

Construction and validation of an educational checklist for teaching nursing care in labor and birth

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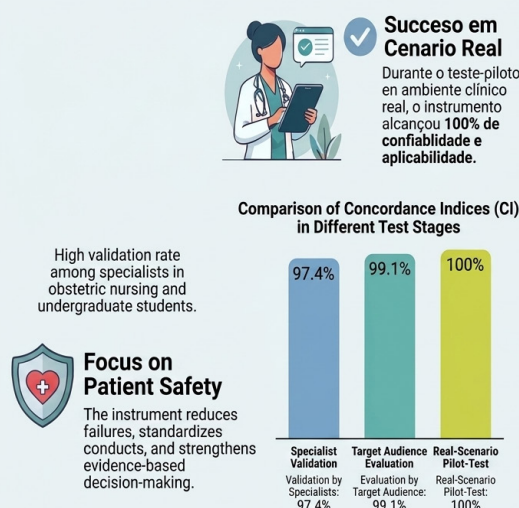
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Graphical Abstract

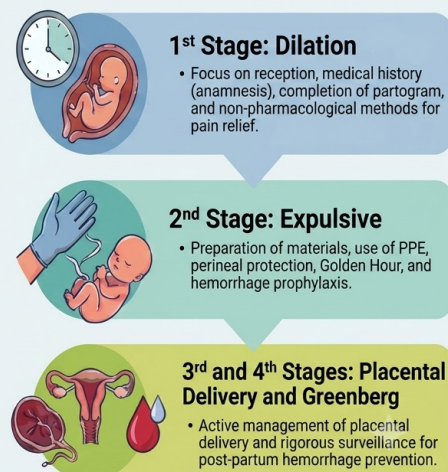
Highlights

- The educational checklist was validated for teaching labor and birth care.
- It has the potential to qualify nursing training and safety in the obstetric field.
- It presented high reliability agreement between specialists and students.
- Applicable in simulations and clinical scenarios.

Scientific Validation and Efficacy



The 4 Pillars of Childbirth Care



Prepared by the authors with the assistance of artificial intelligence (illustrative image).

Abstract

This study aimed to construct and validate an educational checklist oriented toward teaching nursing care in labor and birth. This is a methodological study grounded in the Checklist Development Checklist, developed in four stages: instrument elaboration, content review, validation by specialists and the target population, and pilot testing. Thirty-two obstetric nursing specialists participated in the content validity stage, and 30 undergraduate students participated in the appearance assessment. A minimum agreement index of 80% was adopted, along with the exact binomial test for reliability analysis and the Intraclass Correlation Coefficient to verify consistency among evaluators. The results evidenced an overall agreement index of 97.4% among specialists and 99.1% among students. In the pilot test, the overall index was 98.9% in the laboratory setting and 100% in a real clinical scenario, indicating high instrument reliability. It is concluded that the checklist presented evidence of content and appearance validity, proving to be a promising tool for qualifying the teaching of nursing care in labor and birth.

Keywords: Educational Technology. Obstetric Nursing. Checklist. Validation Study. Clinical Simulation.

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INTRODUCTION

Nursing training requires the development of technical, scientific, and behavioral competencies that enable the provision of safe, ethical, and quality care. In the field of women's health – especially in labor, delivery, and birth care – the teaching-learning process requires strategies that favor the integration of theory and practice, stimulate clinical reasoning, and support evidence-based decision-making^{1,2}. This is a context marked by dynamic physiological events and the need for rapid decision-making, demanding from the student not only technical mastery but also confidence to act.

Throughout undergraduate nursing education, the formative process is guided by the progressive acquisition of competencies related to the complexity of human care. However, challenges persist in teaching labor and delivery care – especially regarding the articulation between theoretical content and clinical practice, the standardization of clinical approaches, and the consolidation of technical skills throughout academic training². Given this, it becomes necessary to strengthen pedagogical strategies that contribute to the qualification of the teaching-learning process and to the training of professionals capable of acting safely and in an evidence-based manner.

In this scenario, educational technologies have gained prominence for favoring student protagonism and broadening the possibilities for active methodologies. Evidence suggests that the use of structured pedagogical resources is associated with greater engagement, better knowledge retention, and the development of practical skills³. Among these tools, the verification list – or checklist – stands out, as it organizes in a systematized manner the essential steps of a procedure, facilitating the practical assimilation of tasks and promoting greater safety in the execution of actions⁴.

In addition to their use in education, checklists are widely recognized in care practice as instruments capable of reducing errors, standardizing clinical approaches, and strengthening patient safety^{4,5}. In obstetric care, for example, they have been

used to ensure the adoption of best practices and prevent adverse events, with a positive impact on care quality⁴. Nevertheless, although checklists for clinical practice exist, instruments specifically developed and validated for educational purposes in teaching nursing care during labor, delivery, and birth remain scarce.

