

THEORETICAL ARTICLE/ESSAY

Obstetric care in the COVID-19 pandemic: Communication interactions between nurse midwives, woman, and doula

Cuidado obstétrico na pandemia de COVID-19: Interrelações comunicacionais entre enfermeiro obstetra, mulher e doula

Cuidado obstétrico en la pandemia de COVID-19: Interrelaciones comunicativas entre enfermero obstetra, mujer y doula

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Abstract

Background: Obstetric care, a positive birth experience, and professional interactions were affected by the COVID-19 pandemic and had to be restructured.

Objective: To describe the communication process between doulas and obstetric nurses during the COVID-19 pandemic.

Main topics under analysis: Disturbances in the interaction of the health team have impacted aspects such as communication in health and collaboration, with deficits in the interpersonal relationships between nurses, doulas, and women. It is associated with autonomy of action and professional interactions, where conflicts and loss of quality of care were observed. Health sector reforms are urgent, including the delivery of respectful and quality care to women, families, and communities.

Conclusion: The communication process has been negatively affected by the COVID-19 pandemic, requiring the development of interaction mechanisms to facilitate care activities and strategies to improve power relations between obstetric nurses and doulas in caring for women.

Keywords: care; woman; nurse midwives; doulas; COVID-19

Resumo

Enquadramento: O cuidado obstétrico e a garantia da experiência de parto, assim como as interações profissionais foram atingidas pela pandemia de COVID-19, sendo necessárias reestruturadas.

Objetivo: Retratar o processo de comunicação entre a doula e o enfermeiro no cuidado obstétrico no contexto da pandemia de COVID-19.

Principais tópicos em análise: Perturbações na interação da equipa de saúde têm vindo a repercutir-se em elementos como a comunicação em saúde e a colaboração, com déficits nas relações interpessoais entre enfermeiro e doula direcionadas à mulher. Associa-se à autonomia na execução e às interações profissionais, em que os conflitos e a perda de qualidade na assistência são observados. Reformas no trabalho em saúde incluindo respeito e qualidade no cuidado à mulher, família e comunidade são urgentes.

Conclusão: O processo de comunicação tem sido prejudicado pela pandemia de COVID-19, o que exige o desenvolvimento de mecanismos de interação que facilitem as atividades de cuidado e as estratégias de melhoria das relações de poder que ocorrem entre enfermeiro obstetra e doula no cuidado da mulher.

Palavras-chave: cuidado; mulher; enfermeiras obstétricas; doulas; COVID-19

Resumen

Marco contextual: La atención obstétrica y la garantía de la experiencia del parto, así como las interacciones profesionales se han visto afectadas por la pandemia de COVID-19, y es necesario reestructurarlas.

Objetivo: Retratar el proceso de comunicación entre la doula y el enfermero en la atención obstétrica en el contexto de la pandemia de COVID-19.

Principales temas en análisis: Las alteraciones en la interacción del equipo de salud han impactado en elementos como la comunicación sanitaria y la colaboración, y conllevan déficits en las relaciones interpersonales entre enfermeros y doulas dirigidas a la mujer. Se asocia a la autonomía en la ejecución y a las interacciones profesionales, en las que se observan conflictos y pérdida de calidad en la asistencia. Urge llevar a cabo reformas en el trabajo sanitario que incluyan el respeto y la calidad en la atención a la mujer, la familia y la comunidad.

Conclusión: El proceso de comunicación se ha visto perjudicado por la pandemia de COVID-19, lo que exige desarrollar mecanismos de interacción que faciliten las actividades de atención y las estrategias de mejora de las relaciones de poder que tienen lugar entre enfermero obstetra y doula en la atención a la mujer.

Palabras clave: cuidado; mujer; enfermeras obstétricas; doulas; COVID-19

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Introduction

Health care has acquired new characteristics during the pandemic caused by the novel coronavirus, with significant changes in care models and health systems' organization. Its high infection and mortality rates have had an impact on collective and individual behaviors. It has been influencing social relationships, areas of health care, care and professional practices, and the world economy, impacting international financial markets and industries worldwide (Rafael et al., 2020).

Declared a global health emergency, with 107,423,526 confirmed COVID-19 cases on 11 March 2021 (Organização Panamericana de Saúde, 2021), important reflections and strategies have been carried out about changes in public health policies.

An example is the isolation and social distancing strategies used in several countries, such as China, Italy, Spain, the United States, and Brazil, to reduce the contamination curve, the number of confirmed cases, and the burden on health systems, with proven results (Cruz, 2020). Concerning maternal and fetal health in Brazil, labor and childbirth care practices also changed to preserve maternal and fetal health and provide a safe and high-quality labor and childbirth experience in this new context (Ashokka et al., 2020).

