



## THE RIGHT TO ACCESS AND ACCOMPANYING OF LABOR AND CHILDBIRTH: WOMEN'S POINT OF VIEW

### O DIREITO AO ACESSO E ACOMPANHAMENTO AO PARTO E NASCIMENTO: A ÓTICA DAS MULHERES

### EL DERECHO AL ACCESO Y ACOMPAÑAMIENTO AL PARTO Y NACIMIENTO: LA PERSPECTIVA DE LAS MUJERES

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#### ABSTRACT

**Objective:** to analyze the situations of obstetric violence perpetrated by health professionals during the childbirth process under the perception of puerperae about the right to access to maternity and to have a companion of their free choice. **Method:** descriptive, exploratory, qualitative approach, carried out in the joint accommodation of two public maternity hospitals. We interviewed 28 women from a semi-structured interview, who were submitted to the Content Analysis technique in the Thematic Analysis modality. **Results:** non-compliance with the rights of women is evident with the symbolic annulment of rights such as access to health services and non-compliance with the Law of the Accompanying Person, which characterize obstetric violence. **Conclusion:** institutional support for women is essential and should be based on guaranteeing the exercise of the legal rights that support it. **Descriptors:** Human Rights Abuses; Patient Rights; Obstetrics; Women's Health.

#### RESUMO

**Objetivo:** analisar as situações de violência obstétrica perpetrada por profissionais de saúde durante o processo parto/nascimento sob a percepção das puérperas acerca do direito ao acesso à maternidade e a ter um acompanhante de sua livre escolha. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizado no alojamento conjunto de duas maternidades públicas. Foram entrevistadas 28 mulheres a partir de entrevista semiestruturada, que foram submetidas à técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** o descumprimento dos direitos das mulheres torna-se evidente com a anulação simbólica de direitos como o acesso ao serviço de saúde e o descumprimento da Lei do Acompanhante, que caracterizam a violência obstétrica. **Conclusão:** o apoio institucional à mulher é imprescindível e deve estar alicerçado na garantia do exercício dos direitos legais que a amparam. **Descritores:** Violação dos Direitos Humanos; Direitos do Paciente; Obstetrícia; Saúde da Mulher.

#### RESUMEN

**Objetivo:** analizar las situaciones de violencia obstétrica perpetrada por profesionales de salud durante el parto/nacimiento bajo la percepción de las madres recientes sobre el derecho al acceso a la maternidad y tener un acompañamiento de su elección. **Método:** enfoque descriptivo, exploratorio, cualitativo, realizado en conjunto de dos maternidades públicas. Fueron entrevistadas 28 mujeres de entrevista semiestructurada, que fueron sometidos a Análisis de Contenido técnica de Análisis Temático. **Resultados:** El descomprimiendo de los derechos de las mujeres se torna evidente con la anulación simbólica de derechos como el acceso a servicios de salud y la anulación de la ley de acompañamiento, que caracterizan la violencia obstétrica. **Conclusión:** el apoyo institucional a la mujer es indispensable y debe basarse en la garantía del ejercicio legal de los derechos que la amparan. **Descriptores:** Violaciones de los Derechos Humanos; Derechos del Paciente; Obstetricia; Salud de la Mujer.

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INTRODUCTION

Violence during obstetric care has been gaining increasing visibility in society, urging academics and scientists to stimulate discussions on the subject, based on scientific evidence, and to make it relevant by expanding knowledge about women's health in Obstetric Nursing area. It is possible to identify the healthcare actions of the health professionals during the parturition process, verified with the increase of harmful practices of violent in public maternity hospitals, and in particular, that 25% of Brazilian women suffer violence in the parturitive process, 74% of these violent practices occur in public maternity hospitals.<sup>1</sup>

