trust the professionals... they are good professionals... the nurses were all friendly, very friendly" AH China.

These results agree with those reported by Queiroz where women were satisfied with the care and quality of care, claiming attention, respect and punctuality in attendance, by professionals [21]. Establishing a trusting relationship with the health professionals is also a factor that contributes to the tranquility of women at delivery [23]. To provide comfort, is also to respect the privacy of pregnant woman, so that she feels safe and respected by health professionals, since "too much exposure of the body can cause embarrassment and discomfort to the woman and her family, preventing them from fully experience the birth of their baby" [16].

In this sense, there were also women who expressed dissatisfaction with health care, such as lack of privacy, inconsistency of information provided by the professionals, the lack of vacancies in the delivery room, the uncomfortable obstetric maneuvers, the professionals paying more attention to people they knew, among other distress felt during delivery. "The only thing I think is that they should be more careful about privacy, because as I had two half days and the doctors and nurses were all watching me, we should be more respected... a team enters and they will all feel me up" AO

Congo; "I went to the doctor, as I was already due, I was supposed to stay [in the maternity ward], I ended up going home because there were no vacancies" AP Switzerland "I was uncomfortable [when they used the suction cup]..." BM Portugal ; " it seems they are only friendly to people they known, but as I had no one..." BS Russia; "After childbirth, I was uncomfortable feeling very cold... during childbirth I had the serum, only walking to go to the bathroom otherwise I was always secured to the bed, because all of the wires" AB France. These speeches fall into the criticism concluded that the rights of pregnant women are not always respected by health professionals, including the right to information, and the unconditional respect. He cautions that the customer of a maternity, in most cases, is just a passive receiver of medical service, and this is also a breach of their rights, legitimizing the dissatisfaction of the customers interviewed [11].

- *Health care during post-partum*

The continued practice of primary nursing care has proved effective, increasing the satisfaction of mothers with the care provided, reducing postpartum problems and improving breastfeeding [25]. Most of the participants reported being satisfied with the care received, having had help from nurses with breastfeeding, taking care of the baby and with the problems as they arose with both the mother and the baby, having also been followed in the health centre. "When I had my son, I went through a depression phase and if it wasn't for her [the nurse helping] I do not know how it would have ended" AZ Ukraine; "I found that very interesting, it was very important the communication between the hospital and health centre, because when I got here to the health centre they were already waiting for me" AF Brazil; "at the end of the delivery when I returned to the room, I can only praise, on a scale of five, the care I received was five; the care the nurses provided both to the baby and me was five star" BS Russia; "at the beginning [postpartum] the nurse asked if I had ever breastfed my son and I said as it was the first time, I did not know how to do it, so he helped me" AJ Brazil. However, it was also referred to some dissatisfaction with the care by some participants, because of the lack of help from the professionals "I can not say that I had it [postpartum depression] because of this bad experience in the hospital [lack of help] but that did not help me. It made mine, an experience that could have been much prettier, a horrible experience " AY Canada.

- *Enjoying benefits during pregnancy due to being in Portugal*

Concerning the acquisition of rights by women living in Portugal, according to the Constitution of the Portuguese Republic, pregnant women and mothers are exempt from user fees in the Portuguese public health system, and can enjoy all the care underlying this condition for free [26]. Additionally, exemption from night work, maternity leave and paternity leave for consultations and breastfeeding, the allocation of subsidies and other rights are also offered [27]. However, not all mothers who were interviewed were aware of their rights regarding parenting, due to being in Portugal "I do not know the law; I do not know my rights" CN Moldova. In turn, the large majority of participants enjoyed various benefits

including the allowance, time off from work to go to appointments, sick leave, dental checks, surveillance care including free consultations and examinations, discount on medicines, exemption of user fees, leave for breastfeeding, free delivery, priority in public places, subsidies and free vaccines, and even maternity leave with absence from work, which according to what was found from the interviews was a right that some mothers expected to be for a longer period "I was hoping to have more time with my daughter [maternity leave]" NA France. Furthermore, there were still those who did not benefit from any of these rights for different reasons, but mainly because of the couple's income exceeds the maximum allowed in order to take advantage of subsidies. "We did not receive it, we had no right to prenatal allowance, the prenatal subsidy, simply because one of us received more than the minimum wage" BE Portugal.

