

MELO, P. S. A. - KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) SURVEY ON HUMANIZATION IN THE ASSISTANCE PROVIDED DURING DELIVERY AND CHILDBIRTH

QUESTIONNAIRE NUMBER: _____

DATA FOR THE NURSE'S IDENTIFICATION

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|---|--|---------------------------------------|--|
| 01. Collection date: ___/___/___ | | 02. Name: _____ | |
| 03. Highest degree obtained: (0) Nursing undergraduate (1) Specialization (specify) _____ (2) Residency (specify) _____ (3) Master's Degree (4) PhD | | 04. Age (full years old) _____ | |
| | | 05. Workplace: _____ | |

For all the questions under the "KNOWLEDGE" block, please select the space corresponding to:

- (1)** I totally agree **(2)** I partially agree **(3)** I neither agree nor disagree
(4) I partially disagree **(5)** I totally disagree

| | | KNOWLEDGE | | | | | | SPACE FOR THE RESEARCHER |
|--|---|-------------------|---------------------|--------------------------------|------------------------|----------------------|--|--------------------------|
| PHYSICAL ENVIRONMENT | | 1 I totally agree | 2 I partially agree | 3 I neither agree nor disagree | 4 I partially disagree | 5 I totally disagree | | |
| DELIVERY ASSISTANCE PLACE | 1. The pregnant woman must be informed about the team that will assist her, the availability of pain relief methods and the possibility of transfer to a more complex unit | | | | | | | |
| | 2. The pregnant woman must be informed about the risks and benefits of hospital delivery, home delivery and/or in Birth Delivery Centers | | | | | | | |
| | 3. The pregnant woman with habitual risk must be supported in her decision regarding the choice of the place for delivery | | | | | | | |
| PROFESSIONAL ASSISTING DELIVERY | In the case of habitual-risk women, during labor the nurse must: | | | | | | | |
| | 4. Perform electronic fetal monitoring | | | | | | | |
| | 5. Perform vaginal examination every 2 hours | | | | | | | |
| | 6. Perform early amniotomy | | | | | | | |
| | 7. Prescribe oxytocin at the beginning of the 2 nd period | | | | | | | |
| | 8. Support involuntary pushes in the 2 nd period | | | | | | | |
| | 9. Perform prophylactic venous catheterization | | | | | | | |
| | 10. Encourage non-supine positions | | | | | | | |
| | 11. Perform perineal protection | | | | | | | |
| | During delivery assistance: | | | | | | | |
| | 12. The PDP (Prepartum, Delivery and Postpartum) bed, Swiss ball, Delivery stool, Electronic Sonar and Aromatherapy are instruments that may favor humanization of the assistance provided during delivery | | | | | | | |
| The following must be performed after childbirth in habitual-risk deliveries: | | | | | | | | |
| 13. Controlled cord traction after signs of placental separation | | | | | | | | |
| 14. Routine uterine examination (manual exploration) after delivery | | | | | | | | |
| INFORMATION AND COMMUNICATION | The pregnant woman in labor must be provided information about the following: | | | | | | | |
| | 15. Pain relief methods, including non-pharmacological (bathtub, shower, massage, penumbra, etc.) and pharmacological (regional analgesia and other drugs) | | | | | | | |
| | It is part of care and the role of the professional in caring for the woman, the newborn and the family: | | | | | | | |
| 16. To adapt the environment in which the parturient woman is to her needs, circumventing existing limitations (physical organization, resources and available methods) | | | | | | | | |
| DIET DURING LABOR | 17. Women with habitual-risk pregnancies in labor must receive a free diet with light and easily digestible food | | | | | | | |

