

**WEAVING PATHWAYS AND EXPERIENCES IN THE POLITICAL CONSTRUCTION
OF THE HEALTH/CULTURE INTERSECTION: PERSPECTIVES FROM BRAZIL'S
TRADITIONAL MIDWIVES MOVEMENT**

***Tejiendo Caminos y Experiencias en la Construcción Política de la
Intersección Salud/Cultura: Perspectivas del Movimiento de Parteras
Tradicionales de Brasil***

***Tecendo Caminhos e Experiências na Construção Política da Intersecção
Saúde/Cultura: um Olhar para o Movimento de Parteiras Tradicionais do
Brasil***

Nayara Rudeck Oliveira Sthel Cock

Pesquisadora, Doutoranda em Saúde Coletiva, Instituto de Medicina Social Hésio Cordeiro,
Universidade Estadual do Rio de Janeiro (IMS - UERJ), Rio de Janeiro, Brasil

E-mail: nayararudeck@gmail.com

Thayane Cazallas do Nascimento

Pesquisadora, Instituto Federal de Educação, Ciência e Tecnologia de Santa Catarina (IFSC), Santa
Catarina, Brasil

E-mail: thaycazcaz@gmail.com

Raymonde Gagnon

Professora Associada, Departamento de Obstetrícia, Universidade do Quebec em Trois-Rivières
(UQTR), Trois-Rivières, Quebec, Canadá

E-mail: raymonde.gagnon@uqtr.ca

André Luis de Oliveira Mendonça

Professor Associado, Programa de Pós-Graduação em Saúde Coletiva, Instituto de Medicina Social
Hésio Cordeiro, Universidade Estadual do Rio de Janeiro (IMS - UERJ), Rio de Janeiro, Brasil;
Coordenador do Grupo de Estudos Quilombo Amefricano

E-mail: alomendonca@gmail.com

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ABSTRACT:

The Traditional Midwives Movement in Brazil (MPTB), founded in 2020 during the COVID-19 pandemic, emerged as a space for articulation and resistance, advocating for recognition, autonomy, and public policies that ensure its valorization. The health crisis intensified structural challenges, such as access to institutional resources and difficulty registering newborns under their care. Using a methodological approach grounded in popular education and inspired by Oscar Jara Holliday (2006), this study examines the trajectories and experiences of MPTB midwives, as well as their struggling strategies. And the possibilities for developing culturally sensitive public policies. The research highlights the health/culture intersection as a contested field, in which the recognition of midwives is part of a broader debate on rights, ancestral practices, and the autonomy of community knowledge. As Robbie Davis-Floyd (2001) suggests, traditional midwives are in a constant negotiation of their identities, redefining roles and justifications for their continued practice. This resistance movement reflects the challenges imposed by the dominant biomedical model and emphasizes the need to strengthen their knowledge within a symbolic and political space. Traditional midwives' knowledge and practices represent a significant expression of Brazilian cultural heritage, and their recognition should go beyond mere incorporation into the biomedical model, fostering respectful, transversal and cooperative spaces for knowledge exchange. Strengthening these practices requires approaches that safeguard the movement's autonomy and knowledge as essential to the diversity of maternal and perinatal care in Brazil.

KEYWORDS:

Traditional Midwife, Traditional Birth Assistance, Health Policies, Culture, Community Participation.



RESUMEN:

El Movimiento de Parteras Tradicionales en Brasil (MPTB), fundado en 2020 durante la pandemia de COVID-19, surgió como un espacio de articulación y resistencia, promoviendo el reconocimiento, la autonomía y políticas públicas que aseguren su valoración. La crisis sanitaria intensificó desafíos estructurales, como el acceso a recursos institucionales y la dificultad para registrar a los recién nacidos bajo su cuidado. Utilizando un enfoque metodológico basado en la educación popular e inspirado en Oscar Jara Holliday (2006), este estudio examina las trayectorias y experiencias de las parteras del MPTB, así como sus estrategias de lucha y las posibilidades de desarrollar políticas públicas culturalmente sensibles. La investigación destaca la intersección salud/cultura como un campo de disputa, en el cual el reconocimiento de las parteras forma parte de un debate más amplio sobre derechos, prácticas ancestrales y la autonomía del conocimiento comunitario. Como sugiere Robbie Davis-Floyd (2001), las parteras tradicionales se encuentran en una constante negociación de sus identidades, redefiniendo roles y justificativos para la continuidad de su práctica. Este movimiento de resistencia refleja los desafíos impuestos por el modelo biomédico dominante y enfatiza la necesidad de fortalecer sus conocimientos dentro de un espacio simbólico y político. Los saberes y prácticas de las parteras tradicionales representan una expresión significativa del patrimonio cultural brasileño, y su reconocimiento debería ir más allá de la mera incorporación al modelo biomédico, fomentando espacios de intercambio de conocimientos respetuosos, transversales y cooperativos. El fortalecimiento de estas prácticas requiere enfoques que salvaguarden la autonomía del movimiento y sus saberes como elementos esenciales para la diversidad de la atención materna y perinatal en Brasil.

PALABRAS CLAVE:

Partera Tradicional, Asistencia Tradicional al Parto, Políticas de Salud, Cultura, Participación Comunitaria.



