

CRITERIA FOR CHOOSING THE COMPANION DURING LABOR

CRITÉRIOS PARA ESCOLHA DO ACOMPANHANTE DURANTE O TRABALHO DE PARTO

CRITERIOS PARA ELEGIR EL ACOMPAÑANTE DURANTE EL TRABAJO DE PARTO

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Objective: to describe the criteria that lead the parturient to choose her companion during labor. **Method:** descriptive study with a qualitative approach, developed in the maternity of a public teaching hospital in Belo Horizonte, Minas Gerais, Brazil. The participants 17 puerperas aged over 18 years. For data collection, the semi-structured interview was used. Content analysis was used to explore the speeches. **Results:** the criterion of choice was the relationship of the companion with the puerpera or availability at the moment. Most were the newborn's own companion and father. In the analysis, the statements were organized into one category – Criteria for choosing the companion – and four subcategories: How participants were informed about the right to have a companion; Reactions generated by the companion's presence; Companion's attitudes that caused discomfort; Desire to have another companion. **Conclusion:** paternal participation proved to be a relevant criterion for parturients.

Descriptors: Patient Companions. Labor. Nursing Care. Humanized Childbirth.

Objetivo: descrever os critérios que levam a parturiente a escolher o seu acompanhante durante o trabalho de parto. Método: estudo descritivo de abordagem qualitativa, desenvolvido na maternidade de um hospital público de ensino de Belo Horizonte, Minas Gerais, Brasil. Participaram 17 puérperas maiores de 18 anos. Para a coleta de dados foi utilizada a entrevista semiestruturada. Utilizou-se a análise de conteúdo para explorar as falas. Resultados: o critério de escolha foi o vínculo do acompanhante com a puérpera ou a disponibilidade no momento. A maioria era o próprio companheiro e pai do recém-nascido. Na análise, as falas foram organizadas em uma categoria – Critérios de escolha do acompanhante – e quatro subcategorias: Como as participantes informaram-se sobre o direito de ter um acompanhante; Reações geradas pela presença do acompanhante; Atitudes do acompanhante que causaram incômodo; Desejo de ter outro acompanhante. Conclusão: a participação paterna mostrou-se um critério relevante para as parturientes.

Descritores: Acompanhantes de Pacientes. Trabalho de Parto. Cuidados de Enfermagem. Parto Humanizado.

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Objetivo: describir los criterios que llevan las parturientas a elegir a su compañero durante el trabajo de parto. Método: estudio descriptivo con un enfoque cualitativo, desarrollado en la maternidad de un hospital público de enseñanza en Belo Horizonte, Minas Gerais, Brasil. Participaron 17 mujeres puerperas mayores de 18 años. Para la recopilación de datos, se utilizó la entrevista semiestructurada. El análisis de contenido se utilizó para explorar los discursos. Resultados: el criterio de elección era la relación del compañero con la puerpera o la disponibilidad en el momento. La mayoría era el propio compañero y padre del recién nacido. En el análisis, las declaraciones se organizaron en una categoría— Criterios para elegir el compañero— y cuatro subcategorías: Como las participantes se informaron sobre el derecho a tener un compañero; Reacciones generadas por la presencia del compañero; Actitudes del compañero que causaron malestar; Deseo en tener otro compañero. Conclusión: la participación paterna resultó ser un criterio relevante para las parturientas.

Descriptores: Compañeros del Paciente. Trabajo de Parto. Cuidado de Enfermería. Parto Humanizado.

Introduction

The transformations of women's role in contemporary society do not remove their desire for their role in the process of pregnancy, parturition and care provided during this period. Until the 19th century, women were protagonists at this time of life and during labor, which routinely occurred in a domestic environment, with the family presence and assistance provided by midwives. From the 20th century on, physicians and nurses assumed the responsibility of the care of the parturient in order to qualify this action using technological resources. This resulted in reduced women's empowerment and loss of space of companions, in addition to subsequent loss of the nurse's work space in this context⁽¹⁾.

Currently, criticism of the current technocratic model has driven the search for humanized care, based on scientific evidence, proven beneficial practices and the rescue of women's autonomy. This proposal includes the presence of a companion of freely chosen by the woman during the whole process of parturition and birth⁽²⁾.

The various benefits arising from the presence of the companion in this process are already recognized and include security, trust and tranquility transmitted to women⁽³⁾. A significant reduction in unnecessary interventions is one of the aspects observed with the companion's presence, besides giving opportunities for a singular, natural and physiological parturition process, combined with the woman's protagonism⁽⁴⁾. This good practice has been recommended by the World Health

Organization (WHO) since 1985, with the release of the document "Appropriate Technologies for Childbirth and Birth"⁽⁵⁾.

