

IDENTIFYING CHECKLISTS TYPE INSTRUMENTS WITH A FOCUS ON SAFE VAGINAL BIRTH CARE**IDENTIFICAR LISTAS DE VERIFICACIÓN DE INSTRUMENTOS CON UN ENFOQUE EN LA ATENCIÓN SEGURA DEL PARTO VAGINAL****IDENTIFICANDO INSTRUMENTOS TIPO CHECKLISTS COM ENFOQUE NOS CUIDADOS AO PARTO VAGINAL SEGURO**¹Tamires Alves Dias²Ana Karoline Alves da Silva³Simony de Freitas Lavor⁴Patrícia Pereira Tavares de Alcântara⁵Maria do Socorro Vieira Lopes⁶Rachel de Sá Barreto Luna Callou Cruz¹Universidade Regional do Cariri –
URCA, Iguatu/CE, Brazil. ORCID:
<https://orcid.org/0000-0003-0420-0977>.²Universidade Regional do Cariri –
URCA, Iguatu/CE, Brazil. ORCID:
<https://orcid.org/0000-0003-0686-1808>³Universidade Regional do Cariri –
URCA, Iguatu/CE, Brazil. ORCID:
<https://orcid.org/0000-0001-8568-5501>⁴FIOCRUZ, Crato/CE, Brasil. ORCID:
<https://orcid.org/0000-0003-3337-4845>⁵Universidade Regional do Cariri –
URCA, Crato/CE, Brazil. ORCID:
<https://orcid.org/0000-0003-1335-5487>⁶Universidade Regional do Cariri –
URCA, Crato/CE, Brazil. ORCID:
<https://orcid.org/0000-0002-4596-313X>**Corresponding Author****Tamires Alves Dias**Rua Eriton Barros Costa, 174-C, Novo
Iguatu, CEP: 63.504-775, Iguatu/CE –
Brazil. Contact +55(88) 99628-6028. E-
mail: alvestamires98@gmail.com**Submission:** 24-07-2024**Approval:** 30-04-2025**ABSTRACT**

The objective was to identify the existence of checklists available in the scientific literature focusing care for safe vaginal birth. This is an integrative review, carried out in January 2024, using the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDENF). The following Health Sciences Descriptors (DeCS) were used: “Checklist”, “Normal childbirth”, “Patient safety” and the use of Boolean connectors “AND”. The main information contained in the six articles selected was then presented. The studies proved to be relevant, pointing out that the use of the checklist stood out for being a tool capable of pointing out the recommendations to be followed by professionals, as well as providing women who received safe and quality care during labor. However, no study was found that specifically presented data on the use of a checklist, focusing on nursing care during safe vaginal delivery. This highlights the social and scientific relevance of conducting new studies to address this gap.

Keywords: Checklist; Normal Childbirth; Patient Safety.**RESUMEN**

El objetivo fue identificar la existencia de listas de verificación disponibles en la literatura científica enfocadas a la atención segura del parto vaginal. Se trata de una revisión integradora, realizada en enero de 2024, a través de las bases de datos: Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Sistema de Análisis y Recuperación de Literatura Médica en Línea (MEDLINE), Base de Datos en Enfermería (BDENF). Se utilizaron los Descriptores de Ciencias de la Salud (DeCS): “Lista de Verificación”, “Parto Normal”, “Seguridad del Paciente” y el uso de conectores booleanos “Y”. Posteriormente, se expuso la información principal contenida en los seis artículos seleccionados. Los estudios resultaron relevantes, señalando que el uso de la lista de control se destacó por ser una herramienta capaz de señalar las recomendaciones a seguir por los profesionales, así como por brindar a las mujeres una atención segura y de calidad durante el parto. Sin embargo, se destaca que no se encontró ningún estudio que presentara específicamente datos sobre el uso de una lista de verificación, centrándose en los cuidados de enfermería durante la asistencia al parto vaginal seguro. De esta manera, se valora la relevancia social y científica de realizar nuevos estudios dirigidos a esta brecha.

