

RIGHT OF FOLLOWING-UP CHILDBIRTH: KNOWLEDGE AND CONCEPTION OF PREGNANT WOMEN

DIREITO DE ACOMPANHAMENTO AO PARTO: CONHECIMENTO E CONCEPÇÃO DE GESTANTES

DERECHO DE SEGUIMIENTO DEL PARTO: CONOCIMIENTO Y CONCEPCIÓN DE LAS MUJERES EMBARAZADAS

Érica Dionisia de Lacerda¹
Amanda Haissa Barros Henriques²
Joseane da Rocha Dantas Cavalcanti³
Cintia Bezerra Almeida Costa⁴
Gigliola Marcos Bernardo de Lima⁵
Janaína Von Sohsten Trigueiro⁶

How to cite this article: Lacerda ED, Henriques AHB, Cavalcanti JRD, Costa CBA, Lima GMB, Trigueiro JVS. Right of following-up childbirth: knowledge and conception of pregnant women. *Rev baiana enferm.* 2021;35:e42698.

Objective: to analyze the knowledge of the Birth Companion's Law from the perspective of multi-gestational pregnant women under prenatal follow-up in the Basic Health Units of rural Cuité, Paraíba. **Method:** descriptive, exploratory study with qualitative approach. Data collection was performed between May and June 2017 through semi-structured interviews, and analyzed in the light of the literature through the Collective Subject Discourse. **Results:** there was a lack of knowledge about this Law, because only one of the interviewees stated that she had the experience of a companion during childbirth and emphasized that this plays a role of paramount importance. **Final Considerations:** the fact that most of the interviewees, who were multi-gestational pregnant women and, consequently, underwent more than one prenatal follow-up during pregnancies, not knowing the Law of Follow-up to Childbirth, points to a failure regarding their dissemination and discussion during prenatal consultations.

Descriptors: Patient Companions. Pregnant. Laws. Obstetric Delivery. Prenatal Care.

Objetivo: analisar o conhecimento da Lei do Acompanhante ao Parto na perspectiva de gestantes multigestas em acompanhamento pré-natal nas Unidades Básicas de Saúde da zona rural de Cuité, Paraíba. *Método:* estudo descritivo, exploratório, com abordagem qualitativa. A coleta dos dados foi realizada entre os meses de maio e junho de 2017 por meio de entrevista semiestruturada, e analisados à luz da literatura mediante o Discurso do Sujeito Coletivo. *Resultados:* constatou-se um déficit de conhecimento sobre a referida Lei, pois apenas uma das entrevistadas afirmou ter a experiência de um acompanhante durante o parto e ressaltou que este desempenha um papel de suma importância. *Considerações finais:* o fato de grande parte das entrevistadas, que eram gestantes multigestas e, conseqüentemente, passaram por mais de um acompanhamento pré-natal durante as gestações, desconhecer a Lei do Acompanhamento ao Parto, aponta uma falha quanto à sua divulgação e discussão durante a realização das consultas de pré-natal.

Descritores: Acompanhantes de Pacientes. Gestantes. Leis. Parto Obstétrico. Cuidado Pré-natal.

¹ Nurse. Specialist in Obstetric Nursing and Neonatology. Mixed Health Unit Nurse of the Universidade Federal de Campina Grande, Campus Cuité. Cuité, Paraíba, Brazil. ericadionisia@hotmail.com. <http://orcid.org/0000-0003-0422-088X>.

² Nurse. Master of Nursing. Teacher of the Instituto Federal de Educação Ciências e Tecnologia da Paraíba, Campus Avançado João Pessoa Mangabeira. João Pessoa, Paraíba, Brazil. <http://orcid.org/0000-0001-8735-225X>.

³ Nurse. Master in Family Health. Nursing Clinic Josy Cavalcanti. Cuité, Paraíba, Brazil. <http://orcid.org/0000-0001-5149-3536>.

⁴ Nurse. PhD in Fundamental Nursing. Teacher of the Universidade Federal da Paraíba. João Pessoa, Paraíba, Brazil. <http://orcid.org/0000-0002-1179-5852>.

⁵ Nurse. PhD in Public Health. Teacher of the Universidade Federal de Campina Grande. João Pessoa, Paraíba, Brazil. <http://orcid.org/0000-0002-8644-7297>.

⁶ Nurse. PhD in Nursing. Teacher of the Universidade Federal da Paraíba. João Pessoa, Paraíba, Brazil. <http://orcid.org/0000-0002-5958-1220>.

