

## PRESENCE OF A COMPANION OF THE WOMAN'S CHOICE IN THE PROCESS OF PARTURITION: REPERCUSSIONS ON OBSTETRIC CARE\*

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**ABSTRACT:** This study aimed to identify the prevalence of the presence of a companion of the woman's choice in the process of parturition and analyze the associations of the presence of a companion in obstetric care. Quantitative, retrospective and documentary study of a database of a primary study in three public maternity hospitals in the city of Niterói, Rio de Janeiro, conducted in 2014. Chi-square test of association ( $\alpha = 0.05$ ) using SPSS for Windows was performed. The variables Kristeller maneuver, oxytocin infusion, massage, breathing techniques, bathing, restriction of movement, guidance on the procedures performed, feeling of abandonment, isolation and disrespect showed a significant association with the presence of a companion during this process. This indicates that the presence of a companion influences female empowerment, provides greater security and comfort, reducing abandonment and isolation. In view of its many benefits, the initiative should be widely disseminated and encouraged.

**DESCRIPTORS:** Humanized delivery; Humanization of care; Obstetrics; Obstetrical nursing.

### PRESENÇA DO ACOMPANHANTE DE LIVRE ESCOLHA NO PROCESSO PARTURITIVO: REPERCUSSÕES NA ASSISTÊNCIA OBSTÉTRICA

**RESUMO:** Objetivou-se identificar a prevalência da presença do acompanhante escolhido pela mulher nas fases do processo parturitivo e analisar as associações da presença do acompanhante na assistência obstétrica. Pesquisa quantitativa, retrospectiva de análise documental do banco de dados de um estudo primário, em três maternidades públicas do município de Niterói, Rio de Janeiro, executado em 2014. O Teste de Associação de Qui- quadrado ( $\alpha = 0,05$ ) foi utilizado tendo o *Statistical Package for Social Science for Windows* como ferramenta. As variáveis manobra de Kristeller, infusão de ocitocina, realização de massagens, técnicas de respiração, oferta de banhos, restrição de movimentação, orientação aos procedimentos realizados, sensação de abandono, isolamento e desrespeito, apresentaram associação significativa com a presença do acompanhante durante esse processo, mostrando- se como fator que influencia no empoderamento feminino, proporciona maior segurança e conforto, reduzindo o abandono e o isolamento. Diante dos seus inúmeros benefícios, a iniciativa deve ser amplamente divulgada e incentivada.

**DESCRIPTORIOS:** Parto humanizado; Humanização da assistência; Obstetrícia; Enfermagem obstétrica.

### PRESENCIA DEL ACOMPAÑANTE DE ELECCIÓN LIBRE EN PROCESO DE PARTO: REPERCUSIONES EN LA ASISTENCIA OBSTÉTRICA

**RESUMEN:** Fue objetivo del estudio identificar la prevalencia de la presencia del acompañante escogido por la mujer en las fases del proceso de parto, así como analizar las asociaciones de la presencia del acompañante en la asistencia obstétrica. Investigación cuantitativa, retrospectiva de análisis documental de banco de datos de un estudio primario, en tres maternidades públicas del municipio de Niterói, Rio de Janeiro, hecho en 2014. Se utilizó la Prueba de Asociación de Chi-cuadrado ( $\alpha = 0,05$ ) y el *Statistical Package for Social Science for Windows* como herramienta. Las variables maniobra de Kristeller, infusión de ocitocina, realización de masajes, técnicas de respiración, oferta de baños, restricción de movimentación, orientación a los procedimientos realizados, sensación de abandono, aislamiento y falta de respeto presentaron asociación significativa con la presencia del acompañante durante ese proceso, siendo éste un factor que influencia en el empoderamiento femenino, proporcionando más seguridad y bienestar, reduciendo el abandono y el aislamiento. Delante des sus inúmeros beneficios, la iniciativa debe ser largamente divulgada e incentivada.

**DESCRIPTORIOS:** Parto humanizado; Humanización de la asistencia; Obstetricia; Enfermería obstétrica.

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## ● INTRODUCTION

The Public Policies on Maternal and Child Health indicate the importance of the humanization of health care through the implementation of practices based on scientific evidence and that, above all, respect the woman's rights, individuality, integrity and autonomy in the different healthcare settings. This strategy has become necessary because of the institutionalization of delivery (women no longer deliver their children at home surrounded by their families), imposing an institutionalized hospital-centered biomedical model. In Brazil, institutionalized delivery has exceeded 95% since 1994, and 97.9% in 2006. Currently, parturients are assisted by qualified professionals in 95.9% cases: 88% by physicians and 7.9% by nurses<sup>(1)</sup>.

