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Original

Using good delivery practices and maternal experience and satisfaction

Utilização das boas práticas no parto e experiência e satisfação materna

Utilización de buenas prácticas de parto y experiencia y satisfacción materna

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Abstract

Objective: To describe the use of good practices in delivery and childbirth care and the satisfaction levels and experiences of puerperal women with their deliveries. **Methods:** A cross-sectional study conducted from July 2017 to January 2018 in a reference maternity hospital from Fortaleza, Ceará. The Childbirth Experience and Satisfaction Questionnaire and another one to assess the sociodemographic and obstetric data were used for data collection. The data were analyzed in the *Statistical Package for the Social Science*. The study was approved by the Research Ethics Committee. **Results:** The participants were 237 puerperal women with a mean age of 26 years old. 168 (70.9%) women were quite satisfied with the institution's structure, 119 (50.2%) with the professional care provided, and 160 (67.5%) with labor and delivery. Among the factors that were associated with positive experiences with delivery, the most important are skin-to-skin contact, stimulating breastfeeding, and using non-pharmacological pain relief methods. **Conclusion:** For a more positive experience with delivery, it is worth emphasizing the importance of more humanized approaches that encourage practices such as skin-to-skin contact and early breastfeeding initiation, as well as ensuring that health professionals provide holistic care.

Descriptors: Patient Satisfaction; Obstetric Nursing; Labor. Normal Delivery; Humanized Delivery.

Whats is already known on this?
The importance of humanized assistance based on women's needs can contribute to the satisfaction levels regarding delivery and childbirth care.

What this study adds?
The women reported being quite satisfied with the parturition process, in addition to having a positive experience, mainly in terms of the care provided by the professionals and of the physical structure of the maternity hospital.

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Resumo

Objetivo: *Descrever a utilização das boas práticas de atenção ao parto e nascimento e o grau de satisfação e experiência de puérperas com o parto.* ***Métodos:*** *Estudo transversal, realizado no período de julho de 2017 a janeiro de 2018, em uma maternidade de referência em Fortaleza, Ceará. Para coleta de dados utilizou-se o Questionário de Experiência e Satisfação com o Parto e questionário para avaliação dos dados sociodemográficos e obstétricos. Os dados foram analisados no software Statistical Package for the Social Science. O estudo foi aprovado pelo Comitê de Ética em Pesquisa.* ***Resultados:*** *Participaram 237 puérperas com média de idade de 26 anos. 168 (70,9%) mulheres estiveram bastante satisfeitas com a estrutura da instituição, 119 (50,2%) com os cuidados profissionais prestados e 160 (67,5%) com o trabalho de parto e parto. Dentre os fatores que estiveram associados à experiência positiva com o parto, destaca-se a realização do contato pele a pele, o estímulo ao aleitamento materno e a utilização dos métodos não farmacológicos de alívio da dor.* ***Conclusão:*** *Para uma experiência mais positiva de parto, ressalta-se a importância de abordagens mais humanizadas que incentivem práticas como contato pele-a-pele e início precoce do aleitamento materno, além de garantir que profissionais de saúde forneçam cuidados holísticos.*

Descritores: *Satisfação do Paciente; Enfermagem Obstétrica; Trabalho de Parto; Parto Normal; Parto Humanizado.*

Resumén

Objetivo*: Describir cómo se emplean las buenas prácticas de asistencia al parto y al nacimiento y el grado de satisfacción y la experiencia de mujeres puérperas con el parto.* ***Métodos:*** *Estudio transversal realizado entre julio de 2017 y enero de 2018 en una maternidad de referencia en Fortaleza, Ceará. Para recolectar los datos se utilizó el Cuestionario de Experiencia y Satisfacción con el Parto y otro para evaluar los datos sociodemográficos y obstétricos. Los datos se analizaron en el programa de software Statistical Package for the Social Science. El estudio fue aprobado por el Comité de Ética en Investigación.* ***Resultados:*** *Las participantes fueron 237 mujeres puérperas con una media de edad de 26 años. 168 (70,9%) de ellas se mostraron bastante satisfechas con la estructura de la institución, 119 (50,2%) con la atención profesional provista y 160 (67,5%) con el trabajo de parto y el parto. Entre los factores que estuvieron asociados a experiencias positivas con el parto, se destaca el contacto pie con piel, estimular la lactancia materna y utilizar métodos no farmacológicos para aliviar el dolor.* ***Conclusión:*** *A fin de lograr una experiencia de parto más positiva, se destaca la importancia de enfoques más humanizados que incentiven prácticas como el contacto piel con piel y el inicio temprano de la lactancia materna, además de garantizar que los profesionales de la salud brinden atención holística.*

