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RESEARCH

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PERCEPTIONS OF HEALTH PROFESSIONALS ABOUT THE PRESENCE OF THE ACCOMPANYING PARTY AT BIRTH

*Percepções dos profissionais da saúde sobre a presença do acompanhante no nascimento**Percepciones de los profesionales de la salud sobre la presencia del acompañante al nacimiento***Renata Portero Wielganczuk¹** **Adriana Valongo Zani¹** **Carolina Pitta Maziero²** **Catia Campaner Ferrari Bernardy¹** **Mariana Haddad Rodrigues¹** **Keli Regiane Tomeleri da Fonseca Pinto¹** 

ABSTRACT

Objective: to describe the perceptions of health professionals about the presence of a companion in the birth process. **Method:** a descriptive, qualitative study, carried out in a teaching hospital, with 29 health professionals. Data collection was carried out through interviews, between May and July 2018, being analyzed using an approach based on the Collective Subject Discourse. **Results:** after analysis, four Central Ideas emerged: positive experiences and the companion's participation, the unknown environment generates feelings of insecurity in the companion, the presence of the companion causes discomfort in the health team and the professional stops the companion due to the presumption that it will hinder. **Conclusion:** the perceptions of the professionals were conflicting, with some perceiving the importance and benefits of the companion at birth, and others pointed out that it disturbs the health team, due to anxiety and stress, harming the health team and interfering in a negative way.

DESCRIPTORS: Humanized birth; Patient companions; Maternal and child health, Patient Rights; Qualitative Analysis

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RESUMO

Objetivo: descrever as percepções dos profissionais da saúde sobre a presença do acompanhante no processo do nascimento. **Método:** estudo descritivo, qualitativo, realizado em um hospital escola, com 29 profissionais da saúde. A coleta de dados foi realizada por meio de entrevistas, entre maio a julho de 2018, sendo analisadas com abordagem baseada no Discurso do Sujeito Coletivo. **Resultados:** após análise emergiram quatro Ideias Centrais: experiências positivas e a participação do acompanhante, o ambiente desconhecido gera sentimento de insegurança no acompanhante, a presença do acompanhante causa desconforto na equipe de saúde e o profissional barra o acompanhante pela presunção de que ele irá atrapalhar. **Conclusão:** as percepções dos profissionais se mostraram conflitantes, sendo que alguns percebem a importância e os benefícios do acompanhante no nascimento, e outros apontaram que ele atrapalha a equipe de saúde, pela ansiedade e estresse, prejudicando a equipe de saúde e interferindo de maneira negativa.

DESCRITORES: Parto humanizado; Acompanhantes de pacientes; Saúde materno-infantil; Direitos do paciente; Análise qualitativa

RESUMEN

Objetivo: describir las percepciones de los profesionales de la salud sobre la presencia de un acompañante en el proceso del parto. **Método:** estudio descriptivo, cualitativo, realizado en un hospital universitario, con 29 profesionales de la salud. La recolección de datos se realizó a través de entrevistas, entre mayo y julio de 2018, siendo analizadas con un enfoque basado en el Discurso Colectivo del Sujeto. **Resultados:** luego del análisis surgieron cuatro Ideas Centrales: experiencias positivas y la participación del acompañante, el entorno desconocido genera sentimientos de inseguridad en el acompañante, la presencia del acompañante provoca malestar en el equipo de salud y el profesional detiene al acompañante por presunción de que dificultará. **Conclusión:** las percepciones de los profesionales fueron conflictivas, algunos percibieron la importancia y los beneficios del acompañante al nacer, y otros señalaron que perturba al equipo de salud, por ansiedad y estrés, perjudicando al equipo de salud e interfiriendo de manera negativa.

DESCRIPTORES: Nacimiento humanizado; Compañeros pacientes; Salud maternal e infantil; Derechos del Paciente; Análisis cualitativo

INTRODUCTION

Humanized care involves a set of actions, knowledge, and behaviors that aim to promote welcoming and resoluteness to ensure a healthy, welcoming, safe, and satisfactory labor and birth. Among the humanization measures is the woman's right to choose a companion throughout this process.¹

The presence of a companion of the woman's free choice is recognized as one of the actions for good practices in normal childbirth care recommended by the World Health Organization. In the Unified Health System, since 2005 there is Law 11.108, called the Escort Law, which guarantees this right to the woman in labor, childbirth, and the puerperium.^{2,3}

Although this is not a new law in Brazil, pregnant women are still unaware of this right, which directly interferes with the lower rates of presence of a companion during this process. The lack of information passed on during prenatal consultations influences the misinformation about the law.⁴

There are several studies that point out the importance and the physical and emotional benefits of the companion's participation during labor, delivery, and the puerperium. Women have greater satisfaction with the experience of the childbirth process, because the companion guarantees support, making them feel safer, stronger, more valued, and thus feel less pain and develop a greater bond with the newborn.^{4,5}

The support offered by the companion of the woman's free choice during the entire process is essential to qualify maternal and neonatal health care, besides legitimizing the women's right.

