

The Importance of Social Sciences and Humanities in Health in Medical Training: A Teaching Experience Report in a Public Health Internship in Obstetrics Area

A Importância das Ciências Sociais e Humanas Em Saúde na Formação Médica: Relato de Experiência de Ensino Em Um Internato Em Saúde Coletiva na Área de Obstetrícia

La importancia de las Ciencias Sociales y Humanas en la Salud en la Formación Médica: Relato de experiencia de enseñanza en un internado en Salud Pública en el área de Obstetrícia

RESUMO

Objetivo: apresentar uma experiência de ensino em Saúde Coletiva em um internato rotatório em obstetrícia a partir da qual foram conduzidas reflexões sobre a integração da Saúde Coletiva com o currículo da graduação em medicina, destacando sua importância crucial a partir das Ciências Sociais e Humanas em Saúde. **Relato de experiência:** foi proposta uma diversificação significativa do currículo do ensino em Saúde Coletiva, a partir de uma abordagem socio-anropológica crítica e reflexiva que integrou os determinantes sociais de saúde à assistência obstétrica, transcendendo o modelo estritamente biomédico e incorporando outras dimensões no cuidado em saúde. Isso envolveu a discussão de temas como humanização em saúde, educação em saúde do SUS e autonomia das mulheres, além de reflexões sobre interseccionalidade, reconhecendo as interações complexas entre raça, gênero e classe que afetam o cuidado não apenas às gestantes, mas também a familiares e recém-nascidos. **Considerações finais:** A abordagem contribuiu para ampliar os horizontes da formação médica, proporcionando uma visão mais ampla e sensível às demandas sociais e individuais no contexto da obstetrícia e da saúde pública.

DESCRITORES: saúde coletiva, formação médica, obstetrícia, ciências sociais e humanas em saúde

ABSTRACT

Objective: To present a teaching experience in Public Health during a rotating internship in obstetrics, through which reflections were conducted on the integration of Public Health into the medical undergraduate curriculum, highlighting its crucial importance from the perspective of Social Sciences and Humanities in Health. **Experience Report:** A significant diversification of the Public Health curriculum was proposed, using a critical and reflective socio-anthropological approach that integrated the social determinants of health into obstetric care. This approach went beyond the strictly biomedical model, incorporating other dimensions of health care. It involved discussions on topics such as humanization in health, health education in the SUS (Unified Health System), and women's autonomy, as well as reflections on intersectionality, recognizing the complex interactions between race, gender, and class that affect care not only for pregnant women but also for their families and newborns. **Final Considerations:** The approach contributed to broadening the horizons of medical training, providing a broader and more sensitive perspective on social and individual demands within the context of obstetrics and public health.

KEYWORDS: public health, medical training, obstetrics, social sciences and humanities in health.

RESUMEN

Objetivo: Presentar una experiencia de enseñanza en Salud Pública durante un internado rotatorio en obstetrícia, a partir de la cual se realizaron reflexiones sobre la integración de la Salud Pública en el currículo de la carrera de medicina, destacando su importancia crucial desde la perspectiva de las Ciencias Sociales y Humanas en Salud. **Relato de experiencia:** Se propuso una diversificación significativa del currículo de la enseñanza en Salud Pública, mediante un enfoque socioantropológico crítico y reflexivo que integró los determinantes sociales de la salud en la atención obstétrica, trascendiendo el modelo estrictamente biomédico e incorporando otras dimensiones en la atención sanitaria. Esto implicó la discusión de temas como la humanización en salud, la educación en salud del SUS (Sistema Único de Salud) y la autonomía de las mujeres, además de reflexiones sobre la interseccionalidad, reconociendo las interacciones complejas entre raza, género y clase que afectan la atención no solo a las gestantes, sino también a sus familiares y recién nacidos. **Consideraciones finales:** El enfoque contribuyó a ampliar los horizontes de la formación médica, proporcionando una visión más amplia y sensible a las demandas sociales e individuales en el contexto de la obstetrícia y la salud pública.

PALABRAS CLAVE: salud pública, formación médica, obstetrícia, ciencias sociales y humanas en salud.