Descriptores*: Satisfacción del Paciente; Enfermería Obstétrica; Trabajo de Parto. Parto Normal; Parto Humanizado.*

INTRODUCTION

Birth can be seen as a unique experience for women and may imply a variety of connotations, from joy and happiness to anxiety and fear. Therefore, assessment of the care offered to pregnant women emerges as a fundamental stage in assessing the quality of the service provided, as their satisfaction level is a reflection of the care received.[1]

Brazil has made advances in promoting humanized delivery and childbirth assistance by means of public policies; however, it still faces significant challenges. Reducing the high rates of unnecessary C-sections, fighting against regional inequalities, and raising awareness on the importance of humanization are fundamental areas to be improved so as to ensure high quality and respectful care to women and their newborns.[2] This can exert an impact on women's satisfaction regarding the delivery experience.

It is suggested that some procedures should be followed to improve the mothers' experience during labor. Some of these practices include using non-pharmacological methods (NPMs) to reduce pain, encouraging free mobility and adoption of upright positions, offering liquids during labor and delivery, and providing women with all necessary information and explanations, as well as early contact between mother and child and encouraging breastfeeding.[3] Such practices are considered essential tools in health care.

The well-being and comfort sensation is the result of using pain relief NPMs, added to the greater sensation of confidence provided by the presence of a companion, which reduces anxiety and fear. Although not all the techniques used have proved to be effective in reducing pain, they are reported to reduce the stress levels, favoring maternal well-being and influencing newborns' vitality.[4] According to pregnant women, privacy and the right to the presence of a companion during labor and delivery, contact between mother and child, and breastfeeding initiation immediately after birth are care practices that should be encouraged.[5]

A number of studies showed that characteristics referring to the relationship between health workers and pregnant women, such as adequate provision of information, emotional support and participation in decision-making result in satisfaction regarding delivery.[6-7] In contrast, labor pain, inadequate care from health professionals, unfavorable newborns' outcomes and prolonged or difficult deliveries emerged as key factors in negative perceptions of delivery.[8]

A systematic review that sought to identify determinants of maternal satisfaction regarding health care in developing countries showed that various care dimensions (structure, process and result) exert an impact on the occurrence of positive maternal experiences. Access to the service, cost, socioeconomic level and reproductive history are mentioned as determining and conditioning factors.[9]

As maternal satisfaction may result from multiple factors related to the health care provided,[4-9] assessing satisfaction by health institutions emerges as a crucial tool for improving services so as to make them more receptive and attentive to the care needs of this population group.[9] Quantitative studies evaluating maternal satisfaction are still scarce.[9] Therefore, the need for research on this theme stands out, as safe care to the mother-child dyad remains a challenge for health institutions and health policy-makers alike.[9]

In this context, it becomes crucial to develop studies that assess women's satisfaction regarding labor and delivery and that identify factors associated with this satisfaction, thus contributing to improving the care provided to women by the heath team. In addition to that, they should also indicate which assistance aspects must be improved, based on women's needs and perception.

Given the above, the objective was to describe the use of good practices in delivery and childbirth care and the satisfaction level and experience of puerperal women with their deliveries.

METHODS

This is a cross-sectional research study that followed the STROBE recommendations.[10] The study was developed during 2017 and 2018 in Fortaleza, capital city of the state of Ceará. This institution offers medium- and high-complexity care to women and newborns and is recognized as a Support Center for Good Practices of *Rede Cegonha*. The Obstetric Center consists of individual wards of the PDP type, where the pre-delivery, delivery and postpartum periods take place in the same environment under the care of a multiprofessional team.

The study population was comprised by puerperal women admitted to the Rooming-In area of a reference maternity teaching hospital located in Fortaleza, state of Ceará. Considering the number of deliveries during the study period, the study population was defined at 620 puerperal women. The probability sample was calculated based on the formula for finite populations,[11] adopting 95% alpha, 50% prevalence and 5% sampling error. Thus, the sample consisted of 237 participants.

The women included in the study were those that met the following eligibility criteria: puerperal women in vaginal postpartum period for habitual risk pregnancies. Conversely, cases of fetal death or early neonatal mortality were excluded, as well as women younger than 18 years of age and those admitted to the obstetric center in the expulsion period, as they did not undergo labor in the institution.

