ABSTRACT
Objective: to analyze the satisfaction of puerperal women attending in a Normal Delivery Center. Method: this is a qualitative, descriptive and exploratory study carried out with 20 puerperal women. The data were produced by semi-structured interviews, guided by a script with open and closed questions, recorded and transcribed in full and analyzed by the technique of Content Analysis in the Thematic Analysis modality. The results were presented in thematic categories. Results: the mothers' satisfaction with the assistance received was verified, mainly by the continuous support of the obstetrician nurses, the use of non-invasive technologies for pain relief, autonomy stimulation and the right of a companion. The environment was also exalted for being private, safe and calm. Conclusion: puerperal women were satisfied with the care offered by the Normal Delivery Center due to adherence to the good practices recommended by the World Health Organization, legitimized as an appropriate place for childbirth and birth.

RESUMO
Objetivo: analisar a satisfação das puérperas atendidas em um Centro de Parto Normal. Método: estudo qualitativo, descritivo e exploratório, realizado com 20 puérperas. Os dados foram produzidos por entrevistas semiestruturadas, guiadas por um roteiro com perguntas abertas e fechadas, gravadas e transcritas na íntegra, e analisados pela técnica de Análise de Conteúdo na modalidade Análise Temática. Os resultados foram apresentados em categorias temáticas. Resultados: constatou-se satisfação das puérperas com a assistência recebida, sobretudo pelo apoio contínuo das enfermeiras obstetras, uso de tecnologias não invasivas para alívio do dor, estímulo à autonomia e direito à acompanhante. Enalteceram ainda o ambiente por ser privativo, seguro e calmo. Conclusão: as puérperas mostraram-se satisfeitas em relação ao atendimento oferecido pelo Centro de Parto Normal devido à adesão às boas práticas preconizadas pela Organização Mundial de Saúde, legitimando-se como local apropriado para o parto e nascimento.

ORIGINAL ARTICLE
SATISFACTION OF PUEPERAL WOMEN ATTENDED IN A NORMAL BIRTH CENTER

SATISFAÇÃO DAS PUÉRPERAS ATENDIDAS EM UM CENTRO DE PARTO NORMAL

Yndiara Kásia da Cunha Soares¹, Simone Santos e Silva Melo², Tatiana Maria Melo Guimarães³, Verbênia Cipriano Feitosa¹, Márcia Teles de Oliveira Gouveia²

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INTRODUCTION

The pregnancy-puerperal cycle has a unique period in the life of the woman and includes physiological as emotional, interpersonal, cultural and social adaptations. It is considered a valuable human experience for all who participate.1

Childbirth is one of the main experiences in the life of the woman, bringing about a new role, a mother.2 Thus, childbirth corresponds to the final stage of conception where the human being generated will begin to have a life independent of the maternal organism. In this way, to promote the comfort and satisfaction of women during this process is of great value, as well as to value the physiological birth and the appropriate use of technology, offering humanized assistance that stimulates the autonomy of women.3

The World Health Organization (WHO) shows a significant percentage of births at normal risk, which corresponds to 70 to 80% of births worldwide. Nevertheless, this natural process has undergone changes over the years, linked to the evolution of scientific knowledge and practices, especially in the West, which was linked to the overvaluation of technology over nature, including also the health sector.4 From the second half of the 20th century, the hospital model began to dominate the delivery scenario, not considering this phenomenon as physiological and incorporating more interventionist practices.5

In Brazil, the results of this modification have a negative repercussion, since they contributed to the existence of poor maternal and perinatal indicators due to inadequate use of technologies, unnecessary interventions and poor attendance reflecting the significant cesarean rate in Brazil.6 Therefore, Brazil has developed and implemented guidelines, norms and protocols with the objective of re-adjusting the model of obstetric care in the country, as well as stimulating the adoption of good practices.4 Among these strategies, it is worth mentioning the creation of the Stork Network in 2011, regulated by Administrative Rule Number 1459, which aims to increase access and improve the quality of prenatal care, childbirth and puerperal care, and care for children up to 24 months old.7

The insertion of Obstetric Nurses has been recommended in the care of women in the puerperal pregnancy cycle,4 because practices are based on integral care, valuing women, care based on unnecessary non intervention, promotion of maternal well-being with the use of non-invasive technologies for pain relief based on scientific evidence and sensitization for the recovery of women’s role as a key role in the qualification of health services and in the assistance to women in the parturition process.9

