

ORIGINAL ARTICLE

## ACTIONS OF COMPANIONS DURING CHILDBIRTH: UNDESTANDING BASED ON SOCIAL PHENOMENOLOGY

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### ABSTRACT

**Objective:** To understand the intentionality of the actions of companions during childbirth.

**Methods:** Qualitative phenomenological research developed in a rooming-in facility of a teaching hospital in southern Brazil. Phenomenological interviews were carried out from September 2016 to September 2017 with 14 companions who were present during childbirth. Comprehensive analysis that used the theoretical framework of Alfred Schütz.

**Results:** the companions' actions were being permanently present, encourage vaginal delivery and support exercises and walking. The motivations were to reassure women to avoid complications, and to minimize pain so that childbirth was quicker.

**Conclusion:** The companions' actions were based on an obstetric technocratic model. The study demonstrated the need to discuss and disseminate good practices in childbirth and birth care, for the understanding of their contributions to the parturition process and their social role.


**DESCRIPTORS:** Women's Health; Humanized delivery; Family Support to Patient; Obstetric Nursing; Obstetrics.


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## **AÇÕES DE ACOMPANHANTES DURANTE O PARTO: CÔMPREENSÃO A PARTIR DA FENOMENOLOGIA SOCIAL**

### **RESUMO**

*Objetivo: compreender a intencionalidade das ações dos acompanhantes de mulheres em processo parturitivo.*

*Métodos: pesquisa qualitativa, fenomenológica, desenvolvida em uma unidade de alojamento conjunto em hospital universitário no Sul do Brasil. Realizada entrevista fenomenológica no período de setembro de 2016 a setembro de 2017 com 14 acompanhantes que estavam presentes durante o parto. Análise compreensiva norteada pelo referencial de Alfred Schütz.*

*Resultados: as ações dos acompanhantes consistiram em se manter continuamente presentes, incentivar o parto normal e apoiar nos exercícios e na deambulação. As motivações foram deixar a mulher tranquila para evitar complicações, e minimizar a dor para o nascimento rápido.*

*Conclusão: as ações dos acompanhantes foram pautadas em um modelo tecnocrático obstétrico. O estudo demonstra que é necessário discutir e difundir as boas práticas de atenção ao parto e nascimento e desenvolver ações educativas para que compreendam suas contribuições no processo de parturição e seu papel social.*

**DESCRITORES:** Saúde da Mulher; Parto Humanizado; Apoio Familiar de Paciente; Enfermagem Obstétrica; Obstetrícia.

## **ACCIONES DE ACOMPAÑANTES DURANTE EL PARTO: COMPRESIÓN A PARTIR DE LA FENOMENOLOGÍA SOCIAL**

### **RESUMEN:**

*Objetivo: comprender la intencionalidad de las acciones de los acompañantes de mujeres en proceso de parto.*

*Métodos: investigación cualitativa, fenomenológica, desarrollada en una unidad de alojamiento conjunto en hospital universitario en el Sur de Brasil. Se realizó entrevista fenomenológica en el período de septiembre de 2016 a septiembre de 2017 con 14 acompañantes que estaban presentes durante el parto. Análisis comprensivo basado en el referencial de Alfred Schütz.*

*Resultados: las acciones de los acompañantes consistieron en mantenerse continuamente presentes, incentivar el parto normal y apoyar en los ejercicios y en la deambulaci3n. Las motivaciones fueron las de tranquilizar la mujer para evitar complicaciones, así como minimizar el dolor para el nacimiento rápido.*

*Conclusi3n: las acciones de los acompañantes se basaron en un modelo tecnocrático obstétrico. El estudio muestra que se necesita discutir y difundir las buenas prácticas de atención al parto y nacimiento, así como desarrollar acciones educativas para que se comprendan sus contribuciones en el proceso de parto y su papel social.*

**DESCRIPTORES:** Salud de la Mujer; Parto Humanizado; Apoyo Familiar de Paciente; Enfermería Obstétrica; Obstetrícia.

## INTRODUCTION

In Brazil, women have been granted the right to a companion of their choice during labor, delivery and in the immediate postpartum period since 2005, after the establishment of Federal Law no. 11,108 (Companion's Law), which requires public hospitals and those affiliated with the Unified Health System (SUS) to allow the presence of a companion<sup>(1)</sup>. The right to a companion during childbirth in the hospital setting is considered a marker of safety and quality of care during childbirth<sup>(2)</sup>.