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| ASEPSIS MEASURES FOR VAGINAL DELIVERY | The following must be used as asepsis measures in vaginal delivery: | | | | | | |
| | 18. Drinking water for vulvar and perineal cleansing if necessary, before vaginal examination and delivery | | | | | | |
| | 19. Use of degerming solutions for vulvar and perineal asepsis immediately before childbirth | | | | | | |
| | 20. Use of iodinated solutions for vulvar and perineal asepsis immediately before childbirth | | | | | | |
| ASSESSMENT OF FETAL WELL-BEING | Fetal well-being must be assessed through: | | | | | | |
| | 22. Rigorous and intermittent listening of the fetal heartbeats before and immediately after a contraction | | | | | | |
| | 23. Rigorous and intermittent listening of the fetal heartbeats for at least 1 minute | | | | | | |
| PAIN MANAGEMENT DURING LABOR | The following can be offered as non-pharmacological methods for pain relief and maternal well-being: | | | | | | |
| | 24. Water immersion | | | | | | |
| | 25. Warm bath | | | | | | |
| | 26. Massage techniques | | | | | | |
| | 27. Music therapy | | | | | | |
| | 28. Aromatherapy | | | | | | |
| ANALGESIA | Regarding analgesia during labor: | | | | | | |
| | 29. Penumbra | | | | | | |
| | 30. Analgesia with opioids | | | | | | |
| | 31. It can be applied in any phase of labor | | | | | | |
| | 32. It does not depend on the degree of cervical dilation | | | | | | |
| | 33. It must be used only after having exhausted the non-pharmacological methods | | | | | | |
| | 34. It can be used with parturient women in latent phase with intense pain | | | | | | |
| ASSISTANCE IN THE SECOND DELIVERY PERIOD | In the active phase of labor: | | | | | | |
| | 35. Walking and upright positions must be encouraged for pregnant women under epidural analgesia, when they feel comfortable and safe | | | | | | |
| | 36. The frequency of uterine contractions must be evaluated every hour | | | | | | |
| | 37. Temperature and pressure must be evaluated every 4 hours | | | | | | |
| | 38. The partograph, WHO model or equivalent, with a 4-hour action line, must be used to record labor progress | | | | | | |
| | 39. It is recommended to perform an enema for most women in active labor | | | | | | |
| | 40. Removal of pubic and perineal hair is recommended | | | | | | |
| | 41. Amniotomy must be considered in the face of suspected progress failure in the first stage of labor | | | | | | |
| | 42. Early amniotomy, associate with oxytocin or not, is recommended in women in labor who are not progressing well | | | | | | |
| 43. Women must be encouraged to move and adopt positions that are most comfortable for them during labor | | | | | | | |
| ASSISTANCE IN THE SECOND DELIVERY PERIOD | The following must be performed after confirmation of 10 cm dilation: | | | | | | |
| | 44. Ask the pregnant woman to do voluntary pushing | | | | | | |
| | 45. Establish strategies so that childbirth occurs within 4 hours, regardless of parity | | | | | | |
| | 46. Encourage the woman to adopt any other position she finds most comfortable, including the squatting, side, or four-support positions | | | | | | |
| | 47. The woman must be discouraged from being in supine, horizontal dorsal decubitus, or semi-supine positions | | | | | | |
| | 48. If spontaneous pushing is ineffective or if requested by the woman, other strategies must be offered to assist childbirth, such as changing position, emptying the bladder and encouragement | | | | | | |
| | 49. The Kristeller maneuver must not be performed in the second period of labor | | | | | | |
| ASSISTANCE IN THE THIRD DELIVERY PERIOD | In the third delivery period, you agree that: | | | | | | |
| | 50. The puerperal woman must be systematically evaluated immediately after delivery regarding her general physical condition, through the color of the skin and mucous membranes, blood loss, breathing and sensation of well-being | | | | | | |
| | 51. Active management in assistance during the third delivery period is recommended | | | | | | |
| | 52. It is indispensable to carefully assess the birth canal, investigating traumas, their extension, the structures involved, the apex of the lesion and bleeding | | | | | | |