The collection period was between July 2017 and January 2018, from Monday to Friday and in the afternoon shift. The eligible participants were approached at their bedside and individual interviews were conducted after explaining the study objectives and obtaining the women's consent to participate in the research. Two instruments were used to survey the data. The first one, prepared by the author, contained questions about sociodemographic (age, years of study, marital status and race), and obstetric (number of pregnancies, labor, miscarriage and prenatal consultations) data, as well as information on the use of good labor and delivery practices (use of NPMs, position during delivery, presence of a companion, oxytocin use, performance of episiotomy and Kristeller maneuver, skin-to-skin contact and EBF and nutrition during labor and delivery). Information was also sought in the medical records, when necessary.

The experience and satisfaction regarding the parturition process was evaluated using the Childbirth Experience and Satisfaction Questionnaire (*Questionário de Experiência e Satisfação com o Parto*, QESP),[12] a self-reported instrument with questions about expectations, experience, satisfaction and pain during labor, delivery, and immediate postpartum, consisting of 104 Likert scale questions divided into 8 subscales. This instrument has high reliability (Cronbach's Alpha = 0.90; Split-half Coefficient = 0.68; test-retest = 0.58).[12]

Subscales 1 to 5 were applied, selecting the questions referring to the experience and satisfaction level with labor and delivery in each subscale, as presented in the Results section (Tables 3 and 4). Namely: conditions and care provided (subscale 1); positive experience (subscale 2); negative experience (subscale 3); relaxation (subscale 4); and support (subscale 5), totaling 10 questions. The answer options referring to the experiences and satisfaction level varied from 1 to 4 in the Likert scale, where: 1="Not at all"; 2="A little"; 3="Pretty much"; and 4="Very much".[12]

The study data were tabulated and subsequently analyzed in the *Statistical Package for the Social Sciences*® software, version 20.0. Central tendency measures were used to describe the profile corresponding to the puerperal women and to their experiences and satisfaction levels with their deliveries. Pearson's Chi-square test was performed to identify the significant associations between the variables under study. Statistical significance was considered when $p < 0.05$.

In order to identify the factors associated with maternal satisfaction, the answer categories from QESP,[10] which were in a 4-point Likert scale format, were dichotomized into "Positive experience" and "Negative experience". The "Pretty much" and "Very much" answers were categorized as a *Positive experience* and the "Not at all" and "A little" ones, as a *Negative experience*.

The project was submitted to and approved by the Research Ethics Committee via *Plataforma Brasil*, according to opinion No. 2,083,657 of May 25th, 2017. All participants signed a Free and Informed Consent From, ensuring secrecy of all the information collected and of the participants' anonymity, according to the norms set forth in Resolution No. 466/12, which regulates ethical conduction of research studies with human subjects.

RESULTS

The study participants were 237 puerperal women who underwent vaginal deliveries. The analysis of the sociodemographic and obstetric data (Table 1) showed that the study participants' profile corresponded to primiparous women, in stable unions and with a mean age of 26 years old.

Table 1. Sociodemographic data and personal reproductive history of the puerperal women in 2018 (n=237). Fortaleza, Ceará, Brazil, 2023.

Variable	N (%)	Mean ± SD
Age (years old)	-	26.3±5.7
18-24	106 (44.7)	
25-34	112 (47.3)	
≥35	19 (8)	
Schooling (years of study)	-	10.3±2.6
1-4	5 (2.1)	
5-8	57 (24.1)	
9-11	64 (27)	
≥12	111 (46.8)	
Race		
Brown	162 (68.4)	
White	57 (24.1)	
Black	17 (7.2)	
Indigenous	1(0.4)	
Marital status		
Stable union	132 (55.7)	
Married	59 (24.9)	
Single	45 (19)	
Divorced	1 (0.4)	
Pregnancy	-	2.3±1.4
Primigravidae	86 (36.3)	
Secundigravidae	63 (26.6)	
Multigravidae (≥3 pregnancies)	88 (37.1)	
Delivery	-	2.0±1.2
Primiparous	100 (42.2)	
Secundiparous	68 (28.7)	
Multiparous (≥3 deliveries)	69 (29.1)	
Prenatal consultations	-	7.1±3.1
0	07 (3.0)	
1-6	84 (35.5)	
>6	146 (61.5)	
Types of delivery (Previous ones)	-	-
Vaginal	115 (83.9)	

C-section	11 (8.05)
Vaginal and C-section	11 (8.05)

Source: Prepared by the authors (2023).