V. CONCLUSION

Nurses have the opportunity to empower a woman to become a mother, they can give her a pleasant and successful experience, promoting access to health care in order to ensure the quality and quantity of such care during the surveillance of pregnancy, childbirth and postpartum. In this sense, health professionals must know the laws of the country where they are providing care, so that they can offer this type of information, thus contributing to improving access to health care. The quality of health care, as could be observed, depends on satisfying the customer. In this sense, a good assistance based on person-centred care, support, guidance and respect allows reducing the constraints, discomforts and consequent dissatisfaction. It is therefore important to be attentive to the real needs of the women throughout the whole stage, abandoning the practice of standardized care that does not always go with what is requested by the woman. Special attention should be paid to immigrant women whose difficulties of access to care and whose need for support are most evident, when comparing to Portuguese women, considering the results obtained, in which only immigrant women expressed dislike or failing to obtain a family doctor in the public health system, thus opting for private. Given the reality of the study country, in which is notorious an increasing reduction of available resources to provide to customers, institutions still seek to improve accessibility to health care [26], and the satisfaction shown by most participants should be noted. Both Portuguese and immigrant women praised the dedication of health professionals in order to meet and satisfy the needs of female patients, although the Order of Nurses consider that the care provided to the population in the Central region of Portugal, is still one of the aspects to improve [27].

Overall, we observed no significant differences in the treatment received by immigrants and Portuguese women in Portugal, varying only some aspects such as the fact that immigrant women expressed greater satisfaction with the treatment and care received. With regard to analgesia during labour, immigrant women were also reported, in a higher percentage, not having resorted to epidural analgesia opting for technical control of breathing.

As regards to social benefits, only the Portuguese women reported absence from work to attend the appointments of pregnancy surveillance, while the remaining social benefits were mentioned by both groups .

Health professionals should therefore know the laws of the country where they are providing care, so that they can deliver this type of information, thus contributing to improving access to health care.