Objetivo: analizar el conocimiento de la Ley de Acompañantes desde la perspectiva de gestantes multi-gestacionales de seguimiento prenatal en las Unidades Básicas de Salud de la Cuité rural, Paraíba. Método: estudio descriptivo, exploratorio con abordaje cualitativo. La recolección de datos se realizó entre mayo y junio de 2017 a través de entrevistas semiestructuradas, y se analizó a la luz de la literatura a través del Discurso del Sujeto Colectivo. Resultados: hubo un desconocimiento sobre esta Ley, pues sólo una de las entrevistadas manifestó que tuvo la experiencia de una compañera durante el parto y enfatizó que esto juega un papel de suma importancia. Consideraciones finales: el hecho de que la mayoría de las entrevistadas, que eran gestantes multi-gestacionales y, consecuentemente, fueron sometidas a más de un seguimiento prenatal durante los embarazos, sin conocer la Ley de Seguimiento del Parto, señala un fracaso en cuanto a su difusión y discusión durante las consultas prenatales.

Descriptores: Compañeros Pacientes. Embarazada. Leyes. Parto Obstétrico. Atención Prenatal.

Introduction

The pregnancy-puerperal cycle is an extremely special phase in a woman's life. It is a delicate process, marked by biopsychosocial changes, that surrounds the whole family. The experience of pregnancy and childbirth can be positively and enriching for the conceptor, but, on the other hand, it can bring negative experiences, in the face of an embarrassing and traumatic process, requiring, so that this does not occur, qualified care, in order to provide a safe environment during this cycle⁽¹⁻²⁾.

In this sense, women need effective and humanized support and follow-up throughout pregnancy, especially in labor and birth, so that difficulties are faced and resolved in the best possible way, preventing pregnancy from becoming a risk situation for the mother/fetus binomial⁽³⁾.

The history of childbirth and birth has been progressively transformed over time. Initially, childbirth was a totally familiar process, which happened physiologically, in the parturient's home, accompanied by the family and cared for by midwives⁽⁴⁾.

However, at the beginning of the 20th century, in order to reduce the high rates of maternal and perinatal morbidity and mortality, the use of the increasing technology and the advancement of medicine was used to ensure a good outcome for childbirth and birth. Childbirth, which had its development in the family environment, loses space and occupies a public, institutionalized and, consequently, medicalized sphere. The woman ceases to be the subject of the action, becoming submissive to unnecessary procedures

and interventions, distancing the family and society from this process, since the physical structure and hospital routines were planned to meet the needs of health professionals, and not of parturient women⁽⁵⁾.

In view of this reality, the scenario related to the pregnancy-puerperal cycle began to be modified due to women's dissatisfaction with the lack of respect for care during such an enriching process. As a result of the broad political mobilization, Law nº 8.080/1990 was approved by the then President of the Republic, in order to guarantee parturients the right to the presence of a companion during labor, childbirth and immediate postpartum, within the framework of the Unified Health System (SUS in Portuguese)⁽⁶⁾.

Subsequently, the National Guideline for The Assistance of Normal Delivery, promulgated in 2016, advises that the support provided by the companion during labor/delivery serves as a protective factor to favor the reduction of unnecessary interventions. Therefore, it says that there should be reorganization by maternity hospitals to include the companion to the work process of professionals during the care of parturient women⁽⁷⁾.

An investigation based on the results of the Birth Survey in Brazil: National Survey on Childbirth and Birth indicates that the presence of the companion during labor, delivery and immediate postpartum needs to be ensured. For this to occur, it is imperative to supervise the responsible agencies in health institutions linked to the SUS and modify the process of academic training of future human resources that will offer childbirth support⁽⁸⁾.

Corroborating the above, the presence of the companion chosen by the woman is allied to the practice of welcoming recommended by the National Humanization Policy (NHP), understood here, as ethical and solidary conduct in relation to the pregnant/parturient at all times of the care offered⁽⁹⁾. Thus, the nursing professional of the Basic Health Unit (UBS in Portuguese), because the nurse is the one who usually performs prenatal care, should have the reception as a pillar of care.

In view of this fact, nurses are the ideal professional to put this law into practice, because it is closer to the community and, thus, to be able to guarantee the inclusion of the family throughout the pregnancy-puerperal cycle, empowering them during prenatal consultations with information about the existence of the companion's law, in addition to the other rights that are guaranteed, so that they can demand compliance and be more active in this process⁽¹⁰⁾.

The humanization of childbirth, among many factors, refers to respect for the physiological, social and cultural aspects of childbirth, and to the promotion of the rights of women and children⁽¹¹⁾. Thus, it is of paramount importance that, in order to guarantee the breadth and uniqueness of childbirth, it is experienced in an enriching and contemplative way. Rescuing human contact, listening, welcoming, explaining and bonding are indispensable requirements in care. For this, the presence of the companion is essential.

Considering that the maternity hospitals located in the Curimataú Paraibano, mostly, do not allow the permanence of the following-up the childbirth, and given the social relevance conferred to the companion in his area of activity, it is expected, with this study, to sensitize and empower the women and family members of the rural area of the municipality of Cuité (PB, Brazil) to guarantee this right acquired in Brazilian and consistent legal bases.

