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## ORIGINAL ARTICLE

### EXPERIENCE OF THE PARTURIENT'S ASSISTANT IN THE DELIVERY PROCESS

#### VIVÊNCIA DO ACOMPANHANTE DA PARTURIENTE NO PROCESSO DE PARTO

#### VIVENCIA DEL ACOMPAÑANTE DE LA PARTURIENTE EN EL PROCEDIMIENTO DE PARTO

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#### ABSTRACT

**Objective:** to describe the experience of the parturient's companion in the process of labor and delivery. **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:** five classes emerged: 1. Information as a means of valuing the participation of the companion; 2. The experience experienced by the companion and the importance of the host as a factor of influence; 3. The participation of the companion as a choice; 4. Prenatal care as a source of preparation for the companion; 5. Knowledge about the process of labor and delivery and the actions performed by the companion. **Conclusion:** the experience of the companion was related to his interaction with the woman in the parturient when he performed actions by instinct or team orientation, which did with satisfaction and pride. The positive influence of this experience on family life was also demonstrated, associated with the importance of the health team in informing, welcoming and valuing this presence, providing favorable conditions to make the companion also protagonist in this process. **Descriptors:** Prenatal Care; Humanization of Assistance; Nursing; Natural Childbirth; Labor, Obstetric.

#### RESUMO

**Objetivo:** descrever a vivência do acompanhante da parturiente no processo de trabalho de parto e parto. **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 cinco classes: 1. A informação como meio de valorização da participação do acompanhante; 2. A experiência vivenciada pelo acompanhante e a importância do acolhimento como fator de influência; 3. A participação do acompanhante como escolha; 4. O pré-natal como fonte de preparo ao acompanhante; 5. O conhecimento sobre o processo de trabalho de parto e parto e as ações executadas pelo acompanhante. **Conclusão:** a vivência do acompanhante esteve ligada à sua interação junto à parturiente quando este realizava ações por instinto ou orientação da equipe, o que o fazia com satisfação e orgulho. Demonstrada, também, a influência positiva dessa vivência em sua vida familiar, associada à importância da equipe de saúde em informar, acolher e valorizar essa presença, proporcionando condições favoráveis para tornar o acompanhante também protagonista nesse processo. **Descritores:** Pré-Natal; Humanização da Assistência; Enfermagem; Parto Normal; Trabalho de Parto.

#### RESUMEN

**Objetivo:** describir la vivencia del acompañante de la parturienta en el proceso de trabajo de parto y parto. **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 cinco clases: 1. La información como medio de valorización de la participación del acompañante; 2. La experiencia vivida por el acompañante y la importancia de la acogida como factor de influencia; 3. La participación del acompañante como opción; 4. El prenatal como fuente de preparación al acompañante.; 5. El conocimiento sobre el proceso de trabajo de parto y parto y las acciones ejecutadas por el acompañante. **Conclusión:** la vivencia del acompañante estuvo relacionada a su interacción junto a la parturienta, cuando éste realizaba acciones por instinto, u orientación del equipo, lo que hacía con satisfacción y orgullo. También, demostró la influencia positiva de esa vivencia en su vida familiar, y asociada a la importancia del equipo de salud, en informar, acoger y valorar esa presencia, proporcionando condiciones favorables para hacerlo también protagonista en ese proceso. **Descriptores:** Atención Prenatal; Humanización de la Atención; Enfermería; Parto Normal; Trabajo de Parto.

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## INTRODUCTION

Traditionally, in history, childbirth and the promotion of pregnancy-related health, up to the end of the nineteenth century, was seen as a natural, female, physiological and family-related event. Therefore, performed in the home of the parturient by midwives, who developed a knowledge passed from generation to generation.<sup>1-2</sup>

From the twentieth century, childbirth began to be institutionalized, leaving the family environment, and performed in a hospital environment, and scientific knowledge gains evidence.<sup>2,3</sup> With this change, there is a strengthening of the interventionist measures, which causes the parturient to be seen only in the physiological sphere, which made her passive in the process of labor and delivery, and excluded the presence of her relatives.<sup>3</sup>

