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ASPECTS INVOLVED IN THE COMFORT OF WOMEN HOSPITALIZED IN THE MATERNAL AND CHILD UNIT: PERSPECTIVE OF NURSING PROFESSIONALS

ASPECTOS DA CONFORTABILIDADE DE MULHERES HOSPITALIZADAS NA UNIDADE MATERNO-INFANTIL: PERSPECTIVA DOS PROFISSIONAIS DE ENFERMAGEM

ASPECTOS INVOLUCRADOS EN LA COMODIDAD DE MUJERES HOSPITALIZADAS EN LA UNIDAD MATERNO INFANTIL: PERSPECTIVA DE PROFESIONALES DE ENFERMERÍA

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Objective: to know the aspects involved in the comfortability of women hospitalized in the maternal and child unit, from the perspective of nursing professionals. Method: qualitative exploratory and descriptive research conducted in a maternal-child unit with 21 nursing professionals. Data collection occurred by semi-structured interview, and subsequently the data were submitted to thematic analysis. Results: among the aspects that contribute to comfortability stand out: furniture, hospitality service, non-pharmacological methods for pain relief, respect for the choices of the parturient, right to the companion and availability of the team. As aspects that hinder comfortability, it was evidenced the need to adapt the physical structure with the adoption of pre-delivery, delivery and post-delivery rooms, and spaces that allow the experience of grief in situations of fetal death. Final considerations: comfortability is not only related to structural, material or architectural aspects, but involves the relationships and interactions established in the maternal-child unit.

Descriptors: Women. Hospitalization. Environment of Health Institutions. maternal-child nursing. Nursing.

Objetivo: conhecer os aspectos implicados na confortabilidade das mulheres hospitalizadas na unidade materno-infantil, na perspectiva dos profissionais de enfermagem. Método: pesquisa qualitativa de caráter exploratório e

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descritivo; realizada em uma unidade materno-infantil, com 21 profissionais de enfermagem. A coleta de dados ocorreu por entrevista semiestruturada, e posteriormente os dados foram submetidos a análise temática. Resultados: dentre os aspectos que contribuem para a confortabilidade destacam-se: mobiliário, serviço de hotelaria, métodos não farmacológicos para alívio da dor, respeito às escolhas da parturiente, direito ao acompanhante e disponibilidade da equipe. Como aspectos que dificultam a confortabilidade evidenciou-se a necessidade de adequação da estrutura física com a adoção de quartos pré-parto, parto e pós-parto, e espaços que permitam a vivência do luto em situações de óbito fetal. Considerações finais: a confortabilidade não está relacionada somente aos aspectos estruturais, materiais ou arquitetônicos, mas envolve as relações e interações estabelecidas na unidade materno-infantil.

Descritores: Mulheres. Hospitalização. Ambiente de Instituições de Saúde. Enfermagem Materno-Infantil. Enfermagem.

Objetivo: conocer los aspectos involucrados en el confort de la mujer hospitalizada en la unidad materno-infantil, desde la perspectiva de los profesionales de enfermería. Método: investigación cualitativa exploratoria y descriptiva; realizada en una unidad materno-infantil, con 21 profesionales de enfermería. La recolección de datos ocurrió a través de entrevistas semiestructuradas, y posteriormente los datos fueron sometidos al análisis temático. Resultados: entre los aspectos que contribuyen al confort, se destacan: mobiliario, servicio hotelero, métodos no farmacológicos para el alivio del dolor, respeto a las elecciones de la parturienta, derecho a acompañante y disponibilidad del equipo. Como aspectos que dificultan el confort, se evidenció la necesidad de adecuar la estructura física con la adopción de salas de preparto, parto y posparto, y espacios que permitan la vivencia del duelo en situaciones de muerte fetal. Consideraciones finales: el confort no sólo está relacionado con aspectos estructurales, materiales o arquitectónicos, sino que involucra las relaciones e interacciones que se establecen en la unidad materno-infantil.

Descriptores: Mujeres. Hospitalización. Entorno de las Instituciones de Salud. Enfermería Materno Infantil. Enfermería.