RESUMO:

O Movimento de Parteiras Tradicionais do Brasil (MPTB), criado em 2020 durante a pandemia da COVID-19, surge como um espaço de articulação e resistência, reivindicando reconhecimento, autonomia e políticas públicas que garantam sua valorização. A crise sanitária intensificou desafios estruturais, como o acesso a recursos institucionais e dificuldades no registro civil de bebês nascidos sob seus cuidados. Com uma abordagem metodológica fundamentada na educação popular e inspirada por Oscar Jara Holliday (2006), este estudo analisa as trajetórias e experiências das parteiras do MPTB, suas estratégias de luta e as possibilidades de construção de políticas públicas culturalmente sensíveis. A pesquisa destaca a intersecção saúde/cultura como um campo de disputa, no qual o reconhecimento das parteiras se insere em um debate sobre direitos, práticas ancestrais e a autonomia dos saberes comunitários. Conforme sugere Robbie Davis-Floyd (2001), as parteiras estão em constante negociação de suas identidades, redefinindo papéis e justificativas para sua permanência. Esse movimento de resistência reflete os desafios impostos pelo modelo biomédico dominante e a necessidade de fortalecer seus saberes em um espaço simbólico e político. As parteiras representam uma expressão significativa do patrimônio cultural brasileiro, e sua valorização deve ir além da incorporação ao modelo biomédico, promovendo espaços de compartilhamento respeitosos, transversais e cooperativos. O fortalecimento dessas práticas exige abordagens que respeitem sua autonomia, garantindo que seus saberes sejam reconhecidos como essenciais para a diversidade do cuidado materno e perinatal no Brasil.

PALAVRAS-CHAVE:

Parteira Tradicional; Assistência Tradicional ao Nascimento; Políticas de Saúde; Cultura; Participação da Comunidade.



INTRODUCTION

In many parts of the world, women have been historically seen as weavers of memory — those who preserve the voices of the past and the stories of their communities, passing them down to future generations and, by doing so, they forge a collective identity and a strong sense of cohesion. (Silvia Federici, *Women and the Witches' Hunt*, 2008, p. 8)

To conceptualize the role of a Traditional Midwife, it is important to recognize the complexity of her responsibilities and the influence of factors like oral tradition, community recognition, and the sociocultural environment in which she works. The Brazilian Ministry of Health (MS) describes Traditional Midwives as those who provide home birth assistance based on traditional knowledge and practices and who are acknowledged by the community (BRAZIL, 2010), in which they often hold a significant and vital role (Nascimento, 2009; Cardoso, 2019; Oliveira, 2019; Silva, 2020; Gomes, 2021; Costa, 2023).

Some authors use the term “empirical midwife” instead of “traditional” [–practical, lay–]. The word “trained” is also included in cases in which the midwife has received biomedical training (WHO, UNFPA, UNICEF, 1993), although this can be seen as a form of epistemic violence (Cusicanqui, 2010, 2015), if we take in consideration the fact, as Telles (2024) points out, that these women have been marginalized since the colonial period (with the challenges and tensions brought by 19th-century slavery and the rise of biomedicine), by people who ignored the fact that their knowledge is validated within community networks.

As Federici (2019) observes, women are “weavers of memory who create a collective identity and a profound sense of cohesion.” We also refer to a space of contestation over the legitimacy of expression, a site of knowledge encompassing diverse practices, and a place of resistance and confrontation, defined by the specificities of different knowledge systems. Considering the extensive cultural diversity of Brazil and the plurality of care needs, the challenge for policymakers is to design policies that embrace heterogeneous, diverse, and plural realities.

These challenges are further amplified in Brazil's childbirth care, dominated by a medicalized, interventionist, and physician-centered model that pathologizes the physiological birth process and often overlooks women's psychological and sociocultural needs. Brazil has the second-highest cesarean rate in the world (55.7% in 2018) (Betrán, 2021), reaching nearly 90% in private services (Pires, 2023). Women with conditions favorable to physiological birth also reach high cesarean rates (Paixão, 2021; Pereira, 2024). Social inequalities are reproduced from birth: women are stratified by class, race, ethnicity, and education. While middle and upper-class women are caught



in the cesarean epidemic, on the other hand, poorer, black, and less educated women face disproportionately high rates of obstetric violence (Muller, 2021).

This medicalized model not only neglects women's needs for comprehensive care but also excludes and marginalizes the practices of traditional midwives, which embody ancestral knowledge and a form of care aligned with Brazil's cultural diversity. These women are often delegitimized by the formal health system as part of a minority group. Such exclusion constitutes an expression of alterity, in which the knowledge of traditional midwives is frequently ignored or dismissed over a biomedical and homogeneous view of health.

Facing this perspective, this article is the result of a doctoral research project in Public Health, within the field of health policy, planning, and administration, which seeks to "systematize" (Holliday, 2006) the experiences of the women who constitute the Traditional Midwives' Movement of Brazil (MPTB). This movement [and gathering space], born during the SARS-CoV-2 pandemic, forms a solidarity-based and strategic network that brings together experienced midwives, apprentices, activists, and researchers united in the struggle for the appreciation, autonomy, and recognition of their practices.

It is also noticeable the emergence of potential obstacles in designing policies situated within collective fields of forces, shaped through democratic processes in which planning results from a collaborative effort to outline strategies of articulation without oversimplifying the complexity of the knowledge/practice nexus. One of the main challenges in establishing meaningful dialogues within the public dimension of health policies is to consider where specificities originate and how they will be accommodated. Such accommodation must be consistent with each statement that arises. In this context, we refer to a broad range of realities: women in isolated communities, riverine women, Black women, women living in quilombola communities, women from Indigenous territories, rural women, women from urban peripheries, and middle-class urban women, among others.

As suggested by the "Working with Traditional Midwives" Program (PTPT) of the Brazilian Ministry of Health, there is a significant ethnic-racial and geographic diversity among these women, which allows the category of traditional midwife to be further expanded to include women from different cultural contexts (BRASIL, 2010).

It is essential to understand that traditional midwives "are masters of the craft of midwifery" (IPHAN, 2024) and represent a significant expression of Brazilian cultural heritage. Their practices reflect ancestral traditions and Indigenous and Afro-Brazilian knowledge. Valuing them is not only a matter of public health, but also of preserving the country's cultural identity. Recently, during the 104th Meeting of the



Advisory Council of the National Institute of Historic and Artistic Heritage (IPHAN) on May 9, 2024, the recognition of Traditional Midwives as Cultural Heritage of Brazil (IPHAN, 2024) represented a historic milestone. This step marks an advance toward the appreciation and preservation of cultural practices and traditional knowledge in the country.