Only after many movements and debates, the presence of the companion as a right, in the history of public policies, was placed on the agenda. This trajectory began in 1984, with the elaboration by the Ministry of Health of the Program of Integral Assistance to Women's Health (PIAWH). The program aimed to promote the improvement of the quality of life and the guarantee of women's rights,<sup>4</sup> which contributed to the approval of Law No. 11,108, in 2005.<sup>5</sup>

Said law guarantees, in the Unified Health System (UHS), the presence of the companion during labor, delivery and postpartum. It is extended to public and contracted UHS hospitals, through Ordinance No. 2418 / GM, contributing to the reintegration of the family presence in the hospital.<sup>5</sup> The participation of this companion in the process of labor and delivery is a right of the woman's choice and regardless of her degree of kinship.

This process was inserted in a context in which the institutions still seek the adequacy of the presence of another person, in addition to the parturient, both in a structural way, as well as in the awareness of the team, who often considers this companion as a disrupter of established routine. This implies the lack of a necessary reception for the recognition and importance of this presence.<sup>3</sup>

Despite the recognition of the presence of this companion and its importance, it is still necessary to understand his experience in the process in which he is inserted. The interest of this study attends to this perspective, in knowing the experience of this companion, and tries to contribute with the issues related to women's health during this process. To do so, we started with the following guiding

question: What is the experience of the companion of the parturient in the process of labor and delivery?

## OBJECTIVE

- To describe the experience of the parturient's companion in the process of labor and delivery.

## METHOD

Qualitative and descriptive study, developed in a hospital with the title of a Baby Friendly Hospital, participant of the Stork Network, and working with the good practices recommended by the World Health Organization (WHO) in the care of pregnant women from prenatal to postnatal care Immediate delivery. Data collection was performed in January 2015.

The study population consisted of 21 companions according to the following inclusion criteria: to be accompanied by puerperal women who had normal birth; accompanied labor and delivery; being over 18 years old (both the puerperal and the companion), regardless of gender. And the exclusion criteria were: caregivers who did not follow one of the stages of the labor process and / or childbirth.

The search for the participants occurred at the bedside of each puerpera in order to verify the presence of the companion during the process of labor and delivery. After the acceptance, the companion went to a room reserved to avoid any outside influence during the interview. As it is a larger project, this study was carried out following the norms of resolution 196/96, approved by the Ethics Committee of the Federal University of Paraná under the number of CAAE: 08200912.1.0000.0096 and started after the signature in the Term of Free and Informed Consent. The guarantee of ethical secrecy and the codification for each participant were maintained. The interviews were recorded, transcribed and sent to the processing and organization of the data, with the help of software, and analyzed with qualitative research steps.<sup>6</sup>

The research was supported by a software tool for the qualitative analysis and the information collection was carried out following the standards suggested and described according to the Iramuteq software (Interface for Multidimensional Analysis of Texts and Questionnaires).<sup>6-9</sup>

The software is not a method, it corresponds to the tool for data processing and it is an exploration tool on which, through correct answers and errors, the researcher

will seek the association and the meaning in his research material.<sup>6-9</sup>

Iramuteq offers several possibilities for textual analysis. In this research, the method used was the Descending Hierarchical Classification (DHC) method in which the classification of the text segments is in function of their respective vocabularies and distributed according to the frequency of the reduced forms.<sup>9-10</sup>

For the analysis of the data and deepening in its understanding, the six steps proposed for a qualitative research were used. They follow the presentation regarding the relation of the steps and the analysis procedure<sup>6</sup>. Step 1. Organize and prepare the data for analysis: followed the guidelines for making the corpus. Step 2. Read all data: developed the thorough reflection on the overall meaning of the data so as not to de-characterize them during transcription. Step 3. Begin a detailed analysis by the coding process: performed with the support of Iramuteq software through word separation. Step 4. Use the coding process to describe the scenario or the people and the categories or themes for the analysis: developed with the new interviews and with the codification initially done in the making of the corpus and, mainly, after the organization of the data by the system in ECUs and the words in each class. Step 5. Inform how the

description and themes will be represented in the qualitative narrative: from the themes that emerged in the analysis of the data, the support was developed through the literature consulted. Step 6. Extract meaning from the data: analysis results presented according to the researcher's interpretation and collated with information identified in the literature.