The delivery took place in the home context and the responsibility to lead it was privately female, being performed by midwives, healers and midwives who, although they did not dominate the scientific knowledge, were honored by the experience they had in the office of partaking and by the respect to the physiological process from birth. Over the years, with the changes in the birth model, childbirth began to be characterized as a medical event.<sup>1</sup> As a result of this, care relations became, by the will and knowledge of medicine, the employment of countless procedures deemed necessary for childbirth, and disrespect for women's rights and security at childbirth,<sup>2</sup> transforming a relationship that should be humanized and dehumanized and violent, especially, in relation to women's autonomy and constituted rights. This violence against women during the reproductive period has become a public health problem, often caused by the precariousness of obstetric care itself,<sup>3</sup> especially with regard to access rights to antepartum and childbirth health services, birth, which, when prevented, characterizes noncompliance with the Law of the Accompanying.<sup>4-7</sup>

Obstetric violence is characterized by the appropriation of the woman's body and the parturition process, making it pathological, leading to unnecessary interventions and pharmacological measures, without allowing the parturient to participate actively in the decision-making process involving her body and the model of birth, failing to provide them with information for a decision making. By applying care protocols, preventing their movement and expression and in this, their autonomy, blocking the mechanisms of the physiology of natural childbirth and propitiating the rupture of their rights In the process of labor and birth.<sup>5</sup>

The safety of the patient, in recent years has been a major concern as they can cause various damages and risks, such as: physical, social, psychological and adverse events. The Collegiate Board Resolution No. 36, of July 25, 2013, of the National Health Surveillance Agency, which aims to institute actions to promote patient safety and improve the quality of the service. Its guideline is the good practices of health services, which may be public, private, philanthropic, civil or military, including those who carry out teaching and research activities. In order to do so, it is necessary to structure the health services in order to implement the Patient Safety Center and the Patient Safety Plan. For this to happen, it needs to be widely disseminated among health professionals and managers.<sup>6</sup>

It is relevant to recall the fact that the pilgrimage in obstetric care occurs mainly due to the very precariousness of the health system, which also considerably restricts access to services offered, causing many women, in labor, to undergo a real ordeal in seeking a vacancy in the public health service network, with a serious risk to their own lives and their concept, due to lack of care in a timely manner, 3,5,7 constituting this serious situation in veiled violence against women. The absence of adequate follow-up of the birth and birth process is based on disinformation regarding the rights of women, which are annulled. The health professional, being a professional who should behave to inform the woman about their rights, it does not inform about such rights, and it causes an abusive practice towards its institutionalized power, with its authority and power exercised for the annulment of an accompanying person, which is expressed in the symbolic annulment of his conquered rightby the woman, before the Public Policies of the birth and birth rates in the country.<sup>8</sup>

OBJECTIVE

- To analyze the situations of obstetric violence perpetrated by health professionals during the childbirth process under the perception of puerperas about the right to access to maternity and to have a companion of their own choice.

METHOD

A descriptive, exploratory, qualitative study carried out in two joint housing units of two public maternity hospitals in the metropolitan region II of the State of Rio de Janeiro, in which it belongs to the research project entitled Violence in obstetric care in

the parturitive process of the Metropolitan Region II of the State Of Rio de Janeiro: perception of women / puerperas, from the Federal Fluminense University, where seven municipalities (Niterói, São Gonçalo, Maricá, Itaboraí, Tanguá, Rio Bonito and Silva Jardim). Were chosen to perform this study in two public maternity hospitals, located in the municipalities of Niterói and São Gonçalo, because they presented a higher number of normal births (one thousand births / year) in 2014, of the units of habitual risk, which corresponded to five units of the study.

The two units chosen by the criterion established above, Maternity A (municipality of Niterói) and Maternity B (municipality of São Gonçalo), have an obstetric center, joint housing and neonatal unit. Participants were 28 women hospitalized in their respective households, 14 women in each health unit, a representative of 10% of the number of births occurred in the public maternity hospitals, the above mentioned project, in which the ten thousand and eighty deliveries (10080) performed were verified the number of childbirths a month, dividing by twelve, obtaining eight hundred and forty deliveries / month (840). Thus, from the importance of this quantitative, a samples equivalent to 10% was calculated resulting in 84 puerperae in the total, divided by six public maternity hospitals, obtaining the value 14 women per institution or until the conclusion by the process of saturation, in which it was not used.