The process of the movement's recognition as Cultural Heritage of Brazil involved, among several stages, the identification and development of an inventory documenting the practices of traditional midwives across different regions of the country. This work was carried out by researchers from the Federal University of Pernambuco (UFPE), who collected information through interviews, observation, and photographic and audiovisual records (IPHAN, 2018). The compiled dossier describes the practices of traditional midwives, their cultural, social, and historical significance, and the challenges faced in preserving this knowledge, focusing primarily on the North, Northeast, and Central-West regions. It is necessary to expand studies to include the South and Southeast regions of Brazil, as well as to incorporate quantitative data that can support analyses for informed decision-making.

From this perspective, cultural policies play a fundamental role in preserving cultural heritage and promoting diversity, reaffirming the importance of traditional midwives' practices in the fabric of Brazilian cultural identity and highlighting the urgency of a respectful, transversal, and cooperative dialogue with the health system. When considering possibilities for expanding this dialogue, intersectoral coordination cannot be overlooked. Intersectorality, as a strategy of democratic public management, seeks to overcome sectoral compartmentalization and fragmentation through policy decisions that foster coordination among different sectors and the complementarity of actions (Wanderley, 2020).

By adopting a broader perspective on the issues surrounding the rights of traditional midwives, it is possible to locate the intersection between culture and health, which in this context refers to the point at which cultural traditions and health practices meet and mutually influence one another. This intersection encompasses various aspects, such as health practices based on traditional knowledge, rituals and rites of passage, cultural beliefs, spirituality, holistic care, social recognition and appreciation, conceptions of health, access to health services, and ways of life, etc.

In this context, the present investigation seeks, through listening to and collecting narratives, as well as analyzing meeting minutes of the Traditional Midwives' Movement of Brazil (MPTB), to understand the dynamics of organization, political strategies, and the main demands presented by the movement in the struggle for recognition and appreciation of their work. In doing so, the study aims to reflect on



the intersections between culture and health, highlighting how the knowledge and practices of midwives are situated within a contested field that involves both institutional recognition and the persistence of ancestral practices in the territories where they operate.

METHODOLOGICAL PERSPECTIVES

This is a form of resistance that engages us in a revolutionary praxis. (Bell Hooks, *Feminist Theory: From Margin to Center*, 1999, p. 62)

The methodological approach in which the construction of this article was based was inspired by the systematization of experiences, as proposed by Oscar Jara Holliday (2006). Such an approach, grounded in popular education, was chosen for its capacity to transform individual experiences into collective knowledge, providing understanding, documentation, and organization of experiences in a shared manner, with a focus on the educational and critical dimension of the narratives presented.

Without, however, succumbing to the traps of modernity, we can turn to Walter Benjamin to understand how technical advancement and progressive rationalization have eroded traditional experience. According to Benjamin, modernity imposed a model of fragmented knowledge, undermining the collective and intergenerational transmission of wisdom that was once rooted in oral tradition and shared experience. In this sense, traditional experience was gradually replaced by fragmented, dispersed, and decontextualized forms of knowledge, stripping it of its cumulative and transformative character (Benjamin, 1987, p. 115; Benjamin, 2012, p. 25).

Therefore, we consider that the critique of the loss of experience in modernity can also provide a powerful theoretical basis for thinking about strengthening the knowledge of traditional midwives. Rather than reducing their practices to technical or statistical data, this research proposal seeks not only to systematize but also to reinforce the transmission of experience as an act of resistance against hegemonic technical and biomedical rationality. By doing so, we advocate for a sensitive approach to the experience of traditional midwives within the MPTB, avoiding the reproduction of logics that disregard the richness of their practices, through spaces for dialogue [and gathering space] where they can recognize their own epistemic authority, narrate and reflect on their experiences, ensuring that systematization does not erase the richness of tradition and that midwives' knowledge remains alive, dynamic, and continuously evolving.

Based on Einion (2023), who discusses epistemic injustice in obstetrics, this investigation seeks to value midwives' narratives as a legitimate form of knowledge production. We understand that the historical exclusion of this knowledge occurs



not only at the institutional level but also in the way certain epistemologies are disregarded, silenced, or subordinated within the hierarchy of biomedical knowledge. To advance in this construction, we are guided by Antônio Bispo dos Santos's (2023) metaphor of the confluence of knowledge: "A river does not cease to be a river because it merges with another river. On the contrary, it becomes itself and other rivers; it grows stronger." Just as rivers meet without losing their essence, the exchange between different knowledge systems should not be understood as dilution, but as strengthening. When midwives share their experiences in spaces of dialogue and mutual recognition, they not only reaffirm their epistemic authority but also create possibilities for resistance and reinterpretation. In this sense, to converge is not to vanish, but to expand, reaffirming the potency of ancestral knowledge in its interaction with other contexts and contemporary challenges.

Thus, considering a possible methodological path, we conceive it as a living, dynamic, and relational process. Accordingly, the research is grounded in the experiences of the women who make up the Traditional Midwives' Movement of Brazil (MPTB), a network initially formed by 86 women from across the country (with at least one representative from each region) — including experienced midwives, apprentices, doulas, activists, and researchers. The movement was created in April 2020 in response to the challenges posed by the SARS-CoV-2 pandemic, which was marked by a severe global health crisis.

During such period, maternal care practices and birth experiences were profoundly impacted by emergency measures adopted within health systems. As highlighted by DavisFloyd et al. (2021), COVID-19 disrupted maternal care worldwide, leading to increased medical interventions, separation of mothers and newborns, and restrictions on the presence of birth companions. Social distancing and hospital reorganization created barriers to access models of care based on continuous support and respect for pregnant individuals' choices, resulting in excessive medicalization and deprivation of essential emotional support during childbirth. Moreover, the health crisis exposed structural inequalities, further hindering access to humanized birth, especially for vulnerable populations. This scenario prompted the search for alternatives outside hospital settings, such as home births attended by midwives, challenging established norms and underscoring the need for more inclusive policies in maternal and child healthcare.