In the transcription and corpus preparation stage, each interview was characterized as Initial Context Units (ICUs) and the analytical substrate, submitted to Iramuteq software for data processing.<sup>9</sup>

From this process, the ICUs were grouped by the system, according to the occurrences of the words, giving rise to the Elementary Context Units (ECUs) and to the creation of a dictionary with reduced forms, through the chi-square test ( $\chi^2$ ) which reveals the associative force between words.<sup>9-13</sup>

RESULTS

From the process of grouping by the system as to the occurrence of words, we obtained the analysis classes, and each one was represented by characteristic segments and differentiated colors (corpus in color). Meaning the division between them and according to their respective vocabularies. The relationship of these classes is illustrated in the CHD dendogram (Figure 1).

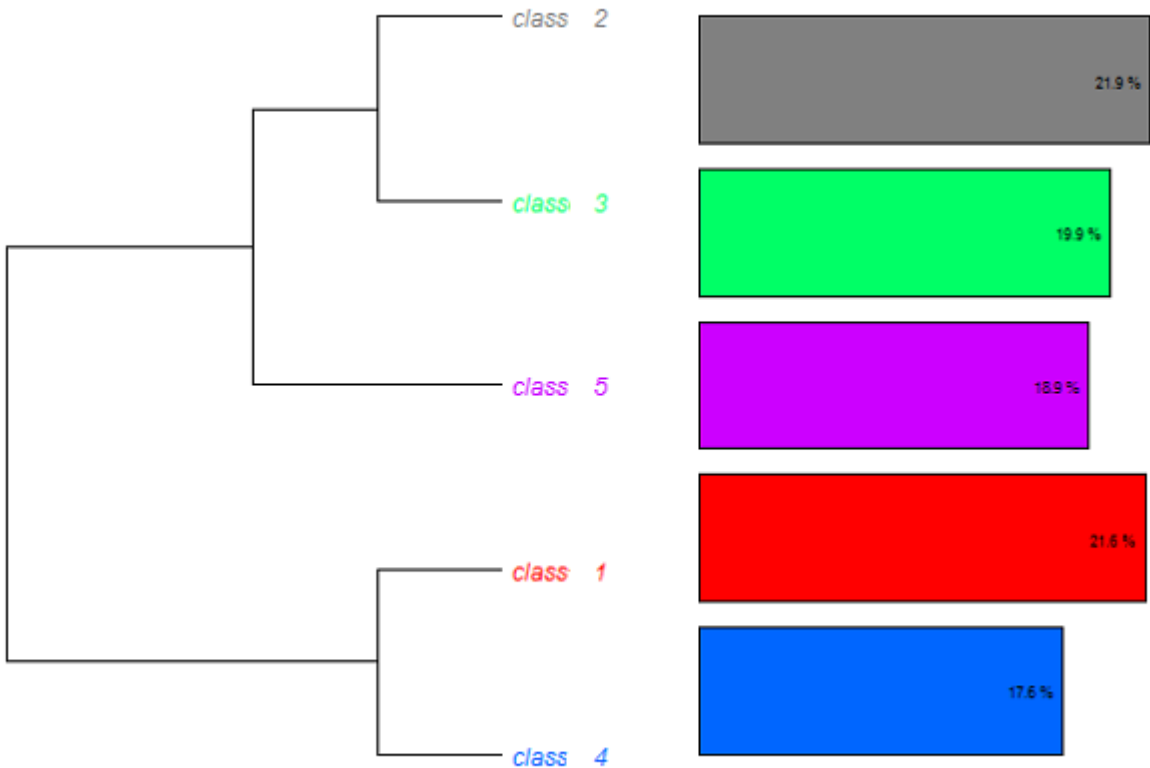


Figure 1. Dendogram (CHD) of the classes provided by the software IRAMUTEQ-Curitiba (PR), Brazil, 2015.