However, we can observe that the guarantee of this right does not occur in the totality of deliveries and births; it is a practice that has been implemented in a very discrete way, facing many barriers and difficulties, even after years.

Considering the importance of this practice and the benefits for the woman, the newborn, and the family, but also the resistance and difficulty for its implementation in maternity hospitals, the objective of this study is to describe the perceptions of health professionals about the presence of a companion in the birth process.

METHODS

This is a descriptive study with a qualitative approach, developed in a teaching hospital located in the northern region of Paraná, which is accredited by SUS, serves 21 municipalities of the 17th Health Regional Office, and is a reference in the state for performing high-complexity deliveries. In 2017, 1228 deliveries were performed, of which 424 were normal and 604 were cesarean. It also holds the title of "Hospital Amigo da Criança" (Child's Friend Hospital).

The study had the participation of 29 health professionals, who participated in the birth process. The professionals were randomly chosen, among the various professional classes, were personally invited by the researchers, informed about the research objectives, data collection procedures, confidentiality in the treatment of information, possible risks and the possibility of interrupting participation at any time, without harming their work activities. With their agreement, they were asked to sign

the free and informed consent form, and one copy remained in the possession of the researcher. Inclusion criteria were: being a health professional, providing direct assistance to women in labor, normal delivery or cesarean section, being over 18 years of age, and the exclusion criteria were: under 18 years of age, not providing direct assistance to women in labor, normal delivery, and cesarean section.

This study was approved by the Research Ethics Committee of the Universidade Estadual de Londrina/UEL, on the date of 12/11/2017, through CAAE n° 76735917.0.0000.5231, according to opinion n° 2.377.176.

The interviews were used as a collection instrument and were conducted between May and July 2018, in an individualized manner in a reserved room, guaranteeing them privacy and minimal interruptions, with the following guiding question: "What is your opinion about the presence of the companion at birth?"

The interviews lasted approximately 30 minutes, being recorded and at the end of the interviews the professional was asked to listen to the recording of the interview, guaranteeing him the right to change the information if he thought it necessary. Afterwards they were transcribed in their entirety by the researchers and identified with the letter PS (health professional) according to the order in which they were carried out, as PS1, PS2, and so on, respecting the anonymity of the participants.

For data analysis we used the Discourse of the Collective Subject (DSC) technique, in which the presentation of results is done through one or more discourse-synthesis written in the first person singular, aiming to express the thought of the collectivity.⁶

In the production of the DSC, it is necessary to work with the methodological figures, namely: 1) the Key Expressions (Each); 2) the Central Ideas (ICs); 3) the Anchorages (ACs); 4) the Discourses of the Collective Subject (DSCs). Thus, the Discourse of the Collective Subject can be understood as a meeting of key expressions that have in common the same central idea or anchorage, in a single discourse synthesis, being the Discourse of the Collective Subject.

RESULTS

The health professionals participating in the study were between twenty-two and fifty-one years of age; comprising the following professional categories: eleven nurses, nine physicians, and nine nursing technicians who worked in the birth process from fifteen days to twenty-four years.

After analysis of the interviews, the construction of the speeches were grouped into four Central Ideas, named as: IC 1 – Positive experiences and the participation of the companion, IC 2 – The unknown environment generates feelings of insecurity in the companion, IC 3 – The presence of the companion causes discomfort in the health team, IC 4 – The professional bars the companion by the presumption that he/she will disturb the health team, IC 5 – The presence of the companion causes discomfort in the health team, IC 6 – The professional bars the companion by the presumption that he/she will disturb the health team, IC

7 – The professional bars the companion by the presumption that he/she will disturb the health team, IC 8 – The professional bars the companion by the presumption that he/she will disturb the health team, IC 9 – The professional bars the companion by the presumption that he/she will disturb the health team.