Considering this reality, the unity and strategic coordination of the midwives within the Traditional Midwives' Movement of Brazil (MPTB) became essential for addressing various issues, such as: violence experienced during the civil registration process of newborns; difficulties related to reception in formal health institutions;



discussions on the mapping and registration of traditional midwives; deliberations on drafting bills, developing a code of ethics, and topics related to the training and valorization of traditional practices. The systematization process made it possible to document these experiences and create a space for critical analysis and strengthening of the movement. To carry out this process, as outlined in Figure 1, we initially began by identifying experiences through analyzing oral narratives presented in virtual meetings and the corresponding documentary records of the minutes.

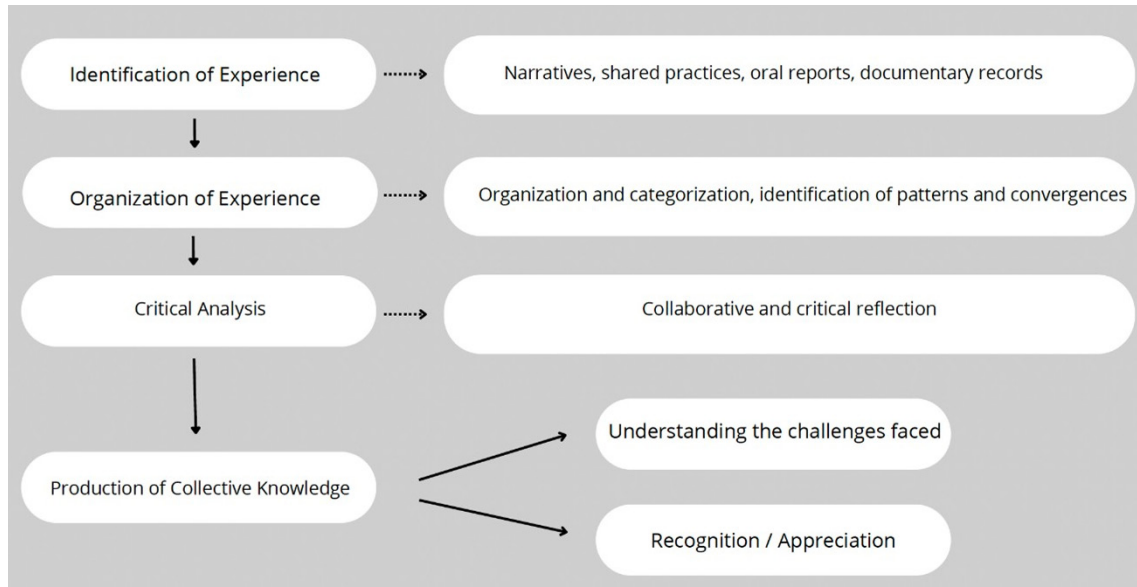


Figure 1) Schematic Illustration of the Methodological Pathway and Its Developments (Source: authors' elaboration, 2025).

After this reading period, we organized the information according to the themes most frequently discussed and addressed by the traditional midwives, defining patterns of convergence that outlined the most relevant points to be further discussed and analyzed. Based on these definitions, a collective critical analysis was conducted to assess whether the interpretations were consistent with the realities faced and with the priorities of the movement's demands. This allowed us to reach a confluence (descriptive, critical, and analytical) of the lived realities, understanding the main challenges to be overcome and the ongoing strategies for valorization within the health/culture intersection. From these directions, we grouped the convergent themes into three main axes, based on the midwives' perceptions, which structure the discussions presented in this article.

DOES INSTITUTIONAL VIOLENCE SUSTAIN STRUCTURAL CHALLENGES?

The contemporary challenges faced by traditional midwives within the MPTB



are firmly situated within issues of rights recognition, embedded in social and cultural policies. Among the many difficulties, those related to the civil registration of newborns stand out, often involving access to the Live Birth Statement (Declaração de Nascido Vivo, DNV), the registration of midwives, and the formalization of their links with municipal health departments and/or epidemiological surveillance offices.

Data obtained from the DNV are essential for producing vital and epidemiological statistics in the country, enabling the monitoring of live births and the characteristics of prenatal care, pregnancy, and childbirth, thereby contributing to knowledge of the Brazilian population's maternal and child health situation. Furthermore, the DNV plays a fundamental role in formalizing civil registration, being the legally required document for the issuance of the Birth Certificate by Civil Registry Offices, which ensures the official registration of each birth and, consequently, the recognition of citizenship (BRASIL, Ministry of Health, 2022).

The category of traditional midwife has been recognized among professionals assisting childbirth in the Live Birth Statement (Declaração de Nascido Vivo, DNV) only since 2012, that is, for thirteen years. This recognition was established by Law No. 12,662 of June 5, 2012, which conferred national validity to the DNV, regulated its issuance, and amended Law No. 6,015 of December 31, 1973. According to Articles 30 to 33 of Ordinance No. 116/2009 of the Ministry of Health, state and municipal health departments have the autonomy to define the distribution flows of the DNVs and to establish the criteria and conditions for the registration of midwives. This autonomy creates a heterogeneous national reality, which may result in barriers to full access to registration rights. Furthermore, the absence of normative convergence for midwife registration prevents the consolidation of an official record of the number of active midwives, contributing to the underreporting of the births they attend.

The absence of a comprehensive mapping of traditional midwives in Brazil reflects a range of social, political, and historical issues. According to Fleischer (2020), diffuse evidence suggests that between 40,000 and 60,000 midwives are “traditionally” active in Brazil. This number, somewhat arbitrary, may serve as a basis for investment decisions in projects aimed at working with midwives. However, no official and reliable source provides the exact total of active midwives in the country. Therefore, efforts to identify and map traditional midwives across Brazil and movements advocating for their valorization are pivotal. Accordingly, planning and evaluation are necessary for developing a national registry of traditional midwives without losing sight of the importance of social participation, as in any democratic construction process. To this end, strategies should be devised to expand midwives' involvement in the formulation and social oversight of public health policies.