The use of verification lists as a pedagogical tool may favor the progressive development of competencies, as it guides the student in the execution of steps based on a previously established standard. This process contributes both to the acquisition of operational competence and to the achievement of proficiency. Through structured repetition and self-assessment, the student tends to consolidate technical and cognitive skills essential for professional practice³. Thus, the checklist should not be understood merely as a memorization resource, but as a strategy that assists in organizing clinical thinking and in strengthening decision-making.

Considering that undergraduate students will, in their future professional practice, provide qualified, evidence-based care during labor, delivery, and birth, it is essential that the teaching-learning process incorporate structured, validated educational technologies aligned with best practice guidelines. In this regard, the development of a specific educational checklist may contribute to the systematization of teaching, stimulate critical reflection, and favor the training of more confident and prepared nurses for obstetric care.

This study presents an innovative character by proposing the development and validation of a low-cost, easily applicable tool with the potential to positively impact the quality of teaching in obstetric nursing. By providing a systematized, evidence-based instrument validated by specialists and the target population, it is expected to contribute to the strengthening of the formative process and, consequently, to the improvement of care quality for parturients.

Given the above, this study aimed to construct and validate an educational checklist for teaching nursing care in labor and birth.

METHODS

This is a methodological study focused on the development and validation of an educational checklist for teaching nursing care in labor, delivery, and birth. The study was conducted between

July and December 2023 at the Universidade Federal do Ceará (UFC), Brazil. The pilot test, in turn, was conducted at a public university located in the municipality of Aracaju, Sergipe, Brazil.

The development of the instrument was grounded in the Checklist Development Checklist (CDC) – a guideline comprising 12 stages for the elaboration of verification lists⁵. For operational purposes, this process was organized into four stages: elaboration of the initial checklist version, content review, validation by specialists and the target population, and pilot testing.

The initial construction of the checklist was grounded in scientific evidence related to nursing care in labor, delivery, and birth, considering obstetric best practice guidelines. The organization of items followed the clinical stages of labor and encompassed actions essential to nursing care in low-risk vaginal delivery.

For the definition of instrument assessment criteria, methodological parameters previously described in the literature for the elaboration, assessment, and validation of checklists and educational technologies were adopted, encompassing aspects related to the assessment of verification lists, instrument validity, and pedagogical criteria applicable to the educational context. These theoretical frameworks have been widely employed in methodological studies of educational technology validation^{5,6,7,8,9,10}. Aspects related to the thematic content, organization, presentation, language, and pedagogical relevance of the instrument were analyzed.

Content validity involved the participation of 32 obstetric nursing specialists, selected by intentional non-probabilistic sampling¹¹. Inclusion criteria considered professional experience, scientific production, and recognition in the field of obstetrics^{12,13}. Specialists were identified through the Lattes Platform of the Conselho Nacional de Desenvolvimento Científico e Tecnológico, or by referral from professionals in the field, and were invited to participate via email.

The appearance assessment was conducted with 30 undergraduate nursing students who had already completed a course related to sexual and reproductive health. Invitations were sent electronically, along with the assessment instrument and the Informed Consent Form (ICF).

After the validation stages, a pilot test was conducted with the intended users of the checklist. This stage involved a faculty member in the area of obstetric nursing and 18 undergraduate students in the process of learning labor, delivery, and birth

care at a public university in northeastern Brazil. Practical activities were conducted in a simulation laboratory and in a real clinical scenario, with an approximate duration of three hours each. At the end, participants were invited to record suggestions and observations regarding the instrument's applicability.

The assessment instruments used by both specialists and the target population were structured in four parts: study presentation, ICF, participant characterization, and instrument assessment. Assessment was conducted using a Likert-type scale with five response options: disagree, partially disagree, neither agree nor disagree, partially agree, and agree.

Data were organized and analyzed using the Statistical Package for the Social Sciences (SPSS), version 23.0. Categorical variables were presented as absolute and relative frequencies, while numerical variables were described by means and standard deviation. Normality of numerical variables was verified using the Kolmogorov-Smirnov test¹¹.

For the assessment of content and appearance, the Agreement Index (AI) was used, calculated per item and overall, with values equal to or above 80% considered adequate^{14,15}. The statistical reliability of these indices was estimated using the Exact Binomial Test, adopting a significance level of 5% ($p > 0.05$)¹⁶. Agreement among evaluators was analyzed using the Intraclass Correlation Coefficient (ICC), with values below 0.40 classified as low reliability, between 0.40 and 0.75 as moderate, and above 0.75 as excellent¹⁷.