Introduction

Comfortability refers to the elements that act as qualifiers and modifiers of the hospital space, such as: color, smell, sound and lighting. When these elements are used with balance and harmony, they create welcoming environments that stimulate environmental perception and contribute significantly to the health production process [1].

In motherhood, specifically, comfortability is indispensable in the promotion of welcoming spaces, which provide physical and psychological well-being, guarantee the privacy and individuality of women in the pregnancy-puerperal period[2]. This is a period of vulnerability, in which the women experience different physical and emotional experiences that, added to the experiences in the hospital environment, can serve as a trigger for stress[3].

For this reason, it is necessary to understand that comfortability in the hospital environment transcends its physical structure. A study with the objective of reviewing the ergonomic aspects of hospital environments and equipment that help to reduce maternal stress and facilitate the physiology of delivery pointed out that a humanized environment that meets the needs of parturients brings tranquility in the labor process and influences a positive perception of the experience. Therefore, the environments for delivery must guarantee the free movement of the woman, privacy and autonomy for the choice of the most comfortable position for the birth of the child, so that the woman can feel relaxed, safe, calm and protagonist of her labor[4].

In addition, another research carried out with puerperal women, in the rooming-in of a University Hospital of São Paulo, pointed out that the hospital environment offers comfort when it provides the feeling of tranquility, silence, lighting and air conditioning. But also when professionals and other patients, companions and even visitors are concerned, trying to meet the needs that arise[5].

On the other hand, a study with the objective of analyzing the humanized actions by nurses in delivery care points out some difficulties in achieving them, such as: insufficient human and material resources, physical structure and inadequate accommodations[6]. Complementing the findings of the aforementioned study, a study that analyzed the ambience of delivery sites in

575 hospitals showed that there is still a higher prevalence of collective rooms for deliveries and only 16.8% are PPP rooms (Prepartum, Partum and Postpartum); which constitute private spaces, with a bathroom, with dimensions that allow the free movement of the parturient, the use of non-pharmacological methods of pain relief and the presence of the companion. The aforementioned data point to difficulties in the transition of the delivery ambience model in Brazilian hospitals[7].

Considering that the humanized hospital environment can contribute to the perception of a positive experience of women in the pregnancy-puerperal period, but that, at the same time, there are still challenges to be overcome; the present study aims to know the aspects involved in the comfortability of women hospitalized in the maternal and child unit, from the perspective of nursing professionals.

The findings of the present study may contribute to the qualification of the hospital environment, listing aspects that raise maintenance and investment by contributing to comfortability and aspects that need review by hindering the comfortability of women in the puerperal pregnancy period. Therefore, the study has as its guiding question: what are the aspects involved in the comfortability of women hospitalized in the maternal and child unit, from the perspective of nursing professionals?

Method

This is a qualitative exploratory and descriptive research. To guide the methodological construction, the Consolidated Criteria for Reporting Qualitative Research (COREQ) was used.

The research was carried out in a maternal-infant unit of a Teaching Hospital (TH) located in the south of Brazil. The choice of this institution was motivated by the fact that it is a regional reference for prenatal care high-risk pregnancy for the 28 municipalities belonging to the 3rd State Health Coordination of the State of Rio Grande do Sul, in addition to this institution having involvement with teaching, research, outreach and health care.

This unit has six wards, with a total of 24 beds. Also part of its structure: pre-delivery room, delivery room, newborn care room, examination room, purge, cleaning supplies pantry, nursing station, obstetric residence rooms and room for the comfort of the nursing staff.

Twenty-one nursing professionals working in that unit participated in the same study. The number of participants was determined by data saturation, that is, at the time when the data of the collection did not repeat and became not relevant; there was no more search for participants in the research[8].

The following were established as inclusion criteria for the participants: being a nurse, technician or nursing assistant; working in the maternal and child unit for at least six months. The exclusion criteria were: nurse, technician or nursing assistant on vacation or health leave during the data collection period.

To ensure anonymity, participants were identified by the letter P for nursing professionals, followed by an Arabic numeral indicating the interview order number.