Most of the women resorted to non-pharmacological methods, with shower baths and breathing techniques as the most frequent ones. A companion was present in most of the deliveries. It was noticed that the position most frequently used was semi-seated. The Kristeller maneuver was also used in some of the women. Table 2 presents diverse information referring to use of the practices and implementation of interventions during delivery.

Table 2. Distribution of how the delivery and childbirth care practices were used during labor and delivery in 2018. Fortaleza, Ceará, Brazil, 2023.

Variable	N (%)
Were NPMs used?	
Yes	176 (74.3)
No	61 (25.7)
Non-pharmacological methods used	
Shower bath	138 (58.2)
Breathing techniques	115 (48.5)
Massage	107 (45.1)
Swiss ball	95 (40.1)
Labor chair	80 (33.8)
Walking and pelvic exercises	23 (9.3)
Monitoring during labor and delivery	
Yes	221 (93.2)
No	16 (6.8)
Nutrition during labor and delivery	
Yes	140 (59.1)
No	97 (40.9)
Dilation at admission	
≥6 cm	121 (51.1)
<6 cm	116 (48.9)
Position during delivery	
Semi-seated	174 (73.4)
Upright	36 (15.2)
Horizontal	17 (7.2)
Lateral decubitus	08 (3.4)
Four supports	02 (0.8)
Oxytocin	
Yes	57 (24.1)
No	180 (75.9)
Episiotomy	
Yes	16 (6.8)
No	221 (93.2)
Kristeller	
Yes	13 (5.5)
No	224 (94.5)
Professional who assisted the delivery	
Physician	124 (52.3)
Nurses	113 (47.7)
Skin-to-skin contact	
Yes	229 (96.6)
No	8 (3.4)
EBF in the delivery room	
Yes	191 (80.6)
No	46 (19.4)

Source: Prepared by the authors (2023).

The descriptive analysis of the data obtained by means of QESP (Tables 3 and 4) showed that breathing and relaxation techniques were quite used by the women during labor and delivery. However, most of them reported not being able to reach any relaxation level during the process. The majority reported feeling quite confident and in control over labor and delivery.

The women's satisfaction levels in relation to the institution's physical structure and the care provided by the professionals were 70.9% and 50.2%, respectively. In terms of satisfaction with the pain intensity felt, 41.4% were little satisfied in terms of pain during labor and delivery.

Among the women who had a companion, 102 (43%) classified their presence as very important. Regarding knowledge related to labor and delivery, only 88 (37.1%) women reported possessing good knowledge about the theme. 160 (67.5%) stated being quite satisfied with the way in which labor and delivery were conducted. In relation to time, 100 (42.2%) women reported being quite satisfied with the duration of the entire process.

Table 3. Distribution of the descriptive analysis of QESP corresponding to the aspects related to satisfaction with labor and delivery in 2018. Fortaleza, Ceará, Brazil, 2023.

QESP questions	QESP answers (n=237)			
	Not at all N(%)	A little N(%)	Pretty much N(%)	Very much N(%)
Are you satisfied with the way in which labor and delivery were conducted?	03 (1.2)	16 (6.7)	160 (67.5)	58 (24.6)
Are you satisfied with the duration of labor and delivery?	30 (12.6)	72 (30.4)	100 (42.2)	35 (14.8)
Are you satisfied with the quality of the care provided by the health professionals during labor and delivery?	-	02 (0.8)	116 (48.9)	119 (50.2)
Are you satisfied with the physical conditions of the maternity hospital during labor and delivery?	01 (0.4)	04 (1.7)	168 (70.9)	64 (27)
Are you satisfied with the pain intensity you felt during labor and delivery?	60 (25.3)	98 (41.4)	67 (28.3)	12 (5.1)

Source: Prepared by the authors (2023).

Among the variables analyzed, it was sought to identify the factors that might be associated with the occurrence of a positive or negative experience in relation to the parturition process (Table 5).
Skin-to-skin contact (p=0.002) and breastfeeding initiation already in the delivery room (p=0.009) were associated with positive experiences. Other variables, such as presence of a companion, position during delivery, professional that assisted the delivery and maternal age did not show any significant association with satisfaction regarding delivery.