Early studies on pregnant women with COVID-19 found rare cases of vertical transmission and identified the need for strict professional protection criteria and dynamic resolutions to avoid negative outcomes for mothers and newborns (Ashokka et al., 2020; Egloff et al., 2020). This body of evidence challenges childbirth care practices, especially in regions that historically suffer from social, economic, and health inequalities (Aquino et al., 2020). The implications of the pandemic go beyond the risk of infection and infiltrate the dynamics of life, the relationships, and the communication that build society and professional relationships in health. Social distancing, individual isolation, and protective measures affect the forms of communication and interaction worldwide (Aquino et al., 2020).

From this perspective, obstetric care aims at offering an adequate childbirth experience with minimal interventions while ensuring women's dignity and empowerment during labor and their leading role in care-related decisions.

As a facilitator of the dynamics of the childbirth process, the obstetric nurse is aligned with the humanized practices of care and assistance to women during labor and childbirth (Duarte et al., 2020). However, given the new health care structures associated with the pandemic, different approaches have been implemented to deliver adequate and safe care to women and newborns and protect the professionals of the maternal and child health service (Ashokka et al., 2020).

One factor that changed was the interactions between obstetric nurses and other support components in birthing facilities, including doulas. Doulas emerge in the obstetric scenario as a source of physical, informational, and emotional support in the experiences during preg-

nancy and the postpartum period, being intrinsically associated with positive outcomes (Wint et al., 2019). One of their main skills in the performance of activities is the communication with the family and the woman during pregnancy and childbirth (Herculano et al., 2018). In Brazil, a doula is a person trained in physiology of labor, non-pharmacological pain relief methods, postnatal care, and breastfeeding, being considered an occupation (Herculano et al., 2018).

Communication in health is an important mechanism for building interdisciplinary relationships, collaboration, and cooperation to change health situations, phenomena, and realities (Tørring et al., 2019). Communication is one of the foundations of health care professionals (Herculano et al., 2018; Tørring et al., 2019), including professionals such as obstetric nurses and assistants such as doulas. Doulas have essential skills for the development of labor activities and labor monitoring.

Studies should be conducted to analyze the challenges involved in the delivery of care to women in labor in case of suspected COVID-19 infection. It is important to understand this new reality in health to introduce changes and restructure the doula-woman-family-health team interactions. These measures will minimize the potential negative impact of this pandemic context on pregnant women, such as a reduction in vaginal births and an increase in cesarean sections, which were already high in Brazil, corresponding to approximately 56% of births in public facilities and 83% in private facilities in 2018 (Oliveira et al., 2020).

The pandemic weakened and deconstructed individual and collective relationships, leading to the development of different attitudes in health. Thus, communication and interaction must be restructured, especially those related to the work dynamics of doulas and obstetric nurses.

This reflective article aims to describe the communication process between doulas and obstetric nurses in obstetric care during the COVID-19 pandemic.

Development

This article reflects about the experience of obstetric nurses and doulas in communicating with the subjects-actors in childbirth during the COVID-19 pandemic. This study shows the communication interactions between doulas and obstetric nurses in the activities developed in the state of Ceará, one of the Brazilian states most affected by the pandemic. It covers the period between March 2020 and February 2021, consisting of reports of experiences from life and work experiences in health derived from the reflective and conceptual memory of the enunciating subject.

After organizing the experience reports, the authors built the thematic categories using the content analysis technique. After reading the reports, the authors identified the themes in the experience report and, after inferences and interpretations, built the categories mainly based on the relevance of the issues addressed and their association with the objectives. Two categories emerged: Interactions

between obstetric nurses and doulas in obstetric care during the pandemic and Development of strategies to transform the communicational experience between obstetric nurses and doulas in obstetric care.

Interactions between obstetric nurses and doulas in obstetric care during the pandemic

With the pandemic and its restrictions, such as social distancing and isolation, the professional relationships in obstetric care were reinvented from the perspective of the direct care to women and their birth companions to multiply their interactive capabilities and attitudes of support in situations of fragility in the relational dynamics with pregnant women.

Brazil is experiencing an uncontrolled increase in the number of COVID-19 cases in several states and municipalities, with about 11,363,380 confirmed cases and 275,105 deaths registered by 12 March 2021 (Ministério da Saúde do Brasil, 2021). In this context, it was urgent to reorganize health institutions and develop protocols and flowcharts for maternity hospitals and hospitals of reference in maternal and child health.