Considering the importance of this modification of the Brazilian obstetric system, the creation of Normal Delivery Centers (NDCs) are shown as an alternative for the implementation of this new model of obstetric care, since it seeks to rescue the practice of normal delivery that offers greater health security of the woman and to the newborn, while it has the advantage of rapid postpartum recovery, low risk of infection, hemorrhage and other complications.10-1

It is also worth mentioning that the satisfaction of the puerperal women deserves to be highlighted, since it has the capacity to improve the assistance offered to the patient, besides indicating contexts such as humanized care. Thus, the evaluation of patient satisfaction has been increasingly used in health services as a tool to obtain the patient’s perception related to the quality of care provided, with the aim of improving the organization and service offered.12

From this perspective, the objective of the study was to evaluate the satisfaction of puerperal women attending a normal delivery center about obstetric nursing care provided. Based on these premises, the study had a guiding question: What is the satisfaction of puerperal women attending a Normal Delivery Center in the obstetric nursing care during labor and delivery?

OBJECTIVE

● To analyze the satisfaction of puerperal women attending in a Normal Delivery Center.

METHOD

This is a qualitative, descriptive and exploratory study conducted from June to August of 2016 in the Normal Delivery Center (NDC) located in a public maternity hospital in the state of Piauí. The NDC has five beds for the prepartum, delivery and postpartum period. It attends the childbirth and humanized birth care advocated by the stork network, being labor, childbirth and postpartum carried out by obstetric nursing.

The study had 20 puerperal women as participants, delimited by the saturation of the data, which corresponds to the interruption of the inclusion of new participants when the reports present redundancy. Considering the characterization of the socio-demographic and obstetrical
profile of the study participants, it was observed that the predominant age group was 24 to 28 years old, stable union, complete secondary education, no employment relationship, family income of 1 to 2 wages, pregnancy planned, prenatal care, absence of complications in the postpartum period, with a companion and family support, an average of 2.3 pregnancies and 1.95 births. It is noteworthy that 15 participants did not know the NDC before the admission.

The study included women who were in the immediate puerperium, hospitalized, aged 14 to 45 years old, who were in physical and psychological conditions and who also accepted to participate in the study. Those women who were transferred to other sectors at any time during delivery or postpartum were excluded.

To obtain the data, a semi-structured interview was performed, consisting of open and closed questions, previously formulated that addressed questions related to the objectives of this study, which were recorded by the portable mp3 player and transcribed in full. The interviews were directed individually at the women, in a reserved space to provide privacy.

It should be emphasized that the open questions related to the perception of puerperal women regarding obstetric nursing care during labor and delivery. The closed questions were related to the sociodemographic and obstetric conditions of the woman to allow the establishment of the profile assisted in this establishment.

The data were analyzed from the Content Analysis Technique in the Categorical Analysis modality, defined as a set of techniques of analysis of the communications that allows encoding the raw material and grouping elements that have relationships with each other. The thematic analysis was chosen among the techniques of content analysis, which consists of unveiling the senses that complete a communication, and the presence and frequency mean something for the object studied.13

Thus, after the transcription of the interviews, an exhaustive reading was done to explore the content, and the interpretation of the results obtained. As a result, the classification of the speech using a colorimetric method was chosen, the words and expressions with the same meaning were colored with the same color; after, the words were grouped by color and four thematic units emerged: Satisfaction with the practices of the Obstetric Nurse; Environment influencing care; Promotion of the companion's bond; (Un) knowledge about the Normal Delivery Center.

The results were presented in a descriptive way and, the participants were designated with flower names to preserve their anonymity, for example Margarida, Jasmim, Rosa, Orquídea, among others.

The study obeyed the guidelines and norms established by Resolution 466 of December 12, 2012, which deals with research involving human beings. The study was submitted and approved by the Ethics and Research Committee (CEP) of the Federal University of Piauí, with number 1,544,052 and CAAE Number 53441316.4.0000.5214. The Informed Consent Form was given to the puerperal women to inform the participants about the study, as well as to request the authorization of their participation.

