Original article

SEPARATION OF THE WOMAN AND HER COMPANION DURING CESAREAN SECTION: A VIOLATION OF THEIR RIGHTS*

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ABSTRACT: **Objective:** to reveal the experience of the woman and her companion whose right to share the birth of their child was violated. **Method:** qualitative, exploratory-descriptive research. Interviews were held with 13 puerperal women and their companions, between January and July 2016, in a public maternity hospital located in the tablelands of Santa Catarina. Analysis took place through content analysis using the Atlas.ti 7.0 software. **Results:** these are presented in three categories: The woman's experience in not having her companion in the operating room; The companion's experience in waiting for the birth alone; and The power of the health professionals over the birth scenario. **Conclusion:** the study evidenced the negative feelings regarding the experience; the woman felt unsupported due to the absence of her companion, and the companion felt disappointed because of not experiencing the birth of their child. The main factor behind this separation was the attitude of the health professionals, who continue to impede the companion's presence in the operating room.

DESCRIPTORS: Obstetric Nursing; Cesarean: Social Support; Humanizing Delivery.

SEPARAÇÃO DA MULHER E SEU ACOMPANHANTE NO NASCIMENTO POR CESÁREA: UMA VIOLAÇÃO DE DIREITO

RESUMO: **Objetivo:** desvelar a experiência da mulher e seu acompanhante que tiveram o direito de compartilhar o nascimento de seu filho violado. **Método:** pesquisa qualitativa, exploratório-descritiva, foram entrevistadas 13 puérperas e seus companheiros, de janeiro a julho de 2016 em maternidade pública localizada no Planalto Catarinense. A análise se deu através da análise de conteúdo com o auxílio do *software Atlas.ti 7.0*. **Resultados:** são apresentados em três categorias: Experiência da mulher em não ter acompanhante na sala cirúrgica; Experiência do acompanhante em aguardar o nascimento sozinho; e o Poder dos profissionais de saúde sobre a cena do nascimento. **Conclusão:** o estudo evidenciou que os sentimentos negativos acerca da experiência, uma vez que a mulher se sentiu desamparada sem a presença do seu companheiro e ele desapontadopor não vivenciar o nascimento do filho. O principal fator para essa separação foi à atitude dos profissionais de saúde que ainda impedem a presença de um acompanhante na sala cirúrgica.

DESCRITORES: Enfermagem obstétrica**;** Cesárea; Apoio social; Parto Humanizado.

SEPARACIÓN DE LA MUJER Y SU ACOMPAÑANTE EN NACIMIENTO POR CESÁREA: UNA VIOLACIÓN DE DERECHOS

RESUMEN: Objetivo: Develar la experiencia de la mujer y su acompañante cuyo derecho a compartir el nacimiento de su hijo fue violado. **Método**: Investigación cualitativa, exploratorio-descriptiva. Fueron entrevistadas 13 puérperas y sus parejas, de enero a julio de 2016 en maternidad pública del Planalto Catarinense. Se aplicó análisis de contenido, con ayuda de *software* Atlas.ti 7.0. **Resultados**: Están presentados en tres categorías: Experiencias de la mujer al no tener acompañante en quirófano; Experiencia del acompañante aguardando el nacimiento en soledad; y Poder de los profesionales de salud en el marco del nacimiento. **Conclusión**: Se evidenciaron los sentimientos negativos de la experiencia, habiéndose sentido desamparada la mujer sin la presencia de su pareja, y él decepcionado por no participar del nacimiento de su hijo. El principal factor de la separación fue la actitud de los profesionales de salud que aún impiden la presencia de acompañantes en el quirófano.

DESCRIPTORES: Enfermería Obstétrica; Cesárea; Apoyo Social; Parto Humanizado.

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INTRODUCTION

The presence of the companion of the woman's choice is a simple and efficient way of humanizing birth – and benefits the woman, baby, health team and society[1-5]. In Brazil, in 2005, Law N. 11,108 (the Companion's Law – *Lei do Acompanhante*) was introduced. This obliges the health services of the Unified Health System (SUS) and the network affiliated with it to allow the presence of the companion of the woman's choice throughout the period of labor and birth and the immediate postpartum period[6].