Palabras clave: Lista de Verificación; Parto Normal; Seguridad del Paciente.**RESUMO**

Objetivou-se identificar a existência de *checklists* disponíveis na literatura científica com enfoque nos cuidados ao parto vaginal seguro. Trata-se de uma revisão integrativa, realizada em janeiro de 2024, por meio das bases de dados: Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Base de Dados em Enfermagem (BDENF). Empregou-se os Descritores em Ciências da Saúde (DeCS): “Checklist”, “Parto normal”, “Segurança do Paciente” e o uso de conectores *booleanos* “AND”. Posteriormente, foram expostas as principais informações contidas nos seis artigos selecionados. Os estudos demonstraram-se relevantes, ao apontar que a utilização do *checklist* destacou-se por ser uma ferramenta capaz de apontar as recomendações a serem seguidas pelos profissionais, como também, por proporcionar às mulheres que receberam os cuidados seguros e de qualidade durante do trabalho de parto. Contudo, ressalta-se que não foi encontrado nenhum estudo que apresentasse especificamente dados sobre a utilização de um *checklist*, com enfoque nos cuidados de Enfermagem durante a assistência ao parto vaginal seguro. Desse modo, valoriza-se a relevância social e científica da realização de novos estudos voltados a essa lacuna.

Palavras-chave: Checklist; Parto Normal; Segurança do Paciente.

INTRODUCTION

The final period of pregnancy and childbirth are processes marked by physical and psychological changes, which in most cases require care and technologies that minimize the risks of maternal and neonatal morbidity and mortality. The World Health Organization⁽¹⁾ points out the importance of promoting safe and qualified care during the pre-, intra- and postpartum periods. However, of the more than 130 million births that occur annually in Brazil, approximately 303,000 result in the death of the mother and other aggravating factors⁽²⁾.

Maternal mortality (MM), which occurs during pregnancy or within 42 days after its end, is a reflection of the access to and quality of health services in a country. It can be classified as direct and indirect, resulting from obstetric complications during pregnancy, childbirth and/or in the puerperium, resulting from negligence or inadequate treatment, pre-existing or developed diseases, aggravated by effects of the moment^(3,4).

In this context, attempts to improve health indicators, such as the Humanization Program in Prenatal and Birth (PHPN) created in 2000, as well as the Stork Network created in 2011, emerged with the purpose of reducing the high rates of maternal and perinatal morbidity and mortality, in addition to the excessive use of obstetric interventions without scientific basis^(5,6).

However, there is much to be done for women's rights, especially in ensuring a safe and

quality birth, including the need to create individualized instruments for providing health care, specialized, comprehensive and humanized monitoring, in addition to the creation of public policies. It is important to emphasize that one of the factors that hinder this guarantee is the incorrect management of good practices for vaginal birth^(4,7).

It is noted that between the years 2016 and 2021, the number of officially registered maternal deaths was 11,444 women. The maternal mortality ratio (MMR), one of the most important global health indicators, which refers to the number of deaths due to causes related to pregnancy, childbirth and puerperium per 100,000 live births, shows that in 2021, there were 110 deaths, the same rate as in 1998⁽²⁾.

In view of this, adequate and safe care at the time of childbirth is essential for women to experience motherhood in the best possible way. To ensure safety and well-being, it is essential that the health team is prepared and well-informed to carry out procedures and deal with possible complications^(8,9).

It is timely to encourage the implementation of tools that guide improvements in the quality of care offered by health professionals, in addition to strengthening safety from admission to discharge, enabling the diagnosis of care failures and the creation of barriers so that they do not occur again^(10,11).

In order to maximize the quality of childbirth care, the WHO⁽¹²⁾ developed a Checklist for safe childbirth to prevent the main global causes of maternal and perinatal deaths

due to intrapartum causes, including hemorrhages, infections, hypertension and complications during birth. This international initiative indicates four pause points at which “checks” should be made: 1. Upon admission; 2. Before expulsion (or cesarean section); 3. Immediately after birth (up to 1 hour); 4. Before discharge. However, it is important to note that this instrument is not aimed at nursing⁽¹²⁾.

Thus, the importance that the use of technologies such as checklists can bring to care is highlighted. They are a constituent element of the work process and can be classified as soft, soft-hard and hard. All of them treat technology comprehensively, through the analysis of the entire production process, up to the final product. Soft technologies are those of relationships; the soft-hard ones are those of structured knowledge, such as theories, and the hard ones are those of material resources⁽¹³⁾.