When they are admitted to the hospital for childbirth, women often do not receive humanized and considerate care, and are submitted to hospital routines based on standardized care. Behavioral and cultural standards deprive patients of their identity, and they have to accept the routines imposed by health professionals and institutions, though the physical structures and hospital routines were designed to meet the needs of health professionals, not of the mothers<sup>(2)</sup>. Maybe in the future there will be silent and oppressed mothers will deliver their babies without any privacy, far from their families, exactly when they most need their companions close to them<sup>(3)</sup>.

Women have been granted, since 2005, the right to a companion of their choice during labor, delivery and in the immediate postpartum period, and this right must be ensured by the Health System. However, almost eleven years after the establishment of Law no. 11,108 of April 7, 2005<sup>(4)</sup>, the stipulations of the referred law are frequently disrespected in the health facilities. In the Brazilian states where the so-called *Programa Rede Cegonha*, a Brazilian initiative targeting pregnant women and mothers who use the Brazilian healthcare system, is being implemented, it is estimated that 62.4% of the women were not allowed to have a companion of their choice during the parturition process, according to the legislation<sup>(5)</sup>.

Therefore, there is a significant number of women who are deprived of a companion of their choice at any stage of the parturition process<sup>(6)</sup>. Investigation of the reasons for this showed that in 57.3% the presence of a companion was forbidden by the health institutions, in contrast to only 14.7% of the cases where mothers were unaware of the right to a companion<sup>(5)</sup>. On the other hand, fathers were usually allowed to attend the delivery of their children as a kindness on the part of the medical team, and not because they have the legal right to do it<sup>(7)</sup>.

Thus institutionalization of delivery, associated to hospital standards and routines, has resulted in the social isolation of women and their separation from their families during labor and delivery, because they are hospitalized in collective environments without privacy, in addition to being subjected to routines that they are supposed to accept without further questioning<sup>(8)</sup>.

Concerning the experience of the mothers regarding the care received during the process of parturition, it can be concluded that women associate this care to feelings of solitude, pain, suffering and abandonment, when they have to deliver their babies all by themselves, with limited assistance during labor<sup>(3)</sup>. Scientific evidence has demonstrated the benefits of the presence of a companion during labor, delivery and in the immediate postpartum period, such as comfort, peace and calm. Regarding the companions, the mere presence of these individuals demystifies fears and suffering, leading to unique, special feelings and emotions<sup>(7)</sup> triggered by the positive experience of having the necessary support at this moment<sup>(2)</sup>.

Regarding the views of health professionals about the presence of a companion, these usually stress the positive changes in care, the emotional support that helps women feel more satisfied, safe and calm during labor and delivery. In general, this extremely positive assessment of health professionals can also be explained by the fact that companions do not cause problems, having a positive impact on the attitude of the professional, or, at worst, the presence of the companion had no impact at all on the care provided to the mothers<sup>(2)</sup>. However, despite this evidence, most professionals reject the presence of a companion of the mothers' choice in the hospital because they feel insecure and do not want to have others looking at them when they are performing their care practices<sup>(9-12)</sup>.

The present study aimed to identify the prevalence of the presence of a companion of the woman's choice during the parturition process and analyze the effects of the presence of this companion on obstetric care. Therefore, it aims to contribute to improve the care provided to women during delivery, as well as to enhance the importance of the entire support network, through knowledge about the beneficial repercussions of the presence of a companion of the woman's choice on institutionalized obstetric care.

## ● METHOD

This study is part of the dissertation entitled: Obstetric violence in the parturition process in the metropolitan region II of the state of Rio de Janeiro perception of women/mothers<sup>(13)</sup>. A descriptive study with retrospective design was developed through documentary analysis of the database of the above-mentioned study<sup>(13)</sup>. Quantitative approach was used in data collection.

The participants were selected from a database of three Public Health Units of the city of Niterói, encompassing the municipal, state and federal levels of the Health Network. The inclusion criteria were women older than eighteen (18) years of age with stay in rooming-in facilities longer than or equal to twelve (12) hours; occurrence of vaginal delivery; physiological puerperal evolution, considering breastfeeding periods and psychological conditions. The exclusion criteria were women after abortion, or who delivered stillborn babies or babies who died in the last month of intrauterine gestation; women with neonates hospitalized in the neonatal complex; women who have been admitted to intensive or semi-intensive care sectors for any reasons and women of another nationality.