Thus, the present study aimed to analyze the knowledge of the Law of the Companion to Childbirth from the perspective of multiparous and or multiparous pregnant women in prenatal follow-up.

Method

This is an exploratory and descriptive study, with a qualitative approach, developed in the Basic Health Unit (UBS in Portuguese) of the rural area of the municipality of Cuité, located in Curimataú Paraibano, Brazil. This municipality officially has 20,338 inhabitants, with 733,818Km² of territorial area⁽¹²⁾.

The Family Health Strategy (ESF in Portuguese) of that municipality has nine teams distributed in the following way: five units located in the urban area and four in the rural area. As the target audience was of multi-gestational pregnant women underprenatal follow-up in the UBS of the rural area, the sample consisted of eight women who met the following criteria: living in the area covered by the respective UBS, being performing prenatal care regularly, being over 18 years old, being conscious, oriented, being multilingual and wishing to participate freely in the study, signing the Free and Informed Consent Form (TCLE in Portuguese). Those who had acute or chronic conditions during pregnancy were excluded, which could limit their ability to participate in the study, primiparous women, those who did not wish to participate in the study and those who did not meet the other inclusion criteria.

Data were collected in May and June 2017, through a semi-structured interview script, containing questions to characterize the participants and pertinent to the study objective. The first part of the data was recorded in the script itself. For the second part, a digital voice recorder was used, in which the statements were recorded with the approval of the interviewees. For the second part, a digital voice recorder was used, in which the statements were recorded with the approval of the interviewees. The interviews were conducted according to the availability of each participant, at a place and time that ensured their privacy.

After data collection, there was the transcription and thorough reading of the empirical material, which was analyzed using the Collective Subject Discourse (CSD) technique,

proposed by Lefèvre and Lefèvre. The CSD is characterized as discourse-synthesis and as the main methodological figure, written in the first person of the singular, and is composed of Key Expressions (KE), which present the Central Idea (CI) or Anchorage (AC)⁽¹³⁾.

Since this is a research conducted with human beings, the ethical principles established by Resolution nº 466/2012 of the National Health Council (CNS in Portuguese) were respected. The study was submitted to the Research Ethics Committee (CEP in Portuguese) of the Universidade Federal de Campina Grande and approved by Opinion nº 1,350,571 and CAAE: 44860415.1.0000.5575. To ensure the anonymity of the participants of this study, we chose to represent them with flower names.

Results

Regarding the sociodemographic aspects of the interviewees, it was found that the age range ranged from 19 to 38 years, with a mean age of 30 years. With regard to schooling, four pregnant women had completed high school, characterizing the most prevalent in the research. The categories of complete and literate elementary education were composed of two participants each.

Concerning obstetric aspects, it is noted that, in relation to previous pregnancies, of all those who comprised the sample, three had five or more pregnancies. In relation to the number of gestational weeks that the participants were in up to the day of the interview, two of them were in the first trimester of pregnancy, four were in the second trimester, and two in the third trimester of pregnancy. All participants were within the appropriate standard of the number of consultations performed up to the time of the interview, at least six, established by the Prenatal and Birth Humanization Program (PHPN in Portuguese) and by the Ministry of Health (MS in Portuguese).

The participants were asked about the knowledge of the Birth Companion's Law and only three pregnant women reported knowing

it, but with little clarity about the real objective. However, they stated that they only know it due to the information present in the pregnant woman's card, which points to fragility in the quality of the guidance offered to pregnant women in prenatal consultations.

In view of the organization and appropriate methodological treatment of the material collected in the interviews, the Central Ideas and CSD will be presented below. The speeches in response to the question "Did you have a companion during a previous delivery? If so, who? If not, why?" praised two central ideas. The first, "The solitary yes", related to the only positive response to the right guaranteed in previous deliveries, in which it is perceived, with the information obtained, that the presence of the companion is still limited, but when one has knowledge and, especially, friendships, access is facilitated.

[...] *Who accompanied was the boy's godfather, who he is a nurse, took a picture and everything! He was very close to Dr.B. [...].* (Lotus Flower).

The second central idea, "The plural no", is focused on the statements that stated that they did not have the right of follow-up assured, characterized by the lack of information and negligence of professionals.

[...] *Just the doctors. Because no one wanted to go, and I called either. I thought I couldn't [...].* (Tussilage).

[...] *No [...] Because nobody here has the courage to see these things [...].* (White Camellia).

[...] *No... It was only when we went to the infirmary. Because they never asked to go, I never called either. Then, the family is all fearful no one has the courage to attend childbirth, not [...].* (Daisy).

The Collective Subject Discourses in response to the question "For you, what is the role of the companion in childbirth?", in turn, elucidated three central ideas. The first resulting Central Idea was "tranquility and security". The presence of the companion is understood as something that serves as emotional support, which relieves tension and decreases fear, leaving them safer to face labor and childbirth.