Therefore, taking into account the recommendations of the Guide for the implementation of the WHO Safe Childbirth Checklist, together with information recommended by the National Guidelines for Care in Normal Childbirth of the Ministry of Health (MS) and other scientific evidence, the proposal for the construction and validation of a soft-hard technology instrument is presented: a checklist^(1,8,14).

Checklists are structured tools that have several items or actions to be considered and/or performed to confirm, through systematic observation, whether the necessary activities and interventions are being implemented during their

execution. These have been adopted in a wide variety of environments and represent promising strategies for a culture of patient safety, associated with greater detection of potential risks during care^(15,16).

In the health area, the use of checklists contributes to the management, systematization and application of care technologies. However, checklists are not capable of solving all problems; however, they help maintain habits aimed at the co-accountability of all members of the work team and measures such as standardization and double checking^(8,17).

Technology in the care offered during vaginal delivery can be related to the development of safe and non-invasive practices. In this context, their use allows the promotion of humanization of care during labor and birth, respecting women in their entirety and strengthening safety⁽¹¹⁾.

In view of the above, it is clear that there is a need to conduct a review so that the checklist can be constructed based on what is described and evidenced in the literature, in order to support evidence-based care.

This study may support contributions to the 3rd target of the Sustainable Development Goals (SDGs), which aims to ensure a healthy life and promote well-being for all, at all ages, thus achieving a reduction in the global maternal mortality rate by 2030.

It also has social and scientific-academic relevance in the healthcare field. It is considered that the participation of nursing professionals may support the recognition and greater

reporting of cases of care failures and the creation of barriers, allowing the competent bodies to have access to information and develop public policies, contributing to the recognition of evidence-based practices and adding quality of life to women.

Therefore, the objective was to identify the existence of checklists available in the scientific literature focusing on care for safe vaginal birth.

METHOD

The study is an Integrative Review, which consists of a method that seeks to synthesize the results through conducting research on a given topic, in a systematic and

comprehensive manner, which facilitates access to in-depth information on the subject⁽¹⁸⁾.

The content was produced by conducting a bibliographic review of the Integrative Review type of literature, according to the steps proposed by authors⁽¹⁸⁾: 1) Definition of the review question; 2) Search and selection of primary studies; 3) Extraction of data from primary studies; 4) Critical evaluation of primary studies; 5) Synthesis of results; 6) Presentation of the review⁽¹⁸⁾.

The PVO strategy was used to develop the guiding question (P - population; V - variable(s); O - outcome), which corresponds to an acronym used to create the search strategy, which is presented in Table 1.

Table 1 - PVO strategy for developing the guiding question. Crato, Ceará, Brazil, 2024.

ESTRATEGY	DESCRIPTION	DESC
Population (P)	Nursing Care	Checklist
Variables (V)	Intrapartum care actions	Regular birth
Expected outcomes(O)	Guarantee of safe childbirth	Patient safety

Source: Prepared by the author.

By implementing the PVO acronym, the following guiding question was raised: Are there checklists available in the scientific literature focusing on nursing care for safe vaginal delivery?

The process of searching and selecting studies took place during the month of January 2024 through the following databases: Latin

American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), and Nursing Database (BDENF). The following Health Sciences Descriptors (DeCS) were used: “Checklist”, “Normal Delivery”, “Patient Safety” and the use of Boolean connectors “AND” (Table 2).