The benefits of such monitoring include the possibility of inhibiting discomfort mechanisms and promoting safety, through actions that provide comfort and emotional and physical support to women<sup>(3,4)</sup>, which proved to be care technologies that value humanized practices<sup>(5)</sup>. Thus, the presence of a companion allows reconsidering the psychological, emotional and social aspects of those involved<sup>(6)</sup>, and increase the likelihood of spontaneous delivery with fewer interventions<sup>(7)</sup>.

However, despite this evidence<sup>(7)</sup>, data reveal that 51.7% of the women had the presence of companions during labor and only 39.4% had a companion at the time of delivery<sup>(8)</sup>. This can be explained by fact that women and their family members ignore the relevant legislation, as well as by the authority and power conferred by the institution to health professionals, so that the women would be left with no choice but undergoing the professional conducts recommended<sup>(9)</sup>. Therefore, changes at different levels of the health system are necessary in order to qualify the practice of the presence of a companion during childbirth<sup>(10-12)</sup>, since there is a mismatch between public policies and institutionalized childbirth care.

Nevertheless, health professionals' care actions were expanded, involving two subjects, the pregnant woman and the family member or companion of their choice. The literature highlights the benefits of this new situation, but it lacks evidence about the actions developed by the companions considering their experiences, perspectives and intentionality. Thus, the following question is asked: what are the actions developed by the companions in the parturition process and what are their motivations?

In view of the above, and considering the objective of the study, which is to understand the intentionality of the actions of companions during childbirth, the theoretical and methodological framework of Alfred Schütz's Social Phenomenology was chosen<sup>(13)</sup>. The choice of phenomenology is justified by the fact that it allows a close look at the phenomenon experienced and the possibility of listening to the companion, often an observer, in order to contribute to more humanized obstetric practices<sup>(14)</sup> and promote qualified care<sup>(2)</sup>.

In this philosophical approach, we seek to understand how the companions are living the experiences in the life-world from the interpersonal relationships of the social actors involved, highlighting the motivations involved in this action of monitoring the childbirth process in the hospital setting.

## METHOD

Qualitative phenomenological research based on Alfred Schütz's social phenomenology, whose main theoretical assumption is the possibility of understanding the actions of individuals in their life-world. These actions have intentionality and their meanings inscribed in the motivations culminate with typical characteristics of a given social group.

Such motivations stem from present and past experiences (motives/causes/reasons), and from future projects (motives for), which can be learned and can contribute to health care planning. The focus of this study is the understanding of human actions, intentionally

designed to meet the expectations of these women that resulted from their experiences in the life-world and interpersonal relationships, and which will compose the set of knowledge and constitute the biographical situation<sup>(13)</sup>.

The setting of this study was a public teaching hospital, integrated to the SUS. It is a tertiary referral hospital for the municipalities of the region (average of 200 deliveries/month, 35% of vaginal deliveries) that has a multidisciplinary team and is located in Rio Grande do Sul, Brazil.

The field stage was conducted between September 2016 and September 2017. Inclusion criteria were: being a companion of the woman's free choice who was present during labor and birth and the exclusion criterion was not accompanying the entire childbirth process. The companions were invited to participate in the study and received all the necessary clarifications. After consent was obtained, one-to-one interviews were conducted, at least 6 hours after delivery, in a reserved room in the rooming-in unit.

The phenomenological interview allowed expressions of meaning about the companion's participation in childbirth, in which the face-to-face relationship was mediated by subjectivity, creating a favorable environment for the manifestation of its intentionality through communication<sup>(15)</sup>. The guiding questions of the interview were constructed based on Schütz' theoretical framework, on the accumulated experience in research in phenomenology and adaptation to the problem.

The questions were tested in the first interview and adjusted before questionnaire administration: What actions did you take on your own initiative while accompanying your relative during labor, delivery and birth? What did you intend to do when you performed this action? The analysis was carried out concurrently with the interviews, which were concluded when convergence and sufficiency (sufficient number of narratives) was attained. This occurred in the 14<sup>th</sup> interview, when the objective was achieved<sup>(16)</sup>.

In data organization, the interviews were transcribed and the empirical material was read and reread for the identification of the companions' actions. Then, the broader meanings that indicated the actions and intentions were identified, sorted and grouped according to the similarity of meanings. In the critical analysis of the content, excerpts that represented the significant related aspects of the action in relation to the phenomenon/object of study were maintained, which allowed the description of the corresponding actions and intentions (motives for), resulting in the construction of the concrete categories of experiences lived.