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| MATERNAL CARE IMMEDIATELY AFTER DELIVERY | The following parameters must be assessed in the woman immediately after delivery: | | | | | | |
| | 53. Temperature | | | | | | |
| | 54. Pulse and blood pressure | | | | | | |
| | 55. Lochia | | | | | | |
| | 56. Uterine contractions | | | | | | |
| ASSISTANCE TO THE NEWBORN | The following is recommended during assistance to the healthy newborn: | | | | | | |
| | 58. Immediately and systematically assessing the newborn's breathing, heart rate and muscle tone | | | | | | |
| | 59. Covering the baby with a surgical drape or towel to keep them warm while maintaining skin-to-skin contact | | | | | | |
| | 60. Performing oropharyngeal and nasopharyngeal aspiration of the newborn | | | | | | |
| | 61. Clamping the umbilical cord after between 1 to 5 minutes | | | | | | |
| PSYCHOLOGICAL ENVIRONMENT | 62. Umbilical clamping after pulsation stops, unless there is any contraindication in relation to the cord or need for neonatal resuscitation | | | | | | |
| | | 1 I totally agree | 2 I partially agree | 3 I neither agree nor disagree | 4 I partially disagree | 5 I totally disagree | SPACE FOR THE RESEARCHER |
| INFORMATION AND COMMUNICATION | The pregnant woman in labor must be provided information about the following: | | | | | | |
| | 63. Risks and benefits of normal delivery | | | | | | |
| | 64. What she can expect in each phase of labor | | | | | | |
| | To start communication with the parturient woman and follow up the monitoring of labor, nurses must: | | | | | | |
| | 65. Introduce themselves and explain their role in care | | | | | | |
| | 66. Ask about her needs | | | | | | |
| | 67. Respect the written delivery plan | | | | | | |
| | 68. Assess what the woman knows about pain relief strategies and provide information to find which approaches are most acceptable to her | | | | | | |
| | It is part of care and the role of the professional in caring for the woman, the newborn and the family: | | | | | | |
| | 69. Ask if the pregnant woman has any delivery plan and analyze it | | | | | | |
| | 70. Ask for the parturient woman's permission before any procedure | | | | | | |
| 71. Assessing what the woman knows about pain relief methods and provide information about them | | | | | | | |
| ANALGESIA | Regarding analgesia during labor: | | | | | | |
| | 72. The woman's request is sufficient indication for its performance | | | | | | |
| ASSISTANCE IN THE THIRD DELIVERY PERIOD | In the third delivery period, you agree that: | | | | | | |
| | 73. The choice of the puerperal woman with habitual risk who requests expectant management in the third delivery period must be supported | | | | | | |
| MATERNAL CARE IMMEDIATELY AFTER DELIVERY | The following parameters must be assessed in the woman immediately after delivery: | | | | | | |
| | 74. Early assessment of the woman's emotional conditions in response to labor and delivery | | | | | | |

| | | The following is recommended during assistance to the healthy newborn: | | | | | |
|--|--|---|---------------------|--------------------------------|------------------------|----------------------|--------------------------|
| ASSISTANCE TO THE NEWBORN | 75. Nurses must care for the newborn from the period immediately before delivery, until the NB is sent to Rooming-in with the mother, to the Neonatal Unit, or even when kept with the mother in a pre-delivery, delivery and puerperium room | | | | | | |
| | 76. Stimulating and promoting immediate skin-to-skin contact between mother and baby immediately after childbirth | | | | | | |
| | 77. Separation of the newborn and the mother must be minimized, taking into account the clinical circumstances of both | | | | | | |
| | 78. Avoiding mother-child separation in the first hour after childbirth for routine procedures such as weighing, measuring and bathing | | | | | | |
| | 79. Encouraging early initiation of breastfeeding within the first hour of life | | | | | | |
| | SOCIAL ENVIRONMENT | 1 I totally agree | 2 I partially agree | 3 I neither agree nor disagree | 4 I partially disagree | 5 I totally disagree | SPACE FOR THE RESEARCHER |
| INFORMATION AND COMMUNICATION | 80. Knocking on the room or ward door and waiting before entering, respecting that place as the woman's personal space | | | | | | |
| | 81. Asking the woman and family about their desires and expectations | | | | | | |
| PHYSICAL AND EMOTIONAL SUPPORT | To provide emotional support to the parturient woman, nurses must: | | | | | | |
| | 82. Allow the parturient woman to freely choose her companion during labor and delivery | | | | | | |
| | 83. Offer continuous and individualized support | | | | | | |
| | 84. Offer support to the parturient woman even if she is accompanied by a person of her choice | | | | | | |
| | 85. Leave the woman alone for short periods of time or at her request | | | | | | |
| 86. Inform the parturient woman and her companion about the labor process | | | | | | | |
| ASSISTANCE IN THE THIRD DELIVERY PERIOD | In the third delivery period, you agree that: | | | | | | |
| | 87. The period immediately after childbirth is a very delicate period, when the woman and her companions will finally meet the child | | | | | | |
| ASSISTANCE TO THE NEWBORN | The following is recommended during assistance to the healthy newborn: | | | | | | |
| | 88. Ensuring that any examination, intervention or treatment of the child is carried out with the consent of the parents and also in their presence | | | | | | |
| | 89. All the professionals providing direct care during childbirth must be trained in neonatal resuscitation in accordance with recognized neonatal resuscitation guidelines | | | | | | |
| | 90. All the professionals providing direct care during childbirth must undergo training in neonatal resuscitation in accordance with recognized neonatal resuscitation guidelines every 2 years | | | | | | |