Doulas have emerged recently in the childbirth scenario and have been assuming an important role in providing support to women during labor and as a source of information and training in maternal and child health. Many studies indicate that their presence contributes to the humanization of the experience of the pregnancy-puerperal cycle, which is considered a unique moment for women and their families (Wint et al., 2019; Herculano et al., 2018).

Initially, there were no records of hospital restrictions to doulas' work, except for the case when doulas or pregnant women's birth companions had COVID-19 symptoms. However, today almost all maternity hospitals and hospitals that allowed the presence of doulas before the pandemic have included the doula's activity in their institutional protocols to respond to childbirth care and labor monitoring processes.

Care processes were reinvented through collaboration between obstetric nurses and doulas, but also through the implementation of restrictive measures and the reduction in the number of potentially contaminated people in the childbirth setting.

Studies indicated that asymptomatic carriers of COVID-19 can spread the virus through direct contact with contaminated surfaces or respiratory droplets. To make matters worse, there were reports of lack of protective equipment for healthcare workers directly or indirectly involved in care (Ashokka et al., 2020; Gallasch et al., 2020; Rafael et al., 2020).

In view of this situation, the first reflection was on the loss of pregnant women's rights and compromised humanized childbirth, which people have fought so hard to consolidate in Brazilian and international maternal and child health institutions. Moreover, the isolation of women during labor could increase the reports of obstetric violence and the number of indications for termination of pregnancy through cesarean section, as well as increase the feelings of insecurity, anxiety, and fear related to the risk of contamination.

The Brazilian obstetric scenario during the pandemic reflects a decrease of autonomy and importance of women and their families in the childbirth experience, subjecting women to institutionalization and practices that were often unnecessary and iatrogenic, determining the process of medicalization of childbirth and hegemony of the technocratic obstetric model (Herculano et al., 2018; Oliveira et al., 2020).

One of the main obstetric attitudes is the reinforcement in the guidelines of cesarean deliveries as an intervention in labor dystocia and high-risk pregnancies. According to the World Health Organization (WHO), an acceptable rate for cesarean sections is 10-15%, which is different from that observed in recent years in developed and developing countries (Herculano et al., 2018; Oliveira et al., 2020). Early evidence on the recommendation of cesarean sections in pregnant women with COVID-19 describes a decision to terminate pregnancy in specific cases, such as the presence of hemodynamic instability and fetal and/or maternal risk, being performed on a case-by-case basis (Ashokka et al., 2020; Egloff et al., 2020).

Reported risk factors include the environment in the delivery suite, with a high number of people in a closed space, longer hospital stays with increased risk for mothers and infants, the risks of unnecessary surgical complications, and the isolation imposed during the puerperium in the pandemic period (Ashokka et al., 2020).

In this challenging obstetric reality, other factors influence the health team's activities, such as problems related to workplace communication in health and its consequences, compromised professional interactions, poor quality of care, interprofessional conflicts, and stress from the risks associated with the COVID-19 pandemic. In addition, the implications of obstetric nurses' limited power and autonomy and the inclusion of doulas in the childbirth setting have contributed to the loss of quality of obstetric care, especially considering the lack of legislation in Brazil including the doula in the obstetric setting and that it is legally considered an occupation rather than a regulated profession (Duarte et al., 2020; Herculano et al., 2018). Thus, previous factors in combination with the circumstances of isolation and distancing imposed by the COVID-19 pandemic have affected the work relationships, with one of the main affected activities being the communication between women, obstetric nurses, and doulas.

Another topic under discussion has been the increased anxiety experienced by pregnant women given that many of them had already made their birth plan and had to quickly change their decisions, giving up their doulas or even their birth companions. Doulas were often not allowed to enter some health institutions, and there was some uncertainty regarding the presence of the team and the fear of vertical transmission of COVID-19 (Egloff et al., 2020).

Making a birth plan involves not only knowing the maternity hospital where the birth will take place and the health team that will be present but also an imaginary construction of this experience in the life of the woman, family, and community, being an important WHO recommendation for perinatal care since 1996 (Pasqualotto et al., 2020).