Data collection took place in the first half of 2019, through a semi-structured interview recorded, guided by a script that explored the characteristics of the participants, such as: age, sex, time of training, specialization and time of operation in the unit; and also included the following triggering questions: 1) Comment on how the ambience in the maternal child unit should be, 2) How do you perceive the ambience in the maternal child unit in which you work?, 3) How does the maternal child unit offer comfort to pregnant women and hospitalized puerperal women?

The interviews were conducted by a previously trained team, composed of two nurses and two nursing students; in an available exam room, whose sound acuity was observed in order to provide privacy to nursing professionals; with an average duration of 12 minutes.

Subsequently, the interviews were transcribed in full and the data submitted to thematic analysis, which consists of three phases: 1) pre-analysis, which consists of choosing the

data to be analyzed from the resumption of the hypotheses and objectives of the study, listing indicators that guide the final interpretation; 2) the exploration of the material, with the decoding, classification and aggregation of the data, seeking the maximum understanding of the text; 3) the treatment and interpretation of the results, phase in which the raw data are subjected to simple (percentage) or complex statistical operations (factor analysis), allowing the interviewer to perform interpretations and proposals for conclusions[9].

From the data analysis, the themes emerged: aspects that contribute to the comfortability of women in the puerperal pregnancy period and aspects that hinder the comfortability of women in the puerperal pregnancy period.

The ethical precepts for conducting research involving human beings were respected, according to Resolution 466, of December 12, 2012. The project was sent to Brazil platform for consideration by the Research Ethics Committee and approved by the Certificate of Presentation and Ethical Assessment number 08879619.3.0000.5316.

Results

Characterization of participants

Twenty-one nursing professionals participated in the study, 20 women and one man; aged between 28 and 54 years, mean of 36 years. As for training, 12 were nursing technicians and 9 nurses. Among the nursing technicians, four had specialization related to professional practice. Among nurses, all had graduate degrees. The duration of work in the study unit ranged from three to 15 years, with an average of 2.7 years.

Aspects that contribute to the comfort of women in the puerperal pregnancy period

Participants reported that the unit must have an adequate structure for care, according to what is recommended by the Ministry of Health and the Project for Improvement and Innovation in Care and Teaching in Obstetrics and Neonatology (Apice ON), which seek to stimulate processes of change in the training and care model in teaching hospitals[10] so that they promote comfort and quality care, benefiting mother and baby.

> *I think these Apice ON standards that we have to follow, from the child-friendly hospital, this is all for the good of the baby, the mother, the good delivery, for the mother to leave satisfied here and the hospital to be remembered in the best way out there.* (P2)

> *I believe, therefore, that the structure will benefit a lot. It must have an adequate structure for care, which is recommended by the Ministry's rules.* [...] *there are hospitals that do a great job and do not have a mega structure to do the work and do quality work, respecting standards and doing what the evidence shows.* (P8)

In this sense, the professionals point out that physical comfort is offered through furniture, with automated beds, television and air conditioning; by the hotel service (hygiene, bedding, food); but also by the use of non-pharmacological methods of pain relief such as: aromatherapy, music therapy, hot shower, Swiss ball and staircase. Emotional comfort, on the other hand, is given with respect to the woman's choices, the right to the companion of free choice of the mother and the availability of a multiprofessional team (nursing, psychology, social service and medical team).

> *Look, I've worked in other places and here I see that there are many favorable things. Regarding the team, the number of employees, the number of nurses to attend the patients, the multidisciplinary team, whenever necessary, social service psychology, physicians are always available. I have no complaints from the hospitality; I do not see that there is a lack of material. Regarding food too, I think they are so well assisted.* (P14)

> *It is one of the units that has a better comfort. It has the air conditioning, these electronic beds, nowadays it makes it much easier, our various wards have a television, so they can be distracted a little bit during the hospitalization time. I think that activities that are also developed in the institution favor occupational therapy, these other humanization activities.* (P13)

> *In the physical question I think so, that we received new mattresses, so they are more comfortable things. Now when they are in labor, for the comfort of pain relief we already have all those ball, ladder and shower technologies. But, so in their daily lives, the structure we have is this, the bed and if there is a defect we try to fix it soon; there is also air conditioning in the rooms we received as donation, it is also a measure of comfort.* (P15)

In general, the participants emphasized that motherhood should be a welcoming, calm, airy environment, with adequate lighting and air conditioning; in order to provide well-being for the woman and the baby, whether in the ward or delivery room.