The results were interpreted according to the foundations of Sociological Phenomenology, contextualizing the essence of the phenomenon in the field of science, and were also discussed, for better understanding and clarification of the phenomenon, through relevant publications<sup>(17)</sup>.

The study was approved by the Research Ethics Committee of the institution (opinion No. 1,387,340). After consent was obtained, the participants were identified (letter P = Participant and were assigned random numbers), and the interviews were recorded and transcribed.

## RESULTS

For Schütz, the individual is biographically located in the life-world, and this situation results from the sedimentation of experiences and knowledge acquired throughout life<sup>(13)</sup>, which were a determinant of the companions' actions. Therefore, the characterization of the companions provides details about the object of this study. Most participants were male companions (11 men), in addition to three women. Among the men, two (P5 and P13) had previous paternal experiences, but have not been companions of the women during

the childbirth of their previous children, and for the other two (P7 and P14) this was their second experience as companions in the childbirth process (Chart 1).

Chart 1 - Participants' biographical situation. Santa Maria, RS, Brazil, 2017

P	Gender	Ties with the woman in childbirth	Age	Experience as a companion
P1	M	Companion	25	First time as a companion during childbirth, and it is his first child.
P2	M	Companion	24	First time as a companion during childbirth, and it is his first child.
P3	F	Mother	46	She has ten children and is companion during childbirth for the first time. The child is her grandson.
P4	F	Niece	24	First time as a companion during childbirth. Has no children.
P5	M	Companion	25	First time as a companion during childbirth. Has two children.
P6	M	Companion	24	First time as a companion during childbirth, and it is his first child.
P7	M	Companion	28	Second time as a companion during childbirth, and this is his second child.
P8	M	Companion	23	First time as a companion during childbirth, and it is his first child.
P9	M	Companion	33	First time as a companion during childbirth.
P10	M	Boyfriend	22	First time as a companion during childbirth, and it is his first child.
P11	F	Mother	45	Mother of seven children, all born by caesarean section and this is the first time she has been a companion during childbirth.
P12	M	Companion	36	First time as a companion during childbirth, but has already experienced paternity, as he has a 15-year-old son from his first marriage.
P13	M	Companion	26	First time as a companion during childbirth, but has other children.
P14	M	Companion	31	Second time as a companion during childbirth, but has other children.

Legend: P – Participant; M – Male; F - Female

The companions' actions during childbirth aimed to encourage vaginal birth, stressing its benefits and reaffirming their preference for this type of delivery. While accompanying the women, the participants performed support activities during exercises with the birthing ball and the stool with inverted seat, and were with the women during the warm aspersion bath, walking, holding their hands (Chart 2). Chart 2 includes excerpts from the statements that illustrate the activities of the companions and the codes of the other participants who also performed those actions.

Chart 2 – Activities of the companions during the childbirth process. Santa Maria, RS, Brazil, 2017

Action	Activities performed by the companion	Other participants
Be always present and willing to talk	<p><i>I want to be with her, and that has already been decided [...] I stood by her [...] talking to her (P1)</i></p> <p><i>I was by her side [...] The only thing I can do is be here by your side helping you [...] I want you to stay by my side, I said: I will stay with you throughout the childbirth</i></p> <p><i>I was watching, talking and relaxing with her [...]I think that when we talk, we forget a little about what is going on at that moment (P4)</i></p> <p><i>There with her, by her side, talking (P11)</i></p> <p><i>Just being by her side all the time, talking (P13)</i></p>	(P3), (P5), (P6), (P7), (P8), (P10)
Encourage vaginal delivery	<p><i>So here we are, in a few minutes you will see his face, which was what you wanted. She said it was what she wanted and she got it. (P1)</i></p> <p><i>I said [to her] this serum will speed up labor [...]Explaining to her, that it was the best, that the serum had been injected so that she would soon feel the pain and the baby would be born (P3)</i></p> <p><i>She asked to have a cesarean section [...]Then I said no, and said that she should focus on the baby, that it would all end soon, To focus on our child (P6)</i></p> <p><i>I encouraged vaginal delivery because I always heard that it was the best decision [...]help her, encourage and give strength. That's why I helped her a lot [...]vaginal delivery would always be better than cesarean section (P8)</i></p> <p><i>But that's the way it is, my daughter, not all births are the same, some are less painful (P11)</i></p> <p><i>When the baby is in the right position, he must come out. And her recovery is faster (P14)</i></p>	(P2), (P4),(P5) (P13)
Support, assist in exercises and walking	<p><i>Holding her hand [...]She said she was feeling very hot, so I tried to cool her down (P1)</i></p> <p><i>So I was supporting her. [...]her nails hurt my hands [...]I tried to support her so she wouldn't be more nervous than she was already (P2)</i></p> <p><i>I was with her during the bath [...] the doctor asked her to stay wet because it would stimulate the baby to come out, right? Warm water. And she did what the doctor asked (P3)</i></p> <p><i>I helped her go to the bathroom, walk, we got the birthing ball and the stool to speed up dilation, massage the back because of the strong pain of the contractions (P5)</i></p> <p><i>She arrived [at the hospital] and was agitated, she kept walking in the corridor, going up and down the stairs [...]I went along with her. If she was going somewhere, I was always by her side. I was accompanying her (P6)</i></p> <p><i>I massaged her [...] it was good for her, because of the pain. It lessened the tension of her back pain a little (P7) So what I could [do I did] [...]I could hold her hand and make her breathe well (P10)</i></p>	(P8), (P11), (P12), (P13), (P14)