However, in various institutions, the parturient women do not have this right ensured, and remain alone[1,7]. The presence of the companion is the subject of criticisms and doubts on the part of some health professionals – relating to the extent to which this person's presence is contributing to or hindering the care provided to the woman during labor and birth, and in relation to his/her behavior and readiness to participate in this process in the institution[6-9].

Factors such as the country's social context, health policies and legislation, and above all the philosophy of the maternity center in question, can contribute to encouraging and allowing the presence of the companion in the birth scenario[4,10-11].

For many years the practice was adopted of impeding men as companions in maternity hospitals. There are, however, still institutions which only allow the presence of other women as companions[12]. Some professionals and institutions believe that male presence robs the other parturient women of their privacy, a fact related to the inadequate environment. This deprives many couples of the opportunity to experience the birth of their children together[8].

Many professionals who consider the biologicist model of care for birth to be the ideal judge the presence of the companion to be a problem. Currently, this scenario is changing, due to the transformations in the training of professionals who value a model of care geared towards humanized care[13].

For some professionals from the health area, who provide assistance to the woman in the operating room, it continues to be difficult to accept the companion's presence. This is why this is where the companion's presence is less frequent. They consider the environment to be inappropriate for receiving the companion, given that cesarean section is major surgery and the companion is not accustomed to the conduct adopted during the procedure – and may, therefore, interfere with or misinterpret the professionals' actions. The emotional unpreparedness is one of the factors indicated by the professionals to justify the exclusion of the companion from the birth [7-11].

As a result, this study aimed to reveal the experience of the woman and her companion whose right to share the birth of their child was violated. The importance of this research is justified by the fact that the presence of the companion of the woman's choice, throughout the puerperal-pregnancy process, and guaranteed by Law, is essential if this moment is to be experienced and shared by both in a positive way.

METHOD

Qualitative, exploratory and descriptive research. This was undertaken in a public maternity unit located in the tablelands of Santa Catarina, where the presence of the companion of the woman's choice is permitted throughout labor and birth, but where in the case of cesarean section, this practice is not constant.

A total of 13 women, who underwent cesarean section, and their partners, participated in the study. The identification of the participants was made using the registration book of the Obstetric Center (OC). It included women who were in the immediate puerperium, who were aged over 18 years old, who had their partner/father of their baby as their companion throughout the labor, but who were not with the partner during the cesarean. Women were excluded who had difficulty (psychic and behavioral) in responding to the interview questions – and those whose babies died.

After the identification of the eligible puerperal women, their companions were invited to participate, where these met the inclusion criteria – that is, they were the partners and also the fathers of the babies, were aged over 18 years old, had been present during labor, but who had not been able to accompany the woman during the birth by cesarean section. Those who had difficulty responding to the questionnaire were excluded.

The first contact with the puerperal women was made on the maternity ward. After they accepted, the companions were also invited to participate. Only two puerperal women and their companions preferred for the interview to be undertaken in the home, while the others chose to be interviewed in the maternity center.

The interviews took place between January and July 2016. They were undertaken individually and separately, preserving each participant's privacy, and were audio-recorded in full. Soon after the collection, the interviews were transcribed and revised by the researcher herself, when she began the analysis of the information gathered. The finalizing of the data collection took place when there was data saturation[14].

The data was analyzed using the method of Content Analysis. For this, the Atlas.ti 7.0 software was used, as a tool for assisting in the analysis and organization of the data [15-16].

Content analysis had three stages: 1. Pre-analysis or organization of the material, made up of three steps: choice of the documentation, formulation of the hypotheses and elaboration of indicators which would form a basis for the final interpretation of the data. In this stage, the interviews were inserted in the Atlas.ti 7.0 software. The corpus of the study constituted a hermeneutic unit. Later, skim reading of the data was undertaken so that the researchers could familiarize themselves with the data obtained and thus elaborate the hypotheses referent to the study objectives and the identification of the relevant information[15].

2. Exploration of the material or codifications, the unadjusted data were systematically transformed and gathered into units, which allowed an exact description of the characteristics relevant to the content. At this point, codes were created in the Atlas.ti 7.0 software, which were later interlinked to the quotations with the same meaning, and the organization of these codes constituted the families.