In this research, it had the inclusion criteria: women in immediate puerperium at usual risk; Permanence greater than or equal to twelve hours in the joint accommodation unit; Does not present any physiological or psychological alteration that makes their participation unfeasible. And as exclusion criteria: women who remained in the preterm room, pregnant women's ward, obstetric center and high-risk cohabitation; Who presented a pathological postpartum; Post abortion.

In accordance with Resolution No. 466/2012, of the National Health Council (CNS), the study was approved by the Ethics in Research Committee (CEP) of the Faculty of Medicine of the Federal University of Fluminense (UFF) under Protocol No. 375252/2013.

The technique of data collection was used the semi-structured interview, based on a script elaborated with open and closed questions, being used in a reserved room in the sector of each unit, guaranteeing the privacy and respect to the information given,

and being used as a medium To obtain the data. The participants were identified by a sequential alphanumeric code, using the letter P (from puerperae) followed by the Arabic numeral for the interviews (Ex: P1, P2, P3, ..., P28). This initiative aimed to ensure the secrecy and anonymity of the respective testimonies.

The interviews began after the signing of the Free and Informed Consent Term (TCLE), which were carried out during the months of May and June of 2014. They were recorded in a digital device, with the prior authorization of each interviewee, to ensure the reliability of what was said. The transcription of the testimonies was submitted to content analysis, in the thematic modality, which has as stages: pre-analysis; Exploitation of the material and treatment of results.<sup>9</sup>

First, there was the organization and reading of the material obtained, seeking to record the impressions about the messages contained in the data collected. Therefore, the exploitation of the material, the accomplishment of several readings, of the material to enable the organization of its content, having a methodological rigor for the applicability of the formulated plans and objectives. And ending with the treatment of the results, including an analysis of the data, following the criterion of choice for the construction of the categories.<sup>9</sup> Colorimetry was used to achieve the units of signification. Thus, it was possible to construct two categories, namely: 1) *Obstetric violence in the field of birth and birth: lack of access to pilgrimage*; 2) *Noncompliance with the Law of the Accompanying Person: disrespect and violation of obstetric rights*.

## RESULTS

### α **Obstetric violence in the field of labor and birth: lack of access to pregnant women: the pilgrimage**

The study participants pointed out the obstacles encountered in accessing the health service in the delivery and birth components, confirming institutional obstetric violence, as follows:

*I went to a maternity hospital before coming to this [...] they said that the maternity ward was closed, and was not attending pregnant woman, I had to run against time until arriving here, it was very difficult. (P1)*

*I went to two maternity wards, before I came here, I went to the women's hospital in another municipality and also another hospital, and until I got here it was a sacrifice. (P3)*

Some interviewees reported that they also experienced the lack of reception of health professionals during the day of birth and delivery, since health professionals refused to give them assistance, setting up a lack of humanization characteristic of institutional violence, according to reports next:

*They did not want to take care of me [...] I could not get care in the hospital, they were animals with me, they did not help me at all [they] denied me care. (P16)*

*They gave me no attention, no negligence with me, no assistance, no look at me ... a lack of respect, a disregard for those who need help, did not help me at all. (P24)*

Participants also pointed to the absence of commitment to maternal health, when the health service did not assume the responsibility for safe transportation, passing on the responsibility for the woman herself to seek, through her own means, access to the health service, Configuring an institutional violence that often results in insecurity in childbirth and birth, as can be seen in the following testimonies:.