The CNES (National Registry of Health Establishments) is a system maintained by the Brazilian Ministry of Health that compiles detailed information on all health establishments in the country, both public and private. This registry is essential for the management and planning of health policies, enabling the organization of health services, monitoring of installed capacity, and planning of actions for improvement and expansion of the health network (BRASIL, 2025).

The registration of traditional midwives in Brazil has gained importance in recent years, and including traditional midwives in the CNES may serve as a path toward recognition and formalization of their work. However, standardizing the registration of health establishments and professionals—including traditional midwives—in Brazil is challenging due to the diversity of regional realities and the complexity of the Brazilian health system. In some regions, the infrastructure to carry out registration may be limited, and beyond structural issues, midwives may face various barriers to accessing health services. It is also essential that the registration process respects and values the traditional knowledge of midwives, avoiding the imposition of rules that could disregard their cultural practices.

Another seemingly challenging point relates to improving the care provided by and the working conditions of traditional midwives. The issue of remuneration is sometimes discussed by midwives, associations, and organizations, yet obstacles remain for them to be fully covered under Law No. 14,434 of August 4, 2022, which established the National Nursing Minimum Wage for nurses, nursing technicians, nursing assistants, and midwives. This discussion brings up issues concerning the “need for regulation of the traditional midwife profession,” which still requires broader and more in-depth debate regarding the definition of roles, competencies, and skills, formal recognition, the guarantee of labor rights, the establishment of a unified registry in Brazil, as well as a defined plan for integration into the Unified Health System (SUS).

Despite the proposition of several bills to regulate the profession of traditional midwives in Brazil, significant progress toward effective implementation is still necessary. Proposals such as Bill No. 912/2019, which sought to ensure recognition and valorization, remain stalled in the legislative process, highlighting the need for a culturally situated, in-depth debate and greater political awareness and coordination to secure the realization of these rights.

Although the practice of traditional midwives is widely respected in many communities, the lack of official recognition hinders their full integration into the health system. Such formal recognition could, for example, include the creation of a specific professional registry for traditional midwives, ensuring their access to bene-



fits and resources allocated to health professionals. Another important aspect is the guarantee of labor rights, considered essential to ensure the valorization and sustainability of traditional midwifery practice, which includes access to social protection and adequate working conditions. The implementation of policies that secure these rights could involve measures ranging from the inclusion of traditional midwives in social assistance programs to the creation of specific mechanisms for funding and logistical support.

It is important to emphasize that in numerous discussions raised by the MPTB midwives, defining a scope of practices and responsibilities assumes particular importance regarding the distinction between their practices and those carried out by obstetric nurses who identify as midwives. In the context of childbirth practices and the different modes of professional engagement, the proposal of anthropologist and researcher Robbie Davis-Floyd (2001) provides an interesting analytical key, as she argues that the various approaches to birth can be classified into three distinct paradigms: technocratic, humanistic, and holistic. These paradigms are not merely practice styles but reflect worldviews, cultural values, and health models that shape the birth experience. According to her, the technocratic paradigm is most closely associated with the biomedical approach to childbirth, viewing the body as a machine, emphasizing the mind-body separation, technological intervention, and standardization of care. The humanistic paradigm adopts an approach that recognizes the mind-body connection, valuing individualized care and the integration of science. In turn, the holistic paradigm emphasizes the unity of body-mind-spirit, viewing the body as an interconnected energy system and employing multiple healing modalities.

Thus, by considering these three concepts, it is noticeable that the practices of traditional midwives align predominantly with the holistic paradigm. Their care goes beyond the biomedical dimension of childbirth, incorporating ancestral knowledge, popular wisdom, and a comprehensive view of pregnancy and birth. For these midwives, childbirth is not merely a physiological event but an experience deeply connected to the pregnant person's emotional, spiritual, and sociocultural aspects and community. By valuing women's autonomy, the intergenerational transmission of knowledge, and the use of diverse care practices, traditional midwives reaffirm an approach that transcends the mechanistic view of the body and promotes a care model grounded in reciprocity, intuition, and connection with nature.

It is also important to underline that there is a central concern with cultural sensitivity in the implementation of public policies, aiming to avoid the homogenization of ways of life and to ensure the recognition of the specificities of traditional practices and knowledge. This knowledge includes spiritual aspects, blessings,



the use of medicinal herbs, baths, and other peculiarities that vary according to the community in which the midwife operates, reinforcing the importance of respecting cultural traits in policy formulation.

In this context, it becomes evident that the structural challenges faced by traditional midwives in Brazil are not mere reflections of administrative or logistical difficulties, but deeply rooted in institutional violences that perpetuate the devaluation of their knowledge and the exclusion of their practices from the formal health system. The absence of a unified national registry, barriers to accessing the Live Birth Statement (DNV), and the lack of professional recognition are not just operational shortcomings but reflect a historical process of marginalization of these women and their knowledge. Therefore, overcoming these challenges requires more than technical adjustments; it demands a political and social commitment aimed at historical reparation, valorizing traditional knowledge, and enabling midwives to occupy a legitimate place in constructing a health care model that respects the diversity and autonomy of communities.

DIALOGUES ON TRAINING AND CULTURAL RESISTANCE IN MIDWIFERY PRACTICE

It is crucial to consider the multiple perspectives involving the debate on the education, training, and capacity building of traditional midwives, which leads us to reflect on how engagements with the formal health system will be conducted, particularly regarding the inclusion of these knowledges within the dominant biomedical model. In such a way, “training” midwives to operate according to conventional obstetric guidelines may produce assimilation and the silencing of cultural practices and ancestral knowledge, rather than their valorization.

In 1984, with the establishment of the Women’s Comprehensive Health Care Program (PAISM), home births assisted by traditional midwives were recognized as an essential strategy for maternal and child health. The program aimed to train midwives through instruction and supervision, as well as to provide materials for safe deliveries. Subsequently, the implementation of the Working with Traditional Midwives Program (PTPT) began in 2000, aiming the reduction of maternal mortality and promoting the valorization of traditional midwives’ knowledge and practices, including those of Indigenous midwives. In some regions of Brazil, particularly the North and Northeast, efforts were made to identify, formalize, and train traditional midwifery practices, providing midwives with training in basic health and hygiene skills and techniques to ensure a safe birth. Awareness campaigns accompanied these efforts on the importance of prenatal care and the distribution of kits containing basic materials to support childbirth.