In the pilot test, the hypothesis of equality between the mean agreement indices obtained in laboratory and real clinical scenario activities was tested using Student's t-test for independent samples, with a significance level of $p \leq 0.05$ ^{11,17}.

The study complied with the ethical principles established by National Health Council Resolution No. 466/2012 and was approved by the UFC Research Ethics Committee under Opinion No. 5,642,130.

Regarding the use of artificial intelligence, the authors declare the use of ChatGPT (OpenAI, GPT-5.5, accessed in 2026) exclusively to improve the clarity and quality of the writing. All ideas, analyses, and scientific interpretations were fully developed by the authors. The graphical abstract was generated according to guidelines and supervision using the NotebookLM tool (Google).

RESULTS

Initially, the main aspects related to teaching nursing care in labor, delivery, and birth were identified and defined. The checklist verification points were organized according to the four clinical stages of labor: dilation (first stage), expulsive (second stage), placental delivery/afterbirth (third stage), and Greenberg's period (fourth stage). These stages were subsequently grouped into two main phases: labor and birth. Based on this structure, the initial version of the verification list was elaborated and subsequently revised based on specialists' suggestions.

Thirty-two specialists participated in content validation, of whom 29 (90.63%) were female. Age ranged from 28 to 64 years (44.40 ± 10.79). Regarding professional activity, 24 (75.00%) reported working in both teaching and clinical practice. Additionally, 15 (46.87%) worked in public hospitals

or maternity units, and an equal proportion worked at public universities. Regarding academic degree, all participants (100%) held a specialization, 23 (71.87%) held a master's degree, and 19 (59.37%) held a doctoral degree. It is also noteworthy that 23 (71.87%) had experience in the development of educational technologies and 30 (93.75%) had publications in the area of women's health and obstetrics.

In the content assessment, the checklist items presented an Agreement Index (AI) ranging from 93.75% to 100.00%, with an overall AI of 97.46%. No statistically significant disagreement was observed among specialists ($p > 0.05$). Interrater reliability was classified as excellent, with an Intraclass Correlation Coefficient (ICC) of 0.853 (95% CI: 0.766–0.918). The detailed distribution of agreement indices is presented in Table 1.

Table 1 - Content assessment of the verification list by obstetric nursing specialists. Fortaleza, CE, Brazil, 2023.

Item	Criterion assessed	AI (%)	p-value
1	Currency of content	93.75	0.367
2	Adequacy for the target population	93.75	0.367
3	Scientific accuracy	93.75	0.367
4	Conformity with practice in the obstetric unit	96.87	0.156
5	Coherence with the proposed objectives	96.87	0.156
6	Clarity and comprehension of content	96.87	0.156
7	Logical organization of the instrument	100.00	0.234
8	Adequacy for care in a real-world setting	96.87	0.156
9	Writing clarity	100.00	0.234
10	Grammatical accuracy	100.00	0.234
11	Adequacy of technical language	96.87	0.156
12	Adequate number and division of items	100.00	0.234
13	Comprehensiveness of labor and birth care	100.00	0.234
14	Conformity with best practice guidelines	100.00	0.234
15	Adequacy for use by students	96.87	0.156
16	Relevance to learning and performance	100.00	0.234
Overall AI		97.46	
ICC (95% CI)		0.853 (0.766–0.918)	

Legend: AI = Agreement Index; ICC = Intraclass Correlation Coefficient; 95% CI = 95% confidence interval.

The appearance assessment involved 30 undergraduate nursing students, all enrolled in the ninth semester of the program. Of these, 24 (80.00%) were female, with ages ranging from 21 to 29 years (24.10 ± 2.3).

The results demonstrated an Agreement Index (AI) between 96.66% and 100.00%, with an over-

all AI of 99.17%, with no statistically significant disagreement among evaluators ($p > 0.05$). Interrater reliability was also classified as excellent, with an Intraclass Correlation Coefficient (ICC) of 0.859 (95% CI: 0.733–0.898).

The detailed results are presented in Table 2.

Table 2 - Appearance assessment of the verification list by the target population. Fortaleza, CE, Brazil, 2023.

Item	Criterion assessed	AI (%)	p-value
1	Ease of understanding the instrument	96.66	0.062
2	Attractive and organized presentation	100.00	0.184
3	Contribution to learning	100.00	0.184
4	Font type adequate for reading	100.00	0.184
5	Adequate distribution of items and spaces	100.00	0.184
6	Adequate distribution of text	100.00	0.184
7	Easy-to-understand language	100.00	0.184
8	Language favors learning	96.66	0.062
Overall AI			99.17
ICC (95% CI)			0.859 (0.733–0.898)

Legend: AI = Agreement Index; ICC = Intraclass Correlation Coefficient; 95% CI = 95% confidence interval.