RESULTS AND DISCUSSION

♦ Satisfaction with the practices of the obstetrician nurse

This category is about the satisfaction of puerperal patients attended by the Obstetric Nurses during labor and delivery in the NDC, and it is possible to verify through the analysis of their speeches that the service offered was based on good assistance practices at birth and delivery, the satisfaction of service patients.

It was observed that the professional-patient relationship was highlighted as an important factor for the promotion of humanization, since it is based on ethical and human principles, based on respect, offering emotional support to women. This empathic relationship favors satisfaction since the puerperal women felt welcomed and supported, leading to greater confidence and security in labor and delivery, resulting in comfort, as well as favoring women's role in the birth-delivery process, as evidenced in the reports below:

The team was wonderful, they accompanied me every moment, they did not leave me, they gave me support, they gave me strength. They treated me with much affection and responsibility, they understood. They respect even in every way. (Crisântemo).

They related very well and respected me very well. Never at any time, they upset me, it was always at the right time, at the right time for the baby to be born. (Lírio). Then he examined me, he joked, he smiled. She treats people all the time smiling, all the time. (Orquídea).

In a study carried out in São Paulo with an NDC as a scenario showed that the continuous
nursing care during pre-delivery and delivery was shown as a marker of good care since it offered the woman feelings of safety, well-being, tranquility, and satisfaction. In this way, when the interpersonal relationship provided by the professional is translated into receptivity, communication, respect, patience and affection, they consequently provide greater security to the woman.\textsuperscript{14}

The support of the professional, even in the presence of the companion was also of great importance. The professional who behaves in an available way establishes communication and qualified listening presents his satisfactory and humanized behaviors.\textsuperscript{2}

It is also worth mentioning the great satisfaction of the participants for having received information pertinent to the behavior and labor. In this sense, the woman starts to feel valued and included in the planning of care, and, above all, to realize her role in the face of parturition, which makes her feel truly empowered in the process of delivery and birth.

Oh, they were great! They were all the time on my side talking, explaining and everything. And whatever she was going to do, she explained, whether I wanted to or not, if it was my will. If I did not want to, I could say so. (Angéllica).

When I arrived I was welcomed, explained everything, all the procedures that were going to be done, nothing had been done without authorization or explanation. I liked it so much that when I arrived, I asked them to do everything to avoid an episiotomy, which was a fear. Then she said that I had come to the right place, that the purpose was not to do any of these types of intervention and if it was necessary I would be asked for my authorization. So, I really enjoyed it. (Bungavilla).

Empowerment consists of an educational process offered to the patient of the health services, with the objective of developing the knowledge, attitudes, skills, and self-knowledge necessary for it to be possible for assisted women to take responsibility for the decisions to be taken in the implementation of actions and behaviors relevant to their health.\textsuperscript{15} Also, it is essential to clarify women's doubts through qualified listening and coherent information to establish trust, which will lead to more harmonious relationships and favor women's choices.\textsuperscript{10}

It is also worth noting that the use of non-invasive technologies for pain relief during labor and delivery were significantly responsible for the promotion of women's well-being. These technologies have also contributed to the relief of pain, comfort, and perception of reduced labor time.

Yes, I walked a lot, I took a shower [laughs], I exercised in the bathroom. It helped me a lot, I think so, it helped to be born faster too. (Flor de Lotus).

I did the ball thing, the squat, I did the exercise [...] lying on the left side, I raise the leg to help the dilation. Finally, I did all the exercises that told me to help with the dilation and pain as well. It helped a lot, so much that my delivery went very fast. The exercise of the ball helped a lot, I felt more relieved and also in the matter of the bath right? The warm water, the back, the belly. It was very comforting to me right now. (Violeta).

The use of noninvasive technologies for pain relief corroborates maternal satisfaction and improves obstetric outcomes so women are more collaborative because they have a sense of control gained by actively managing the pain and support they receive from the companion and the professionals involved, as well as the freedom to move and choose movements.\textsuperscript{16} These technologies can be a hot bath, perineal exercises with a Swiss ball, breathing exercises, relaxation, massage, acupuncture. These practices offer comfort and enable the freedom of movement of parturients.\textsuperscript{17}

The stimulation of body movement is strongly associated with obstetric nursing. Such practices, allied to professional/patient interaction are a set of care that enables women to experience the process of giving birth as a physiological event, favoring their protagonism.\textsuperscript{14}

In a qualitative study carried out in a public maternity hospital in Santa Catarina, it was shown that the non-pharmacological measures for pain relief were well accepted by the women, where they affirmed the reduction of pain and labor.\textsuperscript{9}

It is important to highlight that the use of these technologies in this study was offered in an educational way, listing the objectives and the way of accomplishing them. Also, the parturient had the right to accept or not the behavior, respecting their wishes. In this way, the strengthening of their autonomy and the sharing of care are perceived, since the woman is oriented to participate in the decisions related to her labor and delivery.