Primary data was collected from January to April 2014, and sample size was obtained with the equation for finite populations with discrete variables, resulting in a sample of approximately 35 women. However, in order to contemplate the total available data in the settings of the study, a sample of 42 postpartum women, 14 of them from each health institution, was obtained.

The present study began in May 2014, when the data was accessed for the first time. The information obtained was selected according to the objectives of this research, and tabulated using the Statistical Package for Social Sciences for Windows (SPSS), version 17.0.2 for Windows, license 33430-001 S1702CDL-0209w1, as tool for statistical analysis.

From the database obtained inferential statistics with chi-square test for association was used, according to the test criteria<sup>(14)</sup> in order to associate the presence of a partner in the parturition process with obstetric care delivered in public maternity hospitals in the city of Niterói, Rio de Janeiro, Brazil. When such association was not obtained, Fischer's test was used. A significance level of 5% ( $\alpha = 0.05$ ) was established to determine the statistically significant results.

Since the research involves secondary use of data, there was not need to submit it to the Research Ethics Committee<sup>(15)</sup>, because the original study had been previously approved by the Ethics Committee of Faculdade de Medicina do Hospital Universitário Antônio Pedro, Universidade Federal Fluminense, under protocol no 375.252/13.

## ● RESULTS

The sociodemographic distribution of the subjects showed a predominance of black, protestant women, aged 18-25 years. Thirty-eight women (90%) were up to 33 years of age, in average 25.6 years old.

Twenty women (47.6%) had completed high school, and one (2.4%) was attending higher education. Regarding their professional activities, they had very different occupations, and 14 (33.3%) were housewives, followed by cashiers and students. Twenty-eight women (66.7%) did not have an employment contract or other source of income. In some cases, allowances provided an additional source of income. They had a total family income of 1 to 2 minimum wages (76.2%), considering a minimum wage of R\$ 724.00 at the time of the interviews. Twenty-two interviewees (52.4%) lived in their own houses, with 4 to 6 residents (59.5%) and 4 to 5 rooms (69%).

Regarding marital status, 11 (26.2%) were married, mostly with stable marriage. Among the interviewees, 37 (88.1%) had a partner, and were living with their partners for 1 to 3 years. The partners were the fathers of their newborn babies. Regarding the number of living children, the newborns were predominantly single children (42.9%), with an average of two children per woman.

Regarding obstetric data, 16 (38.1%) were primigravidae, followed by women in their second pregnancy (n = 12; 28.6%). Thus, 21 (50%) women had given birth only once, vaginally delivered. Prior to the current delivery, only three women (7.1%) had undergone cesarean section.

Regarding the planning of the current pregnancy, the groups were balanced, although unplanned pregnancies predominated (n = 24, 57.1%). All the same, eight (19%) women experienced pregnancy interruption, either as an abortion or miscarriage.

In the current pregnancies of the subjects, most infants were delivered with 39 and 40 weeks of gestational age (n = 27; 64.3%). These gestations were considered full-term. In the institutions where the study was conducted, the presence of a companion was observed throughout the parturition process. Thus, the various moments of hospitalization were classified according to Admission, Labor and Delivery, as shown in Figure 1.