In the state of Tocantins, among Krahô Indigenous women, Gusman et al. (2019) analyzed workshops for Indigenous midwives, in which knowledge was exchanged and a “midwife kit” was distributed. The ethnographic study revealed a mismatch between the program and the local reality: although it targeted women already assisting home births, they could only be recognized as midwives after completing the course. Furthermore, the lack of remuneration and the frustrated expectation of government hiring generated dissatisfaction and a perception of neglect. According to the authors, the program’s ethnocentric bias prioritized scientific knowledge, distributing materials that were not always appropriate. The imposition of the “midwife” category affected social organization, leading to comparisons with paid *kupê* health professionals, and the infantilizing approach of the training was perceived as an attempt to reshape, rather than value, traditional practices.

From this perspective, we would like to offer critical reflections on issues surrounding the institutionalized training of traditional midwives. The essential foundation of the State for ensuring the official recognition of these women is, in a sense, supported by the incorporation of medical practices emerging from training sessions and workshops, which are intended to contribute to the formation of a new identity—safer? more effective? more scientific? more enlightened? more hygienic?—for these midwives. However, if on one hand their practices become “safer and more effective”, we may simultaneously be contributing to the erasure of traditional cultural practices and reaffirming mechanisms of coloniality. As Alarcón Lavín et al. (2021) describe in the book *Traditional Midwives in Latin America: Changes and Continuities in the Face of Programmed Ethnocide*:

One condition was that the topic should reveal and shed light on the mechanisms through which the global biomedical paradigm is attempting to eradicate traditional midwives from the planet and impose a single model: the professional midwife.

In light of this, tension is established between midwifery’s traditional practices and medical protocols. While traditional practices are valued for their humanized approach and focus on women’s autonomy, they may encounter zones of conflict with the standards of safety and efficacy established by the hegemonic biomedical conception of health. It is therefore necessary to forge pathways toward the democratic construction of health perspectives, in order to share knowledge and ensure respectful and safe childbirth.

As Costa et al. (2023) point out, it is crucial to understand midwives not only as care providers but also as protagonists in a “political and social negotiation process.” Their study on the profile of traditional midwives in Amazonas revealed that



72% of midwives have never had the opportunity to assist births in primary health care units (UBS) or hospitals, although 59% are referred for this role by Community Health Agents (ACS). On the other hand, 70% of midwives refer women for prenatal care at UBS, while only 34% of health professionals do the opposite, referring women to midwives. These data indicate that, while formal health spaces, such as UBS and hospitals, are dominated by professionals with biomedical training, midwives continue to be recognized and predominantly operate in home and community contexts. This reality can be attributed to the lack of academic and institutional recognition, which limits the formalization of midwives' roles within the health system.

Another case that may serve as an example is the scenario presented in the study by Silva et al. (2020), which emphasizes the importance of midwives in promoting health within the rural community of Lindóia, a municipality of approximately 2,000 inhabitants located in Itacoatiara, Amazonas. In this context, midwives are recognized as essential community leaders in social mobilization and the strengthening of local dynamics. Although they have gained a significant presence within the Basic Health Unit (UBS), their actions remain limited and regulated by management and other health professionals. The study highlights the need to expand intercultural dialogue between biomedical and traditional knowledge, promoting integrated, respectful, and collaborative care practices.

Such diversity of experiences demonstrates that the challenges faced by traditional midwives go beyond specific training programs, reflecting structural tensions within the health system as a whole. Thus, while state initiatives attempt to articulate traditional knowledge with biomedical protocols in a unilateral and prescriptive manner, they also expose the persistent influence of an educational model that privileges a hegemonic technoscientific approach.

Generally, there is a lot to be said about the training of midwives, but little discussion on how the education of health professionals remains influenced by Eurocentric perspectives, reinforcing the devaluation of traditional knowledge. This scenario reflects an educational model that prioritizes approaches often detached from the sociocultural reality of individuals and communities. In this way, biomedical hegemony not only guides clinical practice but also shapes the way professionals relate to other forms of knowledge and care, contributing to the erasure of ancestral and community-based knowledges.

On one hand, the institutionalization of training for traditional midwives may result in the assimilation of biomedical practices and, as Sueli Carneiro—one of the leading voices of Black feminism in Brazil—warns, in the “burial of ancestral knowledge” (CARNEIRO, 2005). On the other hand, conventional medical training often



neglects traditional and popular knowledge, perpetuating a model of care that fails to consider the cultural specificities of the populations served. From this perspective, it is essential to consider approaches promoting the valorization of traditional knowledge within health education.

Galvão et al. (2023) highlight the importance of decolonial care in training, emphasizing how Brazilian university extension programs aimed at traditional midwives can contribute to the re-signification of care and teaching practices. By bringing the memories and experiences of these midwives into the academic space, such initiatives challenge biomedical hegemony and enable the construction of a more plural knowledge, that recognizes and respects the cultural diversity of the populations served. In this way, rethinking the training of health professionals from a decolonial perspective becomes essential to prevent the erasure of knowledge and to promote a model of care more closely aligned with the sociocultural realities of the territories.

Following this logic, Sally Graham and Robbie Davis-Floyd (2021) discuss the role of coloniality in global maternal health policies and highlight that, historically, international organizations promoted training approaches that often devalued the knowledge and practices of traditional midwives. By treating them as a temporary solution until modern health services and professionals could replace them, these initiatives neglected the holistic dimension of their work, which is intrinsically cultural and socially rooted in specific contexts. The authors further point out that training, often delivered in a didactic and biomedical manner, fail to take into account their experiential modes of learning. To address these challenges, they propose the partnership paradigm as a viable alternative for articulating traditional knowledge with the biomedical system. In the specific case of the Karamojong in Uganda, this model sought to overcome epistemological and institutional barriers by promoting mutual recognition of the contributions of both systems in maternal care. By emphasizing respect and ongoing dialogue between biomedical professionals and traditional midwives, this approach facilitated not only mutual learning but also transformed perceptions and enhanced reciprocal acceptance among the different actors involved. In this way, the partnership paradigm emerged as a concrete strategy to strengthen intercultural collaboration in maternal health, avoiding the marginalization of traditional knowledge.