No, I did not take the shower, I just did the squatting and I preferred to come to bed. She asked if I would like to be on my side, coast, squatting or there on the ball. I preferred to lie down, because to me at the moment the position was better lying down. I was respected. They just asked if I would...
accept it well, if not, she said your wish will be done [laughs]. (Lírio)

I was informed of the exercises and all my choices were respected and I found it super important, to have this available. (Magnólia).

She asked which of these I would like to do, I would like the preference. Then I picked the bed, a ball, a squat. (Angélica).

It is necessary to consider women's right to autonomy, active participation and access to quality information regarding the parturition process to offer obstetric care focused on the needs of the parturient. These actions aimed at women in the context of care promote the protagonism of women who begin to see birth not only as a natural and physiological process but also as a conscious childbirth, to which it involved their participation.10

In this sense, to ensure the autonomy of women in childbirth, they must actively participate in the whole process and ensure their rights of citizenship. It is also emphasized that when the possibility of choices and participation of practices involving the delivery is given, the woman feels more confident.18

It should be emphasized that it is important to offer the parturient the possibility of choices in the parturition process, so she will carry out her labor, and the professional will have to offer scientific and emotional technical support.8

Thus, it is important that the professionals who assist women in this unique period are able to deal with the various feelings experienced by women and contribute to the recovery of natural childbirth, as well as help the woman to assume autonomy of this process, offering good health practices.

♦ Environment that influences care

The second category emerges from the participants' reports to reflect on the influence of the environment on the quality of care, showing the satisfaction of women. For the study participants, the environment they were was adequate to experience the delivery and birth, since it offered privacy, tranquility, and comfort for both women and companions, according to reports:

It was the best place in the world to give birth. First for privacy, for the calm that is the time that you most need tranquility, of the pain. (Crisântemo).

I liked the environment, nice, cozy, right. It's just me and my partner, who was here, giving me assistance. I liked the setting, quiet. (Azaléia).

It was great here because here is a completely unique environment, right. It is individual, so it passes more security. (Dália).

In this context, there are many factors that contribute to an environment favorable to the parturition process such as lighting, hygiene, local temperature, ventilation, silence, privacy, physical structure, ambiance and preservation of furniture.10

Thus, besides the professional preparation, it is fundamental to have a physical environment with adequate facilities that offer comfort and privacy to the woman. In this perspective, it is important to promote a quiet environment and promote comfort and relaxation to favor the parturition process, since such actions are necessary for physiological phenomena such as oxytocin release to occur properly.19

The adequate environment favors the performance of non-invasive technologies for pain relief and the exercise of women's autonomy because when experiencing this process in places that offer conditions to perform vertical delivery, the woman has autonomy to choose. However, for not having these means, in traditional hospitals, the woman often is submitted to horizontal deliveries.10

On the other hand, the national literature shows that it is common for hospital environments to have excessive illumination, lack of privacy and noise that can cause stress and fear in the patient. Thus, the environment surrounds the physical comfort, because, especially when dealing with pregnant women, the inadequate environment may interfere negatively in the physiology of childbirth, since it may be linked to the stimulation of the neocortical region of the brain and, therefore, inhibition of oxytocin secretion endogenous, responsible for uterine contractions.20

It should be emphasized that the NDC focuses on the recovery of women's right to privacy and dignity in the parturition process, providing a place like their family environment, as well as ensuring security for the mother and her child, with appropriate technological resources in cases of possible need. Thus, this type of environment has been highlighted in the delivery and birth scenario, since it offers the woman comfort, privacy, and calmness, contributing to the evolution of labor.21

Environmental factors interfere with the perception of women about the care provided. In this study, it was observed that the NDC to which they lived the experience of parturition, contributed significantly to their satisfaction in this process. It is noteworthy
that privacy was represented, above all, by the presence of a private room containing non-pharmacological methods for pain relief (ball, birthing chair, the ladder of Ling), individualized bathroom and ambiance that differs from the surgical room.