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ID **Stephania Gonçalves Klujnsza**

Anthropologist, Doctor in Anthropology, post-doctoral fellow at the Institute of Studies in Public Health at the Federal University of Rio de Janeiro (UFRJ).

ORCID: <https://orcid.org/0000-0001-6377-5434>

ID **João Vinícius dos Santos Dias**

Psychologist, Doctor in Public Health. Adjunct Professor at the Serra dos Órgãos University

Center (UNIFESO)

ORCID: <https://orcid.org/0000-0003-1691-5507>

ID **Jaqueline Teresinha Ferreira**

Physician, Doctor in Social Anthropology. Associate Professor at the Institute of Public Health Studies at the Federal University of Rio de Janeiro (IESC/UFRJ)

ORCID: <https://orcid.org/0000-0002-7662-1773>

INTRODUCTION

This article seeks to contribute to the reflections of Brazilian literature on the integration of Public Health in the undergraduate Medicine curriculum¹⁻³, emphasizing its contributions from the references of Social and Human Sciences in Health. To this end, it presents a teaching experience in Public Health in the rotating internship in Obstetrics at the Maternity School of the Faculty of Medicine of the Federal University of Rio de Janeiro (UFRJ), a health-teaching unit that is part of the obstetrics assistance network of the Unified Health System (SUS). Carried out between 2022 and 2023, this experience was developed within the scope of the Public Health discipline of the Obstetrics internship, which, during this period, began to be coordinated by the authors, then professors at the Institute of Studies in Public Health (IESC/UFRJ).

Although the current National Curricular Guidelines (DCN - *Diretrizes Curriculares Nacionais*) for the Medicine Course⁴ established by Resolution CNE/CES No. 3 of 2014 have increased the emphasis on public health in medical care, medical training in Brazil has historically followed a model

with a strong emphasis on biomedical disciplines, such as anatomy, physiology and pathology, emphasizing technical-scientific knowledge based on clinical practice centered on human biology. However, in the teaching experience described here, in addition to the technical-assistance dimension based on biomedicine, a diversification of the curriculum for teaching in Public Health was proposed, adopting a critical-reflexive approach to integrating the social determinants of health into obstetric care and transposing the strictly biomedical paradigm to incorporate other dimensions in health care.^{5,6}

Throughout the experience, it was possible to observe an enriching approach between Public Health and the references of Social and Human Sciences, especially in the context of obstetric care and women's health, which contributed significantly to a more critical education of undergraduates, going beyond the strictly technical-positivist approach, still very present in traditional medical education. As a result, the emphasis of the obstetrics internship became the discussion of topics regarding women's reproductive health, more specifically those involving pregnancy, childbirth and the

postpartum period.

Connections were also established with the perspective of humanization in health and with the health education processes of the Unified Health System (SUS)¹, valuing subject-centered care and women's autonomy regarding their choices about their own bodies. This included the debate on intersectionality², recognizing the complex interactions between race, gender and class that permeate the care offered to pregnant women^{3,7,8}, but also to family members and newborns cared for at the UFRJ Maternity School.

We believe that this approach has broadened the horizons of medical training, providing a comprehensive vision that is sensitive to social and individual demands in the context of obstetrics, the SUS and Public Health. This has provided interns with resources to broaden their learning in medicine, seeking information critically and enabling them to deal with the multiple aspects related to health and care.

INTERNSHIP IN PUBLIC HEALTH

The Collective Health internship at the UFRJ School of Medicine is currently coordinated by IESC. Until 2009, the UFRJ undergraduate medical program offered only rotating

internships in four basic areas: Internal Medicine, Surgery, Gynecology/Obstetrics, and Pediatrics. Since then, the internship in Family and Community Medicine (FCM) has also become mandatory for all students. In 2016, the rotating internship in Mental Health was introduced, with an emphasis on learning from Primary Health Care (PHC) and integrated with FCM.