The presented dendogram represents the partitions that were made in the corpus until reaching the final classes, and the reading of the relation between them is made from left to right where the divisions referring to the segments of texts present vocabulary of words

with average frequency between them and different between them.<sup>9</sup>

The corpus was then divided into two subcorpus by the software, which generated the classes which, in turn, were constituted by ECUs, as follows: subcorpus 1 - Constituted by classes 1 (189 ECU) and 4 (154 ECU); subcorpus 2 - Classes 5 (165 ECU), 3 (174 ECU) and class 2 (191 ECU) with 90.56% utilization of the corpus. By means of the established criteria, it can be affirmed that the use of the corpus was high and should be at least 75%. Also for each class, a word list was generated from the statistical test, the chi-square test ( $\chi^2$ ).<sup>9-10</sup>

After reading the Elementary Context Units (ECUs), represented by the participants' answers and arranged by the software in text

segments, we chose, as a criterion of analysis, the use of words that presented a larger chi-square ( $\chi^2$ ) that 3.84 and a  $p < 0.0001$  for determining the binding force between them.

The dendrogram presented below is provided by Iramuteq, through the Descending Hierarchical Classification (DHC), and provides a visualization of the words and their relation to each other. It is observed that there is no classification change related to figure 1, but another way of visualizing the relation referring to the number of times the words are cited (Figure 2).

