

## PRENATAL AS A FACILITATOR IN THE PARTICIPACION OF COMPANIONS DURING LABOR AND DELIVERY PROCESS

Pré-natal como facilitador na participação do acompanhante no processo de trabalho de parto e parto

Prenatal como facilitador en compañera participación durante el proceso de parto y el parto

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### ABSTRACT

**Objective:** to describe actions taken by the companion of the parturient, according the information received in prenatal care. **Method:** qualitative, descriptive, exploratory study with 21 companions, with the use of a semi-structured questionnaire. In the data analysis processing, Iramuteq software was used. **Results:** the two categories that emerged: 1. The information in the prenatal about your rights to the parturient companion 2. The participation of the parturient companion and the actions taken. **Conclusion:** observed that the information concerning the right of the companion and actions to be undertaken by them on labor process, were little or no during prenatal care, and the actions performed by them came from knowledge acquired through individual search or received at the time of hospitalization.

**Descriptors:** Prenatal care; Humanization of assistance; Medical chaperones; Natural Childbirth.

### RESUMO

**Objetivo:** descrever ações executadas pelo acompanhante junto à parturiente, conforme informações recebidas no pré-natal. **Método:** estudo qualitativo, descritivo, exploratório, com 21 acompanhantes, com o uso de um questionário semiestruturado. No processamento de análise dos dados, foi utilizado o software Iramuteq. **Resultados:** emergiram duas classes: 1. A informação no pré-natal sobre o direito do acompanhante e 2. A participação do acompanhante junto à parturiente e as ações executadas. **Conclusão:** a informação referente ao direito do acompanhante e ações a serem desenvolvidas por eles no processo de parto foram poucas ou nenhuma durante o pré-natal e as ações realizadas por eles, foram provenientes de conhecimento adquiridos por meio de busca individual ou recebidas no momento da internação.

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**Descritores:** Pré-natal; Humanização da assistência; Enfermagem; Parto normal.

## RESUMÉN

**Objetivo:** describir acciones ejecutadas por el acompañante junto a la parturienta, conforme informaciones recibidas en el prenatal. **Método:** estudio cualitativo, descriptivo, exploratorio, con 21 acompañantes, con el uso de un cuestionario semiestructurado. En el procesamiento de análisis de los datos, se utilizó el software Iramuteq. **Resultados:** emergieron dos clases: 1. La información en el prenatal sobre el derecho del acompañante y 2. La participación del acompañante junto a la parturienta y las acciones ejecutadas. **Conclusión:** la información referente al derecho del acompañante y acciones a ser desarrolladas por ellos en el proceso de parto y parto fueron pocas o ninguna durante el prenatal y las acciones realizadas por ellos, fueron provenientes de conocimiento adquiridos por medio de búsqueda individual o recibidas en el momento de la internación.

**Descriptor:** Atención prenatal; Humanización de la atención; Chaperones médicos; parto normal.

## INTRODUCTION

Historically women's health has developed through various struggles of the feminist movement and culminated in 1984 with the elaboration by the Ministry of Health of an important Program of Integral Assistance to Women's Health, which aimed to promote quality service and guarantee their legal rights.<sup>1</sup>

Another fact that came to corroborate this new vision in women's health was the Constitution of 1988, which brought among its articles, those that guarantee women's reproductive rights, as well as the creation of the *Sistema Único de Saúde (SUS)* [Unified Health System], which expanded services related to prenatal care.<sup>2</sup>

These historical social movements contributed to changes related to the care of women at all stages of life, including gestation. The woman starts to be seen in its integrality and equity through the proposals of decentralization, hierarchization, and regionalization of services.<sup>3</sup>

These facts contributed to the approval of the Law No. 11.108 in 2005, which guarantees the presence of the accompanying person during labor, delivery and postpartum in the *SUS*, which during the same year was extended to public hospitals, and also linked to the *SUS*, under the Ordinance No. 2418/GM, which contributed to reintegrating the family presence in the hospital.<sup>4</sup>

The above-mentioned law favors the relation between mother, child, and companion, stimulating the structuring and family formation, and that will influence in its behaviors, as for the emotional balance and aggressiveness, generating stable relations or source of later violence, depending on the creation of this bond. In order for this family bond to be favored, it must be initiated in prenatal care, strengthened at delivery and postpartum, and extended to the puerperal period.<sup>5</sup>

The information given since prenatal care develops in women a feeling of satisfaction regarding better preparedness and contributes to the clarification of beliefs, which can cause distress in pregnant women during the process of labor and delivery. In order to make this information that favors this

moment, it must be done based on themes of interest to the pregnant women, their anxieties, anxieties and needs.<sup>6</sup>

The reversal of roles observed in family life, as a result of the achievements of women in working life, as well as their greater insertion in the labor market, brought men closer to domestic care and socializing with their children, providing their greater participation in the family relationship and a new role in attention to birth. Reasons that led to the creation of programs, to stimulate this participation started already in prenatal care.<sup>7</sup> Promoting information and guidance as part of the context involving this family contributes to the experience of gestation at birth as a positive experience.<sup>8</sup>

To that end, health education should be directed by professionals, focusing on better preparation of both the parturient and her relatives, with information on the physiology of labor, and pain as part of this process, and present in most parturient women, as well as the presentation of non-pharmacological methods that can be used in their control.<sup>9</sup>

Hence, it became necessary to study theories, concepts and factors related to the participation of companions during the gestation, in order to understand mainly their experience as part of the process in which they are inserted. The interest of this study lies in knowing how those companions have been prepared since the prenatal to accompany the parturient during the labor and delivery processes. Thus, the study's goal is to describe the actions taken by the parturient women's companions according the information received in prenatal care.