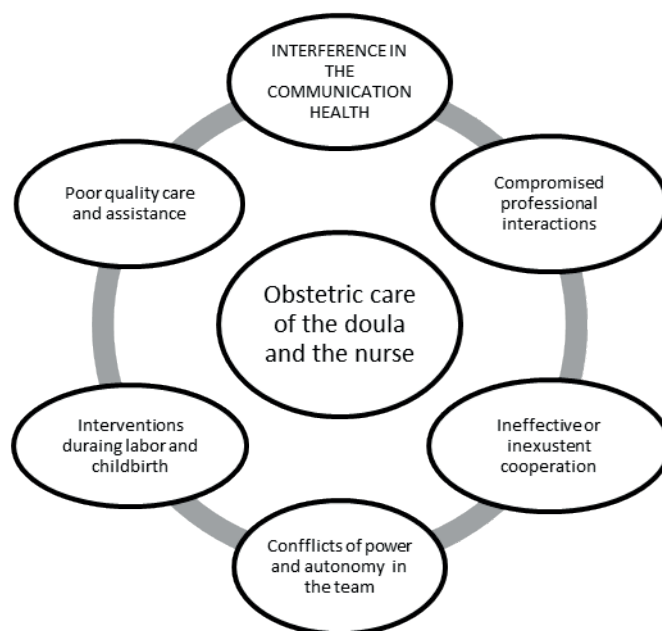
Concerning doulas, women were surprised with the unexpected changes in the childbirth scenario, namely the use of protective equipment, a concern with close contacts, and the interruption of the woman-doula interaction. As a result, the communication process was affected by the

distancing imposed by the health measures implemented worldwide (Cruz, 2020).

Figure 1 illustrates the interferences in the workplace communication in health and their impact on obstetric care.

Figure 1

Interferences in the workplace communication in health during the COVID-19 pandemic



The processes of interference imposed by the pandemic in the communication between those involved in childbirth compromise the interactions for the development of activities, affect the cooperation between individuals in childbirth activities, and lead to conflicts for autonomy. Unfavorable outcomes include an increase in unnecessary interventions, including indications for cesarean sections, and a decrease in the quality of planned and humanized childbirths.

The challenge is to overcome the limitations in obstetric care related to the communication in health that were intensified by the pandemic, in which the fear of contamination is greater than the guarantee of a rich and humanized birth experience.

Development of strategies to transform the communicational experience between obstetric nurses and doulas in obstetric care

In the COVID-19 pandemic, giving new meanings to the dynamic constructions of the work in maternal and child health involves the organization of life, the workplace, and the health and illness processes. Thus, occupational suffering, changes in health workers' mental health, and the recovery of well-being and pleasure (Dantas, 2021) are aspects that should be considered in the delivery of

obstetric care and can contribute to complex changes in health outcomes.

Working relationships in health are factors directly related to the quality of care delivery to women who undergo interventions that are often unnecessary, imposed, and do not take women and their singularities into account in the care processes. Interpersonal relationships are key elements that contribute to this dynamic, as well as communication and overcoming difficulties and conflicts (Miltona et al., 2020).

In this context, obstetric nurses and doulas have reconstructed the interaction and communication models, first between them and then with the women through strategies with the family, technology, and the remaining health team members. As different actors with different qualifications and skills, it should be noted that in Brazil doulas receive training to deliver care and the obstetric nurse has a higher education degree. Their actions are interconnected to achieve the main objective: to ensure a humanized childbirth, where women are the protagonists of the birth experience and obstetric nurses collaborate as professional facilitators and doulas as support providers (Ferreira Júnior et al., 2021; Herculano et al., 2018).

One of the strategies was to strengthen the role of birth companions because their contribution had never been

so important. They are the subject of action in the birth setting, provide physical and emotional support during labor, and help develop care plans and build the dimensionality of experiences (Wint et al., 2019; Herculano et al., 2018).

It should be noted that some maternity hospitals still do not respect Federal Law No. 11.108, ensuring women's right to a companion of choice during labor and childbirth (Silva & Siqueira, 2020). Some institutions force pregnant women to choose between the doula and another person as birth companions, not respecting the women's perspective and the doulas' employment status in this process. However, it is important to highlight that the companion's role is also to participate in decision-making in case of unforeseen events and is a key factor in the success or failure of childbirth (Silva & Siqueira, 2020). In an attempt to reduce the repercussions of this difficulty, another strategy adopted was the reconstruction of interactions to ensure high-quality care and female protagonism in the birth setting, in compliance with the guidelines of the *Estratégia Rede Cegonha* and *Programa de Humanização no Pré-Natal e Nascimento* (Silva & Siqueira, 2020) for women without symptoms.

These strategies involve defining the competencies and roles of the several actors, improving communication skills, establishing trust and autonomy, and updating practices based on scientific evidence to protect nurses, doulas, and women giving birth.

Communication based on knowledge sharing, listening, interpretation, and understanding for setting goals with feasible objectives is an important aspect of the work developed in the health area (Tørring et al., 2019; Rodrigues et al., 2020) that should be strengthened, at this point, between obstetric nurses and doulas.