Presence of a companion presented a significant association with the perception about the support received by the women, resulting in a positive experience during the entire process (p=0.000). There was also association between age and use of breathing and relaxation techniques during the parturition process (p=0.025), highlighting a relationship between occurrence of negative experiences and non-use of these techniques by women aged at least 35 years old.

Reaching some relaxation level during labor and delivery proved to be associated with the "Were NPMs used?" variable (p=0.000), where women who did not resort to NPMs had negative experiences referring to the relaxation level achieved during the process.

Table 5. Distribution of the factors associated with positive/negative delivery experiences in 2018. Fortaleza, Ceará, Brazil, 2023.

Variable	QESP variables		p-value
	Negative experience N (%)	Positive experience N (%)	
	Satisfaction with delivery		
Age			0.180
18-34 years old	19 (8.7)	199 (91.3)	
≥35	-	19 (100)	

Skin-to-skin contact			**0.002***
Yes	16 (84.2)	213 (97.7)	
No	3 (15.8)	5 (2.3)	
EBF in the delivery room			**0.009***
Yes	11 (57.9)	180 (82.6)	
No	8 (42.1)	38 (17.4)	
Professional that assisted the delivery			0.353
Physician	8 (42.1)	116 (53.2)	
Nurses	11 (57.9)	102 (46.8)	
Position during delivery			0.129
Lithotomy	3 (15.8)	14 (6.4)	
Others	16 (84.2)	204 (93.6)	
Presence of a companion			0.788
Yes	18 (94.7)	203 (93.1)	
No	1 (5.3)	15 (6.9)	
Used breathing and relaxation techniques during labor and delivery			
Age			**0.025***
18-34 years old	114 (52.3)	104 (47.7)	
≥35 years old	15 (78.9)	4 (21.1)	
Reached some relaxation level during labor and delivery			
Were NPMs used?			**0.000***
Yes	90 (51.1)	86 (48.9)	
No	55 (90)	6 (9.8)	
Support during labor and delivery			
Presence of a companion			**0.000***
Yes	30 (13.6)	191 (86.4)	
No	16 (100)	-	

Source: Prepared by the authors (2023).

DISCUSSION

Regarding maternal satisfaction with the parturition process, it can be asserted that various factors are associated with better women's experiences in the parturition period.[4-9] These factors range from the institution's physical structure to the interpersonal relationships established between women and the professionals responsible for their care.[9]

As the maternity hospital where the study was conducted adopts humanized practices in delivery and childbirth care, as recommended by *Rede Cegonha* and by the WHO, good results were found regarding maternal satisfaction with aspects related to labor and delivery. The participants reported being very satisfied with the institution's physical structure, the care provided by the professionals, the duration of labor and delivery and the way they were conducted; furthermore, the pain intensity felt during the process was the item with the worst evaluation by most women.[9]

Corroborating the findings from this research, a study that assessed the quality of delivery care in Recife showed that greater satisfaction was related to respect and kindness, the work of the medical team and trust in the health professionals. In turn, the dissatisfaction instances were related to the institutions' structural aspects and to lack of privacy.[13]

With regard to pain intensity, a study that sought to compare satisfaction and perception of pain experienced in vaginal and C-section deliveries showed that women in the vaginal postpartum period were more satisfied with postpartum evolution and less satisfied with pain intensity.[14] Such finding is consistent with that detected in this research and reinforces the importance of knowing the perception of the pain experienced by women, in order to devise care plans targeted at pain relief during this process, encompassing from use of NPMs to anesthesia for delivery, depending on each parturient woman's needs.

Unlike the findings of this research, using good practices in delivery and childbirth care, which are related to a positive experience during labor and delivery, is not a reality yet in all health services.

A study showed routine use of peripheral venous access during labor and delivery (42.4%) and that 65% of the women drank liquids during labor.[15] Current evidence reveals that intake of clear liquids

should be allowed during labor and delivery, as this does not exert any influence on the obstetric and neonatal outcomes and improves women's willingness and satisfaction in the parturition process.[16]

Application of the Kristeller maneuver and episiotomy also presented high rates in the aforementioned study:[15] 1.9% and 7% of the cases, respectively. In another study,[17] 55.2% presented some perineal laceration degree and episiotomies were performed in 24% of the women. According to the current recommendations, routine episiotomies should not be performed; this procedure should only be applied in case of real clinical need, such as suspected fetal compromise. In turn, the Kristeller maneuver has been banned, as it is not associated with greater chances of vaginal delivery and does not reduce the rate of instrumental births, in addition to being ineffective in reducing duration of the expulsion period.[16]

Regarding the use of pain relief NPMs, it can be asserted that applying these methods in the clinical practice contributed to positive obstetric outcomes. This evidences that they should be reinforced and implemented,[2] as they can increase pain tolerance, reducing stressors during the parturition process[18] and, thus, increasing maternal satisfaction.