For all the questions under the "ATTITUDE" block, please select the space corresponding to:

(1) Always (2) Almost always (3) Sometimes (4) Rarely (5) Never

| ATTITUDE | | | | | | | |
|--|--|----------|-----------------|-------------|----------|---------|--------------------------|
| | | 1 Always | 2 Almost always | 3 Sometimes | 4 Rarely | 5 Never | SPACE FOR THE RESEARCHER |
| | PHYSICAL ENVIRONMENT | | | | | | |
| DELIVERY ASSISTANCE PLACE | 91. You consider it is necessary to inform the pregnant women about the team that will assist them, the availability of pain relief methods and the possibility of transfer to a more complex unit | | | | | | |
| | 92. You consider it is necessary to inform the pregnant women about the risks and benefits of hospital delivery, home delivery and/or in Birth Delivery Centers | | | | | | |
| PROFESSIONAL ASSISTING DELIVERY | During delivery assistance | | | | | | |
| | 93. The PDP (Prepartum, Delivery and Postpartum) bed, Swiss ball, Delivery stool, Electronic Sonar, Aromatherapy and Penumbra are instruments that can favor humanization of the assistance provided during delivery | | | | | | |
| DIET DURING LABOR | 94. You consider it important to offer a free diet with easily-digestible food to women with habitual-risk pregnancies | | | | | | |
| ASSESSMENT OF FETAL WELL-BEING | To asses fetal well-being, you consider it important to: | | | | | | |
| | 95. Strictly and intermittently listen to the fetal heartbeats before and immediately after a contraction | | | | | | |
| | 96. Strictly and intermittently listen to the fetal heartbeats for at least 1 minute | | | | | | |
| ASSISTANCE IN THE FIRST DELIVERY PERIOD | In the active phase of labor, you: | | | | | | |
| | 97. Consider it important to use the partograph, WHO model or equivalent, with a 4-hour action line to record delivery progress | | | | | | |
| | 98. Assess the need to perform an enema for women in labor | | | | | | |
| | 99. Assess the need to remove pubic and perineal hair for women in labor | | | | | | |
| | 100. Encourage women to move and adopt positions that are most comfortable for them during labor | | | | | | |
| ASSISTANCE TO THE NEWBORN | When assisting the healthy newborn, you: | | | | | | |
| | 101. Care about covering the baby with a surgical drape or towel to keep them warm while maintaining skin-to-skin contact | | | | | | |
| | 102. Think it is important to perform oropharyngeal and nasopharyngeal aspiration in the newborn | | | | | | |
| | 103. Try to wait from 1 to 5 minutes for umbilical cord clamping | | | | | | |