Several studies have underlined the importance of the communication process and how its weaknesses contribute to difficulties within the interprofessional health team and in the safety and quality of patient care (Tørring et al., 2019; Miltona et al., 2020; Rodrigues et al., 2020). Communication contributes to the development of skills like openness and bond-building and the cooperation between different health team members, strengthening safety measures to prevent transmission (Rodrigues et al., 2020), ensuring equity and humanization in obstetric practices, and increasing the satisfaction of women, families, and the community.

This moment results in the development of cooperation and collaboration considering each particular case, the woman's socio-cultural context, and her wishes and future perspectives about labor and childbirth. Collaborative models have led to significant changes in the

work environments in health, leadership, appropriate and competent performances (Behruz et al., 2017; Rodrigues et al., 2020), emphasizing the development of trust, organization, competent skills, and decision-making power (Miltona et al., 2020).

The pandemic requires collaboration to overcome increasing demands, infection risks, worsening of clinical cases, and isolation in care processes, with communication being the main tool in this critical context. Rich interactions, enhanced and efficient collaboration dynamics are described in care spaces mediated by the communication and interaction between the health team (Behruzi et al., 2017). Autonomy in actions and decision-making power within the health care team are components related to improved performance that should be highlighted in obstetric care (Ferreira Júnior et al., 2021).

The key aspects to be improved to enhance these requirements are harmonization within the team, reduction of stress, and development of effective interactions between obstetric nurses and doulas during childbirth.

Historically characterized by complications regarding autonomy in childbirth care dominated by obstetricians, the insertion of doulas in the childbirth scenario created conflicts with other professional categories concerning the definition of their specific techniques and knowledge, opposition to traditionally performed techniques, as well as disputes of obstetric models and areas of activity (Herculano et al., 2018).

Considering the reality described above, with the implications of the pandemic regarding the limitation of the number of people in this scenario and the use of personal protective equipment and inherent risks (Ashokka et al., 2020), the problems regarding autonomy in performance and competencies increased. For this reason, they must be rethought and redefined to reduce their impact on obstetric care.

Mutual respect is another important aspect that, together with the development of trust and professional bonds, contributes to overcoming weaknesses in the health team.

The respect for opinions contributes to co-responsibility, commitment, and cooperation in health (Behruzi et al., 2017; Ferreira Júnior et al., 2021; Rodrigues et al., 2020). Moreover, the reconstruction of communication in this process represents advances in the interaction between women, obstetric nurses, doulas, and families, provides support to women during pregnancy, childbirth, and the postpartum period, and reduces anxiety, fear, iatrogenic risks, and unnecessary interventions (Wint et al., 2019; Herculano et al., 2018). Table 1 shows some strategies to overcome communication difficulties and their consequences:

Table 1

Strategies to overcome communication difficulties during the COVID-19 pandemic

Health team	Weaknesses	Strategies
Obstetric Nurse and Doula	Communication deficiencies	Use of communication skills: listening, attention, and interpretation of information
	Weakened cooperation and collaboration	Building inter-team interactions, defining responsibilities and decision-making skills, establishing trust
	Power and autonomy conflicts	Harmony, respect, and definition of professional and occupational skills in the team
	Unnecessary interventions during labor and childbirth	Evidence-based, safe practices to reduce the risk of infection

From the perspective of doulas and obstetric nurses, the use of verbal and nonverbal communication in health is intrinsically linked to the performance of their activities and the development of relationships between women, families, and the health team. The relationships between the health team and doulas and between them and pregnant women and their families contribute to increasing the number of beneficial and positive practices during the pregnancy-puerperal cycle (Duarte et al., 2020; Herculano et al., 2018; Oliveira et al., 2020; Pasqualotto et al., 2020).

Conclusion

Due to the pandemic, women have had to face changes in their pregnancy, childbirth, and puerperium processes concerning the support in health organizations worldwide and adapt to the reality of fighting the COVID-19 disease and the isolation protocols in the birth setting.

This study contributes to discussing the role of communication between obstetric nurses and doulas in the implementation of humanized practices directed to pregnant women and the adaptation to changes to maintain the quality of obstetric care in a pandemic context.

Thus, holding discussions within maternity hospitals and other institutions that assist women in labor and include doulas in the childbirth process, along with nurses, can increase normal birth rates, even in the face of complex health contexts such as the COVID-19 pandemic.

New changes in the current scenario have led to new strategies to improve women's health, support to research in the area that promotes the insertion of doulas, and the revision of care protocols for the involvement of professionals related to obstetric care in pandemic situations in Brazil.

There is a need to reshape and rebuild through new mechanisms such as interactions, cooperation, conflict resolution, and communication with women, families, and the health care team to eliminate barriers in the tasks and achieve positive results in the support to the childbirth experience.

Author contributions

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