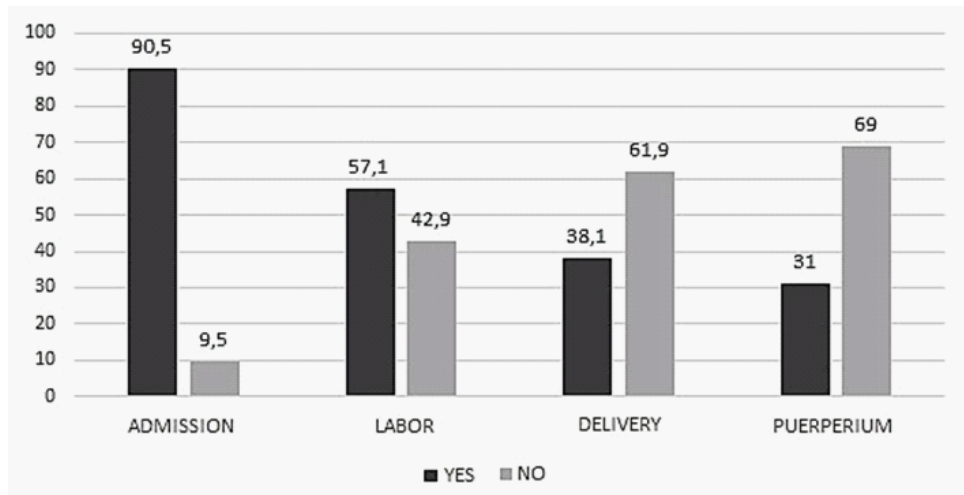


Figure 1 – Presence of a companion of the woman’s free choice during the parturition process in public maternity hospitals of Niterói. Niterói, RJ, Brazil, 2014(n=42)

During obstetric admission, 38 (90.5%) women were escorted when they arrived at the health institutions. However, despite this fact, 24 (57.1%) women had a companion during labor, and 16 (38.1%) had a companion at the time of delivery, and a smaller number of women, in the puerperal period (n = 13; 31%), indicating that the presence of companies tended to be less common during admission.

With the purpose of assessing the influence of the presence of a companion of the woman’s free choice during the care delivered to the woman during the parturition process, chi-square association test was performed and is shown in Table 1.

Table 1 - Association between the presence of a companion and the activities performed during the parturition process in public maternity hospitals of Niterói. Niterói, RJ, Brazil, 2014 (N = 42) (continues)

Procedures / Activities	Chi-square Association Test P value	
	Labor	Delivery
Massages	<b>0.03</b>	<b>0.032 *</b>
Bathing	<b>0</b>	<b>0.011</b>

Breathing technique	0.055*	<b>0.016*</b>
Exercise ball	0,208*	0.690*
Restriction of ambulation and position change	<b>0.003</b>	<b>0,007*</b>
Restriction on foods and fluids	0.060*	0,061*
Oxytocin administration	<b>0.009</b>	0.078
Epidural or spinal analgesia	1,000*	0.547*
Amniotomy	0.731*	0,720*
Episiotomy	†	0,465*
Valsalva Maneuver	1,000*	1,000*
Kristeller Maneuver	†	<b>0.016</b>
Guidance on procedures performed	<b>0.049</b>	<b>0.015*</b>
Guidance on the reasons for oxytocin infusion	<b>0.040*</b>	<b>0.048*</b>
Information on Vaginal Touch Exam	0.685*	1,000*
Information on labor and delivery	0.679*	1,000*
Identification of health professionals	<b>0</b>	<b>0.007</b>
Professionals called the patients by their names	<b>0.008</b>	0.090*
Professionals yelled at or hit the patients	0.256*	1,000*
Suffered violence	1,000*	0.381*

\* Fischer test (lowest expected frequency <5)

† Procedure only at birth

The presence of a companion during labor and delivery was associated with increased use of care technologies such as massages and bathing, as well as the use of breathing techniques during the time of delivery (0,016). The women who were accompanied were more likely to walk around and had more freedom to change position during the parturition process.

Regarding obstetric interventions, there was an important association in the performance of Kristeller Maneuver (0.016) and intravenous administration of oxytocin during labor (0.009), both of which were used less frequently when a companion was present.

The presence of a companion had also a decisive impact on the interaction between health professionals and the parturient: these were more likely to identify themselves, call the patients by their names, and provide them with information on the procedures to be performed, such as the reasons for administration of oxytocin. The deficit in health education was detected in issues related to general information about labor evolution, but this was not associated to the presence of a companion, being rather related to the knowledge of health professionals about the parturition process itself.

The benefits of the presence of a companion were also observed in the feelings expressed by the women, with lower percentages regarding the perception of abandonment or feeling of isolation, followed by less disrespect during delivery (0.027).

## ● DISCUSSION

The care profile and the obstetric data observed in the city of Niterói/RJ, are consistent with the national obstetric profile, showing numerous similarities. Fifty-five (55) % of Brazilian pregnant women did not plan and want their current pregnancies, confirming the epidemiological expectations of a change in the obstetric profile, with greater decline in birth rates.

Regarding the sociodemographic profile, the criteria related to ethnicity, age group and economic class diverged from the current national standard, in which women were characterized as predominantly brown, aged 20-24 years, of class C, based on the criteria of the Brazilian Association of Research Firms (ABIPEME) <sup>(16)</sup>.