3. Treatment of the results (inference and interpretation). This seeks to make the data significant and valid and aims to seek the broadest meaning from the responses, made through their linking with other previously obtained knowledge[15]. In this stage, the Atlas.ti software made it possible to visualize, in various perspectives, a set of data or documents and the codification that arises in the analysis in the form of diagrams and figures [16].

The study was undertaken respecting the ethical aspects of Resolution N. 466/2012 of the National Health Council[17]; the project was approved by the Committee for Ethics in Research with Human Beings on 07 December 2015, under Opinion N. 1,353,667.

In order to guarantee the participants' protection and anonymity, as set out in the Terms of Free and Informed Consent, signed by all the participants, the interviews were identified using the letters P (Puerperal) or C (Companion) followed by an Arabic number, reflecting the sequence in which the interviews were held.

● RESULTS

Participants' characteristics

The 13 puerperal women interviewed were aged between 18 and 36 years old. Nine were primiparous, two had already experienced cesarean section before, and the other two had already experienced normal birth. Regarding educational level, eight had finished Senior high school, four had failed to complete their basic education (elementary and junior high) and one was in higher education. All had lived with their partner for a minimum of six months and a maximum of 20 years. Only three were aware of the

Companion's Law, eight stated that they had never heard of this, and two reported thinking that the companion could only be present during a normal birth.

The 13 companions were aged between 19 and 38 years old. Nine had completed senior high school education, two had failed to complete their basic education, one had finished higher education and another was still in higher education. All had participated in at least one clinic visit or undertaking of tests during the prenatal period. Regarding knowledge of the Companion's Law, 10 reported not knowing about it, two knew, and one had partial knowledge, as he believed that he was not allowed to be present during a cesarean section.

As a result, it may be seen that the majority of the participants did not know about the existence of the Companion's Law, reinforcing the need to spread information about this right, particularly in the prenatal period, given that the majority of the women had their companion present in at least one prenatal clinic visit.

Categories of Analysis

The results are organized in three categories: – The experience of the woman in not having her companion with her in the operating room; – The experience of the companion in waiting for the birth alone; and The power of the health professionals over the birth scenario.

The experience of the woman in not having her companion with her in the operating room

The women felt supported and safe during labor, as their companion was present the whole time. From the moment in which they were separated from their partner, negative feelings arose – such as fear, insecurity, anxiety and tension as the surgical procedure in itself makes the woman a passive subject in the birthing process, making her vulnerable to the institutional conducts and routines. The accounts revealed that the presence of the companion could contribute to the women feeling safer during cesarean section.

I didn't like it. I wanted him to be by my side, because he calms me down, I was scared, I was lying there and I couldn't see anything properly, because I couldn't raise my head, there was a drape in front of me and my hands were tied, I couldn't move properly. (P6)

I was very scared, and I think that if my husband had been with me I would've been calmer, he would've kept me calm. (P11)

It would've been much better if he been by my side, because you get tense, you feel scared, you're unprotected (P7)

During the cesarean I was sad and annoyed because he wasn't there, because we had dreamt of this moment, of being together. (P8)

For some women, the companion not entering the operating room where the cesarean took place was not a problem, as they were concerned with the conditions of the baby's birth and with the pain, and believed that the companion could get in the way during the operation – given that, in a normal birth, he would be able to participate actively:

I wanted him to be with me, but at that point I was in a lot of pain, I just wanted it to be over as quickly as possible. (P9)

I was sad and annoyed, but the most important thing for me was my baby being born okay if he couldn't be with me. (P10)

I also think that he didn't want to be there, because a normal birth is beautiful, the husband can participate, on the other occasions he cut the babies' umbilical cords, but now he wouldn't be able to do anything. (P13)

Although some women reported being worried about the baby's health and believed that the companion might get in the way during the operation, they mentioned feeling sad at being separated from their partners, as they were unable to experience the birth, as they had planned during the pregnancy.