[...] *Stay there giving strength [...].* (Lotus Flower).

[...] *Being close to me, so for me to give more strength ... Courage, too [...].* (Red Carnation).

[...] *Help us calm down a little in the delivery room [...].* (White Camellia).

[...] *Beside us, giving strength... is what we need [...].* (Rose).

In this scenario, another Central Idea pointed out in the interviewees' discourses was the act of "supervising". The parturients believed that having the presence of someone known at that time guarantees a differentiated treatment.

[...] *Monitor, because if something more serious happened would have to prove [...].* (Tussilage).

The third Central Idea identified was related to "nervousness". This brings the presence of the companion as a negative point, because, in some situations, in the opinion of the pregnant woman, he/she can interfere rather than help, because he/she does not have the proper preparation to experience the moment of parturition.

[...] *I guess with someone I used to know, I'd be more nervous, see? Because I don't know how he was going to behave [...].* (Daisy).

In the Collective Subject Discourse in response to the question "How was the experience of having a companion during childbirth?" it was found that, among the eight collaborators, only one had the experience of having a companion during childbirth, thus resulting in a single Central Idea within this theme: "Good experience."

[...] *It was good, because at least I knew he was there and that there was someone with me I knew... That I trust [...].* (Lotus Flower).

Finally, in view of the question "How did your companion help you during childbirth?", the Collective Subject Discourse resulted in a Central Idea referring to the "emotional support" that was offered during childbirth, supported by the following discourse:

[...] *Every now and then he would go there, he'd tell me to calm down, that he was so caesarean, that ... already I was going to have the boy crying, is ... that it was unforgettable at this time [...].* (Lotus Flower).

Discussion

It is observed that most of the interviewees present an age considered ideal for multiple pregnancies, a fact that becomes positive

because they are more prepared to face various pregnancies and their implications, due to their biological, emotional and psychological maturity.

A milestone of this study is that, although it resides in the rural area, most pregnant women have a good level of education. This fact favors a better understanding of the health of pregnant women and babies, contributing to an early search for prenatal care, since the level of education can influence the population's self-care capacity⁽¹⁴⁾.

The reality found in the results reveals that women had already received complete prenatal care in other pregnancies. Thus, it was believed that they presented a good knowledge about all the processes involving pregnancy, as well as about all the rights and duties they have. However, the findings of this study indicate something that, unfortunately, still needs greater dissemination of information.

The PHPN recommends that the beginning of prenatal follow-up should still be in the first trimester of pregnancy, with at least six consultations for a full-term pregnancy, since the number of gestational weeks is approximately compared with the number of consultations⁽¹⁵⁾. A study corroborates this research, when it ensures that women, when starting prenatal care in the first trimester of pregnancy, have the most active participation in consultations, contributing to the early detection of those who are characterized as high risk and intervention on harmful causes for both the mother and the conceptus⁽¹⁶⁾.

In relation to the number of prenatal consultations performed, there was a significant improvement. One of the points that deserves to be highlighted is that this growth occurred more markedly in rural areas, where the conducts of a prenatal consultation are being carried out with greater vigor, even considering that, commonly, assistance in this scenario is flawed, starting with the absence of professionals daily in the Units.

Until the beginning of the 21st century, health services were not as effective in the rural area, making it difficult for the population to access. However, after the various advances of the Health System, there was the implementation of

a UBS, which favored and facilitated the access of the rural community. However, another obstacle is configured as a barrier to this advance: the lack of adhering. This, in many cases, is still justified due to the great confidence of people in cunning women, healers, midwives and the use of medicinal plants to cure various diseases and injuries⁽¹⁶⁾.

Considering that all the interviewees of this investigation are multi-gestational pregnant women and, consequently, underwent more than one prenatal follow-up during pregnancies, the fact that most of them are not knowing Law nº 11,108/2005⁽⁶⁾ points to a failure regarding their dissemination and discussion with women during prenatal consultations.

A similar reality is seen in a study conducted with pregnant women, parturients and puerperal women in three maternity hospitals in the state of Sergipe, which points out that most of the sample was unaware of Law nº 11,108/2005, concluding that it is not being effectively fulfilled in the maternity wards. The study also ratified the weaknesses in the educational processes in prenatal care and in childbirth care, since women were not oriented on the rights guaranteed by this law in prenatal care and during hospitalization, as guaranteed by legislation and women's public health policies⁽¹⁷⁾.

Another study found that a large proportion of women are unaware of the Law, while the other portion that reported knowing it showed superficial knowledge, besides declaring that they are unaware of the means to exercise this right⁽¹⁸⁾. Although more than ten years after the enactment of Law nº 11.108/2005⁽⁶⁾, there are still many challenges for its implementation and implementation in health institutions, among them are highlighted the conduct of health professionals and the ignorance of pregnant women and their companions about the aforementioned law. It is also observed the relevance of health professionals, including primary care, to inform women of their right and comply with it as determined by law, performing educational activities with the objective of clarifying the rights of these women⁽¹⁹⁾.