It is noteworthy that in the perception of the woman, the environment with the presence of other parturients and companions provoke longing, since due to the lack of privacy there is propagation, often, of opinions that favor the fear and anxiety in the women. Thus, the fact that the woman stays only with her companion and professionals destined to her assistance guaranteed greater emotional support, as reported below:

- It becomes more comfortable, the person becomes more relaxed, more comfortable. (Rosa).
- I loved the place here because I have not had stress with other women. There was no one giving her opinion that childbirth was difficult, that was it, it was that. It was people’s opinion that it was within obstetric knowledge. (Girassol).
- It helps because we are lonely, it is not in the middle of an agglomeration of people. It gets better. Because we feel more confident, we do not have that lot of people. (Orquídea).

Another aspect raised was the presence in the room before, during and after childbirth. It is noticed that this type of modality offers more advantages in relation to shared wards, due to the benefits.

- The atmosphere is very good, mainly because we need to leave here, neither the baby nor the mother. (Magnólia).
- When I had my first child, I had a preterm room with someone else. It’s quite embarrassing because besides feeling pain, there's another person screaming, cursing, here it's not all quiet. We're alone and here it does not have to go to another room. (Lírio).

In view of this, the implantation of NDCs should be stimulated, ensuring that preterm birth, delivery, and puerperium occur in the same environment, which contributes to the bond, since the child stays with the mother without interruption. Given this, it is fundamental that the services of care delivery and birth offer a trained and qualified team to serve women in all its dimensions, welcoming environment, respecting the privacy and dignity of the same, encouraging their active participation in the context of assistance.

Promotion of the companion’s bond

The results of this study highlight the participation of the companion as an important marker for the satisfaction of puerperal women in the parturition process. Among the benefits listed, it was observed that women felt safer, supported and encouraged to give birth. These benefits contribute as much to a better experience in the process of giving birth as to a good outcome of childbirth.

The companion helps a lot because we are lonely, the pain is immense, and she was giving us a lot of support. (Helicônia)
And the companion issue is very good because he gives you support, we feel more welcome having a family person there, holding in your hand, doing massage. Anyway, I have nothing to complain about now, everything is perfect. (Lírio).

A study carried out in a public maternity hospital in Paraná found similar findings to this study, mainly in the benefits of the companion’s presence, which were: to offer care, support, help, and massage. These attitudes predispose to greater comfort and safety for women to experience labor and delivery.21

A recent systematic review published by the Cochrane Library, which evaluated 22 clinical trials including several countries such as Brazil, the United States of America, Chile and Thailand, showed that the presence of the companion contributes to the increase of spontaneous vaginal deliveries. Also, it reduces the need for intrapartum analgesia, reduces the duration of labor, cesarean section, instrumental vaginal delivery and newborns with low Apgar score at the 5th minute, as well as improves the perception about the experienced birth.24

The analysis of the participants’ discourses also showed that the follow-up by someone from the social/family environment of the woman proved to be singular and of great value during labor and delivery, causing greater security for the woman in this scenario.

It is important also the companion, especially being a person of our family, we feel more secure, knowing that you are with us there. (Flor de Lótus)
It helps because the person becomes more confident. I think the person gets more confident knowing there is a person she knows, which is safer than staying with a person she does not know. (Orquídea)

Studies show that family support during labor and delivery promotes the physical and emotional well-being of the woman, as well as emotional support that favors comfort and encouragement of the woman, minimizing anxiety and stress, mainly due to the vulnerability in which the woman is in this period due to discomfort, unfamiliar
environment and unknown people. It is also worth noting that even if the professionals offer care and comfort to the parturient, the companion should be assured since the experiences lived with access to them, is peculiar.\textsuperscript{24,25}

A qualitative study carried out in a maternity unit located in the city of Curitiba-PR showed that women who did not have the continuous presence of a companion during childbirth and birth were more vulnerable to negative feelings, even in the presence of health professionals. Those who had companions demonstrated feelings of security as well as more effective communication.\textsuperscript{25}

It is also worth noting that in this study, the companion was inserted in the context of labor and delivery in an active way through the support of non-invasive technologies for pain relief. The active role of the companion has brought important benefits to the parturient, as it has promoted physical and emotional comfort. It was observed that the obstetrician nurse was responsible for such action, since, through guidance and health education, he promoted such an attitude of the companion, especially by inserting him in the care showing his importance in the process of parturition.