In Brazil, in order to ensure improved access, coverage and quality of prenatal care, as well as care in childbirth and postpartum care to pregnant women and newborns, programs and ordinances were created aiming to guarantee the rights of women and their families. Among them, there stands out the publication of Law n. 11,108, 2005, which obliges health institutions to allow the presence of a companion freely chosen by women during all labor, delivery and immediate postpartum⁽⁶⁾. Subsequently, this right was ratified in the guidelines of the *Rede Cegonha*, a women's health care strategy, in 2011, emphasizing the importance of the insertion of companions during this period⁽⁷⁾.

In 2018, the WHO launched the document *Intrapartum Care for a Positive Childbirth Experience*, with the recommendations and their most current evidence that reinforce the importance of the companion's role in the process of parturition and birth⁽⁸⁾.

The relevance of companions' presence during the process of parturition and birth and their great diversity in maternity hospitals, facts observed by the authors, in previous experiences, caused interest in knowing the reasons for choosing them. This study is believed to contribute for professionals to better guide pregnant women in choosing their companion during labor.

The aim of this study is to describe the criteria that lead the parturient to choose her companion during labor.

Method

This is a descriptive study with a qualitative approach. Data collection was performed in the maternity ward of a large public teaching hospital, located in the city of Belo Horizonte (MG). The research participants were 17 puerperas. The inclusion criteria were: age equal to or greater than 18 years, having a companion of her choice during all labor, delivery and puerperium without complications and being with her newborn in a rooming-in for at least six hours, a period necessary for the puerperal woman to eat, rest and interact with her newborn. Thus, she would be more willing and calmer to participate in the study.

The interviews took place from December 2018 to February 2019, using a semi-structured questionnaire. The statements were recorded and transcribed as close to the interview as possible, paying attention to reliability. The women were informed about the nature of the study and consented to participation by signing two copies of the Informed Consent Form (ICF). Some companions were present during the interview, by women's choice, not showing interference or relevance in relation to the veracity of the answers. The researchers developed the semi-structured questionnaire for this study and the guide questions were related to the criterion to choose the companion, feelings and discomforts of the puerperal woman in relation to her companion.

The respondents were identified in the statements by the consonant P (participant) followed by the number corresponding to the order in which the interviews were conducted. The confidentiality of the source of the information was maintained, according to the ethical commitment assumed. The application of the questionnaire occurred until the statements began to repeat, with saturation occurring in the 17th interview.

The collected data were analyzed using Laurence Bardin's content analysis as methodology, which is characterized as a set of instruments and techniques that take into account the meanings. It seeks to know what is "spoken" in gestures and expressions and what is "behind" the words, through three stages: pre-analysis, which consists of floating reading and organization of statements according to the study objective; exploration of the material, when the context cut of the participants' speeches is made and aggregation of the contents, resulting in categories; and inference, which includes the treatment of the results, through their organization in the categories emerged and in the discussion based on the existing scientific literature on the subject⁽⁹⁾.

The ethical and legal aspects recommended by Resolution n. 580/2018 of the National Health Council, which approves the guidelines and regulatory norms of researches involving human beings, were respected. The research began after the approval of the Research Ethics Committee at the Universidade Federal de Minas Gerais (UFMG), with the Certificate of Presentation for Ethical Appreciation (CAAE) 54746516.6.00005149, and at the Risoleta Tolentino Neves Hospital (HRTN), with Opinion n. 15/2016.

Results and Discussion

The 17 puerperas of the study were between 18 and 40 years, with a mean of 28.1 years. All the companions had some family bond with the women, among them, 10 (ten) were partners and fathers of the newborns, four were mothers of the puerperas; two were sisters and one was an aunt, totaling 58.82% of paternal participation and 41.18% of participation of other female figures.

These results allowed observing the relevance of paternal participation during this moment. The father's presence is known to be important since prenatal care, so that he is able to practice active and conscious paternity, besides sharing with the woman the responsibilities and care for the child⁽¹⁰⁾. Nevertheless, the company

of another woman is also important and may be more desired by the pregnant woman or parturient, to the detriment of the presence of the child's father.

Immersion in the statements resulted in the emergence of one category – Criteria for choosing the companion –, which met the objective of the study, and four subcategories, which described how and when the choice of the companion occurred: How participants were informed about the right to have a companion; Reactions generated by the companion's presence; Companion's attitudes that caused discomfort; and Desire to have another companion.

Criteria for choosing the companion

Most participants chose their partners and fathers of the newborns as companions. The main reason was the fact that they were their companions and/or babies' fathers and for the complicity and partnership of the relationship. This was evidenced in statements below:

He has always been present. He also said, "Oh, I want to be there! And I did not want to take that from him." (P3).