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|--|--|----------|-----------------|-------------|----------|---------|--------------------------|--|
| | 104. Try to wait for the umbilical cord pulsation to stop to do the clamping | | | | | | | |
| | PSYCHOLOGICAL ENVIRONMENT | 1 Always | 2 Almost always | 3 Sometimes | 4 Rarely | 5 Never | SPACE FOR THE RESEARCHER | |
| INFORMATION AND COMMUNICATION | For pregnant women in labor, you: | | | | | | | |
| | 105. Consider it important to inform the pregnant woman about the pharmacological and non-pharmacological pain relief methods | | | | | | | |
| | 106. Consider it important to inform the pregnant woman about what she can expect in each phase of labor | | | | | | | |
| | In the care provided to the woman, the newborn and the family, you try to: | | | | | | | |
| | 107. Consider it important to inform/request permission from the pregnant woman before any procedure | | | | | | | |
| ASSISTANCE IN THE THIRD DELIVERY PERIOD | In the third delivery period, you agree that: | | | | | | | |
| | 108. You try to support and respect the choice of the puerperal woman with habitual risk who asks for expectant management in the third delivery period | | | | | | | |
| ASSISTANCE TO THE NEWBORN | When assisting the healthy newborn, you: | | | | | | | |
| | 109. Care about stimulating and promoting immediate skin-to-skin contact between mother and baby immediately after childbirth | | | | | | | |
| | 110. Try to minimize separation of the newborn and the mother, taking into account the clinical conditions of both | | | | | | | |
| | 111. Care about stimulating early initiation of breastfeeding in the first hour of life | | | | | | | |
| | SOCIAL ENVIRONMENT | 1 Always | 2 Almost always | 3 Sometimes | 4 Rarely | 5 Never | SPACE FOR THE RESEARCHER | |
| INFORMATION AND COMMUNICATION | To start communication with the parturient woman and follow up the monitoring of labor, you: | | | | | | | |
| | 112. Consider it important to explain your role in care | | | | | | | |
| | 113. Consider it important to knock on the room or ward door and wait before entering, respecting that place as the woman's space | | | | | | | |
| | 114. Consider it important to respect the written delivery plan | | | | | | | |
| PHYSICAL AND EMOTIONAL SUPPORT | To provide emotional support to the parturient woman, you: | | | | | | | |
| | 115. Consider it important that the woman has a companion of her choice during labor | | | | | | | |
| | 116. Consider it important to inform the mother and her companion about labor | | | | | | | |
| ASSISTANCE TO THE NEWBORN | When assisting the healthy newborn, you: | | | | | | | |
| | 117. Care about not separating mother and child in the first hour after childbirth for routine procedures such as weighing, measuring and bathing | | | | | | | |
| | 118. Seek to be up-to-date/trained in neonatal resuscitation in accordance with recognized neonatal resuscitation guidelines | | | | | | | |
| | 119. Seek to be up-to-date/trained in neonatal resuscitation training according to recognized neonatal resuscitation guidelines every 2 years | | | | | | | |

For all the questions under the "PRACTICE" block, please select the space corresponding to:

(1) Always (2) Almost always (3) Sometimes (4) Rarely (5) Never

| | | PRACTICE | | | | | |
|---|--|----------|-----------------|-------------|----------|---------|--------------------------|
| | | 1 Always | 2 Almost always | 3 Sometimes | 4 Rarely | 5 Never | SPACE FOR THE RESEARCHER |
| DELIVERY ASSISTANCE PLACE | PHYSICAL ENVIRONMENT | | | | | | |
| | 120. You inform the pregnant women about the team that will assist them, the availability of pain relief methods and the possibility of transfer to a more complex unit | | | | | | |
| | 121. You inform the pregnant women about the risks and benefits of hospital delivery, home delivery and/or in Birth Delivery Centers | | | | | | |
| | 122. You support pregnant women with habitual risk in their decision of the delivery place | | | | | | |
| PROFESSIONAL ASSISTING DELIVERY | In the case of habitual-risk women, during labor you: | | | | | | |
| | 123. Monitor the baby electronically | | | | | | |
| | 124. Perform vaginal examination every 2 hours | | | | | | |
| | 125. Perform early amniotomy | | | | | | |
| | 126. Use Oxytocin at the beginning of the 2 nd period | | | | | | |
| | 127. Support spontaneous pushes in the 2 nd period | | | | | | |
| | 128. Perform prophylactic venous catheterization | | | | | | |
| | 129. Encourage non-supine positions during labor and delivery | | | | | | |
| | 130. Protect the perineum at the time of delivery | | | | | | |
| | After childbirth in habitual-risk deliveries, you: | | | | | | |
| | 131. Perform controlled cord traction after signs of placental separation | | | | | | |
| | 132. Perform a routine uterine examination (manual exploration) after delivery | | | | | | |
| | During delivery assistance, you: | | | | | | |
| 133. Use instruments to promote humanization the assistance provided during delivery (e.g.: PDP bed – Prepartum, Delivery and Postpartum, Swiss ball, Delivery stool, Electronic Sonar, Aromatherapy, Penumbra and others) | | | | | | | |
| INFORMATION AND COMMUNICATION | You instruct the pregnant woman in labor on: | | | | | | |
| | 134. Pain relief methods, including non-pharmacological (bathtub, shower, massage, dimness, etc.) and pharmacological (regional analgesia and other drugs) | | | | | | |
| | In the care provided to the woman, the newborn and the family, you: | | | | | | |
| 135. Adapt the environment in which the parturient woman is to her needs, circumventing the limitations of the place (physical organization, resources and available methods) | | | | | | | |