The pregnant women who claimed to be aware of this law reported that they only know it because it contains the information on the pregnant woman's card that is delivered at the time of the first prenatal consultation. However, this information should be passed on by the professional to the woman through an accessible language, because although the schooling of some is of good level, it should be reflected that those who are illiterate or functionally illiterate will not be able, alone, to read the pregnant woman's card, nor know their rights only with the receipt of this card, in case it is not empowered by the nurse.

The nurse, in turn, is the professional who is closest to the pregnant women. Therefore, at the time of consultations and health education, which should be performed throughout the gestational and postpartum period, the nurse can and shall clarify about the rights of pregnant women and stimulate the presence of the companion during childbirth. Moreover, he/she should clarify about the other rights that must be guaranteed, contributing to the safety and autonomy of the pregnant woman in the process of parturition. It is also essential to sensitize health professionals about the humanization of care during labor, and it is essential that this process already begins in prenatal care, through information and incentives to pregnant women⁽¹⁷⁾.

The presence of the companion can be considered a marker of safety and quality of care and also an association of several principles of the SUS, such as integrality, universality, equity and, consequently, humanization. Continuous information on the rights of pregnant women should be part of service protocols and training for professionals, since this is the only way to be guaranteed⁽⁸⁾.

It is evident that most women did not have the presence of the companion guaranteed during childbirth. Therefore, it is believed that, because most of the sample did not know Law nº 11.108/2005⁽⁶⁾, the right to have a companion was disregarded, and those pregnant women who knew this right effectively or partially, were afraid to demand it, because they did not trust

that the services would respect it and were afraid of confrontation and retaliation during hospitalization if they insisted on having a companion.

A study conducted in maternity hospitals in Rio de Janeiro states that the knowledge of the Companion's Law (Law nº 11,108/2005) must be effective in guaranteeing this right and, undoubtedly, a concrete communication can contribute to the process of respect, support and trust, making parturients feel that they can make a decision and ensure their legal achievements. However, it is still common for professionals to hierarchize, demonstrated under an authoritarian attitude that is present in the relationship between health professionals and women, overshadowing women's desire to fight for their rights⁽²⁰⁾.

It is also verified in the interviewees' report that the companion also would not have the courage to be present in the delivery room, being restricted only in the pre and/or postpartum period, which evidences their lack of preparation to perform such role. Perhaps if there was an awareness, from prenatal consultations, with orientations and conversation wheels to demonstrate the parturition process, focusing on the importance of the presence and role of the companion during the delivery itself, the companions would better understand this moment, offering the support that parturients need and modifying this reality.

Some studies corroborate the data of this study, because most of the pregnant women investigated were also monitored only before and after delivery. Moreover, it is seen that the presence of the companion is allowed in the prepartum room, but, at the moment the parturient is referred to the delivery room, this is prevented from entering and participating in this moment, because it is not prepared to follow the parturition, because they are not informed of the existence of the Companion's Law or by the team's prejudices in view of the possibility of an active companion^(2,8).

The starting point for implementing the educational process in the preparation of companions, since prenatal consultations, is the

realization of an effective reception for pregnant women and their families, carried out mainly through qualified listening and bonding. This active communication allows pregnant women and their companions to acquire confidence in professionals and in the service and feel safe to expose their feelings, fears, concerns, doubts, among others, having the openness and desire to participate in the programs and seek them whenever necessary. Thus, the professional can guide them, train and inform them, making the pregnant woman the protagonist of the puerperal pregnancy cycle, and her companion, a fundamental support in the parturition process⁽⁹⁾.

The presence of the companion for the participants of this study is understood as something that serves as emotional support, which relieves tension and decreases fear and anxiety, leaving them safer to face labor and childbirth. The participation of the companion indicated by the parturient is fundamental, especially because it provides confidence, safety, support and strength, being able to reduce pain and the feeling of loneliness, generate emotional and physical well-being and thus be able to guarantee humanization at this moment, directly influencing the outcome of birth and stimulating the coping of childbirth in a more positive and peaceful way^(8,21).

According to the analyses carried out by the Nascer Research in Brazil, the presence of the companion is considered an indicator of safety, quality and respect for women's rights during care in the parturition process, since it increases the capacity for expression, helping them to be heard in the face of their needs and anxieties. It also provides for more humanized care and more information, allowing parturient women to feel more respected and less likely to suffer unnecessary interventions or be psychologically abused⁽²²⁾.

Another role of the companion indicated in the interviewees' statements referred to the fact of monitoring the work of the team during the parturition process. In this aspect, the importance of the companion as an observer was emphasized in order to supervise the work performed by

the team. It works as if the parturients have a guarantee that they will receive a differentiated treatment or that, at least, will not be mistreated in the presence of a family member⁽²¹⁾.