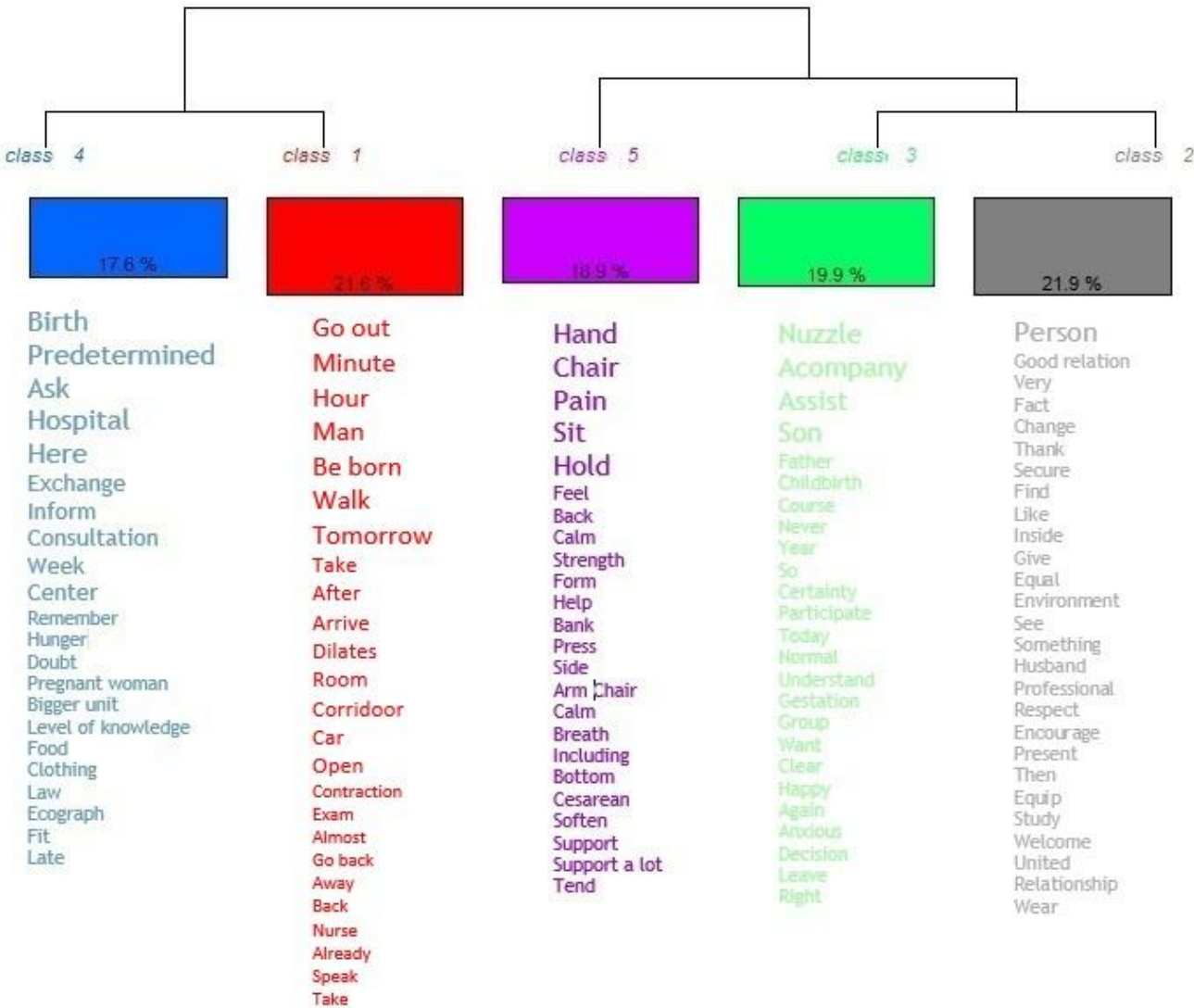


Figure 2. Dendrogram (CHD) with the percentage of UCE in each class and words with the largest chi-square ( $\chi^2$ ) provided by the IRAMUTEQ software. Curitiba (PR), Brazil, 2015.

After the data processing, the reading and classification of the words, and definition of the classes were started, thus named: Class 1 - The information as a strategy of valuation of the companion's participation; Class 2 - The experience lived by the companion and the importance of the host as a factor of influence; Class 3 - Participation of the accompanying person as a choice; Class 4 - Prenatal care as an opportunity to prepare the

companion; Class 5 - Knowledge and actions performed by the person accompanying.

DISCUSSION

The description of the following classes was carried out based on the analysis of the words in an individual way through the insertion in the text segments and their relation with the consulted literature. The excerpts from the interviews were quoted exactly as they were



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fragmented by the software, after the processing, including the punctuation, which was evaluated at the time of making the corpus.

#### ♦ Class 1 - Information as a strategy for valuing the companion's participation

In this class, the main words were to leave, minute and hour and are related to a moment of great expectation of birth by the companion, the emotion and the willingness to be with the parturient, as follows:

*I decided it was the last ten minutes anyway, it got bad, I saw that it was going to be born, I wanted to accompany it, I was feeling a lot of pain [...], it gives a relief, it's the best thing we have to accompany the woman on the hour of the birth, people said that I was not going to get it, I would faint. (A2)*

*[...] to see the face when it is born, to be following is very pleasant, I have seen everything. (A13).*

Being at the side of the woman at birth, holding hands, talking, being and being her spokesperson, among other actions performed, promotes comfort, support and feeling of satisfaction and pride.<sup>14-5</sup>

*I was giving her strength because, when it came to strength, she locked her legs, I would say, "You can not brake and, yes, relax your legs" [...]. (A8)*

*To see that the hour she held in my hand she calmed down a bit. (A14))*

The professional attitude, with differentiated care, creates, in the companion, a feeling of appreciation of his presence,<sup>18-19</sup> as configured in speeches as:

*I felt like I was being part of that process, they would ask me how she was, sometimes I would walk down the hall and they would ask how she is. (A13)*

*I did not know and I would not follow up and then the nurse said that at the time of the birth if I would attend and I said yes [...] (A15)*

It was evident to the companions' willingness to be present, to participate and to understand the process experienced, associated to the increase of satisfaction and favor of trust.<sup>16</sup> It can be seen in the lines:

*I went in the morning and went to lunch, only had lunch and came back. I did not want to leave, just leave once, I wanted to stay with her. (A2).*

*This is special to me and that I would be with her, [...] I went in to help [...] I thought I would translate for her to understand everything. (A18)*

*[...] then massage and walking because nursing talks to walk in the hallway and at the time of labor had to hold her head to the chin to stay in the chest asked when I*

*was there and gradually it was happening. (A6)*

*[...] when she was in pain and asked me to call, I knew that the larger the dilation the closer to being born. (A7)*

An adequate environment and with necessary information at that moment promotes in the companion, the feeling of being part, being integral and also protagonist in this process.