> *Calm, airy atmosphere. I don't know if there's any way, because it's a hospital environment. But, cheerful until then, so that we can provide a good environment for pregnant women and postpartum women.* (P5)

> *Look, this ward, for example, that we are in, it was always idealized, because it is something that we had always been insisting like this from* [bedside light], *because it is something that interferes a lot at night, with a child, without a child. It's bad for the patient, for those who are in bed, because the light shines a lot, it gives that shock. I never liked to turn on, I turn on the hall light, the bathroom light.* (P7)

> [...] *the interpersonal environment must be taken into account, the environment of relationships, because this also influences, like loud conversation, noise, this is also considered with ambience.* (P8)

> *The maternal and child unit must be a welcoming environment, of little luminosity for both the baby and the mother, especially during labor and delivery.* (P18)

In order to provide privacy, since the wards of the unit are collective, with four beds, professionals use screens as a way to avoid exposure of women during procedures and at the admission of patients from the operating room. However, the professionals point out that to serve women in labor the most appropriate would be the adoption of prepartum, partum and postpartum (PPP) rooms because they offer greater comfort and privacy.

Another way to provide privacy is to respect the space and time of the patient, trying to reconcile the hospital routines with the minimum of interventions and unnecessary trips to the room; thus providing rest to them, as well as allowing the bonding process between mother and newborn; without hindering.

> *In this case, the wards have four beds here, so that there is a way for us to provide privacy. We work with screens when it's necessary, but in some situations I think I should have more privacy.* (P5)

> [...] *there is a very large exposure of the patient here; which is the change of room, for example, put on the pre-delivery there goes to the delivery room. So, PPPs is a very good way to preserve the patient, I think that every maternity unit should have at least three PPPs, to avoid this type of exposure at the time of delivery, because it is impossible; she will not be dressed. This arrival of the block too, there should be a way to preserve; the ambience of motherhood should be based on the preservation and comfort of the integrity of patients.* (P12)

> *We have a room with two pre-partum, so this already makes the issue of privacy a little difficult. Today we have it like this, the bathroom you can put her in the shower, you can offer a massage, you can offer the ball. She has that freedom to choose the position, I think it is there, maybe we can offer better comfort than here in our wards.* (P13)

> *I think we try hard, they put a screen so they have a little more intimacy, although everyone hears each other's sounds, but at least try to respect as much as we can. We always try to put a family member together with them, so that they have this accompaniment, so that they feel more protected. So, too, matters of silence we try.* (P15)

> *We try at most that the procedures do not interfere with the routines, especially nocturnal or in the feeding of the children so as not to interrupt that bond.* (P11)

The participants point out the need to pay attention to the specificities of the period experienced by the woman, in such a way that pregnant women stay in the same ward and postpartum women in another; considering that the newborn has demands that can interfere with the rest of the first. In addition, in situations of fetal death, it is imperative to have a ward that allows the experience of the process of maternal mourning.

> *If we could have, like, a ward with fewer beds to remove that pregnant woman who was going through an extra problem or puerperium, in the case of a dead fetus, who are in the process of mourning. There is no way to separate them from other pregnant or postpartum women. This is something that leaves other users very impacted, so I think there should be some wards that are suitable for this situation.* (P5)

> *There are four beds per ward, not so many either. We try to leave pregnant women with pregnant women and puerperal women with puerperal women, because the baby cries, the pregnant woman has high blood pressure and when she sees the baby cry and the pressure increases more; so I believe that this is a kind of comfort. You can sleep every night.* (P17)

The testimonies point out that to offer comfort it is necessary to respect the autonomy and protagonism of women in the process of parturition; it is important to encourage and emphasize that at the time of pre-delivery and delivery it is the parturient who must make decisions as to the position she feels most comfortable and how she wants to give birth, provide a calm, quiet and low-light environment that avoids stress at that time and emphasize that

she has dominion over her body and the choices she wants at that time.