The laboratory pilot test involved 18 students, of whom 12 (66.67%) were female, with ages ranging from 22 to 32 years (26.1 ± 2.8).

In this stage, the checklist was positively assessed by participants, especially regarding clarity of language, coherence with the content taught, and its contribution to the learning process. The

overall Agreement Index (AI) was 98.96%, with no statistically significant disagreement among evaluators ($p > 0.05$). Interrater reliability was classified as excellent, with an Intraclass Correlation Coefficient (ICC) of 0.808 (95% CI: 0.783–0.840).

The detailed distribution of results from this stage is presented in Table 3.

Table 3 - Pilot test assessment of the verification list after laboratory practice. Fortaleza, CE, Brazil, 2023.

Item	Student assessment	AI (%)	p-value
1	Achievement of the learning objective	100.00	0.150
2	Clarity of language	100.00	0.450
3	Coherence with the content taught	100.00	0.098
4	Grounded in scientific evidence	100.00	0.150
5	Motivation for learning	100.00	0.150
6	Facilitation of birth care teaching	100.00	0.450
7	Facilitation of learning	100.00	0.450
8	Adequacy for the teaching-learning process	100.00	0.266
9	Connection between theory and practice	100.00	0.150
10	Optimization of learning time	100.00	0.150
11	Use as a self-assessment tool	100.00	0.450
12	Instrument as a learning facilitator	100.00	0.450
13	Support for content review	100.00	0.450
14	Standardization of care	94.44	0.450
15	Support in procedural training	94.44	0.450
16	Safety for clinical practice	94.44	0.450
Overall AI			98.96
ICC (95% CI)			0.808 (0.783–0.840)

Legend: AI = Agreement Index; ICC = Intraclass Correlation Coefficient; 95% CI = 95% confidence interval.

The pilot test conducted in the real clinical scenario involved ten students, of whom seven (70.00%) were female, with ages ranging from 21 to 28 years (24.80±2.09).

Overall, participants reported that the checklist contributed to the consolidation of theoretical knowledge, favored the integration between theory and practice, and stimulated clinical reasoning during birth care. The

instrument was also perceived as a facilitator in recognizing the steps of care, performing procedures, and strengthening confidence in clinical practice.

The overall Agreement Index (AI) was 100% (p>0.05), with reliability classified as excellent (Intra-class Correlation Coefficient – ICC=0.895; 95% CI: 0.762–0.969).

The detailed results are presented in Table 4.

Table 4 - Pilot test assessment of the verification list after practice in a real clinical scenario. Fortaleza, CE, Brazil, 2023.

Item	Student assessment	AI (%)	p-value
1	Consolidation of theoretical knowledge	100.00	0.651
2	Integration of theory and practice	100.00	0.651
3	Stimulation of clinical reasoning	100.00	0.651
4	Recognition of care steps	100.00	0.349
5	Preparation for clinical practice	100.00	0.264
6	Qualified performance of procedures	100.00	0.264
7	Greater proactivity in clinical practice	100.00	0.651
8	Reflection on actions in practice	100.00	0.264
9	Confidence in clinical performance	100.00	0.651
10	Stimulation of humanized care	100.00	0.264
Overall AI		100.00	
ICC (95% CI)		0.895 (0.762–0.969)	

Legend: AI = Agreement Index; ICC = Intraclass Correlation Coefficient; 95% CI = 95% confidence interval.

When comparing pilot test results between the laboratory setting (AI=98.96%) and the real clinical scenario (AI=100%), an increase of 1.04% in the overall agreement index was observed, with no statistically

significant difference (p=0.089).

Access to the verification list for teaching nursing care in labor, delivery, and birth is available via QR Code (Figure 1).



Figure 1 - QR Code for digital access to the verification list for teaching nursing care in labor and birth.

The final validated version of the educational checklist is available in Supplementary Material.

DISCUSSION

The results of this study evidenced high agreement indices among specialists and the target population, as well as excellent interrater reliability, indicating that the developed checklist presents consistent evidence of content and appearance validity. These findings reinforce the instrument's potential as an educational technology capable of supporting the teaching of nursing care in labor, delivery, and birth. In this regard, the use of structured tools in the formative process may contribute to the development of clinical competencies and to the qualification of nursing training, especially in areas that require rapid, evidence-based decision-making^{2,6,10}.

In the educational field, checklists have been employed as pedagogical strategies that assist in organizing clinical reasoning and in systematizing actions throughout the learning process. These instruments act as cognitive supports that favor the acquisition, retention, and application of knowledge, in addition to contributing to the development of student autonomy and to the consolidation of competencies necessary for professional practice^{18,19,20}. Thus, their use in health education may favor the integration of theory and practice, while simultaneously stimulating critical thinking during training.