#### ♦ Class 2 - The experience experienced by the companion and the importance of the host as a factor of influence.

The words with greater association were linked to factors such as; importance of the host for the establishment and direction of the companion, and this, as part of the process; as well as, the way in which the health team's reception can influence this experience. As follows:

*Accompanying is very exciting and I really enjoyed my participation [...] to pass on to my wife more confidence and to be able to make her safer, to have someone there on her side [...]. (A20).*

*It was very good, it was wonderful because you are giving support there, your son there, in fact besides the doctors, you are the first to see is very good is very tasty. (A9).*

Actions such as family support, physical contact, and low technology are considered to be part of the planning of the laboring woman and the labor and delivery process,<sup>20</sup> as well as the awareness of the professionals about humanized obstetric care and the promotion of an environment quiet, private and respectful of the family moment,<sup>21-2</sup> as evidenced in the words:

*[...] we are unique individuals [...] you want people to notice and pay more attention to you. (A19)*

*I think if I had a follow up to clarify the people a little bit would be better, how it would be there, these things [...] the team is very good (A2)*

Qualified care must be initiated in the reception with the awareness of the team in favor of the parturient and the companion an environment of communication and interaction.<sup>22</sup> She is recognized by the companions with satisfaction as follows:

*[...] the people around me looked at me with a bright look in their eyes and with the air of a smile so contagious that I felt comfortable[...] not only I as my wife. (A14).*

*It was very good because it was the birth of my son and the medical and nursing staff reassured us we had the concerns [...] and after all that care we felt confident that*

*everything would be within the expected.*  
(A21)

To perceive the companion as disturbing of a routine established by the team implies directly in its reception. The constant search for respect for a unique moment experienced by the family is necessary.<sup>21-22</sup>

### ♦ Class 3 - Participant's participation as a choice

The relationship of words with greater association between them was linked to the option of the companions in being present and in the interest to be part of the whole process. This is explained by them when they feel that, in addition to helping, they provide security to the woman patient.

The lack of information was not a limiting factor. Some sought information through family, friends, the media and the Internet because they felt the need for better preparation.

*Today we have a lot more information and know that the father can follow the birth, watch television, the internet will pick up, see and clarify more [...] it will be very cool to tell her when she is big that the father participated.* (A1).

*In fact, when I discovered that she was pregnant it was an interest of mine to attend and I heard that it is a right to follow and I always wanted to [...] so I prepared myself by searching the internet.* (A20)

The search for information regarding the insufficient understanding of the gestational process and birth should be guided by the team to promote the reliability and better use of the information, since these may not be easily understood.<sup>23</sup>

The lack of interest on the part of the parturient, in the presence of the companion, made him seek ways to convince her. For some women, having a companion at their side generates feelings of shame and embarrassment found in this research, through the described narrative.<sup>24</sup>

*[...] at first she was ashamed of childbirth, and gradually I convinced her [...] I said I want to be together with you to take her hand, when she is born I want to be by your side.* (A10)

*In order to collaborate, they were receptive and attentive to all the information:*

*They said: if you want you can help on the litter [...] and then when the baby was born nursing rolled it, came from the other side and put it in my hand, I found it cool.* (A10)

*This is special to me and I wanted to be with her [...] I came in to help.* (A18).

It should be noted that the birth, for the companion, is considered a source of

expectation. It is necessary that he experience this moment with the support of the team and be initiated in the hospital environment to make him better prepared to assist the continuity of puerperal care considering that the family is part of the reproductive process and basic social nucleus in which the newborn will be inserted.

### ♦ Class 4 - Prenatal care as a source of preparation for the companion

It is known that the information necessary for the follow-up of the labor and delivery process must be started in the prenatal period, as recommended by the MS, and should be recalled upon arrival at the Obstetric Center. Health education promotes empowerment and autonomy, as well as knowledge of rights.<sup>18,22,25</sup>

It was identified that the majority of the information related to the Law granting the right to the companion came from visits to the hospital and not from prenatal visits, as verified in the reports:

*The knowledge of the people was by the poster that has down there in the ambulatory, which is a law now that every pregnant woman can have an escort was from there that broke the idea.* (A4)

*During the prenatal care I would go with her [...] and she would enter the room with the doctor or the doctor and I would not go in.* (TO 1)

*I saw a poster about the 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)

Those who received the information during prenatal care reported greater safety, as follows:

*[...] I was guided from the beginning of the prenatal, in the medical accompaniment, that I could be together, that I could hold on to her, talk to her to be calm, to breathe, and for me it helped.* (A10)

Despite the law that promotes parturient women's right to choose as to the presence of someone alongside them since 2005, the lack of knowledge has been established in most of the companions. However, this law does not contemplate that this participation is initiated in the prenatal period, it recommends that this happens only in the prepartum, the delivery and the postpartum.<sup>5,22</sup>

The view of prenatal care as a context in family life and not as an isolated fact must be understood and present in the care provided by the health team.