*I found a disregard for my health and my son. I had to catch a fast bus without any help, the ambulance stopped and I came alone to look for another maternity, with pain, and without any support from them, who helped me was a boy on the bus. (P15)*

*It was terrible all that happened, moving from one place to another thinking that it would not give time and my son to be born on the way in the taxi [...]. They did not let my mother stay with me, it was very strange, could not enter, The nurse said that she could not stay here with me, and I was alone, only later would I see my mother. (P1)*

*Since, when I arrived, they were not letting in, and my husband stayed outside, and did not enter with me, had no way, at no time I stayed with my husband, I was alone. (P12)*

*I did not know anything, no information [...] I am of legal age and can not have my husband here by my side, only minor can have companion. (P8)*

*Because I am of age, I have no right, and only those who are under the age of 18 may have an escort, I can not. (P11)*

*An upset and I was very nervous. (P20)*

The participants reported numerous feelings that go against the physiology of childbirth and, therefore, contribute to the insecurity of this event, namely: fear, anger, anguish, hatred, stress, all caused by the obstacles faced to access the service and the lack of Institutional support, perpetuating a psychological violence, as quoted in the following statements:

*It was a very bad situation, and that feeling*

*is horrible [...] I was scared, angry at them [health professionals]. It was horrible because there is no hospital nearby [...] I was nervous, afraid, because I did not know where my son would be. (P1)*

*And that makes us more nervous, apprehensive and afraid with the whole situation, where the delivery will be, understands [...] It was very bad this situation, because I needed care, but it was not met. (P12)*

It is essential to reflect on the assistance offered to women, with the purpose of contributing to a change in care, whose pilgrimage and violence are no longer part of this process, respecting the sexual, reproductive and human rights of women.

### ✧ **Noncompliance with the law of the companion: disrespect and violation of obstetric rights**

The participants affirmed that the health units disregard the Law of the Accompanying Person, which constitutes institutional obstetric violence. It is important to clarify that the disinformation of women regarding this right, during the parturition process also constitutes psychological violence in the obstetric care provided. Here are some testimonials:

The institutionalization of the knowledge and power of the health professional, be it a physician or a member of the health team, becomes evident in the testimonies of women. Their authority and established power are valued at the health institution, promoting their supremacy and, consequently, the submission of the woman and the annulment of her right to the companion during childbirth and birth. The following reports confirm the facts that occurred with the interviewees:

*They (professionals) say that they can not and they do not leave and they are ready, and they have to accept, they are the ones who are going to deliver, it has to be the way they do it. (P4)*

*We try but cannot, the doctor did not let him in and waited for me at the reception, I'll do what? Complain? [...] you have to accept and be quiet so that something bad does not happen. (P6)*

*Do not let anyone in, the doctor did not leave and said that he would not go in, and could not, do what? Complain? (P22)*

In this perspective, Resolution RDC No. 36, of the National Health Surveillance Agency, points to the patient's safety, and the health service provides assistance with a reduction of possible health risks, in the present case, the woman and the concept, besides To favor the accompaniment of women during labor,



delivery and immediate puerperium, as provided for in Law; Otherwise, it will be subject to violence of a psychological nature, as evidenced by the following statements:

*It was very difficult and complicated in everything I went through [crying], taking a shower, nursing, taking care of the baby, everything gets more difficult, and we depend on the nurses who leave the people alone, and with my husband would help me. (P10)*

*A horror, they leave people off and do not pay attention, a disregard, I felt alone and without anyone to help me take care of the baby, a horror, I never want to go through this again, I felt without shelter of them [professionals], lousy Service (P24)*

Evidently, disinformation of women and / or health professionals regarding the Law of the Accompanying Person, or even the fact that they do not transmit correct information to the pregnant woman about the subject, are aspects that need to be revised and corrected so that the subject is included in the relationship of care, not only for women's science but, above all, to avoid the excess of professional authority that, at some point, can establish obstetric violence.