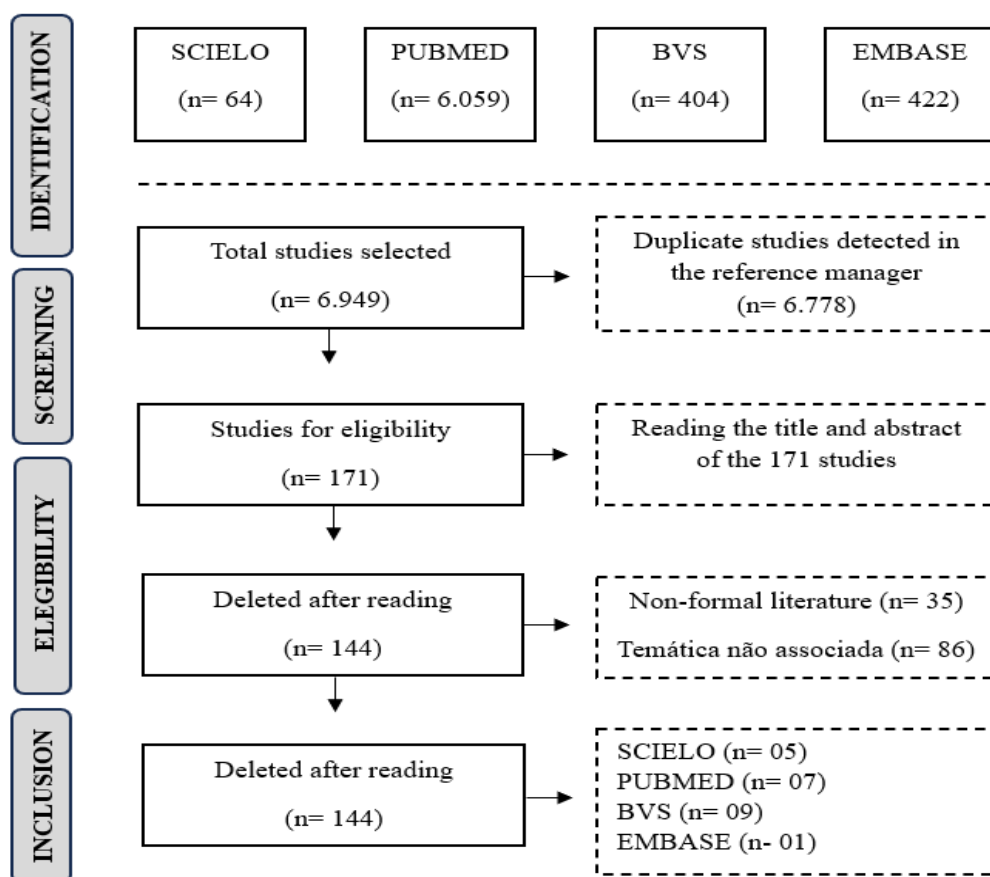
Table 2 - Search strategy used in the databases. Crato, Ceará, Brazil, 2024.

DATABASE	DECS
MEDLINE	1. Checklist AND Regular birth 2. Regular birth AND Patient Safety
LILACS	1. Checklist AND Regular birth 2. Regular birth AND Patient Safety
BDENF	1. Checklist AND Regular birth 2. Regular birthAND Regular birth

Source: Prepared by the author.

The inclusion criteria were: original articles, in full, in Portuguese, English and Spanish. The exclusion criteria were: duplicated studies, incomplete studies, course completion studies and literature reviews. A time frame of the last five years was used.

For the study selection process, an adaptation of a flowchart called PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses)⁽¹⁹⁾ was used, and is presented below in Figure 1.

Figure 1 – Flowchart of the selection of studies included in the review. Crato, Ceará, Brazil, 2024.

Source: Adapted from PRISMA-ScR (2009).

For the data extraction process, an adapted form was used, which allows each article to be analyzed separately in order to identify the main information contained in the text. This instrument includes the following items: identification of the article (title, year of publication, country); objective; methodological characteristics (type of publication); level of evidence; main results and conclusion.

The studies were evaluated and categorized based on the levels and quality of evidence described in seven levels, a modification of the Agency for Health care Research and Quality (AHRQ).

The division is presented as follows: Level 1 (systematic review or meta-analysis of randomized controlled clinical trials or from clinical guidelines based on systematic reviews of randomized controlled clinical trials); Level 2 (well-designed randomized controlled clinical trial); Level 3 (well-designed clinical trials without randomization); Level 4 (well-designed cross-sectional, cohort and case-control studies);

Level 5 (systematic review of descriptive and qualitative studies); Level 6 (a single descriptive or qualitative study) and Level 7 (opinion of authorities and/or report of expert committees)⁽²⁰⁾.

The data obtained were organized in a spreadsheet in Microsoft Windows Word, version 2019, using the data reduction method, which consists of performing a thorough reading and applying classification techniques.

At this stage, the results and their interpretation were organized in a table, in order to facilitate visualization and, consequently, the interpretation of the findings. Subsequently, a discussion was prepared with the scientific findings on the topic.

RESULTS

The characterization of the six studies included, including the title, country, year of publication, type of study, database in which the study was inserted, and the level of scientific evidence (LE) is shown in Table 3.

Table 3 - Characterization of the studies included in the Review. Crato, Ceará, Brazil, 2024.