The organization of the checklist based on the clinical stages of labor constitutes a relevant aspect of the developed instrument. By structuring care actions according to the physiological progression of labor, understanding of the different phases of the birth process is facilitated, and a more didactic approach to teaching obstetric care is promoted. A study conducted in Fortaleza¹⁹, in developing an educational game for teaching birth care, also adopted this organizational logic and evidenced positive results in stimulating students' critical reasoning.

Regarding the sequence of actions provided in the checklist, the literature indicates that birth care should respect the dynamics and physiology of labor, considering the particularities of each birth and the needs of the parturient²⁰. In this context, organizing actions in a logical sequence may serve as a guide for the student during clinical practice, while also favoring understanding of the dynamic nature of the birth process, in which interventions may occur at different moments of labor progression^{20,21}.

The literature also highlights that the development of educational technologies should follow systematized stages, including the initial elaboration of the instrument, expert assessment, adjustments based on the feedback received, and application in

a pilot study before defining the final version^{22,23}. This methodological path was followed in the present study, which was based on the Checklist Development Checklist⁵ guidelines to orient the instrument's construction and validation process.

The involvement of specialists in the checklist assessment represents an essential stage for ensuring scientific consistency and content relevance. The participation of experts allows the incorporation of different clinical and academic experiences, contributing to the refinement of the instrument and its adequacy to current care practices²⁴. Furthermore, this process strengthens the credibility and acceptability of the developed educational technologies²⁵.

Another relevant point relates to the inclusion of the target population in the educational technology assessment. Student participation enabled the analysis of aspects such as clarity of language, content organization, and contribution to learning. Evidence indicates that including users in this process favors the development of materials more aligned with their needs, in addition to broadening their acceptance in the educational context^{26,27,28}.

The pilot test conducted in both the simulation laboratory and the real clinical scenario allowed for the assessment of the checklist's applicability in different learning contexts. The high agreement observed in these stages suggests that the instrument may contribute to the consolidation of theoretical knowledge, favor the integration between theory and practice, and stimulate clinical reasoning during birth care.

In the care field, verification lists are widely used as tools that contribute to the standardization of practices and to the reduction of procedural errors. The WHO Safe Childbirth Checklist²⁹ constitutes a consolidated example of this type of instrument, being used to support professionals in adopting evidence-based practices during childbirth and in preventing maternal and neonatal complications. Thus, the incorporation of checklists in teaching may not only favor learning but also contribute to training professionals better prepared for safe care practice.

Studies investigating the use of checklists in nursing education have demonstrated important benefits, especially in the development of practical skills and student performance. Research that assessed the use of checklists in physical examination teaching evidenced improvement in the performance of students who used the instrument compared to those who did not use it during the learning process³⁰. These findings reinforce the potential

of verification lists as pedagogical tools capable of favoring the development of clinical competencies in professional training.

As limitations of this study, the time available for the completion of the instrument's development and validation stages stands out, as well as the need to extend deadlines for returning assess-

ment forms. Furthermore, conducting the research in specific institutions in northeastern Brazil may limit the generalization of results to other teaching contexts. Therefore, future studies are recommended to investigate the effectiveness of the checklist in different settings and to assess its impact on students' academic performance and care practice.

CONCLUSION

The present study enabled the construction and validation of an educational checklist aimed at teaching nursing care in labor, delivery, and birth. The instrument presented high agreement indices among specialists and students, as well as excellent interrater reliability, evidencing content and appearance validity.

Given these findings, the checklist configures it-

self as a promising educational technology for qualifying the teaching-learning process in obstetric nursing training, contributing to the strengthening of safe, evidence-based care practices.

Future studies are recommended to investigate the effectiveness of the checklist in different teaching contexts, as well as its contribution to the clinical performance of nursing students.

CRedit author statement

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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UNIVERSIDADE FEDERAL DO CEARÁ
FACULDADE DE FARMÁCIA, ODONTOLOGIA E ENFERMAGEM
DEPARTAMENTO DE ENFERMAGEM
PROGRAMA DE PÓS-GRADUAÇÃO EM ENFERMAGEM

Lista de Verificação para o Ensino
da Assistência de Enfermagem ao

Trabalho de Parto, Parto e Nascimento





Vocês serão futuros(as) enfermeiros(as) e deverão ter competência para prestar assistência ao parto vaginal de Risco Habitual, com a finalidade de garantir um adequado cuidado de Enfermagem materno-neonatal

COMO UTILIZAR: Assinale **S** se a etapa foi executada; **N** quando a etapa não foi executada ou **NA** quando não se aplica.

LEGENDA: *A1- Aluno 1; A2- Aluno 2; A3- Aluno 3 e A4- Aluno 4.