The experience of the companion in waiting for the birth alone

For some companions, not having participated in the birth of their child was an experience which led to negative feelings such as disappointment, sadness and anxiety, as the majority were experiencing this for the first time and their concern with their wife and the final outcome were present in their imaginary. Moreover, they felt disrespected by the professionals who did not inform them that they would not enter the operating room and see their child born.

The nurse told me that the doctor wouldn't let me enter the operating room. I didn't like this and was sad, because I thought that I would not get in the way, all they had to do was tell me what to do – and I really wanted to see my child being born. (C10)

I got really angry and short tempered, nobody called me, and the birth didn't take even 10 minutes – they did the operation very quickly. (C6)

I got annoyed, because we had been together the whole time and then, at the point we had looked forward to the most of all, I wasn't there – me, the father. (C5)

Some companions, in spite of having been excluded from the birth without being consulted, reported that they preferred not to be present during the cesarean section, as they believed that their presence in the operating room would get in the way of, or otherwise hinder, the care given to their wife and child. Those with previous experience as companions during normal birth of their other children also did not show frustration at not participating in the cesarean section, as they considered that they would not be useful. This shows that the companion was not encouraged to participate and was not given advice about the importance of his presence for supporting the woman.

I find the cesarean kind of strange. I helped during the normal birth, I held her leg, I even cut the babies' umbilical cords; but in the cesarean section I wouldn't be able to help with anything, so it was good, you know, everything went right. I think it was better not to have seen her stomach all open. (C13)

I also didn't want to be there, because I was scared, what if I faint and only get in the way. (C8)

I didn't even want to be present for the cesarean, because there is a lot of blood, and I'm a bit scared of that – and it was an emergency, and I didn't want to get in the way at all. (C12)

I was just sad, because of not having been there during the cesarean, but didn't get angry, because I understand that this is a medical procedure. (C4)

Two of the participants needed emergency cesarean sections, due to premature placental separation. The other cesarean sections occurred because of cephalopelvic disproportion, which does not constitute an obstetric emergency – that is, there was sufficient time to prepare the companion and advise him about his role in the sense of giving support to his wife and not interfering with the team's work.

We were apprehensive for the baby, because she (the obstetrician) *said that it* (the cesarean) *would be kind of difficult.* (C4)

I was scared that the baby would die. (C11)

The participants consider birth to be a unique, intimate and family moment, in which the couple realizes what they had planned throughout the pregnancy. However, in this case the expectation was not met. The delay in seeing the baby, both for the woman and for the companion, contributed to their bad feelings becoming worse:

We saw her in the morning in our room, because I had been waiting for ages and nobody came to show me the baby, I pressed the bell and a nurse told me that everything was good, but that the baby would have to stay for a little while in the incubator – I think on oxygen – and that they couldn't take her from there, and said that it would be better for me to go home and come back in the morning. (C3)

The power of the health professionals over the birth

Not allowing the companion to be present during the cesarean section expresses the power that the health professionals exercise over the institutional routines, considering that there is a Law which should be complied with. The companions reported that their presence during the birth of the child was subordinated principally to the physician's decision, although some nursing professionals also stopped them from entering the operating room.

The majority of the interviewees did not receive any explanation about the reasons for not being able to enter the operating room – and the women likewise were not asked if they would like to have their companion present during the cesarean section. These attitudes show that the professionals are in some way attempting to absent themselves and not take responsibility for the decision-making in relation to not allowing the companion to be present.

The lack of communication of the team with the woman and companion during the procedure increased the anxiety about the well-being of the woman and of the baby. The participants' ignorance about the Law of the Companion contributed to the professionals' power being exercised with a certain naturalness, resulting in the exclusion of the companion for the professionals' convenience.

I think that a person's husband has to participate in everything, only if the woman or he doesn't want to, but nobody asks us anything, I don't know if this is normal, or whether it only happened with me, because it was an emergency cesarean, or because it was done via the SUS. (P11)

Nobody called me, nobody said anything, and when I saw, the nurse was walking past with the baby and called me to go with her. (C13)

The nurse said that the doctor wouldn't let him (be present in the operating room) (P10)

But you know how it is, the doctor doesn't let you, so you don't even think of arguing. (C7)

The nurse said that the doctor wouldn't let me be present, and that I could stay waiting in the corridor and that when the baby was born I could be with them – but that I could not enter the operating room. (C5)

The nurse said that he couldn't enter, but didn't give a reason. (P9)

The passive attitude of the woman and her companion contribute to the health professionals exercising power over the woman's body and the birth, and to them excluding the companion.