REFERENCES

- [1] Shimizu, H. E., & Lima, M. G. As dimensões do cuidado pré-natal na consulta de enfermagem. *Revista Brasileira de Enfermagem*, 2009, 62, 387-392
- [2] Chick, N., & Meleis, A. I. *Transitions: A Nursing Concern*, 1986.
- [3] Meleis, A. I. *Transitions Theory. Middle range and situation specific theories in nursing research and practice*, L. Springer Publishing Company Ed. New York: Springer Publishing Company, 2010.
- [4] Instituto Nacional de Estatística, S. P. Estimativas anuais de imigração de 2012. Anual-INE. Em 2013, Outubro 10, em http://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&indOcorrCod=0006058&contexto=bd&selTab=tab2.
- [5] Lopes, J. R., Santos, M. C., Matos, M. S. D., & Ribeiro, O. P. *Multiculturalidade: Perspectivas da Enfermagem-Contributos para melhor cuidar: Lusociência*, 2009.
- [6] Graça, L. C. C., Figueiredo, M. d. C. B., & Carreira, M. T. C. Contributos da intervenção de enfermagem de Cuidados de Saúde Primários para a transição para a maternidade. *Revista de Enfermagem Referência*, 2011, serIII, 27-35.
- [7] Meleis, A. I. A Teoria das Transições. Comunicação apresentada em Conferência A Teoria das Transições, na Escola Superior de Enfermagem do Porto, Porto, 2013.
- [8] Marque, F. C., Dias, L. M. V., & Azevedo, L. A percepção da equipe de enfermagem, 2006.
- [9] Coutinho, E. C., & Parreira, M. V. B. C. Outra forma de olhar de olhar a mãe imigrante numa situação de transição. *Millenium*, 2011, 40, 83-97.
- [10] Couto, G. *Preparação para o parto*. Loures: Lusociência, 2003.
- [11] Marques, R. *Imigração em Portugal Rompendo o ciclo da exclusão. Cidade Solidária*, 2005, 2-9.
- [12] Ordem dos Enfermeiros. *Regulamento dos padrões de qualidade dos cuidados especializados em enfermagem de saúde materna. obstétrica e ginecológica*, 2011.
- [13] Couto, G. R. *Conceitualização pelas enfermeiras de preparação para o parto*. *Revista Latino-Americana de Enfermagem*, 2006, 14, 190-198.
- [14] Marôco, J. *Análise Estatística: com utilização do SPSS*. Lisboa: Edição Silab, 2007.
- [15] Fortuna, A. M., Amado, J., Mota, C., Lima, M. R., & Pinto, M. *Avaliação da qualidade do centro de diagnóstico pré-natal do instituto de genética médica/ Centro Hospitalar de Vila Nova de Gaia*. *Revista Portuguesa de Saúde Pública*, 2001.
- [16] Carraro, A. T. F. T. E. Conforto no processo de parto sob a prespetiva das puerperas. *Revista de Enfermagem UERJ*, 2012, 18 (3), 441-445.
- [17] Robertson, E., & Johansson, S.-E. Use of complementary, non-pharmacological pain reduction methods during childbirth among foreign-born and Swedish-born women. *Midwifery*, 2010, 26(4), 442-449. doi: 10.1016/j.midw.2008.10.005.
- [18] Lopes, V. R., & Martins, M.C. F. Factorial validation and adaptation of the connor-davidson resilience scale (CD-RISC-10) for brazilians. *Revista Psicologia Organizações e Trabalho*, 2011, 11(2), 36-50.
- [19] Hodnett ED, Gates S, Hofmeyr GJ, Sakala C, & J, W. Continuous support for women during childbirth (Review): The Cochrane Collaboration. *The Cochrane Library*, 2011.
- [20] Anim-Somuah M, S. R., Jones L. Epidural versus non-epidural or no analgesia in labour. *Epidural versus non-epidural or no analgesia in labour*, 2011. doi: 10.1002/14651858.
- [21] Queiroz, M. V. O., Jorge, M. S. B., Marques, J. F., Cavalcante, A. M., & Moreira, K. A. P. Indicadores de qualidade da assistência ao nascimento baseados na satisfação de puerperas. *Texto Contexto Enferm*, 2007, 16(3), 479-487.
- [22] WHO. *Cuidados de Saúde Primários- agora mais que nunca. Relatório Mundial de Saúde 2008*, 2008, 43-65.
- [23] FrelloI, A. T., & CarraroII, T. E. Componentes do cuidado de enfermagem no processo de parto, 2010, 12(1518-1944), 660-668. <http://www.fen.ufg.br/revista/v12/n4/v12n4a10.htm>.
- [24] Peterson, W., Charles, C., DiCenso, A., & Sword, W. The Newcastle Satisfaction with Nursing Scales: a valid measure of maternal satisfaction with inpatient postpartum nursing care. *Journal Of Advanced Nursing*, 2005, 52(6), 672-681. doi:10.1111/j.1365-2648.2005.03634.x
- [25] Hongwei, W., Senqi, H., Thobaben, M., Yanwen, H., & Tao, Y. Continuous primary nursing care increases satisfaction with nursing care and reduces postpartum problems for hospitalized pregnant women. *Contemporary Nurse: A Journal For The Australian Nursing Profession*, 2011, 37(2), 149-15
- [26] Portugal, *Diário da República - I Série-A, Decreto-Lei nº 173/2003*.
- [27] Portugal, *Portal do cidadão (Producer). Direitos dos pais*, 2014, Janeiro 6, Disponível em: https://www.portaldocidadao.pt/PORTAL/pt/Dossiers/DOS_5+++direito s+dos+pais.htm?passo=3