IC 1 – POSITIVE EXPERIENCES WITH THE PRESENCE OF A COMPANION

The health professionals interviewed perceived the presence of the companion as positive to support the parturient woman, according to the speeches, they participate in the process and guarantee more tranquility and safety for the woman during the birth.

DSC 1 – I've always had great experiences with escorts, positive, smooth, satisfying, so far it's been good. It's always very exciting, gratifying. In the delivery room, the companion never disrespected, never said anything, always helped the woman, so it seems that the birth flows better when he helps too. (PS1, PS2, PS4, PS9, PS11, PS12)

DSC 2 – With me there was never really anything very spectacular, like the father fainting or something like that, but it is what I said, generally the fathers stay seated next to the pregnant woman, supporting her. No accompanying person questions whether the act is right or not, it doesn't interfere in any way. We orient them if they should help the patient, calmly, we offer them the cord to cut, all of them, most of them accept, only the more sensitive ones, who are afraid of the blood, don't want to, but we orient them and they participate together with us. (PS5, PS13, PS14)

IC 2 – THE UNKNOWN ENVIRONMENT GENERATES FEELINGS OF INSECURITY IN THE ATTENDANT

The speech below shows that the professionals justify that the fact that the escort does not know the environment, can cause insecurity and discomfort, harming the escort's role in supporting the woman.

DSC 3 – Many times, the father or other companion, for not knowing the surgical environment, being an environment that sometimes causes discomfort to the layperson, I realize that the companion feels shy and maybe doesn't develop this very important role of providing safety to the patient. There are some who get stressed, but it's their moment, they are going through a difficult moment, so it has to be understood too. (PS3, PS6, PS15, PS16)

IC 3 – THE PRESENCE OF THE COMPANION CAUSES DISCOMFORT IN THE HEALTHCARE TEAM

We observed in the speeches that some professionals understand that the companions interfere and harm the work process of the professionals who are providing assistance to this parturient.

DSC 4 – I don't mean bad, but they ended up hindering a little, companions who were from the health area and kept trying to interfere in a job that was being done by a team in which they didn't participate. Unfortunately, sometimes the caregiver is a person who is supervising the way nursing does things. (PS3, PS6, PS10, PS15)

DSC 5 – I've suffered threats from companions, I've seen companions getting sick, it's complicated, mainly due to the issue of privacy, respect for norms. But I've also seen those that nothing happened, so as it is difficult to predict the reaction, we leave them until the moment they are calm. (PS16, PS17, PS20, PS23)

IC 4 – THE PROFESSIONAL BARS THE COMPANION ON THE ASSUMPTION THAT HE/ SHE WILL GET IN THE WAY

Many health professionals advise the accompanying person to wait outside the procedure, by the assumption that some complication may occur or that the accompanying person will get in the way in some way.

DSC 6 – With me nothing bad has ever happened, because if I see that there is any risk, I don't advise entering, I explain to the person that since it is an urgent and emergency hospital, it is better to wait outside. If he feels that he is going to be ill, it is better that he doesn't enter, in my opinion. So far it has worked well, every time. (PS7, PS8, PS16)

DSC 7 – So, I can say that most of the time they don't get in the way, normally they are collaborative, but we end up having this stress of having to keep on orienting not to take pictures on the cell phone, some doctors don't like it very much because they are afraid of the companion getting sick and he could contaminate the field. The problem is when things don't go well, instead of us working in urgency and emergency, we have to calm the father down. (PS7, PS19, PS20, PS22, PS23, PS27)

DISCUSSION

Some speeches emerged positive feelings and experiences regarding the presence of a companion during labor and delivery, showing that they see the benefits, identifying that the companion helps the woman and when he/she is present the birth flows better.

A study conducted in Fortaleza corroborates these positive experiences, because it showed that the parturients with a companion during labor remain calmer, safer, which contributes to reducing the time of this process and the number of cesareans, revealing that the support of the companion has repercussions in the good evolution of the parturition, contributing to a more positive experience of this moment.⁷

Another study reported that the presence of a companion favors the reduction of interventions during the birth process because it encourages the adoption of good practices.⁸

On the other hand, some health professionals perceived that the unknown environment for the companion generates feelings of insecurity, contributing to the fact that he does not fulfill his role as he should.