TRABALHO DE PARTO FASE DE DILATAÇÃO (1º PERÍODO CLÍNICO DO PARTO)	*A1	*A2	*A3	*A4
1. Identificar a parturiente pelo nome, apresentar-se, explicar procedimentos/rotinas, iniciar o diálogo de forma motivadora, tornando o ambiente agradável e acolhedor, observar se apresenta plano de parto, além de identificar o acompanhante de livre escolha e inseri-lo no trabalho de parto.				
2. Confirmar a Hipótese Diagnóstica (HD)/Diagnóstico de Trabalho de Parto (TP), alergias, dieta, prescrições e procedimentos realizados.				
3. Realizar anamnese da parturiente: queixas, aspectos emocionais, sinais e sintomas do trabalho de parto, antecedentes pessoais, familiares e obstétricos, uso de drogas lícitas e ilícitas, Gesta / Para/ Aborto (GPA), Idade Gestacional (IG) pela Ultrassonografia (US) / Data da Última Menstruação (DUM), Data Provável do Parto (DPP) e cartão de pré-natal.				
4. Verificar preenchimento do partograma: situação, apresentação, altura da apresentação, variedade de posição, dilatação e apagamento; Batimentos Cardíacos Fetais (BCFs) - antes, durante e após a contração; Dinâmica Uterina (DU); integridade da bolsa amniótica; aspecto do Líquido Amniótico (LA); Sinais Vitais (SSVV) (2/2h).				
5. Checar realização e resultados dos exames laboratoriais básicos (ABO, fator Rh, Hb/Ht, glicemia, HIV-1/2, VDRL, Anti-HBsAg, toxoplasmose e rubéola) no cartão de pré-natal e no prontuário.				
6. Ofertar e realizar testes rápidos de HIV-1/2, sífilis e, se necessário, HBsAg, conforme aconselhamento e consentimento.				





7. Exame Físico/Obstétrico (Parte 1): ✓ Realizar inspeção de mucosas, pele e mamas; ✓ Checar sinais vitais: Pressão Arterial (PA) (sentada, se não for possível, em Decúbito Lateral Esquerdo (DLE), no braço direito), Sat O₂, Respiração, Pulso e Temperatura.				
8. Exame Físico/Obstétrico (Parte 2): ✓ Realizar as Manobras de <i>Leopold-Zweifel</i> para determinar: situação, apresentação, altura da apresentação e posição (localização do dorso); ✓ Medir altura uterina - da borda superior da sínfise púbica até o fundo uterino (estimar o peso fetal/ Regra de <i>Johnson</i>);				
✓ Verificar a DU em 10 minutos com intervalos de 1/1h. Observar intensidade, frequência, duração e regularidade. DU: nº/média da duração em segundos por 10 minutos. *Observação: em caso de uso de ocitocina para condução do trabalho de parto, verificar DU de 30/30 min.				
9. Exame Físico/Obstétrico (Parte 3): ✓ Verificar BCFs (110-160 bpm) durante 1 minuto (na posição de conforto da parturiente – antes, durante e após a contração). Fase latente: 30/30 min; Fase ativa: 15/15 min; Fase expulsiva: 5/5 min ou conforme protocolo institucional.				
10. Exame Físico/Obstétrico (Parte 4): ✓ Realizar Toque Vaginal (TV) de (4/4 h) ou conforme protocolo institucional e respeitando o intervalo entre os exames para determinar: dilatação, apresentação, integridade da bolsa amniótica, variedade da posição, apagamento, posição, consistência do colo e altura da apresentação. Observar tampão mucoso, Sangramento Transvaginal (STV) e/ou perda de líquido e aspecto (quantidade, coloração e odor).				
11. Exame Físico/Obstétrico (Parte 5): ✓ Realizar a palpação dos membros inferiores (MMII), observar presença de edema, calor, rubor e dor (Sinais de Trombose Venosa Profunda- TVP); ✓ Realizar Sinais de <i>Homans</i>, <i>Bandeira</i> e <i>Bancroft</i>.				
12. Preencher o partograma e realizar a evolução de Enfermagem no prontuário a cada avaliação.				