He is my husband, he shares his life with me. He is the dad. It had to be him. (P4).

These statements reflect the expectation of most women in relation to the presence of the partner and child's father at the time of delivery.

Men's participation in this event is important for strengthening the bond between the couple and for building the participatory and affective paternity⁽¹¹⁾. The father's presence in the child's birth process allows establishing an early bond with the newborn, in addition to better preparing and affirming his paternity⁽¹²⁾. These statements confirm the expectation demonstrated by the puerperas of this study, by expressing that they did not think of anyone else other than their companions at that time.

The participants that chose the mother, sister or aunt as companions justified:

She [mother] accompanied me the whole time [...] the father does not live in BH. He is a slacker, and would not probably take it. (P2).

Because mom is mom, right? [...] I think she would be the right person to be on my side. (P14).

She [sister] is the closest person to me. I think, at the time, without working [...] she was the only person in the moment of despair. (P5).

She was the only person [aunt] who was close at the time, without working [...] she was the only person in the moment of despair. (P6).

Some of the reasons for women choosing another companion over their partner are related to unavailability, due to employment, and the person's inability to deal with blood and pain and, consequently, the lack of emotional structure to help them at that moment⁽¹³⁾. This evidence confirms the reports of this study.

All companions had some consanguineous bond with the puerperas. Childbirth is recognized as a relevant family and social event, and not as an exclusive responsibility of women. This is a positive thing, since the proximity of the relationship provides the parturient with an experience of satisfaction, besides softening and facilitating the experience of motherhood⁽¹⁴⁾.

Nonetheless, the participants' statements revealed that the companion was not always the first-choice person, but rather the person available at the time. However, according to the reports, even though the person was only available to accompany her, she was able to provide her with security and tranquility.

How participants were informed about the right to have a companion

Most participants already knew about their right to the companion's presence during the whole process of parturition and birth. Some statements unveiled the importance of addressing the right to have the companion in prenatal consultations, since some of the interviewees were informed about this right during the consultations, according to the following statements:

At the last consultation at the health center [...] they advised me to have a companion. (P5).

In prenatal care. The nurse at the post told me about it at the consultation. (P8).

Considering prenatal care and birth as singular moments for each woman, nursing professionals who work in the health education perspective as an inherent practice to care, and other health professionals who carry out these moments, should assume the role of educators, in an interdisciplinary way, sharing knowledge and seeking to generate in women self-confidence to live the pregnancy, delivery and puerperium in a positive way⁽¹⁵⁻¹⁶⁾.

Some puerperas learned of the possibility of having a companion by friends and family:

Oh, I already knew! I have two sisters who have had a baby, so they always told me that I had to have a companion. (P12).

In fact, everyone came up to me and said: you need a companion. (P14).

Confirming the text of Law n. 11,108 of 2005, which obliges health institutions to allow the presence of a companion freely chosen by women during all labor, childbirth and immediate postpartum⁽⁶⁾, the National Health Surveillance Agency (ANVISA) published, on June 3, 2008, Resolution RDC n. 36. This resolution regulates standards of care and functioning of obstetric and neonatal care services and recommends that health services should allow the presence of a companion freely chosen by the woman at the embracement, labor, delivery and immediate postpartum, besides presenting adequate and safe physical structure⁽¹⁷⁾. This right is reinforced by the guidelines of the *Rede Cegonha*, which, in 2011, sought to ensure humanized attention to women during pregnancy, childbirth and puerperium, among other rights⁽⁷⁾. One of the interviewees reported having researched on the Internet about the possibility of having a companion:

I had been researching for a time about having a companion, looking on the internet. (P17).

This speech expresses the relevance of access to information over the Internet, in order to provide autonomy to pregnant women in the search for knowledge necessary to request their rights.

After 15 years of the sanction of the Companion's Law, some women are still unaware

of the rights that guarantee the presence of a companion freely chosen in the pre-delivery, delivery and immediate postpartum period, which constitutes a challenge in the field of reproductive health⁽¹⁸⁾. This fact was also proven in the present study, when two women reported that they were only informed of this right after admission to the maternity.

Here [...] I got to learn about the companion issue [...] I asked the receptionist. (P1).

I did not know until I got here at the maternity. (P16).

These statements reflect failures in prenatal care, when the woman should be informed about the right to have a companion of free choice during the process of parturition and birth, thus being able to plan better with the companion of her choice. Prenatal care should be a space to promote health education, bring adequate information and knowledge to pregnant women about their rights, granting them autonomy⁽¹⁹⁻²⁰⁾.