## DISCUSSION

The guidelines that govern UHS policy establish the equal access of individuals to health services as actions that meet their needs. In this sense, the pilgrimage of women to ensure delivery and birth is a journey that results from the deprivation of resources of health services, characterizing the institutional character of violence that results in a series of events that impede access to these services; Due to the difficulty of the pregnant woman arriving at the place of care and not being welcomed by the unit; Of organizational order, experienced by her in the face of the obstacles of waiting and not attending to her needs,<sup>5,10</sup> and lack of institutional support, since it hinders women's access to their constituted rights. These aspects of assistance, when uncollected, annul their rights as a user, citizen, woman and human being, not forgetting that institutional violence also breaches their sexual, reproductive and human rights, for resolute and quality assistance.

The lack of humanization of health professionals portrays sloppiness, passivity, carelessness in fulfilling the burden or obligation, stop doing what you should do, Indifference of the health professional; And non-observance of duties imposed on the performance of any act. It occurs when the professional does not act appropriately to

protect the safety of the user, or even when there is refusal of assistance to the individual. This is a reality that is still evident in the daily life of health services, confirming institutional violence in obstetric care.<sup>3,5,11-2</sup>

The testimonies show the lack of reception of women, the lack of humanization to maternal health and the lack of resolution of their needs, causing the absence of institutional support. These facts constitute institutional violence against women,<sup>5</sup> for non-compliance with the norms for their care in the process of childbirth and birth, nullifying the right to an effective and humane treatment, respecting it as a subject of law.

The display of posters with the words "No vacancies" stimulates the pilgrimage, omitting the institution and its professionals regarding the responsibility of sending the woman to a service that has a vacancy available to attend it, thus contrary to the norms of transfer in case of Which must be carried out after the existence of a vacancy in the referral service has been ensured, and in transport adequate to the needs and conditions established in Administrative Rule GM / MS No. 2,048 of November 5, 2002.<sup>5</sup> Likewise, the actions that promote The women's pilgrimage allows institutional violence to be installed, due to a lack of support for the assistance process, as well as breaking with the guidelines of the Stork Network Program, which guarantees a place for women and establishes that it is up to the health unit to guarantee the Referral and care in case of stocking at the obstetric unit.<sup>13</sup>

When considering that women's pilgrimage results in unfavorable feelings about childbirth and birth,<sup>14</sup> their reception generates security, making them feel supported by a specialized and qualified team for attending childbirth and birth.<sup>14</sup> It should be emphasized that access to information And a welcoming interpersonal relationship transmit positive feelings to the woman and create a safe environment for parturition,<sup>15</sup> which was not mentioned by the study participants whose testimonies, on the contrary, revealed an unfriendly relationship on the part of health professionals.

The impossibility of controlling and knowing how her childbirth will be, such an important event, can also generate negative feelings in the pregnant woman.<sup>15</sup> Thus, an occurrence such as the pilgrimage directly affects these feelings, which can generate negative outcomes for childbirth and birth, besides contributing For the insecurity of women and the concept.

As for the woman's right to have an escort, it is important to remember that it is a non-negotiable right, therefore, the impediment to enjoy it confirms a lack of respect for the legal dictates, which occurs through actions that impede, delay or impede access Of the accompanying person during the parturitive process.<sup>8</sup> Knowledge of the Law of the Companion (Law 11.108 / 2005) must be effective in guaranteeing this right and, undoubtedly, a concrete communication can contribute to the process of respect, support and trust, making With which she feels she can make a decision and secure her legal achievements.<sup>16</sup>

Institutional violence is undoubtedly due to the lack of information, which leads women not to be fully aware of their rights, one of which is to enjoy the provisions of the Law of the Accompanying Person and is therefore legal,ly protected even if it is greater than age. The psychological violence is due to the disinformation of the woman during the prenatal period, as well as to her reception in the maternity, denoting irresponsibility and / or disinterest on the part of the health professionals directly connected to the line of care of the woman, for being they should provide these guidelines, thus, inhibiting their emotional instability at the time of childbirth.<sup>5</sup>