Order	Title	Country/ Year	Type of study	N.E	Database
A1 ²¹	Checklist: A useful and safe tool for initiating care for eutocic vaginal delivery	Spain 2021	Descriptive observational study	N6	MEDLINE
A2 ²²	Society for Maternal Fetal Medicine: Postpartum Visit Checklists for Normal and Complicated Pregnancy	USA 2022	Descriptive study	N6	MEDLINE
A3 ²³	Improving maternal health and safety through adherence to the postpartum hemorrhage protocol in Latin America	Peru 2014	Multicenter descriptive study	N5	LILACS

A4 ²⁴	Checklist on intrapartum care in normal birth	Brazil 2021	Cross-sectional study	N4	BDENF
A5 ²⁵	Subpopulation Analysis with Principles of the BetterBirth Study and the Impact of the WHO Safe Childbirth Checklist Intervention	Kenya 2022	Study prognosis	N5	MEDLINE
A6 ²⁶	Nursing professionals' perception of the use of the safe childbirth checklist	Brazil 2021	Qualitative study	N5	BDENF

Source: Prepared by the author.

The six selected studies were published between 2014 and 2022, with one published in 2014 (16%), two in 2022 (32%) and three in 2021 (52%), representing a slight predominance in 2021.

These studies are indexed in international databases, namely: Medical Literature Analysis and Retrieval System Online (MEDLINE); Nursing Database

(BDENF) and Latin American Literature in Health Sciences (LILACS).

The studies were identified by abbreviations and numbering from A1 to A6. The objectives and main results are presented below in Table 4.

Table 4 – Summary of objectives and main results obtained from the included studies. Crato, Ceará, Brazil, 2024.

Order	Objective	Main results
A1 ²¹	Assess the degree of compliance with each item that constitutes the checklist tool after having assisted between 25 and 30 vaginal births	The importance of using a checklist to anticipate risk situations and reduce the number of adverse perinatal outcomes was identified, and it would be interesting to have a tool, such as the proposed checklist, that facilitates the learning process and the adequate progress of participants.
A2 ²²	Facilitate completion of all key components of postpartum care and provide a safe and effective transition to healthy care	The postpartum checklists facilitated completion of all key components of postpartum care and provided a safe and effective transition to healthy care. The checklists were also found to facilitate targeting of additional counseling and referral needs for patients with underlying chronic conditions or who had pregnancy complications, proving to be a useful tool
A3 ²³	Determine provider compliance with protocols for preventing postpartum hemorrhage	It was possible to see that through training in adherence to postpartum hemorrhage prevention protocols, there was a significant improvement in the safety of parturients.
A4 ²⁴	Apply the intrapartum care checklist for vaginal delivery	It was observed that the professionals obtained a good adherence rate in relation to the practices evaluated in the checklist, always seeking ways to reduce harm related to childbirth. Furthermore, it was shown that the births assisted by these professionals have fewer interventions

and were permeated by good practices.

A5²⁵ Identify subpopulations with divergent characteristics that benefited from the checklist intervention with significantly reduced risks of deaths and complications

A6²⁶ Understand how the implementation of the Safe Birth Checklist changed obstetric practice

A Lista de Verificação do Parto Insurance resulted in improvements in maternal and neonatal health care and outcomes. Mother-infant dyads were found to benefit from the Checklist intervention, resulting in 2.6% neonatal death in the intervention arm compared with 3.66% in the control arm

The professionals understood that the instrument brought benefits and contributed to greater quality and safety in obstetric care, in addition to encouraging a culture of safety.

Source: Prepared by the author.

DISCUSSION

It is important to note that no study was found in the literature that specifically presented data on the use of a checklist in the results, focusing on nursing care during safe vaginal delivery. However, the study ⁽²⁴⁾ indicates that nursing is the predominant professional category in relation to care and monitoring during labor.

It is important to emphasize the importance that these professionals bring to the care and comfort of the parturient during labor. Regarding the focus on nursing care for safe vaginal delivery, the study ⁽²⁴⁾ highlighted the adherence rate of some practices, such as the professional performing a vaginal examination every four hours, the use of uterotonics only when necessary, encouraging vertical delivery and reducing obstetric violence.