> [...] *the team itself tries to spend maximum comfort in this sense, looking for a better position, looking for her to make the decision of how she wants to give birth, relaxation in the shower, warm water for them to relax, massage.* (P5)

> *Nursing does a lot for the parturient woman; it does a lot, now she can be more active. The intention is precisely to do this thing for the mother, for the future mother to have more dominion over her, what she wants to do. Does she want me to give her oxytocin? Does she want to give birth in bed? She chooses the position she finds most comfortable for delivering her baby.* (P7)

Aspects that hinder the comfort of women in the puerperal pregnancy period

Participants report that the maternity ward does not have adequate structure to attend the woman at the time of parturition, because the unit does not have PPP rooms, but rather a pre-delivery room, with two beds, and another for delivery. With this, there is difficulty in maintaining privacy when the prepartum room is with two parturients, even with the use of screens. Thus, it is difficult to offer certain non-pharmacological methods of pain relief to both at the same time; such as the warm bath, because there is only one bathroom.

> [...] *what is missing here is an adequate delivery room, our prepartum is horrible, when there are two patients there it is very bad you do something for them and to ease the pain.* (T1)

> [...] *I think that the physical structure of the hospital still leaves a lot to be desired, so I think there should be changes. Our prepartum room is with two beds and I think we should have another prepartum room, because many times we have several pregnant women who go into labor at the same time and we have to use the ward as a prepartum, with the other pregnant women witnessing labor and often even delivery.* (P5)

> *I think it has to be a calm environment. I think the pre-delivery room is good for delivery too. I think you can't at the time when she is being expelled, you take this pregnant woman from where she is and go to another room, I think she has to continue, if she wants to continue, she has to continue in that room, even if it is not so good for the physicians, but the priority is the patient.* (P1)

> *So of structure I think it is well to desire. I saw the maternity ward of [another hospital], it's a little bit different, the larger pieces, here the prepartum are only two beds, you have to walk this corridor to go to the delivery room, you could have a PPP room would be easier.* (P2)

> *If there are two patients I cannot offer non-pharmacological methods for the two patients, so I stay with those two patients exposed there, one accompanying the labor of the other and the companions too, together. And this brings us a very complicated question, we cannot allow the male companion, but is that if we are with a naked pregnant woman, even if it is in a sweater that is being touched, evaluated for so long, how are we going to leave the husband of the other patient there?* (P12)

> *The issue of the division of prepartum as well. So I wear one saint to undress the other, because I put one patient on the ball, but I can't put the other in the shower at the same time.* (P13)

> *Currently we do not have individual beds, so in prepartum for example, there are two beds, so we end up trying to promote privacy through screens, but it is not 100%.* (P20)

It was also pointed out that there is no comfort for the companion. The hospital offers only one chair for its rest, and the hospitalization of the woman often lasts for months.

> *There is no comfort for the companion of this woman who is here with us. They sit in a chair that is not comfortable. There are patients who stay, pregnant women, who stay three, four, five months here with us, and the companion sleeping in a chair. Then, we get into that thing, how am I not going to let the companion get on the patient's bed, sleep on the patient's bed if the guy has been sleeping in a chair for months.* (P12)

Professionals report that the ambience of the unit does not consider the specificities experienced by women in situations of fetal death or when the newborn is admitted to the ICU, since the structure sometimes does not allow the reorganization of beds and, consequently, respect for the process of mourning and suffering.

> *We do not have the comfort for this mother when the baby is in the ICU, we cannot isolate. Often, if the unit is full, we could not isolate her from other mothers. In fetal death too, we try as hard as we can to isolate the patient, but sometimes we can't.* (P18)

> [...] *the issue of ambience is one of the things that most binders us, because we don't have the flexibility. I had a case, for example, last month, that I had a patient who was in labor from a fetal death, next to a patient in labor from a live baby. So I couldn't allow that woman to experience her pain because I was experiencing a moment of joy on one side and a moment of sadness on the other.* (P12)

Due to the location of the unit, professionals characterize it as an information post, as people pass by and ask the location of other units. In addition, the large flow of people through the unit makes pregnant women not feel comfortable to walk through it or leave the door of the wards open.