The presence and participation of the active and participatory companion at the time of delivery causes changes in the attitudes of the professionals towards the parturient and the assistance offered, allowing them to feel safer and less apprehensive. This is due to the fact that, over the years, the parturition process began to be medicalized and technical, being increasingly frequent the performance of numerous unnecessary procedures to expedite childbirth, and the disrespect for women's rights became something very common. Thus, they transformed a relationship, which should be humanized, in inhuman and violent, mainly in relation to autonomy, ethical and legal precepts and the role of women, factors that make them totally uncomfortable, insecure and that increase fear and anxiety at the time of delivery, slowing and negatively harming the process and leading them to unnecessary interventions⁽²³⁾.

However, the presence of the companion can also be seen as a negative point, because, in some situations, in the opinion of the pregnant woman, he/she can interfere rather than help, because he is not prepared or has not received the necessary guidance to experience the moment of parturition. Thus, it is noted how important is the moment of the consultation, when there are infinite possibilities to guide and sensitize the woman and her entire support network, in an attempt to transform reality before the singularities of the pregnancy-puerperal process.

A similar opinion is seen in another study, stating that the companion often hinders the parturition process due to nervousness, the fact that they do not know how to act, leaving the parturient even more tense and concerned, a fact that leads her to believe that the companion would not be prepared to accompany the parturient⁽²³⁾.

Among some solutions to this problem, it is emphasized, initially, to have a companion, whether passive or active during the process of parturition; secondly, be a companion preferably

from prenatal care. For the companion, the previous knowledge of the possibility of accompanying the pregnant woman allows an early definition about what her role will be with the woman. For the pregnant woman, the guarantee of, at least, emotional support and quality and humanized care with the guarantee of all their rights throughout the pregnancy-puerperal cycle⁽¹⁰⁾.

Undoubtedly, it would be essential for all pregnant women to have access to this right, since it promotes safety and a new look at the moment of delivery. However, this depends on the quality of the care offered during prenatal care, reception in maternity wards and the professionals who assist these women. Although professionals are present during birth, nothing is equated to having at their side a companion who establishes total confidence, contributing to reduce the initial tension experienced by the parturient when entering an environment with unknown people and who, in most cases, do not provide humanized care⁽⁸⁾.

The experience of pregnancy and birth causes transformations in the life of women, which have repercussions in the personal and family spheres. However, for these to be positive, it is necessary to enable a pleasurable experience and stimulate the protagonism and autonomy of pregnant women, as they are essential components of the humanization of childbirth and birth and policies for women in the country. The MS has been encouraging nurses to provide qualified care to pregnant women, as a way to enhance the natural and innate capacity of women to give birth. Preparation for delivery should promote female empowerment, stimulating informed choice, rescuing care centered on the needs of pregnant women, respecting autonomy and exercising an ethical and evidence-based practice⁽²⁴⁾.

It is verified that the companion plays a role of paramount importance for the process of parturition, contributing to make the experience of pregnancy and childbirth as special as possible for the parturient. This discourse confirms previous questions of this research, which portrayed the role that the companion can play in labor, childbirth and postpartum.

During the process of parturition, it is possible that the woman has the expectation of receiving information about what happens to her and her baby, about how she may be helping during childbirth to favor birth. In the meantime, the companion has the role of providing emotional and physical support, besides keeping her well informed about everything that is happening. For this, it is during prenatal care that health professionals have an ethical and legal obligation to offer them clear and complete information about care^(2,24).

In view of the results of this research, it should be recognized that health education is an effective tool to inform and guide pregnant women and their families about Law nº 11,108/2005, the Law on Childbirth Follow-up. From this perspective, the practices of educational actions are relevant to provide adequate information about the rights of pregnant women, besides providing confidence in the professional-user relationship, making it more harmonious, reducing subordination and passivity, thus favoring the protagonism and autonomy of women⁽¹⁷⁾.

As an example of successful educational practice, it is emphasized that the nurses of the UBS of the rural area of the municipality investigated are not limited only to prenatal consultations, but perform a continuous work to sensitize pregnant women, called Conversa Wheels. In them, nurses have the opportunity to deal with various issues of the maternal universe, addressing both the health care of the pregnant woman and the baby.

Among the limitations for the realization of this research are the difficult access to the Units, since they are located in the rural area; the difficulty of locomotion; the reconciliation of the days of conversation wheel with pregnant women; and the small amount of articles available on the theme and rural localities, thus suggesting the need for further studies covering these communities.

Final considerations

The assumption that led this study was ratified by the knowledge deficit of women who

undergo prenatal follow-up in the investigated scenario. Most of them are multi-gestational, have previously had prenatal care and, even so, they know superficially the Law of Follow-up to Childbirth, having obtained information only on the pregnant woman's card. It is noteworthy that a single pregnant woman claimed to have the experience of a companion during childbirth, classifying it as positive and indispensable in the offer of emotional support.