In 2018, the UFRJ Medical program underwent a curricular reform, taking as a reference the 2014 National Curricular Guidelines (DCN - *Diretrizes Curriculares Nacionais*).⁴ It is worth noting that one of the pillars of these guidelines is the comprehensive training of physicians, enabling them to understand and act on the social determinants of health. This includes a critical and reflective approach to the health and disease process, considering the dimensions of human diversity, such as biological, subjective, ethnic-racial, gender, sexual orientation, socioeconomic, political, environmental, cultural and ethical. In addition, the guidelines emphasize the importance of considering both individual and collective aspects, reinforcing the commitment to citizenship and human dignity.⁴ The new 2014 National Curricular Guidelines seek to strengthen Primary Health Care and Public Health⁹, aiming at medical training more focused on the demands of the SUS. The proposed curriculum emphasizes the understanding of health determinants and the relationship with people's lifestyle and work, promoting integration between teaching, service and community.

The 2018 curricular reformulation extended the internship of the UFRJ Medical School to 24 months, incorporating a module dedicated to Public Health, integrated with the other five mandatory rounds. With this change, Public Health began to be transversally inserted in each rotating internship, encouraging students to reflect on its relevance and practical application in

medical training. This integration was carried out in different ways, including the active participation of professors in the area in thematic discussions and in the analysis of clinical cases, enriching learning and strengthening the connection between theory and practice.

The Public Health internship now covers five areas: Clinical Medicine, Surgery, Pediatrics, Family and Community Medicine, and Gynecology/Obstetrics. In each of these areas, health professionals from different areas work, including Epidemiology, Health Policy, Planning and Management, and Social Sciences and Humanities in Health, foreseeing the inclusion of Public Health to encourage students to reflect on the relevance and applicability of this knowledge in professional practice.

With this new organization, the Gynecology and Obstetrics internships are now offered jointly, with students divided into two groups that spend 5 or 6 weeks in each medical specialty. The Obstetrics internship takes place at the UFRJ Maternity School, involving students from the ninth, tenth and eleventh semesters of the undergraduate course in Medicine. Public Health is integrated into the internship in a longitudinal manner, with four hours per week throughout all three semesters of the internships.

When taking on the coordination of the obstetrics internship in mid-2022, the authors started from the understanding that the Social and Human Sciences are fundamental in medical training because they broaden the vision beyond the biological and clinical aspects of health⁵, providing a broader and more comprehensive understanding of the social, cultural and ethical aspects related to health and medical care. In this way, the obstetrics internship began to emphasize the discussion of topics related to women's reproductive health, especially those involving pregnancy, childbirth and the postpartum period, from a socio-anthro-

pological perspective, problematizing the strictly biological focus of medical education and seeking to expand the references for health care.

This format of curricular reorganization of Public Health activities in the obstetrics internship remained in force until the end of 2023, when the employment contract of one of the authors as a substitute professor was terminated and the other authors followed through with the proposal. In order to align the formats of the Public Health internships, the IESC management proposed reformulating the programs to promote the discussion of general topics in the field of public health in the different areas of the internship.

SOCIAL AND HUMAN SCIENCES AND PUBLIC HEALTH IN MEDICAL TEACHING

Public Health is a field of knowledge production and specialized professional intervention, but also interdisciplinary, where there are no rigid limits between the different and multiple ways of looking at, thinking about and producing health.¹ Its main concepts include the intersection of knowledge and practices, emphasis on comprehensiveness and equity, and overcoming biologicism and the hegemonic clinical model, through criticism of medicalization and the curative model. These principles were reinforced in the experience of including Social and Human Sciences in the teaching of Public Health during the rotational internship in obstetrics.

It is worth noting that, due to the authors' training, there were significant contributions from anthropology to the discussions during the internship. According to Minayo¹⁰, Anthropology can contribute in several ways to thinking about health and disease processes, given that the discipline exercises a comprehensive practice of multiple social realities and the search for a scientific nature of its practices. Minayo

highlights that anthropology can contribute to: (i) relativizing biomedical concepts; (ii) revealing the structure of therapeutic mechanisms; (iii) showing the close relationship between health/disease and social reality; (iv) contextualizing the subjects; and (v) proposing ways of approaching health and disease processes.