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| DIET DURING LABOR | 136. You allow women with normal pregnancies to receive a free diet with easily-digestible food during labor | | | | | | | |
| | | | | | | | | |
| ASEPSIS MEASURES FOR VAGINAL DELIVERY | Which asepsis measures do you use for vaginal delivery? | | | | | | | |
| | 137. Drinking water for vulvar and perineal cleansing if necessary, before vaginal examination and delivery | | | | | | | |
| | 138. Degerming solutions for vulvar and perineal asepsis immediately before childbirth | | | | | | | |
| | 139. Iodinated solutions for vulvar and perineal asepsis immediately before childbirth | | | | | | | |
| | 140. Standard hand-hygiene measures and use of gloves, not necessarily sterile | | | | | | | |
| ASSESSMENT OF FETAL WELL-BEING | You assess fetal well-being through: | | | | | | | |
| | 141. Rigorous and intermittent listening of the fetal heartbeats immediately after a contraction | | | | | | | |
| | 142. Rigorous and intermittent listening of the fetal heartbeats for at least 1 minute | | | | | | | |
| PAIN MANAGEMENT DURING LABOR | Which methods for pain relief and maternal well-being do you use/do? | | | | | | | |
| | 143. Water immersion | | | | | | | |
| | 144. Warm bath | | | | | | | |
| | 145. Massage techniques | | | | | | | |
| | 146. Music therapy | | | | | | | |
| | 147. Aromatherapy | | | | | | | |
| | 148. Penumbra | | | | | | | |
| ANALGESIA | Regarding delivery analgesia, you: | | | | | | | |
| | 149. You discuss analgesia with opioids with the team | | | | | | | |
| | 150. Together with the team, you offer labor analgesia to the woman, regardless of the delivery phase and the dilation degree | | | | | | | |
| | 151. Offer analgesia to the parturient women in latent phase with intense pain, after having exhausted the non-pharmacological methods | | | | | | | |
| | 152. Encourage the pregnant women under epidural analgesia to walk and adopt upright positions, when they feel comfortable and safe | | | | | | | |
| ASSISTANCE IN THE FIRST DELIVERY PERIOD | In the active phase of labor, you: | | | | | | | |
| | 153. Evaluate the frequency of uterine contractions every hour in the active phase of labor | | | | | | | |
| | 154. Evaluate temperature and pressure every 4 hours in the active phase of labor | | | | | | | |
| | 155. Use the partograph, WHO model or equivalent, with a 4-hour action line to record delivery progress | | | | | | | |
| | 156. Perform an enema during labor | | | | | | | |
| | 157. Perform pubic and perineal hair removal during labor | | | | | | | |