\textit{It was very important, that helped me right at the time of pain, it gave massage and everything, it was very good. (Azaleia)}

\textit{When you feel the contraction pains, then he gets a back massage, you understand, so relieve some of the contraction pains. (Dalila)}

\textit{I had help from my husband here to crouch me, for the exercises to the baby be born faster. (Rosa)}

It is necessary for the companion to be guided, providing information to the laboring woman about the evolution of labor, mode of position, and encouragement of women's participation in decision-making processes.\textsuperscript{22}

Thus, health institutions should encourage the participation of the companion, of the partner, since it is necessary to deconstruct the gender bias that only the woman is responsible for the reproduction and care of the children.\textsuperscript{10}

The puerperal women were also satisfied to have autonomy in choosing the companion. From this perspective, the companion should be the choice of the parturient and should not be restricted in relation to the gender.

\textit{I chose it. She stayed from start to finish, as I said she cut the umbilical cord. She helps yes, he helped me a lot, she supported me from the beginning to the end. (Buganvilia)}

Satisfaction of puerperal women attended...

\textit{It was me who chose the companion, he stayed throughout the period [prepartum, delivery and postpartum], and the benefit is to have someone of confidence, someone close, giving support, reassuring the patient. (Magnólia)}

The World Health Organization (WHO) in its guide to normal childbirth emphasizes respect for the choice of the woman in the companion during labor and delivery as a category A in scientific evidence and that it should be encouraged.\textsuperscript{4} Although Law 11,108, called the Law of the Accompanying Person has already existed since 2005 within the scope of the SUS, there is still a lack of knowledge by the population.\textsuperscript{26} It was observed that some women did not know this right, showing surprises in obtaining this information.

\textit{I did not even know that my father could go there when we got here, and the woman said that I could, so I liked it. (Hortência)}

So, it was great to have a companion. \textit{I thought I would not, but I did. (Violeta)}

A study with a quantitative approach based on a public hospital in Ceará resembles this study in relation to the lack of knowledge of puerperal women regarding the right to have companions throughout their hospitalization. In this way, the reflection on how health education is carried out during the prenatal is instigated.\textsuperscript{27}

Thus, it is important that services for delivery and birth care enable the presence of the parturient's free choice companion and insert him in the delivery and birth scenario to provide information on the evolution of labor, to stimulate active participation of the companion to offer the woman continuous support, stimulation of movement, hydration, feeding and non-invasive technologies for pain relief.

\textbullet (Un) knowledge about the Normal Birth Center

This category gathers the participants' speeches regarding the knowledge about the NDC to which they were hospitalized. Through analysis of the speeches, it was observed that more than half of the puerperal women were unaware of the service offered, showing surprises when obtaining information about the policy of the sector, professionals who attend the delivery and environment.

\textit{Ah, here it was great, this environment here. I never imagined you had it here, you know. This area is humanized for normal delivery. (Angélica)}

And about the place I did not know, that part of humanized birth here as well. (Margarida)
Satisfaction of puerperal women attended...

The lack of knowledge of the participants reveals the predominance of the biomedical model, in which delivery is accompanied by techniques and procedures that value hard technology. Also, the hegemony of the medical professional is still perceptible in this model, which still exists today. However, the policies that guide childbirth care in the country have been stimulating the creation of new models of obstetric care. In this sense, care in normal delivery centers inside or outside hospitals is already part of public policies, being one of the components of the Stork Network. 7

It is also noted the lack of relation to the link between the pregnant woman and the place of reference of the delivery, which should occur even in prenatal care. This fact shows weakness in the education offered to the woman, as well as in the disclosure of the sector by the service.