In recent years, nursing has gained space in public health policies due to its qualified and humanized view of the birth process, applying efforts to ensure that it flows naturally without the need for unnecessary interventions ⁽⁹⁾.

Nursing care requires constant records of

routine procedures in the work process. Thus, the checklist represents another means of transferring information and interaction, but also a way of organizing care. Thus, a study⁽²⁶⁾ reinforces that the checklist is part of the systematization of nursing care, which allows for the reduction of adverse events in the care provided and, consequently, improvement in the quality of care.

Benefits arising from the use of the checklist to guide care were evident: they perceived greater attention in identifying failures and weaknesses in the care of the parturient; they saw in the checklist the possibility of avoiding forgetfulness; they mentioned the importance of the checklist phases, a standardized direction in care, greater interaction and better communication between team members⁽²⁶⁾.

It was identified that the checklist is of utmost importance, as it identifies that patient safety is directly related to the procedure, in relation to the absence of damage or accidents of injuries during the provision of health care;

given the reduction of errors in the health area. In more recent research, it was found that professionals exposed to stressful and complex conditions should use tools that give them security and assertiveness, and that these tools are simple, allowing them to comply with procedures without errors ⁽¹⁶⁾.

Similarly, studies have indicated that the use of checklists improved communication and interprofessional relationships and the direction of actions, given that they gather fundamental information that is quick and easy to apply. A Brazilian study indicated that the checklist is an easy-to-apply instrument that facilitates the work routine from the professional's perspective and helps to avoid forgetting and speed up the approach to a large number of factors related to the client's context ⁽²⁶⁾.

The WHO⁽¹⁾ made recommendations regarding natural childbirth care, in the sense that institutions and professionals who provide childbirth care aim to respect and provide dignity to the woman in labor, the newborn and family members, through changes in paradigms, protocols and attitudes to provide an active and healthy natural childbirth. Thus, when effectively instituted, through protocols, standards or routines, encouraging the use of a

The use of a checklist is an important tool, as it can present recommendations to be followed by professionals, as well as provide women who have received safe and quality care during labor. The results of the review indicate the importance of using a checklist in providing

checklist favors safety and humanized care⁽¹⁾.

However, authors⁽²⁵⁾ emphasize that the WHO Safe Childbirth Checklist does not encompass the reality of all services in the country, which reinforces the indispensability of creating and using other technologies that assist in the stages of care during vaginal childbirth.

Corroborating this, a study⁽⁷⁾ indicates that the use of a checklist can provide nurses with an approach based on the Systematization of Nursing Care (SAE), linking better planning, effective interventions and the achievement of a prognosis for users admitted in labor until their discharge from the institution.

It is evident that nursing care is associated with better results in labor and delivery, reducing unnecessary interventions, including cesarean sections, increasing women's satisfaction with the care received and presenting better perinatal results.

Studies indicate that women during labor and vaginal delivery assisted by obstetric nurses had more access to good practices recommended by the WHO and the Ministry of Health (MS) than when assisted in the traditional model without the presence of this professional ⁽⁹⁾.

CONCLUSION

care for safe vaginal delivery.

The checklist can be a low-cost, practical and easy-to-understand and complete option for professionals to use. In addition, it can contribute to the listing of evidence-based recommendations during labor, demonstrating

that professionals can provide less interventionist, more respectful care within the ethical criteria of autonomy, maintaining or improving perinatal outcomes, benefiting safe and quality care.

However, it is noteworthy that no study

was found that specifically presented data on the use of a checklist, focusing on nursing care during safe vaginal delivery. Thus, the social and scientific relevance of conducting new studies aimed at filling this gap is valued.

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Funding and Acknowledgements:

The authors declare that the research did not receive funding.

Authorship criteria (authors' contributions)

The designation of authorship should be based on the deliberations of the ICMJE, which considers an author as someone who:

1. contributes substantially to the conception and/or planning of the study: Dias TA
2. in obtaining, analyzing and/or interpreting the data: Dias TA; Cruz RSBLC.
3. as well as in the writing and/or critical review and final approval of the published version: Dias TA; Alcântara PPT; Silva AKA; Lavor SF; Lopes MSV; Cruz RSBLC.

Declaration of conflict of interests

Nothing to declare.

Scientific Editor: Ítalo Arão Pereira Ribeiro.
Orcid: <https://orcid.org/0000-0003-0778-1447>