## METHODS

It is a descriptive study with a qualitative approach, which was carried out in a Teaching Hospital in the South of Brazil and a reference for high complexity care. The institution participates in the stork network and works with the good practices recommended by the World Health Organization (WHO), in the care of pregnant women.

The inclusion criteria used were accompanying parturient women who had a natural childbirth, older than 18 years old both the parturient and the companion, regardless of gender; and, as exclusion criterion, companions who had participated only in labor or only parturition, then being necessary the participation in the whole process.

Data collection took place from 01.01.2015 to 01.30.2015, with 21 companions and the basis for quantifying the number of interviews according to the orientation for the use of Iramuteq software, which was chosen to perform the data processing of this study.<sup>10</sup>

The search for the participants occurred daily in the wards of the joint housing at the bedside of each puerperal woman, in order to verify the presence of the companion, during the process of labor and delivery and for this also had the knowledge on the theme of the search. The interviews were carried out using a semi-structured instrument and recorded with the participant's permission, the questions present in this instrument were related to the motivation, which led this



happened only upon arrival at the hospital, a fact evidenced in speeches such as:

*In the prenatal period I would go with her and she would enter the room with the physician, I would not go in, only a couple of times I went along and participated, which was on the ultrasound. (A1)*

*Here in the prenatal care we came to do, the nurse told me at the appointment that I could attend the childbirth and I was able to help her with a massage, and when she was in the ball on the horse. (A20)*

The information on the methods that can be exercised by the companions and evidenced as ways to alleviate the physiological pain felt by the parturient, when initiated in the prenatal consultations, lead the pregnant woman and her companion to prepare themselves better for this experience. This information, when performed, reflected on actions taken and demonstrated in statements such as:

*As it happened to me, I was well prepared from the beginning of the prenatal in the medical follow-up, they told me that I could be together and I could hold her, talk to her, so she had calm breathing, for me it helped. (A10)*

It was identified that most of the information that the companion had regarding the Law No. 11.108 on the right to follow-up the childbirth process came from information they received at the visits made to the referral hospital or by means of posters fixed at the hospital, which is evidenced in the following reports:

*I did not have information about the law, and I do not know if during the prenatal someone told her, I'm not sure and then she told me if I wanted to go with her and said yes. (A17)*

*I saw a poster on this right, I was not informed, and I looked for information and then I asked her about humanized childbirth... I even photographed the poster that if someone fought, I showed that it is a law. (A7)*

*No, I was not aware of this law in the other childbirth of her I was aware because she was younger, but now... I did not know that she did prenatal, but not here, and she was not informed there (...). (A16)*

Some companions, motivated by their own motivation, hoping to participate and share this experience in the future with their children, nephews and grandchildren, sought information about the law and how to assist in labor and delivery, as follows:

*(...) I worked a lot of time with this part of law, so we always follow when there was a change or another, we always kept our eyes on it. (A12)*

*Today we have a lot more information and we know that the father can follow the childbirth, through the television, the internet you will catch, you will see more information on it... it will be very nice to tell her when she is big that the father have participated. (A1)*

## The participation of the parturient women's companions and their actions

Still referring to the highlighted words, in this category, it was perceived that the actions performed by the companions were linked to personal support stimuli and through gestures of affection.

The activities developed in the prenatal care in the search of the dialogue between the pregnant woman, her family and the professional, create the empowerment in the actions performed in the process of labor and delivery, both in the pregnant woman and in her relatives. The lack of this preparation and knowledge was evidenced as a factor related to their insecurity, evidenced in the following statements:

*At first I was scared, I had only seen on television, but thanks God it went all went well and I am very happy to have accompanied my daughter's birth, it was very good. (A1)*

*(...) I thought I would be nervous, I did not receive any guidance, so I made myself go there to stand beside her, to hold her hand or to do something else to help her. (A20)*

It was observed that when there was some preparation, it generated positive attitudes, and even under critical situations, making the companion able to observe whether or not the experienced moment was part of the physiological process of labor and delivery as well. The companion has become an ally of the team in this monitoring, which is described in the report:

*I went out and when I came back, I found her different from what I had left... She was pale and sweating a lot and said I could not take it... I saw that fear was taking over and I said that she had to react, and I saw that she began get her natural color back. (A19)*