To approach the Brazilian context, we highlight the testimony of Ms. Maria dos Prazeres, a traditional midwife from the Jaboatão dos Guararapes region in the state of Pernambuco, who recounts her life journey in the documentary *Simbiose* (2017), directed by Júlia Morim. Prazeres navigates different contexts and perspecti-



ves while maintaining the belief that, through the practice of cohabitation, it is possible to foster dialogue and build knowledge.

“I wanted to understand the maternity service, so I said, ‘I will go to the maternity hospital.’ Then, I was advised to take an obstetrics course. I decided to do it, and I am satisfied because it did not change much. I only took a complement, an adaptation, combining one thing with another. And it improved the situation because I began to learn certain things that, as a traditional professional alone, I would not have known or discovered. But it did not make a big difference; the challenge is knowing how to place things in the right context. So, I started to combine one thing with another without harming any of it and allowing all to function, and I saw that they collaborate with each other, though the language is different. It is very interesting; the language is different. ‘Look, the baby is an object. It is an object! It has a route, which is the pathway. The uterus is a motor. And the baby is an object.’ Do you accept that? Object? Do you understand? So, that is where I begin to diverge from these things.” (Excerpts from Ms. Maria dos Prazeres’ testimony in the documentary *Simbiose*)

Such dynamic of mutual recognition and cooperation between distinct knowledge systems leads us to question: how do these practices coexist, influence each other, and redefine themselves? The resistance of traditional midwives should not be understood merely as rigid opposition to the biomedical model, but rather as a continuous process of negotiation within the field of public health. This perspective—resistance as ongoing negotiation—prompts consideration of forms of coexistence that are not based on assimilation, but on the valorization of differences.

In this regard, the notion of *Ch’ixi*, developed by Silvia Rivera Cusicanqui (2015), provides a powerful lens to understand how traditional midwifery knowledge persists without necessarily being subsumed by the dominant biomedical model. The concept of *Ch’ixi* proposes a form of interculturality in which different knowledge systems coexist without one needing to nullify or absorb the other. Rather than a fusion that erases singularities, it represents an encounter in which differences are preserved and valued, creating a space of coexistence where cultural multiplicity is reaffirmed. This model challenges the colonial logic of homogenization and opens pathways for maternal-infant care practices that integrate diverse knowledges without hierarchizing them, recognizing the legitimacy of traditional practices on their own terms.

Complementarily, Davis-Floyd (2007; 2008) introduces the concept of the “postmodern midwife,” who navigates between different knowledge systems—biomedical, traditional, and alternative—to better serve women. This type of midwife does not follow a single approach but adopts an informed relativism, understanding the potentials and limitations of each paradigm. In doing so, she functions as a bridge between these domains, negotiating her identities and practices in a strategic and



dynamic manner.

According to the analysis of each healthcare demand, traditional midwives selectively incorporate biomedical elements without relinquishing their ancestral knowledge, challenging rigid dichotomies between tradition and modernity. This navigation between epistemologies demonstrates that their practice is not a mere adaptation to the hegemonic model, but a re-signification of practices based on the concrete needs of the women and communities they serve. Recognizing this fluidity and capacity for articulation can make room for more sensitive and collaborative public policies that respect and strengthen the autonomy of traditional midwives, promoting care that integrates different forms of knowledge in an equitable manner.

Public policies should seek to promote the recognition and safeguarding of such traditional knowledge. This may include encouraging the valorization of traditional midwives, fostering knowledge exchanges between traditional midwives and healthcare professionals, and incorporating their practices into services offered through the Family Health Strategy (ESF) via integration with the broader health sector. In this regard, it is also important to highlight that the promotion of Popular Health Education (EPS) represents a significant step toward strengthening a model of comprehensive healthcare that is inclusive and adapted to local realities.

By recognizing and respecting cultural, social, and regional diversity, Popular Health Education (EPS) promotes accessible and dialogical communication, ensuring that different forms of knowledge and practices are articulated in a participative and meaningful manner within healthcare. Thus, EPS can be understood as a theoretical-methodological and ethical-political perspective that contributes to the history of the Brazilian Unified Health System (SUS), with the National Policy on Popular Health Education (PNEPS-SUS) representing an important milestone in institutionalizing this approach within the SUS. Established by Ordinance No. 2,761 in 2013, PNEPS-SUS aims to implement EPS guided by strategic axes such as participation, social control, participatory management, training, communication and knowledge production, healthcare, intersectoral collaboration, and multicultural dialogues. Based on the principles of equity, empowerment, and comprehensiveness—which are directly aligned with the valorization of ancestral and popular knowledge—,PNEPS-SUS fosters spaces for the collective construction of knowledge that go beyond the limitations of conventional biomedical approaches.

This movement to valorize Popular Health Education (EPS) proposes a model of care that transcends a purely technical perspective, recognizing the importance of the knowledge accumulated by communities over time, along with its perspectives and significance, while respecting memory and fostering the intersection of health



and culture. By integrating traditional care practices into public health policies, EPS strengthens communities' capacity to respond to their health needs, promoting autonomy and active participation of individuals in the construction of care.

Finally, it is important to highlight that, throughout history, traditional midwives have resisted processes of marginalization and homogenization imposed by conventional medicine, preserving and transmitting ancestral knowledge that is essential not only for health but also for maintaining the culture and identity of communities. What can be observed, witnessed, and experienced in this investigation alongside the MPTB is that true cultural resistance lies not only in the preservation of knowledge but also in the organized struggles that take place within fields of negotiation aimed at the (re)construction of social care, enabling the coexistence of distinct realities and perspectives on notions of care.