● DISCUSSION

It is still necessary to advise the woman about the benefits of the presence of her companion throughout the process of labor and birth. According to data from the Born in Brazil study, 2.7% (455) of the 23,879 women interviewed believed that the presence of their companion during the birth was not useful and that he would make her more short-tempered – and only 1.4% said that they were alone because they did not want a companion with them[1].

The women's preferred companion was the baby's father, which favors the establishing of an affective bond and encourages fatherhood. However, when the man is excluded from this context – a context which had been planned for throughout the pregnancy – frustration and negative feelings become present, contributing negatively to the experience of both. The companion's presence at this time has innumerable benefits, including for the health team, as the woman feels safer and more protected – and the companion feels that he is contributing importantly to the positive outcome[18-19].

The need for a surgical birth made the experience a negative one, as it caused some companions fear, anxiety and insecurity, factors related to the unknown. For some participants, cesarean section is not something normal and puts the life of their companion and child at risk[18].

The professionals' behavior may also be related to organizational aspects, such as the fact that the institution lacks protocols, or that the physical structure was not planned to accommodate a companion at all times. However, this demonstrates that the same are not yet immersed in the scenario of the humanization of birth[18].

Hospital birth offers little or no possibility for the woman to exercise her power over her own body and to realize the experiences in relation to the birth. The parturient women do not question the professionals about the procedures undertaken, which is strongly linked to lack of information about their body and the birth process, and to the fear of being maltreated by the health professional who may regard such questioning as disrespect to her conduct [20].

The submission of the parturient woman and of her companion to the physicians' orders strengthens the hegemonic model which continues to predominate in widely varying areas of health[21]. The institutions continue to be unprepared for embracing and inserting the companion in the hospital context. In spite of the advances in the process of humanizing care during birth, there continue to be barriers to be confronted – including the institutions' philosophy of care and the health professionals' conduct [10-11].

The health professional who provides care to the woman must have the initiative to insert the companion throughout the process of labor and birth, as – in this way – he will feel embraced and will experience the birth positively [4, 18].

● FINAL CONSIDERATIONS

This study reveals that in spite of the Companion's Law having been in place for over 10 years, there are still barriers to the companion's insertion in the operating room – characterizing a violation of rights. The separation of the woman and her companion during the birth awakens various feelings in both; predominantly dissatisfaction, apprehension, fear, insecurity and sadness. Generally speaking, the companions feel excluded because they did not participate in the birth of their child, which they had planned to do throughout the pregnancy.

The health professionals, in particular the physician and some members of the nursing team, determine the exclusion of the companion from the operating room where the cesarean section takes place. The medical hegemony, allied with the ignorance of the Companion's Law on the part of the study participants, strengthens this type of action, as the professionals believe that they hold power over the patient's body and, consequently, define everything that is related to the woman's care, and fail to respect the woman's choice. These actions are a violation of the rights of the woman and of the couple.

In the light of this context, it becomes necessary to raise the awareness of health professionals about the benefits of this practice – both for the woman and the NB, and for the health team. The elaboration and implementation of care protocols can also contribute to the participation of the companion of the woman's choice being guaranteed throughout the birth process, given that this is a right guaranteed by Law.

It is emphasized that the nursing team, in particular the nurse working in the surgical environment, has a fundamental role for transforming the current scenario. To this end, it is necessary to demand that the institution must comply with what is stipulated by the Law and accept the role of mediating between the health professionals and the companion.

One of the study's limitations was the difficulty the participants experienced in speaking about what had occurred – a fact which may have resulted from the data collection being undertaken in the hospital environment, through the choice of the participants, given that another choice of locale was provided.

Further studies are necessary, with new methodological approaches, in order to explore this topic – the separation of the woman and her companion during cesarean section – in greater depth, given that this is the scenario in which the companion is the least present, and that more than half of births in Brazil are surgical.

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