It was observed that the humanized care makes the companion and the pregnant women feel confident and welcomed. In order to do so, it is necessary to raise the awareness of the health professional that the presence of the companion promotes in the parturient their empowerment and strengthening in the decisions during the process of labor and delivery. The health professional, by promoting the necessary information to this companion, besides acting as mediator promotes this autonomy.<sup>14</sup>

The information of the methods that can be exercised by the accompanying ones like massage, to send to warm bath and aid to the walk,<sup>15</sup> evidenced like ways to ameliorate the physiological pain felt by the parturient in the labor and delivery, are necessary for the promotion of a knowledge,

by means of the available and accessible possibilities for the pregnant woman and her companion, which contributes to the qualification of this care, in order to attend to the individual needs, and especially in the insertion of their relatives. Attitudes such as those related to educational activities cannot be dissociated from nursing care.<sup>16,17</sup>

Besides this preparation to promote better effects, through the greater autonomy of choice of the family, it also contributes to the reduction of interventionist practices, due to the opportunity of the pregnant woman and her relative to know better about this physiological process.<sup>18-20</sup> This reduction was evidenced in a research particular in 2012, with the participation of 15 countries and among them Brazil, with the presence of the companion, performing actions through the knowledge of the physiological process of childbirth.<sup>21</sup>

The companion's desire to be close to the parturient was evidenced in this study, and therefore he is available to help, demonstrating attitudes aimed at giving comfort, affection, words of support and to be the link between the parturient and the team.<sup>21</sup>

It is therefore incumbent on nursing to act as a facilitator and to promote the individual's well-being, through a care service focused on their individuality, complexity, and completeness, making them the parturient protagonist in this process.<sup>22</sup> This professional conduct with interventionist practices has as a consequence shorter labor and a newborn with better conditions at birth. Thus, health education promotes knowledge of the right of the presence of an accompanying person recommended by the Law No. 11.108/2005.<sup>4</sup>

Although that law guarantees the parturient, in this study it was observed that the presence of a companion in the prepartum, in the delivery and in the postpartum, is still lacking in its disclosure, since most of the information for the companion came either from visits to the hospital or posters arranged in that institution, and, above all, that the lack of this moment of health education, initiated during the prenatal care, generated situations of doubt, insecurity, and anxiety.

The view of prenatal care as a context in family life and not just as an isolated moment is necessary for the care provided by professionals. Having this look at the family and allowing their understanding about this moment is to provide assistance in order to identify the needs, both individual in the pregnant woman and those of their family members.<sup>23,24</sup>

The lack of knowledge of the companions regarding their participation during the labor and delivery processes was evidenced, even though the Law No. 11.108 was created in 2005, because it does not contemplate that this participation is initiated in prenatal care, it is directed only at the prepartum, delivery and postpartum.

Faced with this and with the objective that this right be extended to prenatal care, in order to stimulate compliance adequately, of all stages of care in the gestation and in the process of labor and delivery, there is a bill of law No. 5.656/2013 unresolved before the Chamber of Deputies and proposing the inclusion of this right already in prenatal

care. One of the reasons for this project was the reports of pregnant women, who face difficulties in having their companions participate in this consultation.

It was evidenced that when the information about the process of labor and delivery was passed on to the companions in a precise manner, it resulted in the execution of more actions alongside the parturient, and when this did not happen, the most evidenced and reported action was the gesture of hand touch. This action is part of the best practices recommended by the WHO in 1996 and among others are recommended in the institutions that attend childbirth through greater understanding and safety during its implementation.<sup>20</sup>

The knowledge about the physiological mechanism of labor, and in this the pain, must be maintained as a way of directing, throughout this process, in order to lead the parturient and the companion, a better way to deal with this pain.<sup>23</sup>

Therefore, it is verified that the empowerment and autonomy, given through the information provided by the health team, when initiated in prenatal care and with continuity at the time of hospitalization, allow the development of differentiated actions in the companions and that will influence in the way with which they experience this process.

## CONCLUSIONS

Herein, despite all the implantations of laws and ordinances of support for women's health and the return of family insertion, it was evidenced that there is still a gap between the period from the beginning of gestation and the labor and delivery processes, and that the source of information that should be initiated during the gestational period still needs to be implemented.

The lack of knowledge evidenced among the participants led them to look for information through the media, internet, family or friends' experience, which shows their interest in accompanying, but that should be directed by the health team, so that there are no misinterpretations, given the amount of information available, easily accessible and not always enlightening.

Furthermore, actions performed in a gesture of caring, such as "hand touch" occurred spontaneously, and that when they were extended to others due to previous knowledge, they were carried out with greater security. Therefore, hospitals must promote an effective welcoming by the arrival of this companion, then making them protagonists in the process of labor along with parturient women.

Hence, it is concluded that gestation should not be seen only as a binomial, mother and child, but also with the participation of the companion, since the care initiated by the health team will have its continuity in daily life at home, moreover, with the support of this accompanying person who wishes to become an active participant.

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