In view of this reality, it is evident that, in order to change the practice in relation to birth, it is necessary to humanize care since prenatal care. However, this transformation should begin with health professionals, and it is evident the need to sensitize them so that they can offer more information to parturients and their families about their rights in prenatal care.

It is recommended that, during prenatal consultations, a space is created to promote educational actions in an interactive and dynamic way, with the purpose of providing pregnant women with better knowledge and learning related to the process of pregnancy and giving birth. In addition, there is a need to insert the companions in the assistance since prenatal care, so that they understand their true function.

Therefore, it is believed that the reflections carried out here can generate discussions about the dissemination and applicability of the rights of pregnant women, encourage managers and health professionals to contribute more effectively to the compliance and the guarantee of Law nº 11,108/2005.

Collaborations:

1 – conception, design, analysis and interpretation of data: Érica Dionisia de Lacerda, Gigliola Marcos Bernardo de Lima and Janaína Von Sobsten Trigueiro;

2 – writing of the article and relevant critical review of the intellectual content: Érica Dionisia de Lacerda, Amanda Haissa Barros Henriques, Joseane da Rocha Dantas Cavalcanti, Cintia Bezerra Almeida Costa, Gigliola Marcos Bernardo de Lima and Janaína von Söhsten Trigueiro;

3 – final approval of the version to be published: Érica Dionisia de Lacerda, Amanda Haissa Barros Henriques and Janaína von Söhsten Trigueiro.

References

- Pieszak GM, Terra MG, Rodrigues AP, Pimenta LF, Neves ET, Ebling SBD. Percepção da equipe de enfermagem quanto à dor da parturiente: perspectivas para o cuidado. *Rev Rene*. 2015;16(6):881-9. DOI: <http://dx.doi.org/10.15253/2175-6783.2015000600015>
- Aires NT, Meincke SMK, Corrêa ACL, Alves CN, Fernandes RFM, Palma JS, et al. Aplicabilidade dos direitos das parturientes: do paradigma à realidade. *Saúde (Santa Maria)*. 2015;41(1):263-70. DOI: <http://dx.doi.org/10.5902/2236583416195>
- Lima MJ, Leite AR, Duarte VF, Fernandes ESB, Fernandes ST. A utilização do partograma pela enfermagem no trabalho de parto sem distócia. *Rev Univ Vale Rio Verde*. 2017;15(1):537-46. DOI: <http://dx.doi.org/10.5892/ruvrd.v15i1.2813>
- Santos RAA, Melo MCP, Cruz DD. Trajetória de humanização do parto no Brasil a partir de uma revisão integrativa de literatura. *Cad Cult Cienc*. 2015;13(2):1-14. DOI: <http://dx.doi.org/10.14295/cad.cult.cienc.v13i2.838>
- Sousa AMM, Souza KV, Rezende EM, Martins EF, Campos D, Lansky S. Práticas na assistência ao parto em maternidades com inserção de enfermeiras obstétricas, em Belo Horizonte, Minas Gerais. *Esc Anna Nery*. 2016;20(2):324-31. DOI: <https://doi.org/10.5935/1414-8145.20160044>
- Brasil. Lei Nº 11.108, de 7 de abril de 2005. Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde – SUS [Internet]. Brasília (DF); 2005 [cited 2016 Nov 13]. Available from: http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2005/Lei/L11108.htm.
- Brasil. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Diretriz Nacional de Assistência ao Parto Normal: relatório de recomendação [Internet]. Brasília (DF): CONITEC; 2016 [cited 2020 Apr 6]. Available from: http://conitec.gov.br/images/Consultas/2016/Relatorio_Diretriz-PartoNormal_CP.pdf
- Monguilhott JJC, Brüggemann OM, Freitas PF, d'Orsi E. Nascer no Brasil: a presença do acompanhante favorece a aplicação das boas práticas na atenção ao parto na região Sul. *Rev Saúde Pública*. 2018;52(1):1-11. DOI: <https://doi.org/10.11606/s1518-8787.2018052006258>
- Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Atenção ao pré-natal de baixo risco [Internet]. Brasília (DF); 2013. (Cadernos de Atenção Básica nº 32) [cited 2020 Apr 6]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf
- Wolff AC. Participação do acompanhante no parto e no nascimento: percepção da equipe multiprofissional [trabalho de conclusão de curso]. Santa Cruz do Sul (RS): Universidade de Santa Cruz do Sul; 2016. [cited 2016 Nov 13]. Available from: <https://repositorio.unisc.br/jspui/bitstream/11624/1187/1/Aur%C3%A9lia%20C%C3%A1tia%20Wolff.pdf>
- Moreira APA, Nunes IM, Almeida MS, Santos ACC. Preparo paterno para serem acompanhantes no trabalho de parto. *Enfermagem Obstétrica* [Internet]. 2016 [cited 2016 Dec 5];2(1):3-8. Available from: <http://www.enfo.com.br/ojs/index.php/EnfObst/article/view/18/22>
- Instituto Brasileiro de Geografia e Estatística. Brasil: Censo 2016 [Internet]. Rio de Janeiro (RJ); 2016. [cited 2017 Mar 23]. Available from: <http://cidades.ibge.gov.br/xtras/perfil.php?lang=&codmun=250510&search=paraiba|cuite>
- Lefèvre F, Lefèvre AMC. O discurso do sujeito coletivo: um novo enfoque em pesquisa qualitativa (desdobramentos). 2a ed. Caxias do Sul: EDUCS; 2005.
- Nunes JT, Gomes KRO, Rodrigues MTP, Mascarenhas MDM. Qualidade da assistência pré-natal no Brasil: revisão de artigos publicados de 2005 a 2015. *Cad saúde colet*. 2016;24(2):252-61. DOI: <https://doi.org/10.1590/1414-462X201600020171>
- Ruschi GEC, Zandonade E, Miranda AE, Antônio FF. Determinantes da qualidade do pré-natal na Atenção Básica: o papel do Apoio Matricial em Saúde da Mulher. *Cad saúde colet*. 2018;26(2):131-9. DOI: <https://doi.org/10.1590/1414-462x201800020229>
- Nunes BP, Flores TR, Garcia LP, Chiavegatto Filho ADP, Thumé E, Facchini IA. Tendência temporal da falta de