> [...] *our unit is in the middle of the hospital, so everyone goes through the maternity ward, we are not a unit, we are a aisle. Everyone goes through motherhood. I move*

> *with the girls that our post is not a nursing post, it is an information post, because it is always full of people asking: where is RUE II* [Urgency and Emergency Network]*, where is the Medical Clinic, where is the Surgical. So pregnant women don't feel comfortable walking down the aisle, leaving the bedroom door open, they don't feel comfortable.* (P14)

Because it is a Teaching Hospital and has the presence of academics, professionals report the difficulty in maintaining women's privacy at the time of delivery, as it is treated as a spectacle, adding large numbers of people around it.

> *Privacy must be maintained, but, as it is a teaching hospital, some students and some teachers do not have much idea and delivery ends up being a spectacle because it is that audience behind the woman.* (P12)

> *We work with what we have. So, we try our best. For example, privacy, but it is not easy; because it is a teaching hospital we have the whole issue of students. If you understand that the student has to be present, but also, it is a dilemma, because it has to preserve the privacy of the woman. So, it is a constant fight, a question of the number of people in the delivery room, of patient exposure.* (P20)

Discussion

The professionals point out that among the aspects that contribute to the comfortability of women during hospitalization in the maternal and child unit, the physical structure stands out, which must meet the recommendations of the Ministry of Health; in order to promote a quiet and cozy environment, which provides women with a positive and pleasant experience.

In this sense, the professionals reported that physical comfort is offered through furniture, with automated beds, television, air conditioning and lighting. Specifically in relation to the lighting and temperature of the delivery room, a study carried out in a maternity hospital of the public network of Fortaleza in order to report the perception of puerperal women in relation to humanized labor found that of the 120 puerperal women interviewed, 50% consider the decrease in room lighting and temperature control not significant; because there are more important factors such as lack of privacy and professional assistance. On the other hand, 50% considered it necessary to decrease temperature and lighting, as cold and light prevent their rest, relaxation and, consequently, comfort; making the experience stressful for mother and baby[11].

The interviewees also pointed to the use of non-pharmacological methods for pain as a way to offer physical comfort to women. Research that investigated the experience of Chinese women who had normal delivery and received care led by midwives pointed out a high level of satisfaction when using breathing techniques, warm perineal compresses and free positioning during the first phase of labor[12].

Emotional comfort, according to professionals, consists of respect for women and their choices. This finding is in line with the results of a literature review that analyzed publications related to the role of nurses in care and comfort in labor and delivery; which pointed out that enabling women to control their bodies, understand what happens at each stage of delivery and make choices, either by position or methods for pain relief, are acts of care and comfort[13].

Complementing the above, the participants emphasize the importance of the unit adopting PPP rooms in order to provide privacy and individuality to women during labor. Research that analyzed the transition of the ambience model in hospitals that deliver babies in the Stork Network pointed out that PPP rooms are important in the adequacy and qualification of obstetric care; enabling the adoption of good practices, which often cease to be performed due to the embarrassment that exists in collective rooms[7].

Another way to provide women with privacy is to respect their space and time; without hospital routines overlapping their rest and bonding with their child. In this regard, research with the objective of knowing the role of nurses in the care of the immediate puerperium pointed out that quality care should be premised on providing well-being to the mother and child. However, to achieve it, nurses act through the adoption of a routine, as they see significant results regarding the recovery of the puerperal woman and the reduction of her hospitalization time[14].

Regarding the organization of the wards, the participants point out the need to pay attention to

the specificities of the period experienced by the woman, whether she is pregnant, puerperal or is experiencing a loss. Considering the experience of fetal death, it is imperative to think about strategies that encompass the environment, since the lack of privacy and protected spaces and facilitators of reception reflect negatively on the experience of mourning[15].

The testimonies point out that it is necessary to respect the autonomy and protagonism of the parturient. Studies reveal that women desire to have self-control and actively participate in the moment of delivery; which is not always allowed, causing dissatisfaction in them. Thus, evidencing that the environment, not only physical, but procedural, can negatively interfere with the woman who experiences the moment of parturition[16-18].