**Class 5 - Knowledge and actions performed by the person accompanying**

This class demonstrates the influence of previous knowledge on the actions performed by the companions in this process and allowed that, in addition to performing more actions, these companions maintained the necessary support directly influencing the parturient in the face of the physiological pain and the stages experienced by her. As a first step, the support was given through the contact of the hands and, when oriented, other actions were evidenced according to the following descriptions:

*[...] I did not receive any guidance [...] I did that to myself [...] to go there and stay with her, I took her hand or doing something else to help her. (A4)*

*In the consultations I was informed that I could follow [...] I was always holding her hand, helping one thing or another, assisting the bathroom, carrying the serum, bathing, always giving support. (A9)*

Highlighted words were pain and cesarean section and represented the lack of knowledge of the pregnant woman and her companion regarding physiological pain, a fact that triggered the suggestion brought by them to perform the cesarean section and this was seen as a way to alleviate this pain. This corroborates how this pain is still seen as suffering and therefore treated with intervention.

Understanding the physiological mechanism of pain is part of the information that has been initiated during the gestational phase, which should be maintained as a means of directing the pregnant woman and her companion to a better way of dealing with it through non-pharmacological and scientifically proven interventions by other studies.<sup>18,22-3,25-6</sup>

The hand picking, mentioned by the companions, is one of the most used to support and also one of the actions considered and recommended by the good practices of attention to childbirth and birth.<sup>27-30</sup>

*You feel powerless when the woman is going through pain and you can not do anything [...] at least holding her hand is priceless. (A10)*

*[...] we do not have much to do at that moment the most I could do was hold her hand [...] she calmed down a bit. (A14)*

Participation on the side of the parturient, without any information, can generate feelings of unpreparedness in the companions.<sup>14</sup> The preparation generates positive attitudes making it possible, even in critical situations, to observe whether or not the experiential period is part of the

physiological process and the makes a great team ally:

*I went out and when I came back I found her different from what I had left [...] because she was pale and sweating a lot and said she could not bear it [...] I saw that fear was dominating and I said crying you have to react and I saw that she began to return to color. (A19)*

The reinforcements to the guidelines at the time of hospitalization are aimed at promoting safety and favoring the companion's performance by making them part of the social network and allowing them to take care of themselves and the other.<sup>16-7</sup>

The performance of acts related to the touch, such as holding hands, caressing the face and hair, was performed by the relation of affection between parturient and companion, and when other actions were directed by the team, these were perceived and used safely in the aid and pain relief.

CONCLUSION

The lack of insertion of the companion during prenatal care was evidenced and few are aware of the process of labor and delivery and of the existence of the companion's law before hospitalization. Those who obtained some orientation had an experience evidenced with sense of security and managed to realize, besides the emotional support, other actions emphasizing them with apparent pride in the execution. However, the physiological pain, for some, was experienced with a feeling of ineffectiveness because it was not directed at the actions to soften them.

This research demonstrated that the implementation process of Law 11,108, of April 7, 2005, is not apprehended by the health team nor is it practiced. Although it was verified that the best orientation was performed at the time of admission, the institutions show a fragility in the preparation of these teams regarding the perception that this companion is part of the daily life of the parturient. Although the law presents a gap between prenatal care and the beginning of labor, the lack of adequate hospitalization reflected directly in their experience.

The constant search for knowledge and progress in this subject are not totally exhausted, which is evidenced by the time already elapsed from the implementation of the accompanying law and the present precariousness regarding the institutionalization of the family for labor and delivery.



The result is the social expression of users served in a service in the South of Brazil, which may or may not coincide with that of other scenarios and regions. This aspect can be considered as a limitation of this research.

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