Based on studies on social sciences in medical training⁵, Silva and Ferreira⁶ state that among the main challenges of medical training in the Social Sciences is the lack of understanding of health-disease processes and their complexity, which can result in medical errors and unnecessary interventions. This problem arises from the reductionism of the biomedical model, which values individual care based on a predominantly biomedical and interventionist training to the detriment of an approach based on comprehensiveness and understanding of the social determinants of health.

Ferreira¹¹ points out that there are few professionals in Social Sciences in medical schools, and the disciplines in these areas are taught by non-specialized professionals, which means that the educational process can fall into technicalities or a simple process of training and repetition. For the author, the lack of a solid theoretical basis can lead to the absence of critical and emancipatory reflection on fundamental concepts, harming the comprehensive training of future doctors.

The internship experience proposed several interconnections between medicine and Public Health, which included discussing obstetric care in an interdisciplinary way, understanding its biological, subjective and social conceptual aspects. The identification of procedures in the surveillance and control systems for maternal, fetal and neonatal mortality was also addressed, as well as the recognition of policies and programs linked to health promotion and disease prevention and control in this field. In addition, complex social issues related to human reproduction were discussed,

such as contraception, legal abortion and teenage pregnancy, considering the various dimensions of the subjects' identity and the interconnections between social class, gender and race/ethnicity.

In this sense, an important contribution of the Social and Human Sciences during the internship was the inclusion of the intersectionality approach, a concept developed by black feminists in the mid-1980s. It broadens feminist thinking by considering not only gender oppression, but also other forms of domination, such as race, social class, sexuality and generation, faced by women. Carla Akotirene² defines intersectionality as the way in which racism, patriarchy, class oppression and other discriminatory systems create basic inequalities that structure the relative positions of women, races, ethnicities, classes and others. In the discussions developed at the internship, more than a sum of oppressions, intersectionality was approached as an important analytical tool to think about the structural inseparability of racism, capitalism and cisheteropatriarchy, considering that the inclusion of themes such as race, gender and diversity in educational curricula is essential to train professionals who are aware of social complexities and capable of responding appropriately to the diverse demands of society.

ACTIVITIES DEVELOPED IN THE OBSTETRICS INTERNSHIP

The UFRJ Maternity School, founded in 1904, was created to care for low-income pregnant women and newborns. Over time, it became a reference in the teaching of Obstetrics, structuring postgraduate courses in 1974 and expanding its activities with new technologies and specialties. The integration between obstetrics and neonatology consolidated a multidisciplinary approach, ensuring comprehensive care for maternal and child health. As a unit linked to the SUS, the maternity ward offers specialized care to high-risk pregnant women and newborns, in addition to serving as

a field of practice for students, medical interns and residents of various health fields at UFRJ.

During the teaching experience in the Public Health internship in the area of obstetrics developed at the institution, the authors coordinated activities developed through seminars, lectures, debates and studies of problem situations, combining theory and practice in obstetric care. The first classes addressed topics that are fundamental to medical training and are often neglected, while the rest followed the interests of the classes. The approach prioritized intersectionality and the concept of reproductive justice, expanding students' understanding of the social determinants of health and equity in obstetric care.

The classes were proposed in different ways, alternating between lectures and group dynamics. Audiovisual resources, such as documentaries, were frequently used. Professors and invited professionals from various areas — public health, anthropology, physiotherapy, psychology, nursing, social work and medicine — enriched the discussions, reinforcing the production of transdisciplinary and integrated knowledge.

Each round began with the introduction of the interns, professors and program, in addition to attendance and evaluation agreements. The first class dealt with the medicalization of the female body and the humanization of care. The historical perspective of the medicalization of the female body was explored based on works by Mary Del Priore¹², Fabíola Rohden¹³, Elisabeth Vieira¹⁴, Lilian Chazan¹⁵ and Emily Martin.¹⁶ The establishment of gynecology as a specialty, medical-health initiatives and the impact of medical technology on childbirth were discussed. The second part analyzed data from the “Born in Brazil I and I (Nascer no Brasil I e II)” surveys^{17,18}, barriers to prenatal care and current legislation, such as the Companion Law and the Ministry of Health guidelines for normal birth.