- acesso aos serviços de saúde no Brasil, 1998-2013. *Epidemiol Serv Saúde*. 2016;25(4):777-87. DOI: <http://dx.doi.org/10.5123/s1679-4974201600400011>
17. Santos ECP, Lima MR, Conceição LL, Tavares CS, Guimarães AMAN. Conhecimento e aplicação do direito do acompanhante na gestação e parto. *Enfermagem em foco*. 2016;7(3/4):61-5. DOI: <https://doi.org/10.21675/2357-707X.2016.v7.n3/4.918>
18. Rodrigues DP, Alves VH, Penna LHG, Pereira AV, Branco MBLR, Souza RMP. Descumprimento da lei do acompanhante como agravado à saúde obstétrica. *Texto contexto - enferm*. 2017;26(3):e5570015. DOI: <https://doi.org/10.1590/0104-07072017005570015>
19. Menezes MO, Santos KTA, Lima LRR, Melo Prado LO, Pinto KB. Dez anos da Lei Nº 11.108/2005: desafios e perspectivas. *Ciências Biológicas e de Saúde - UNIT* [Internet]. 2017; [cited 2017 Jun 30];4(1):25. Available from: <https://periodicos.set.edu.br/index.php/cadernobiologicas/article/view/3439>
20. Sá AMP, Alves VH, Rodrigues DP, Branco MRBL, Paula E, Marchiori GRS. O direito ao acesso e acompanhamento ao parto e nascimento: a ótica das mulheres. *Rev enferm UFPE on line*. 2017;11(7):2683-90. DOI: 10.5205/revuol.10939-97553-1-RV.1107201705
21. Pereira BM. A percepção das puérperas quanto a importância da presença do acompanhante na sala de parto [trabalho de conclusão de curso]. Niterói (RJ): Universidade Federal Fluminense; 2016. [cited 2017 Jul 10]. Available from: <https://app.uff.br/riuff/bitstream/1/2607/1/Bruna%20de%20Mattos%20Pereira.pdf>
22. Diniz CSG, d'Orsi E, Domingues RMSM, Torres JA, Dias MAB, Schneck CA, et al. Implementação da presença de acompanhantes durante a internação para o parto: dados da pesquisa nacional Nascer no Brasil. *Cad Saúde Pública*. 2014;30(Suppl 1):140-53. DOI: <http://dx.doi.org/10.1590/0102-311X00127013>
23. Cid TS. Acompanhante no parto: percepção da equipe de enfermagem [trabalho de conclusão de curso]. Brasília (DF): Centro Universitário do Planalto Central Aparecido dos Santos; 2020. [cited 2020 Apr 8]. Available from: <https://dspace.uniceplac.edu.br/handle/123456789/325>
24. Jardim MJA. Empoderamento feminino: contribuições do enfermeiro no pré-natal para o processo de parturição natural sob a ótica da gestante [dissertação]. São Luís (MA): Universidade Federal do Maranhão; 2017 [cited 2017 Jul 9]. Available from: <https://tedebc.ufma.br/jspui/bitstream/tede/1439/2/MaraJardim.pdf>

Received: December 10, 2020

Approved: May 27, 2021

Published: July 22, 2021



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribution -NonCommercial 4.0 International. <https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for commercial purposes, the users do not have to license such derivative works under the same terms.