One study found that the best orientation to the companion about the delivery process was during hospitalization, but pointed out that professionals still have difficulty in understanding that the companion is part of the woman's day to day life.⁹

It is emphasized that the companion receiving guidance about this process makes him feel part of, and also protagonist of the childbirth, encouraging positive attitudes, making him, even in situations of interurrences, participate in this moment, becoming an ally of the health team,⁹ and not a spectator or watcher of care.¹⁰⁻¹² In this service the visits before the maternity hospital take place, which is also a right of the pregnant woman, and the companion can be informed about what is going to happen during the visit, helping to prevent unknown situations for the couple and the team.

Thus, it is emphasized that the companion expressing feelings of insecurity in such an important moment of his life must be received as natural, because the birth generates expectation, so he must have the support of the team to experience this moment in the best way.⁹ The health team must see the emotional needs of the companion to help him, contributing to the effective performance of his role as companion.¹³

It is emphasized that the partnership between the escort and the health professional provides a positive experience for the woman and also better results with the baby.¹⁴

According to the speeches of the professionals, the right of the companion in this hospital is guaranteed, but depending on the situation, they are induced by these same professionals not to participate in the birth, in order not to disturb the health team.

Even though the law guarantees the presence of the companion in the obstetric care, the woman is at the mercy of the institution in which she is inserted, because the companions are subordinated to the decisions of health professionals. The control of the situation ends up being that of the health team, which can exclude the companion, without plausible justification and making the process more medicalized.¹⁵

This control by professionals, with the authority to decide when the companion enters or does not enter the cesarean section, is characterized as a violation of rights.¹⁶

The decision of the professional when the companion does or does not enter is pointed out in the speeches with a "justification" that the presence of the companion causes discomfort in the team, because some companions try to interfere and inspect the conducts and care, or feel uneasiness needing to be supported by the team, causing harm to the work.

These professionals need to understand the companion in this context, to verify what he needs and help him to live this

moment in the best way, with tranquility and information so that he can help the woman and participate together with the team in this moment.¹⁷

It is emphasized that the presence of the companion at this moment is a sign of transformation of the technical assistance in a humanized assistance, as pointed out by the World Health Organization, which in 2018 released recommendations in order to reduce the number of unnecessary interventions and ensure a positive experience during labor and delivery, within the guidelines is inserted the presence of the companion of the pregnant woman's choice throughout this period.¹⁸

A study carried out in Santa Catarina pointed out that the professionals omit the information about the existence of the law of the companion and use strategies that end up preventing its implementation, so that the woman only has this right conceived when it is required, otherwise it is not offered.¹⁷

Even though the health professionals know the importance of the participation of the companion in the process of labor and birth, we could see that there are still many restrictions and there is no receptivity and incorporation of this companion in the service in the proper way. In addition to the difficulty with professionals, there are still hierarchies between professionals and users and there is a lack of specific institutional protocols and guidelines for this right to be fully guaranteed.^{14,19}

CONCLUSION

The perception regarding the presence of a companion at birth still raises conflicting feelings among health professionals. Although some perceive the importance and benefits of the escort at this moment, others point out that it hinders, due to anxiety, stress, harming the health team and interfering negatively.

We observed that obstacles are imposed by health professionals for not fully complying with the Escort Law, and that they are based on the professionals' own justifications, without scientific basis, but that provide security for the health team, however, they forget that the law precisely gives security to the woman who is the main protagonist of the birth.

Thus, it is necessary to deconstruct this idea that the companion can cause problems during this birth process and for this to occur it is necessary to train, raise awareness, and change the perception of health professionals so that they understand that the protagonism belongs to the woman and the benefits to her must override any other situation.

It is noteworthy that the training of pregnant women and their companions is also necessary, so that they are prepared for the moment of birth, informed about the birth mechanisms, the importance of the effective participation of the companion, have knowledge about the environment in which they will be inserted, making the active participation and adding all the benefits of this role, helping to reduce the anxiety and stress of this moment, facilitating harmony with the health team.

A limitation of this study is that it was carried out only with health professionals and in a single health service. Thus, new

studies need to be conducted to understand all those involved in the birth process, such as the woman and her companion.

Finally, the findings of this study enable a broad reflection on the perceptions of the professionals who participate in birth, and that it is necessary to sensitize these professionals who have not yet understood that the protagonism belongs to the woman, and that the benefits to her should be more important than any others, especially that the health team feels more comfortable without the presence of a companion during labor. It is noteworthy that this awareness will contribute to promote a safer and more qualified care to women.

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