The second class focused on Obstetric

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Violence and Obstetric Racism. In some classes, the documentary “Obstetric Violence – The Voice of Brazilian Women” was shown.¹⁹, followed by discussions. In others, the analysis of real cases was used, promoting debates. Concepts such as obstetric violence and institutional racism were presented, based on research on the subject.^{3,7,8,20,21}

Classes three and four covered a variety of topics, depending on the class's interests, with contributions from professors on maternal mortality, exposure to pollutants, breastfeeding, perinatal grief, suicide during pregnancy and childbirth, social rights during prenatal care, and access to legal abortion, among others. The diversity of content broadened the students' understanding of the complexities of obstetric care.

The last class of each round was dedicated to the Birth Plan Workshop, with the aim of integrating the knowledge acquired. Initially, the concept of a birth plan and its legal basis were presented²², discussing its potential as a health education tool from a dialogical perspective. This approach promoted autonomy and shared care, in contrast to the conventional hierarchical model.²³ Interns developed birth plans in groups, discussing tensions and practical solutions.

This activity, in particular, generated a lot of reflection among the interns, and the birth plans produced presented interesting points. Among them, the preference for fewer people in the delivery room stood out, highlighting the discomfort frequently mentioned by the interns regarding the excessive number of students present during the procedures performed in the maternity ward. In order to preserve the privacy of the woman in labor, the interns themselves began to adopt strategies such as agreeing among themselves to limit the participation of the students during the procedures. Other points included performing few physical examinations, requiring consent for any intervention, the importance of effective communication between doctor and patient, refusing to perform the

Kristeller maneuver, and sensitivity and acceptance in situations in which the mother did not want to see the baby after birth, such as in cases in which women expressed the desire to voluntarily give the baby up for adoption.

After the last class of the round, a final assessment was conducted, consisting of two discursive questions. The first encouraged students to reflect on some of the topics covered during the classes. The second question was a brief experience report, in which students were asked to describe a situation they experienced during their internship that had had a positive or negative impact on them, which could be something personal or observed, and which should be analyzed in conjunction with the topics discussed during the round. Confidentiality was ensured and a safe environment was created for the preparation of these reports. As a result, several interesting reports emerged, such as experiences of accompanying pregnant women during procedures or in outpatient care, reflections on class and race issues in care, observations about raising awareness of humanizing practices during childbirth, critical reports on possible practices of obstetric violence, among others. One aspect that stood out was that the Public Health classes led them to question practices that had previously been naturalized.

CONCLUSION

The experience provided significant learning for both the authors, who developed pedagogical strategies to integrate Social Sciences into medical education, and for the students, who recognized the relevance and innovation of the content covered. Challenges also emerged, such as the students' limited knowledge of the history of medicine and the SUS, the naturalization of the pathologization of the female body, the lack of knowledge about legislation on the rights of pregnant women and women in labor, and the lack of preparation for emotional support and communicating bad news.

These points highlight the lack of discussions on health communication, medical psychology, and health education in medical training.

Important links were also established with the approach to humanization in health and with the health education processes of the SUS, emphasizing humanized care and women's autonomy in decisions about their bodies, through discussions of topics such as maternal mortality, legal abortion, obstetric violence, obstetric racism, and birth plans. The discussions, based on socio-anthropological and intersectional perspectives, raised awareness among students about critical issues of respect, dignity, and rights of pregnant and postpartum women. This approach broadened the frameworks for care, including social and cultural determinants and the dimensions of gender, race, and class, promoting sensitive medical practice centered on female protagonism.

The experience also aligned the internship with the National Curricular Guidelines for Medicine, highlighting the understanding of social determinants of health and reinforcing comprehensive care. In addition to broadening the interns' perspective on care, the internship acted as a welcoming space, supporting undergraduates in their transition to more complex clinical practices, often marked by insecurity and anguish. The experience led to an event on legal abortion at the UFRJ Maternity School, a report presented at the 9th Brazilian Congress of Social and Human Sciences in Health by Abrasco, and scientific publications in progress. One of the main challenges is to consolidate the internship in Public Health as a dynamic activity, capable of dialoguing with the realities of medical practice and integrating different areas of knowledge. This interdisciplinarity is essential to equip future doctors to promote more comprehensive and humanized care.

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