It should be noted that one participant reported dissatisfaction with the urgency of the Maternity because they did not offer information about the NDC at the entrance, leaving in this way to offer low-risk parturients access to the benefits that this type of service offers. However, two participants who had no previous knowledge about NDC reported that they had access at the entrance to the NDC to which they would be referred, as explained in the following statements:

The only thing that displeased me is that people do not want to give the correct information, lack of information. Because here it is a very good place, a place that any woman wants to give birth. But when we get down there people do not know, they do not indicate here. (Crisântemo)

When I arrived I was well attended by an obstetrician and told me, regarding this space here, which is the NDC. I was not aware of it because I had been with my sister for 9 months, who had a baby here in the maternity ward, but when I arrived I thought I was going to the same place. (Girassol)

And then I was surprised, there at the reception, at the screening I was told that I would stay with the obstetrician nurse, I also was not apprehensive because I had already researched before, experiences with obstetrical nurses is better than with doctors, and for me it was very good, from start to finish. (Bungavilia)

Adequate care of the parturient is essential for the satisfaction of the parturient since through communication it is possible to share the doubts, afflictions, and insecurity of the patients, which contributes to their well-being in the process of parturition. In this way, it is clear that women's doubts and longings can be solved through adequate information and a cycle of trust can be established, they can provide more harmonious relationships and the possibility of making more autonomous choices, favoring protagonism in the process of childbirth. 10

Study participants were satisfied with the structure and actions that NDC promotes patients to indicate service to others, or even return to service if they became pregnant. This attitude favors the stimulation of normal childbirth, as well as the dissemination of the service. It should also be noted that satisfaction with the NDC sector influences the evaluation of the service as a whole since even those women who had negative perceptions during admission would still indicate the service due to being satisfied.

Here, I would indicate either to some friend or if it is the case that I have another child, I wanted to come to this place here. Up here, down there I turn around and walk away [laughs]. It's super quiet here. (Girassol)

This is very good here. I really liked it, I would look for here again. I talked to my family, my friends. I'm very satisfied, very much. (Violeta)

In this sense, a good evaluation of the obstetric service contributes to the indication of the service to other people, which determines a parameter of quality evaluation. A descriptive and exploratory study with a qualitative approach carried out in Bahia showed that pregnant women draw strategies to ensure satisfactory care, migrating to another municipality to reach a care with shelter, humanization, and quality. It was also observed in the same study that the participants were influenced in the decision to choose the place of birth by third parties who had experienced positive and negative experiences with labor in the health services. 28

Thus, it is necessary to promote and disseminate new models of childbirth care, while also contributing to undo myths, fears, and taboo in the perception of women about the pregnancy-puerperal cycle.

CONCLUSION

In this study, it was possible to verify that the puerperal women were satisfied with the care and structure offered by the NDC, since this service offered the parturient and companion a model of obstetric care based on the good actions at the delivery and birth recommended by the WHO, legitimated as an
appropriate place for the delivery and birth phenomenon to occur in women's eyesight.

Considering the interviews of the participants, it was concluded that the obstetrics nurse's assistance was one of the most important factors for the satisfaction of the participants, since this assistance was based on respect for women, offering respect, support, security as well as promoting the autonomy of the parturient, especially through the use of non-invasive pain technologies and information/guidance about labor and delivery.

It was pointed out that the environment of the NDC also brought important benefits to the parturient since the individual PPP rooms offered privacy, comfort, and security for the participants. Also, this configuration of the sector offers a greater incentive to the insertion of the companion, which in the case of this study was present continuously, as reported by the participants.

Considering the benefits of the new model of childbirth care that has been advocated, it is imperative that new NDCs be built, since, in these types of devices, the performance of obstetric nursing is exercised in a more autonomous way, which is preponderant for the provision of service based on humanized assistance that is based on scientific evidence.

It is also necessary that the available forms of obstetric assistance be publicized so the woman can know the existence, purposes, and benefits of the NDC, fostering the demand for this service and consequently contributing to a greater visibility of the service, since there is still a lack of knowledge of many women about childbirth care.

Considering this need, an educational material was prepared by the authors responsible for the study with the purpose of contributing to the dissemination of the service, directed to pregnant women assisted in the basic care and maternity of the municipality. This strategy addressed the criteria for admission to NDC, the benefits of normal birth, the encouragement of active participation of the companion, and the strengthening of the attachment of the pregnant woman to the place of delivery so that a woman's visit to the maternity will occur even during prenatal care.

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