Companions were generally present at the time of admission, suggesting that pregnant women arrived accompanied to the maternity hospitals. However, these companions were not seen with the patients during the other steps of the parturition process. Although the context and reasons for the absence of the companions in the investigated settings have not been measured, it is suggested they are strongly related with compliance with hospital routines in the health units that do not favor the presence of a companion of the woman's choice during the parturition process, in contrast with the current legislation<sup>(5)</sup>.

Regarding the implementation of the presence of companions during hospital admission for childbirth, 6.7% of the women who delivered babies in Brazil had a companion at any of the moments, characterizing prevalence of partial absence. In 24.5% of the cases companions were totally absent, and no more than 18.8% of the women enjoyed their continuous presence. When the moments of the presence of companions during hospital admission are separately analyzed, it was found that 70.1% of the parturients were accompanied before/during admission and during labor; 32.7% at delivery and birth, and 61.3% % in the postpartum period<sup>(6)</sup>.

Regarding the prevalence of the presence of a companion during the postpartum period in the public maternity hospitals of Niterói, Rio de Janeiro, there was a great divergence between the studies, since approximately half of the women investigated in national studies had companions. However, although the presence of companions of the women's choice is still being discussed regarding its implementation in obstetric hospitals, the levels obtained showed that companions stayed a longer time with the patients during most hospitalization stages, compared to the data available in Brazil<sup>(6)</sup>.

In this study, the use of Kristeller maneuver was closely related to the absence of a companion at the time of delivery and birth. The maneuver was performed less frequently for women who had companions, suggesting their greater empowerment and that the databases that recommend the implementation of the referred procedure by a health professional questionable.

Similarly, intravenous oxytocin was less prescribed during labor for those women who had companions, corroborating literature findings according to which the greater security and comfort experienced by women who have companions of their choice stimulates endogenous oxytocin levels. The effects of this hormone were demonstrated by the lower frequency of intrapartum analgesia and the shorter labor time experienced by these patients<sup>(16)</sup>.

It is known that intravenous administration of oxytocin, amniotomy and Kristeller maneuver are important interventions that can pose additional risks to the parturition process and therefore should only be conducted when absolutely necessary. Its routine use should be definitely discontinued<sup>(17)</sup>.

In this study, the presence of a companion of the woman's free choice was associated with increased use of care technologies such as massages, bathing, breathing techniques, and the women were more likely to walk around and change position. Also, higher rates of spontaneous vaginal delivery with less interventions were described, and the presence of a companion was more effective when the person was not a member of the hospital staff, but rather someone of the woman's social network. However, it is suggested that such presence has no impact on other interventions conducted in the parturition process<sup>(16)</sup>.

The presence of a companion had a strong impact on the quality of the parturition process, with a decisive role on the reduction of the perception of abandonment, isolation and disrespect, all included in the concepts of obstetric violence. It was recently found that one in four Brazilian women reported having experienced situations of obstetric violence and disrespect for labor and delivery, at a frequency of 74% in maternity hospitals under the SUS network<sup>(18-19)</sup>.

Regarding the views of health professionals on the presence of a companion of the woman's choice in the parturition process, it was associated to a more individualized and special care, and greater clarification on the procedures to be performed. Just like the Hawthorne Experiment, in which individuals modify or improve behaviors in response to the awareness of being observed, the positive influence of the presence of a companion during the implementation of care by health professionals was evident<sup>(20)</sup>.

In conclusion, continuous support during the parturition process has relevant benefits in all areas

for women and their babies, without known risks for the process. Therefore, all women should enjoy the benefits of the presence of a companion of their choice at all stages of the labor and delivery process<sup>(16)</sup>.

## ● FINAL CONSIDERATIONS

In view of the above, it is concluded that there is a deficit in the presence of companions freely selected by women during the various stages of the parturition process in the public maternity hospitals of Niterói, Rio de Janeiro. Despite some advances, obstetric care is still based on the technocratic assistance model, which ignores the recommendations of current scientific evidence. The association of a companion of the woman's choice with the care provided by health professionals has proven to be extremely beneficial, largely favoring special, high-quality and harmless obstetric care.

It has not been possible to reveal the context and reasons for the absence of companions at the various moments of labor and delivery in the settings investigated, based on the analyzed data, which is a limitation of the present study. Restructuring standards, routines and hospital facilities is suggested to allow the inclusion of a companion, in order to guarantee the right of female users and to enjoy its benefits.

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