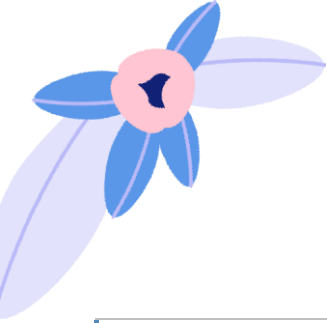




13. Estratégias e Métodos não Farmacológicos para alívio da dor: ✓ Incentivar mudança de posição, deambulação e verticalização; ✓ Ofertar o uso do cavalinho, da bola suíça e da escada de <i>Ling</i>. Caso a parturiente opte por deitar-se, utilizar decúbito lateral esquerdo; ✓ Oferecer banho de aspersão e/ou imersão para relaxamento; ✓ Ofertar massagem, musicoterapia, penumbra e orientar respiração consciente (inspirar profundo e expirar lentamente); ✓ Orientar e inserir o acompanhante nesse processo.				
14. Apoio físico e emocional: ✓ Proporcionar apoio contínuo; ✓ Orientar sobre todas as etapas do trabalho de parto e parto de forma objetiva e os possíveis procedimentos conforme as boas práticas; ✓ Proporcionar um ambiente privativo e acolhedor.				

PARTO PERÍODO EXPULSIVO (2º PERÍODO CLÍNICO DO PARTO)	*A1	*A2	*A3	*A4
15. Observar o coroamento e orientar a parturiente a buscar a posição mais confortável para a expulsão fetal.				
16. Montar a mesa de apoio e abrir a bandeja de parto que deve conter: 02 pinças hemostáticas (<i>Crile</i> ou <i>Kelly</i>), 01 tesoura de <i>Metzenbaum</i> , 01 pinça para antisepsia, 01 pinça dente de rato e 01 cuba redonda.				
17. Acrescentar na cuba redonda clorexidina aquosa a 5%, gazes e compressas estéreis, 02 campos estéreis, ligas ou <i>clamp</i> para o cordão umbilical, tubo e seringa de 20 mL para coleta de sangue do cordão. Se necessário correção de laceração, dispor de seringa de 20 mL, agulha 40x12 mm, agulha 25x7 mm, fio Catgut® ou Vycril Rapid® 2.0 e anestésico lidocaína sem vasoconstrictor a 2%. Preparar <i>Kit</i> para sutura (porta-agulha e tesoura). *Observação: reparação perineal é feita apenas por especialistas.				
18. Utilizar os Equipamentos de Proteção Individual (EPI): gorro, propés, óculos de proteção, máscara e as luvas estéreis.				





19. Se necessário, realizar a antissepsia: iniciar no sentido de cima para baixo na região inguinal, vulvar, vaginal, perineal, da região interna das coxas (dentro para fora) e anal, sempre no sentido da área menos para a mais contaminada. Desprezar esta pinça após o uso fixando na lateral do invólucro da bandeja após a região anal. Colocar campo estéril por baixo da região das nádegas da parturiente.				
20. Preparar 01 pinça hemostática com 03 ligas, colocando as ligas acima da articulação da pinça, caso não haja <i>clamp</i> .				
21. Aguardar que o polo cefálico trabalhe a região perineal esperando o coroamento. Realizar proteção perineal, conforme protocolo da instituição (<i>hands on/hands off</i>). Observar se a bolsa amniótica está rota. Se íntegra, com a proeminência da mesma no momento da expulsão, posicionar-se ao lado da parturiente, esperando o rompimento espontâneo, protegendo com a compressa para não haver dispersão de líquido no ambiente e no profissional.				
22. Após saída do polo cefálico, se houver a presença de circular de cordão, poderá ser utilizada a manobra de <i>Somersault</i> (que consiste na tração da cabeça fetal em direção a face interna da coxa materna). Na maioria das vezes as circulares saíam naturalmente em direção ao corpo fetal, caso não seja possível, poderá ser feito o clampeamento imediato com as pinças <i>Crile</i> , atentando para a ordenha entre as pinças antes de cortar.				
23. Observar a rotação externa da cabeça, movimento de restituição da posição primitiva. Aguardar a próxima contração, pois o feto realiza esse giro espontaneamente.				
24. Aguardar as próximas contrações para que o desprendimento dos ombros ocorra espontaneamente. Se necessário, realizar a manobra de desprendimento de ombros (que consiste na movimentação da cabeça para baixo para delivrar o ombro anterior e depois para cima para delivrar o ombro posterior e recepcionar o neonato).				
25. Estabelecer o valor do <i>Apgar</i> , avaliando o tônus muscular, frequência cardíaca, reflexo, respiração e cor.				
26. Promover o contato pele a pele imediato e contínuo com a mãe por, no mínimo, 60 minutos ininterruptos, posicionando o recém-nascido sobre o tórax/abdome materno (golden hour). Secar cuidadosamente a cabeça e o corpo do recém-nascido, preservando as mãos úmidas com líquido amniótico, remover os campos úmidos e promover aquecimento. Estimular o início espontâneo da amamentação.				