Among the aspects that hinder women's comfortability, the participants highlight that the way the unit is structured, with a collective pre-delivery room, makes the environment not offer privacy and inhibits the performance of care actions that may expose the parturient. A study with the objective of analyzing the assistance to humanized delivery found that the difficulty of maintaining the privacy of pregnant women in a common delivery room has a negative impact on the performance of activities considered important for the advancement of the labor process; consequently contributing to the dissatisfaction of users[19].

In addition to the structure, the presence of academics in the environment and the interest in attending delivery are pointed out as an aspect that makes it difficult to maintain the privacy of the parturient. A study that investigated the opinion of nursing academics on the humanization of delivery care revealed that the academy is still rooted in plastered teachings; a fact that raises the reassessment of the curriculum model, including the humanization of care since the beginning of graduation. Thus, it is possible to build knowledge, skills and practices so that future professionals are sensitized and motivated to reflect on theory and practice[20].

Participants reported that because it is a unit on the ground floor, which allows access to several areas of the hospital, there is a high flow of people in its aisles; thus inhibiting hospitalized women. It is noteworthy that in the elaboration of the architectural project, attention should be paid to the flows of patients, visitors and employees of the establishment[21]. For, meeting the adequacy of the environment aims at the qualification of the work process, articulation between the sectors and the privacy of users.

The aspects that hinder comfort extend to the woman's companions, since he has nothing but a chair for his rest. In this sense, a study in order to analyze the reception of companions of women in the process of delivery in a high-risk maternity revealed that it is possible to share care between the health team and the companion of the hospitalized woman during labor, but for this, it is imperative to welcome and guide the companions, so that they feel comfortable and included in this process[22]. In addition, structural and health system interventions are necessary so that companions can promote continuous support during labor and delivery[23-24].

In the academic sphere, addressing comfortability is imperative, since it is not only related to structural, material or architectural aspects, but involves the relationships and interactions established in the maternal-child unit; the way in which the woman, the baby and the family are welcomed. For this reason, delivery should not be seen as an event, but rather as part of an intimate process of the woman; in which the academic objective should be the care so that this care happens in the best possible way.

The present study presents as a limitation the fact that its data do not allow generalization, as it portrays the reality of a maternal-child unit of a Teaching Hospital from southern of Brazil. In addition, future studies that explore the perception of those who experience the experience of hospitalization in the maternal and child unit become relevant: women (pregnant women and postpartum women hospitalized); in order to qualify their care and comfort.

Final Considerations

The results indicate that there are aspects that contribute to and hinder the comfortability of women admitted to the maternal and child unit from the perspective of nursing professionals. Among the aspects that contribute are those related to physical comfort offered through furniture, hotel service (hygiene, bedding and food) and use of non-pharmacological methods for pain relief. On the other hand, emotional comfort is given in respect for the choices of the parturient, in the right to the companion and availability of the multiprofessional team.

In this context, privacy is also relevant in preserving the intimacy of the moment lived, as to avoid exposure of the woman's body.

As aspects that hinder the comfortability of the hospitalized woman, the need to adapt the physical structure with the adoption of PPP rooms was listed, since they allow the experience of delivery considering the particularity intrinsic to the patient's privacy, space and time; enhancing the exercise of her autonomy and protagonism. It is also necessary to reconcile hospital routines with the needs of hospitalized women, in order to provide rest and avoid interruption to the bonding process between mother and newborn.

In addition, the architecture of the unit should be rethought, including spaces that allow the experience of maternal grief in situations of fetal death. Also, be organized in such a way as to allow its flow with other units that are strictly necessary for its operation.

Collaborations:

1 – conception and planning of the project: Juliane Portella Ribeiro;

2 – analysis and interpretation of data: Juliane Portella Ribeiro and Mariana Quadros Orcina;

3 – writing and/or critical review: Juliane Portella Ribeiro, Mariana Quadros Orcina and Matheus dos Santos Rodrigues;

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Interest conflicts

There are no conflicts of interest.

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