| | PSYCHOLOGICAL ENVIRONMENT | 1 Always | 2 Almost always | 3 Sometimes | 4 Rarely | 5 Never | SPACE FOR THE RESEARCHER |
|--|---|----------|-----------------|-------------|----------|---------|--------------------------|
| INFORMATION AND COMMUNICATION | You instruct the pregnant woman in labor on: | | | | | | |
| | 181. Risks and benefits of normal delivery | | | | | | |
| | 182. What she can expect in each phase of labor | | | | | | |
| | To start communication with the parturient woman and follow up the monitoring of labor, you: | | | | | | |
| | 183. Respect the written delivery plan | | | | | | |
| | 184. Assess what the woman knows about pain relief strategies and provide information to find which approaches are most acceptable to her | | | | | | |
| | In the care provided to the woman, the newborn and the family, you: | | | | | | |
| | 185. Ask if the pregnant woman has any delivery plan and analyze it | | | | | | |
| 186. Ask for the pregnant woman's permission before any procedure | | | | | | | |
| 187. Assess what the woman knows about pain relief methods and provide information about them | | | | | | | |
| ASSISTANCE IN THE THIRD DELIVERY PERIOD | In the third delivery period, you: | | | | | | |
| | 188. Support and respect the choice of the puerperal woman with habitual risk who asks for expectant management in the third delivery period | | | | | | |
| ASSISTANCE TO THE NEWBORN | When assisting the healthy newborn, you: | | | | | | |
| | 189. Stimulate/Promote immediate skin-to-skin contact between mother and baby immediately after childbirth | | | | | | |
| | 190. Encourage/Promote early initiation of breastfeeding within the first hour of life | | | | | | |
| | SOCIAL ENVIRONMENT | 1 Always | 2 Almost always | 3 Sometimes | 4 Rarely | 5 Never | SPACE FOR THE RESEARCHER |
| INFORMATION AND COMMUNICATION | To start communication with the parturient woman and follow up the monitoring of labor, you: | | | | | | |
| | 191. Introduce yourself and explain your role in care | | | | | | |
| | 192. Ask about her needs | | | | | | |
| | 193. Knock on the room or ward door and wait before entering, respecting that place as the woman's personal space | | | | | | |
| | In the care provided to the woman, the newborn and the family, you: | | | | | | |
| 194. Ask the woman and family about their desires and expectations | | | | | | | |
| PHYSICAL AND EMOTIONAL SUPPORT | To provide emotional support, you: | | | | | | |
| | 195. Allow the woman to have a companion of her choice during labor and delivery | | | | | | |
| | 196. As regards hospital team, you provide continuous and individualized support | | | | | | |
| | 197. Offer support to the parturient woman even if she is accompanied by a person of her choice | | | | | | |

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|----------------------------------|--|--|--|--|--|--|--|
| | 198. Leave the woman alone for short periods of time or at her request | | | | | | |
| | 199. Inform the parturient woman and her companion about the labor process | | | | | | |
| ASSISTANCE TO THE NEWBORN | When assisting the healthy newborn, you: | | | | | | |
| | 200. Monitor the newborn from the period immediately before delivery, until the NB is sent to Rooming-in with the mother, to the Neonatal Unit, or even when kept with the mother in a pre-delivery, delivery and puerperium room (PDP) | | | | | | |
| | 201. Minimize separation of the newborn and the mother, taking into account the clinical conditions of both | | | | | | |
| | 202. Avoid separating mother and child in the first hour after childbirth for routine procedures such as weighing, measuring and bathing | | | | | | |
| | 203. Ensure that any examination, intervention or treatment of the child is carried out with the consent of the parents and also in their presence | | | | | | |
| | 204. Undergo training in neonatal resuscitation in accordance with recognized neonatal resuscitation guidelines | | | | | | |
| | 205. Undergo training in neonatal resuscitation in accordance with recognized neonatal resuscitation guidelines every 2 years | | | | | | |

REFERENCES

1. Brasil M da S. Diretrizes Nacionais de Assistência ao Parto Normal. 1º Edição. Ministério da Saúde, Secretaria de Ciência T e IE, editor. Brasília - DF: Ministério da Saúde- Brasil; 2017. 5-7 p.
2. Lobo ML. Florence Nightingale. In: In: Júlia B George - Teorias de Enfermagem - Os fundamentos da Prática profissional. 4º Edição. Porto Alegre - RS: Artes Médicas; 2000. p. 34-44.