With regard to the presence of a companion during labor and delivery, there are still barriers concerning their inclusion in institutions and their active participation together with the women in the parturition process. with some facilities setting restrictions in terms of gender and presence of a companion in the delivery room.[15] Continuous support in the parturition process improves maternal and perinatal outcomes, exerting an influence on increased spontaneous vaginal deliveries, shorter duration of labor and reduction in the chances of Cesarean births, instrumental births, use of any anesthesia, low five-minute Apgar scores, and negative feelings about delivery experiences.[19]

Skin-to-skin contact and stimulating breastfeeding in the first hours of life were also fundamental for the mothers' positive experiences with the parturition process. Such practices are crucial in strengthening the bond in the dyad, in addition to the possibility of contributing physiological benefits both for women and for newborns.[20]

In the current study, in addition to the fact that delivery care was mostly provided by physicians, diverse evidence points to the importance of obstetric nurses' role in providing habitual-risk delivery care and encouraging good practices. A study found high satisfaction levels among puerperal women treated by obstetric nurses, although they reported intense pain during labor and delivery, thus showing the importance of nurses in promoting humanized and more respectful care involving fewer interventions, with promotion of natural births and with women's active participation during the process.[21]

There are still many difficulties providing humanized and good quality care to pregnant women, due to lack of investments and poor infrastructure, and even due to professional unpreparedness to provide this care model. Therefore, it is necessary to promote awareness and training of multiprofessional teams towards care provision based on respect to women's rights and aiming to reduce unnecessary interventions detrimental to the mother-child dyad. Based on the results found, it can be asserted that the model applied in the institution under study can be used, along with the existing policies, as a guiding model for implementing changes in the care provided in other institutions.

Although various health services provide obstetric care in Brazil, there is a perceived scarcity of studies aiming to evaluate the satisfaction and experience of pregnant/puerperal women with the parturition process, which reinforces the importance of conducting additional studies on this theme.

The limitation of this study lies in the fact that it only assessed women's satisfaction after vaginal deliveries in a single institution, showing the importance of assessing the satisfaction levels of women subjected to C-sections, instrumental births, and even anesthesia for delivery, as well as carrying out similar studies in other institutions.

CONCLUSION

Most of the women reported being quite satisfied with the parturition process, in addition to having positive experiences, mainly in terms of the care provided by the professionals and of the physical structure offered by the maternity hospital. In addition to that, skin-to-skin contact with the newborn and breastfeeding initiation already in the delivery room were associated with positive delivery experiences. However, other variables analyzed, such as presence of a companion, position during delivery, the professional who assisted the delivery and maternal age, did not show a significant association with satisfaction regarding delivery, according to the results of this study.

The study implications highlight the importance of more humanized and women-centered approaches in delivery care. This involves encouraging practices such as skin-to-skin contact and early breastfeeding initiation, in addition to ensuring that health professionals provide respectful, attentive and empathetic care. These actions can contribute to more positive delivery experiences and improve women's physical and emotional well-being during this unique period of their life. Thus, the recommendation is to conduct other studies that assess mothers' experiences and satisfaction levels with labor and delivery, in different maternal health care contexts.

CONTRIBUITIONS

Study conception or design: Ribeiro GL, Costa CC, Damasceno AKC, Vasconcelos CTM, Souza MRT, Esteche CMGCE, Maciel NS. Data collection: Ribeiro GL, Costa CC, Damasceno AKC, Vasconcelos CTM, Souza MRT, Esteche CMGCE, Maciel NS. Data analysis and interpretation: Ribeiro GL, Costa CC, Damasceno AKC, Vasconcelos CTM, Souza MRT, Esteche CMGCE, Maciel NS. Writing of the article or critical review: Ribeiro GL, Costa CC, Damasceno AKC, Vasconcelos CTM, Souza MRT, Esteche CMGCE, Maciel NS. Final approval of the version to be published: Ribeiro GL, Costa CC, Damasceno AKC, Vasconcelos CTM, Souza MRT, Esteche CMGCE, Maciel NS.

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