In the interviews, the companions did not report having received guidance during prenatal care or hospital admission, about their possible participation during childbirth. In the guidelines, spontaneous vaginal delivery is defined as a delivery not assisted with the use of forceps, vacuum extraction or cesarean section, and evidence-based interventions may occur in appropriate circumstances.

Thus, the excerpts that represented the significant similar aspects for the description of intentions were maintained, which resulted in the concrete categories of experiences lived (CCV). These categories include the objective syntheses of the different meanings of

the actions that emerge from the experiences lived by the individuals<sup>(13)</sup>. In the participants' statements, we seek an intersubjective understanding of the reasons for human action, which are configured in projects for the future (motives for), and based on this interpretation, the categories are formed<sup>(13,17)</sup>.

The future motivation of the companions' actions was based on the expectation of reassuring the women to promote their well-being and that of their babies. According to them, agitation can be harmful for the women in the childbirth process, and so they took actions they believed would be beneficial. Another motivation was the minimization of pain to accelerate the delivery. Thus, two CCVs were constructed.

### **CCV 1 - Reassure the woman, avoid complications during childbirth for mother and baby**

*[talking] to reassure her [...] and everything went well (P1)*

*I tried not to look worried, because I wanted to reassure her, to avoid harm to the baby, too much pressure [...]the baby will be born without complications [...]I said] Don't worry, love, nothing will happen, everything will be fine. (P2)*

*[talk] to make her feel calmer, you know,) At a time like this your nerves are on edge (P4)*

*Make her feel safe, right, be there with her [...]Being able to do something to accelerate the delivery, as long as it doesn't harm the baby, so you do this. (P5)*

*Then I said [...] you have to think about him. I said the pain she felt meant that the baby would be born soon [...]then she will say that this pain was worth it [...]And it's true, because I asked her later about it and she said: it was worth it (P6)*

*I reassured her [...] I told her to calm down. Reassure her [...] So that everything goes well during delivery [...] to have a good delivery. Baby born healthy. No problems. (P9)*

*If I talk to her and she remains calm, her body will relax so that the baby will be born without any problems. (P11)*

### **CCV 2 - Minimize pain for an easier delivery**

*So, that pressure is reduced, because she was in pain [...] It all happened so fast, the baby was almost born on the stretcher. (P1)*

*She was crying, and I said: don't cry, it will be all right, the baby will be born soon, everything will be fine [...] I just wanted her to be calm and the baby to be born soon (P2)*

*Make her forget the pain for a while [...] I told her to stay calm [...] otherwise she wouldn't be able to push [...] the delivery was very fast (P3)*

*About the pain [...] she is pushing hard [...] the last contractions are the longest, and she has to push, it's horrible, the woman cries, the woman screams and we get worried, you know [...] We just wanted everything to end soon, to end well, but quickly. (P5)*

*Help to relieve her pain [...] In fact, I wanted the baby to be born soon, so she wouldn't suffer anymore. (P7)*

*We went to the bathroom several times [...]always keep the belly and back wet to reduce the pain [...] I wanted to do something to end that pain. [...]The faster the dilation, the less she would suffer. (P8)*

*Make her feel confident, so that she doesn't suffer too much during labor. (P10)*

*Comfort her and tell her that everything will soon pass [...] you want the pain to be eliminated or relieved. (P14)*

## DISCUSSION

The biographical situation of the participants shows that the social actors in this scenario have changed, since most companions were the male companions of the women, and they were there for the first time. This differs from what happened a few years ago, when the companions were generally other women. The biographical situation also revealed the guarantee of rights advocated by Law 11,108/2005<sup>(1)</sup>, which was used as a tool for women's empowerment in institutions where the provisions of this legislation were not explained to the women at the time of admission<sup>(11)</sup>.