Also regarding the Law of the Companion, the authoritarian attitude is present in the relationship between the health professional and the woman, who starts to experience a relationship that, besides unequal, allows the invalidation of its constitutional right.<sup>17</sup> It should be highlighted That some interviewees agreed with the absence of the companion, even though it was a right they had, and that only one interviewee claimed total ignorance about the subject, even though she was "wrong", which led her to agree with what He was determined to do, thereby relinquishing his legal rights. Even without any awareness of health professionals to receive this "new character" in the daily care of the delivery and birth process, they can and should accept the proposal and incorporate it in a positive way in the development of their care activities. This receptivity, however, does not guarantee that the maternity hospitals will insert the companion during the delivery, since the implementation of this measure requires the existence of institutional guidelines whose implementation will certainly require more effort and will lead to greater resistance, even in the face of a successful experience Experienced by health professionals.<sup>18</sup>

The parturition process weakens the woman, placing her in a situation of emotional vulnerability, a fact that intensifies the need for companionship, attention and affectivity.<sup>19</sup> Negligence with emotional and relational aspects of care in childbirth and immediate postpartum is evident at the present time, Especially when the woman stays for long periods alone, subjected to a sense of abandonment because the health professional "delays" to attend to it.<sup>20</sup> This lack of professional support, aggravated by the absence of a companion of her confidence, results in obstetric violence Of psychological character, 5 which can be avoided if the woman receives the attention she needs at this moment so special to her.

In view of the foregoing, it is necessary to respect the rights of women for adequate and welcoming follow-up of free choice, thus contributing to effective attention to the physiological process of childbirth and birth.

## CONCLUSION

It was possible to identify how difficult it is for pregnant women to find a health service to have their children, because the most important moment in a woman's life cycle, which should be unique and pleasant, has become a moment of insecurity, Parturition process and postpartum, because of the negative feelings that were generated.

It was verified, by the women's speeches, the pilgrimage, from one maternity to another, confirming an ancient and real problem in public health, due to the lack of vacancies in obstetric beds, generating: loneliness, sadness, abandonment, anger and hatred, in most sometimes, concealing the feeling of pleasure and empowerment that should emerge, and may even cause problems directly in the care of your baby due to the trauma that occurred in that period. As the noncompliance of the attachment / access of the woman to the reference motherhood, is present, it is necessary to rethink strategies to promote her access to the health services with promptness and security.

The lack of knowledge of Law 11.108 / 2005, commonly known as the Companion Law, becomes evident, since women were not advised about their citizenship rights. Even after eleven years of sanctioning this Law, they still do not know the rights that guarantee the companion of their free choice in the period of prepartum, childbirth and immediate puerperium, being the fact in challenge for the instrumentalization and guarantee of women's rights In the field of reproductive health.

In order for women to access health services and have their rights ensured, managers and health professionals need to meet to discuss aspects that lead to significant improvements in women's health, especially during Gestation, to prevent obstetric violence from occurring and to bring losses of any order to the institution, to professionals and, above all, to women, in need of qualified assistance.

In this study, some recommendations were made: to return to the field to retrieve the data; To expand the discussion of obstetric violence in: Perinatal Forums, For health managers; Improvement course in the field of Women's Health, with a focus on coping with obstetric violence and its indicators; discussion of good prenatal, delivery and postpartum practices; Establish flows of care for pregnant women, as recommended by the Ministry of Health, guaranteeing access to the Basic Health Unit, linking referral maternity hospitals, guaranteeing their place; providing transportation and safe transportation, in agreement with local authorities and managers; Discussion forum with the women's movement, articulating the rights of citizenship, knowing good practices in childbirth care (birth plan); presenting the accompanying law (11,108 of April 7, 2005) and the benefits of breastfeeding.

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