DIALOGUES ON (RE)EXISTENCE AND THE DEMOCRATIC CONSTRUCTION OF HEALTH PERSPECTIVES

Despite the medicalization of the body and of life, traditional midwives have (re)existed and (re)invented their knowledge, reaffirming their central role in rural communities and creating pathways for identity construction in urban centers, where the movement is expanding. With an active stance, they engage in struggles and develop strategies to confront the enduring effects of colonialism, contributing to a broader and plural vision of health.

The articulation of the Traditional Midwives Movement of Brazil (MPTB), particularly during a global crisis, has been crucial in allowing women from diverse contexts and regions to connect and share their experiences. Facing these challenges, how do they maintain and reinvent their knowledge? A question like that invites us to reflect on the creative strategies the movement employs to preserve its practices.

Leaning on communication technologies, bridges are created, and virtual meetings and social media enable the practices and knowledge of traditional midwives to be updated. By sharing experiences, networks of mutual support and knowledge exchange are established. Thus, the articulation of traditional midwives is not limited to a political struggle for recognition; it also constitutes a contemporary and dynamic space for the preservation of ancestry and collective empowerment.

By joining forces to transform situations that still reflect violence and prejudice, powerful tools are conceived to create fertile ground for the construction of new identities. Importantly, this involves not only elder midwives but also younger women designated to continue the craft in contemporary times. Throughout various



meetings, one question arose was repeatedly posed: what does it mean to be “traditional”? Some define traditional midwives in Brazil as women possessing only empirical and practical knowledge about pregnancy, childbirth, and postpartum care. Other conceptions include women who engage in broader training and development, combined with knowledge transmitted orally by their master midwives. Generally, whether young or elder, they play vital roles in community care that often extend beyond childbirth assistance.

Another critical challenge is the access to formal healthcare institutions, where midwives often face hostility, distrust, and even prejudice. In many cases, both traditional midwives and the women they assist are marginalized within a medical system that prioritizes technocratic practices, devaluing popular and ancestral knowledge. On the other hand, exchanges of experience drive resistance movements and collaboratively inspire studies, readings, textual, audiovisual, photographic, and artistic productions that consolidate and operate a solidarity network in constant motion, capable of devising collective strategies for social transformation.

Throughout this research process, shared experiences suggest that social participation plays an essential role in recognizing and legitimizing the practices of traditional midwives, as well as in enabling dialogue with the Brazilian public health system. Active community involvement is crucial to ensure that public policies reflect local needs and realities, whether urban, central, peripheral, or rural.

Considering Brazil's vast cultural diversity, it is imperative to develop these policies in a situated manner, respecting different contexts and lifestyles, which requires the engagement of multiple actors, including governments, healthcare professionals, civil society organizations, and communities, along with a commitment to transparency and the inclusion of many voices and perspectives. In the context of traditional midwives, social participation can help ensure that their needs and concerns are duly considered in cultural and health policies. This should include creating spaces for dialogue and collaboration between midwives and policymakers, as well as strengthening midwives' representation in consultative and decision-making bodies.

Active participation of midwives' associations and the communities they represent is central to ensure that public policies reflect Brazil's diverse realities, promoting equity in healthcare access and valuing traditional cultural practices. Examples include the achievements of associations such as the Associação de Parteiras Tradicionais do Estado do Amazonas – Algodão Roxo, the Associação Central de Parteiras Tradicionais de Macapá, and the Associação de Parteiras Tradicionais da Ilha de Marajó, which demonstrate the collective strength in promoting and recognizing these professionals. These organizations play an essential role in defending midwi-



ves' rights, strengthening their activities through support networks, knowledge sharing, and political articulation, fighting to ensure that ancestral knowledge is preserved and respected within healthcare systems.

It is also worth noting that culturally sensitive public policies are essential for promoting equity in healthcare access and ensuring recognition and cultural valorization, which also implies respecting diverse models of care and understanding the specific needs of the women served. Within health policy, it is vital to guarantee that services are culturally sensitive and accessible to diverse ethnic and cultural groups. This includes training healthcare professionals to recognize and respect cultural beliefs and practices, while fostering a new ethic of respectful and inclusive care.

Moreover, health education adapted to cultural specificities should be promoted to raise awareness of community-specific health issues while accommodating local traditions and beliefs. Thus, reflecting on the implications of this study, we are confronted with the urgency of collaborative and inclusive approaches to health policy formulation, recognizing that true equity in healthcare access can only be achieved when the diversity of practices and knowledge is accepted and valued.

FINAL CONSIDERATIONS

Within health policies, midwives often occupy a marginal space, sometimes recognized as complementary health agents, without institutional backing that ensures their full autonomy. On one hand, this partial recognition can open pathways for dialogue between different care systems. On the other hand, it can function as a mechanism for the assimilation and control of traditional knowledge through biomedical training and protocols that limit their practice. Thus, a complex dynamic emerges in which the state, healthcare institutions, and communities continuously negotiate, contest, and redefine the contours of this practice.

At the same time, the persistence of ancestral practices in local territories constitutes a form of cultural and political resistance. Midwives are the guardians of knowledge, encompassing symbolic, spiritual, and community relations with birth, and their wisdom is embedded within specific worldviews often overlooked by conventional public health models. The articulation of midwives within the social movement has been fundamental for claiming spaces of autonomy and recognition, ensuring that their practices are not merely absorbed and reformulated by institutional discourse but remain alive in their authentic forms within communities. The challenge, therefore, lies in building bridges that enable the coexistence of these different knowledges without implying the hierarchization or delegitimization of ancestral knowledge.



Reflecting on the intersections between culture and health broadens the discussion on therapeutic pluralism and the right to diversity in maternal and perinatal care. This requires recognizing midwives as active protagonists in the construction of alternatives for a childbirth care model that integrates traditional practices with the contemporary demands of each community. By doing so, we create space for ancestral and diasporic knowledge, techniques, and technologies to remain vibrant, contributing to the development of collective forms of care that value coexistence and respect for diversity.

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