In addition to the biographical situation of the participants, there is also the expression of their intentionality in actions of reciprocity of perspectives, when they address each other and when, in a face-to-face relationship, one turns to the other in the same chronological space and time<sup>(13)</sup>. The companions revealed their actions and their intentionality, composed predominantly of actions such as being present, supporting the women so that they realize they are not alone, seeking to reduce their anxiety and fear during labor<sup>(18,19)</sup>.

Moreover, the participation of the companions has a positive impact on family ties, strengthening affective relationships and sharing responsibilities<sup>(20)</sup>. For the women, the choice of the person who will be by their side during labor is directly associated to trust, bond, family bond and interaction between the couple<sup>(21)</sup>.

The companions encouraged the women to choose vaginal delivery. However, some women wanted to have a cesarean section, showing that there is not always reciprocity in the choices, and that the selection criteria are influenced by their prior knowledge and experiences<sup>(13)</sup>. Thus, the social relations and the culture of the women are essential during this process of choice, as the experiences shared with them during childbirth and the relationship of trust with them can be decisive when choosing the type of delivery<sup>(21,22)</sup>.

Such determinants make up knowledge, and culture is built socially, and this is the way in which individuals organize and deal with the situations, concepts, reserves of experiences and structures to which they belong<sup>(17)</sup>. Therefore, the social world and social relations can determine choices, as, for example, in the case where someone's economic situation does not allow them to have the type of delivery they wanted.

The source of funding, public or private, also highlights these discrepancies, and pervades the influence of health professionals and the security issue<sup>(22,23)</sup>. An 11-year follow-up study on this phenomenon showed that the number of cesarean sections, even in the SUS, exceeded the number of vaginal births<sup>(24)</sup>, revealing that the prevalence of cesarean sections in Brazil does not depend on the type of funding.

However, the actions taken by the companions (Chart 2), such as non-pharmacological techniques for pain relief and others, which have a scientific level of recommendation<sup>(25)</sup> indicate that there has been a change in the prevalence of cesarean sections. The referred actions led to an increase in team-oriented exercises, warm baths, walking, massage and breathing techniques<sup>(26)</sup>.

The actions carried out by the companions were based on guidelines provided by the health care team, and are supporting the incorporation of good practices in childbirth and birth in the hospital, contributing to changes in the current obstetric scenario, as well as cultural changes.

The concept of culture of Schütz<sup>(27)</sup> allowed to assimilate that the companions,



although they did not have scientific knowledge about the childbirth and birth process, accessed their previous knowledge about what they thought was a successful birth. The companions' encouragement actions valued positive clinical outcomes, to the detriment of the wills expressed by the women and their own wills.

The satisfaction or dissatisfaction of the women is related to their experiences and is linked to the dominant paradigm of obstetric care that is still prevalent in the practice. The growing dissatisfaction of women is related to respect for their autonomy, privacy, participation in decisions and quick delivery of their babies<sup>(28)</sup>.

The study found that women have a passive attitude, accepting the choices made by health professionals, e.g. undergoing cesarean sections for the wellbeing of the babies<sup>(23)</sup>. This reinforces the fact that it is still necessary to seek humanized care in hospitals<sup>(29)</sup>.

One limitation of this study is that it concerns the social reality of a specific group in only one public health care context. However, the findings may support the understanding of the need to promote educational practices for this social group.

## CONCLUSION

This study allowed us to understand the motivation of the companions in supporting the actions of women in the parturition process. It was found that such actions were supported by their previous knowledge and biographical situation, determined by their individual experiences and experiences in the life-world and by relationships with other people. This determination is contextualized in the social world, in which the existence of an obstetric technocratic model has been transmitted to individuals by their predecessors. This allows us to infer that there is a need to discuss and disseminate good practices in childbirth and birth care in a broader way, among professionals and also in society.

Despite the current legislation, which favors the presence of companions, as well as the institutional efforts to comply with this legislation, and although the motivations expressed by the participants have demonstrated the importance of their presence, they were not prepared to be with the women during childbirth. This indicates, therefore, the need for spaces and strategies in health care services that include companions since prenatal care, and educational activities to help them understand their functions and expectations in this social role and their contributions to the parturition process.

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