27. Realizar profilaxia da Hemorragia Pós-Parto (HPP): administrar 10 UI de ocitocina intramuscular (IM) no vasto lateral da coxa da puérpera, após o nascimento.				
28. Realizar o clampeamento oportuno do cordão, espera-se de 1 a 3 min do nascimento do neonato a termo com boa vitalidade ou conforme protocolo institucional.				
29. Clareamento com <i>Clamp</i> umbilical: ✓ Coloca-se primeiro o <i>clamp</i> à distância de +/- 2 a 3 cm da parede abdominal e bem centralizado na parte serrilhada deste para obliteração dos vasos; ✓ Realizar a ordenha do cordão umbilical em cerca de 3/4cm e depois colocar a pinça hemostática e cortar a uma distância de 1cm após o <i>clamp</i> .				
30. Clareamento com Ligas de Borracha: ✓ Coloca-se primeiro a pinça hemostática que tem as 3 ligas distante +/- 2 a 3 cm da parede abdominal, para preservar a veia do cordão do umbilical, pois se houver necessidade cateterização venosa, será local de escolha para o neonato nas primeiras horas de vida; ✓ Proceder com a “ordenha” do cordão umbilical de 4 a 5 cm e após colocar a segunda pinça hemostática no cordão umbilical e cortar o mais próximo da primeira pinça hemostática. Lembrar-se de passar no mínimo 02 ligas para o coto umbilical com a pinça dente de rato, posicionando a pinça hemostática na palma da mão e com o dedo indicador na ponta da mesma para evitar a saída das ligas.				
31. Realizar a coleta de sangue do cordão para enviar ao laboratório cerca de 3 a 4 mL com seringa de 20 mL (conforme protocolo institucional). Retire o êmbolo, posicione o dedo indicador na ponta da seringa e colete cerca de 3 a 4 mL, recoloque o êmbolo e retire o ar protegendo com campo estéril ou gaze estéril. Dica: Deixar a pinça aberta para que o sangue possa escoar para facilitar o delivramento.				
DEQUITAÇÃO/DELIVRAMENTO/SECUNDAMENTO 3º PERÍODO CLÍNICO DO PARTO	*A1	*A2	*A3	*A4





32. Realizar manejo ativo do delivramento: ✓ Aproximar a pinça hemostática da região vulvar posicionando uma das mãos acima da sínfise púbica e tracionar na direção para frente e para cima; ✓ Realizar a tração controlada de cordão e manobra de <i>Brandt-Andrews</i> : tracione controladamente o cordão com uma das mãos em movimento de “J invertido” e, com a outra sobre o abdome materno, eleva-se o corpo uterino, evitando-se, assim, a inversão uterina cima. Atentar para o tempo máximo de 30 min para o delivramento da placenta.				
33. Observar o tipo de delivramento: <i>Baudelocque Schultze</i> (BS) - face fetal ou <i>Baudelocque Duncan</i> (BD) - face materna e realizar manobra de <i>Jacob-Dublin</i> , que consiste na rotação da placenta e seus anexos no sentido horário até o desprendimento.				
34. Realizar a inspeção da placenta (quanto a integridade das membranas e cotilédones) e do cordão umbilical (presença de 02 artérias e 01 veia).				
PERÍODO DE GREENBERG 4º PERÍODO CLÍNICO DO PARTO	*A1	*A2	*A3	*A4
35. Prevenção da HPP: ✓ Observar a involução uterina e formação do globo de <i>Pinard</i> e a quantidade do sangramento uterino; ✓ Na presença de sangramento aumentado, realizar massagem no fundo do útero (15/15 min nas primeiras duas horas após o delivramento).				
36. Integridade vulvoperineal: ✓ Inspecionar o canal de parto: região vulvar, mucosa (região parauretral) musculatura, pele e região perineal e anal, além de realizar toque retal; ✓ Observar a presença de lacerações, grau da laceração e, se necessário, proceder a sutura das lacerações perineais; ✓ Orientar quanto aos cuidados perineais.				
37. Vigilância materna: ✓ Realizar verificação de pressão arterial (PA) e pulso logo após o parto. ✓ Investigar como a puérpera se sente; ✓ Intensificar vigilância materna para prevenir HPP; ✓ Detectar precocemente sinais de HPP; ✓ Inserir acompanhante na vigilância.				





38. Realizar a limpeza da região genital com soro fisiológico e colocar absorvente. Trocar vestimenta.				
39. Descrever o parto, fechar o partograma e evoluir no prontuário.				
40. Reavaliar sangramento (cor, quantidade e aspecto), SSVV, presença do Globo de segurança de <i>Pinard</i> e queixas referidas.				
41. Orientar quanto ao planejamento familiar, amamentação, cuidados puerperais e com neonato.				
42. Manter o binômio em quarto PPP por, no mínimo, 24 horas ou, se necessário, encaminhar a puérpera para o Alojamento Conjunto. Apoiar, incentivar e elogiar a puérpera.				