Reactions generated by the companion's presence

All interviewees expressed positive feelings related to their companions, especially the security transmitted by them, as can be observed:

I was super comfortable. For me, it was awesome [...] there could be no other person better. (P1).

I felt calmer, more relaxed with him by my side. (P14).

The companion's presence provides the woman with feelings of strengthening, security, support, overcoming and comfort. Therefore, sharing this moment and enjoying such feelings in childbirth, an event considered stressful, can generate good outcomes at birth⁽²¹⁾. The reports of the participants of this study corroborate this statement. For most of the interviewees, the companions did everything in their power:

She [mom] stayed with me the whole time. She calmed me down, we prayed together until the last second. (P2).

He got all wet. He stayed under the shower. I think he helped the way he could. (P3).

The fragments of speeches are in accordance with the literature, pointing out that some

companions were proactive, even before the emotions and anxieties provided by the moment lived⁽¹²⁾. Thus, despite feeling anxious, insecure and worried, the companions tried not to demonstrate these feelings to the parturients.

Companion's attitudes that caused discomfort

Some interviewees reported that some of their companions' actions caused them some discomfort:

She was just on the phone, not helping me. (P8).

I kept asking him to call the nurse, he searched, but could not find her, and I was freaking out, thinking I was going to die, I even threw water on him to tell him to leave the room and go find the nurse. (P3).

He kept talking to me while I was having contraction, and I did not want to talk. It bothered me a little. (P9).

These statements reflect a passive presence of the companions. This behavior may be related to the feeling of unpreparedness, due to unawareness of the labor process, and the lack of previous information about the importance of their role with the parturient⁽²²⁻²³⁾. However, the statements show that the positive attitudes of the companions were more evident.

Desire to have another companion

Some participants expressed a desire to have their mother by their side during labor.

I thought, my mother [...] because, in case he could not, she could be there with me. (P17).

This will corroborates the literature, which reports the desire of women to have a companion who transmits security, support and the peace they seek. The maternal figure is often responsible for playing this role in their lives⁽¹³⁾.

An interviewee, whose companion was her sister, said she would have liked to have her husband's presence at that time:

I thought about having my husband here with instead of her [sister] [...] he was working. (P15).

This last statement confirms and exemplifies the aforementioned idealization regarding the

presence of the partner and child's father at the time of labor, delivery and birth, even though it sometimes is not possible for multiple reasons, such as work commitment⁽¹³⁾.

It is noteworthy that, even though the importance of the companion's participation has already been proven, some institutions still restrict their presence under different justifications. Among them are the lack of preparation of the health team to embrace the companion, the professionals' insecurity, because they believe that they will be observed and monitored, in addition to the justification of the physical structure of the delivery room not to include anyone other than the parturient and the team⁽¹⁾.

In this sense, the nursing team is the protagonist in the role of complying with the Companion's Law, contributing to individualized care and respect for subjectivities and rights of parturients⁽¹⁴⁾. The nurses' role during prenatal care is also essential, representing an important agent in the consolidation of information and in the provision of qualified care⁽²³⁾.

Despite being a qualitative study, the research in other scenarios and with other participants is necessary, considering the diversity of companions present in the day-to-day of maternity hospitals. It is expected to promote additional evidence to support care strategies that meet the needs of parturients and their companions, health professionals and managers of institutions.

Conclusion

This investigation stressed the paternal participation, a moment that could not be shared with another person other than her partners, according to the interviewees. The presence of another person resulted from the affective bond or the partner's unavailability. However, regardless of who the companion is, the benefits of this presence draw attention.

This study may contribute to the improvement of the care provided to the parturient. As a well-informed pregnant woman, she will better plan the companion's participation and seek more

qualified and evidence-based care. Furthermore, efforts must be made to ensure compliance with the law of the companion, in view of the benefits of this presence during the process of parturition. There also stands out the importance of nurses not only as prenatal care professionals, but also for their relevant participation in educational actions and in the monitoring of labor, delivery and puerperium.

Collaborations:

1 – conception, design, analysis and interpretation of data: Torcata Amorim, Larissa Aarestrup de Aquino Aguiar, Mariana de Assis Cabral Pereira;

2 – writing of the article and relevant critical review of the intellectual content: Torcata Amorim, Larissa Aarestrup de Aquino Aguiar, Mariana de Assis Cabral Pereira, Juliana de Oliveira Marcatto, Kelly Cristina Almeida Borgonove;

3 – final approval of the version to be published: Torcata Amorim, Larissa Aarestrup de Aquino Aguiar, Mariana de Assis Cabral Pereira, Juliana de Oliveira Marcatto, Kelly Cristina Almeida Borgonove.

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