PERCEPTION OF THE COMPANION IN RELATION THEIR WELCOMING DURING CHILDBIRTH

PERCEPÇÃO DO ACOMPANHANTE QUANTO AO SEU ACOLHIMENTO DURANTE O PARTO PERCEPCIÓN DEL ACOMPAÑANTE EN SU ACOGIDA DURANTE EL PARTO

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ABSTRACT

Objective: to know the attendant's perception of their reception during labor and delivery. **Method:** this is a qualitative, descriptive, exploratory and cross-sectional study developed with 25 parturient companions. The instruments of data collection were a form and the semi-structured interview. The data was analyzed using the Content Analysis, in the Analysis category. **Results:** the categories "Adequate accompaniment to the needs of the companion" and "Inappropriate accompaniment to the needs of the companion" were identified. **Conclusion:** most of the caregivers felt welcome, were satisfied with the care they received from the health professionals, with the explanations and adequate information of the procedures, interventions performed with the woman patient and reported that the maternity environment met their comfort needs. However, some interviewees pointed out that the reception was not good, that the information and clarifications were not enough or did not exist, on the part of the health professionals, contributing to a negative perception of the reception. The results of this study contribute to policies and programs aimed at humanized care in the pregnancy-puerperal process. **Descriptors:** Labor, Obstetric; Parturition; User Embrace; Women's Health; Humanizing Delivery.

RESUMO

Objetivo: conhecer a percepção do acompanhante quanto ao seu acolhimento durante o trabalho de parto e parto. **Método:** trata-se de estudo qualitativo, descritivo, exploratório e transversal desenvolvido com 25 acompanhantes de parturiente. Os instrumentos de coleta de dados foram um formulário e a entrevista semiestruturada. Os dados foram analisados utilizando-se a Análise de Conteúdo, na modalidade Análise Categorical. **Resultados:** identificaram-se as categorias "Acolhimento adequado às necessidades do acompanhante" e "Acolhimento inadequado às necessidades do acompanhante". **Conclusão:** a maioria dos acompanhantes sentiu-se acolhida, ficou satisfeita com a atenção que recebeu dos profissionais de saúde, com as explicações e informações adequadas dos procedimentos, intervenções realizadas com a parturiente e relatou que a ambiência da maternidade atendeu às suas necessidades de conforto. Porém, alguns entrevistados apontaram que o acolhimento não foi bom, que as informações e esclarecimentos não foram suficientes ou não existiram, por parte dos profissionais de saúde, contribuindo para uma percepção negativa do acolhimento. Os resultados deste estudo contribuem com as políticas e programas voltados para a assistência humanizada no processo gravídico-puerperal. **Descritores:** Trabalho de parto; Parto; Acolhimento; Saúde da mulher; Humanização; Parto Humanizado.

RESUMEN

Objetivo: conocer la percepción del acompañante en cuanto a su acogida durante el trabajo de parto y parto. **Método:** se trata de un estudio cualitativo, descriptivo, exploratorio y transversal, desarrollado con 25 acompañantes de parturienta. Los instrumentos de recolección de datos fueron un formulario y la entrevista semiestructurada. Los datos fueron analizados utilizando el Análisis de Contenido en la modalidad Análisis Categorical. **Resultados:** se identificaron dos categorías: "Acogida adecuada a las necesidades del acompañante" y "Acogida inadecuada a las necesidades del acompañante". **Conclusión:** la mayoría de los acompañantes se sintió acogida, se quedó satisfechos con la atención que ha recibido de los profesionales de salud, con las explicaciones e informaciones adecuadas de los procedimientos, intervenciones realizadas con la parturienta y relató que el ambiente de la maternidad atendió a sus necesidades de confort. Sin embargo, algunos entrevistados apuntaron que la acogida no fue buena, que las informaciones y aclaraciones no fueron suficientes o no existieron, por parte de los profesionales de salud, contribuyendo a una percepción negativa de la acogida. Los resultados de este estudio contribuyen con las políticas y programas dirigidos a la asistencia humanizada en el proceso gravídico-puerperal. **Descriptores:** Trabajo de parto; Parto; Acogimiento; Salud de La Mujer; Parto Humanizado.

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INTRODUCTION

The presence of the companion during the hospitalization of the patient is adopted as one of the essential strategies to soften the hospitalization process. In labor and delivery, the companion should actively participate, be a reliable person, transmit tranquility and assist in the decision-making of the parturient.¹ The presence of the companion, during the pregnancy and puerperal cycle, has repercussions on the quality of care for the newborn and women, reduces child mortality and improves maternal health.²

It is understood that women who have ongoing support during the parturition process are more likely to have spontaneous vaginal delivery, shorter labor, apart from decreasing the chance of analgesia, and dissatisfaction with the birth process.³ The companion can assist with non-interventional methods of pain relief, encouraging, encouraging and supporting women in activities.¹

In view of these benefits, the Ministry of Health assures the presence of the woman's choice companion during labor, delivery and postpartum, in public hospitals and contracted to UHS, as provided as foreseen In Law 11,108, of April 7 2005.⁴

It is recommended, for the companions, to develop their role and contribute to the birth, they need to be welcomed by the team. However, even in the face of the benefits and the right of women, some Brazilian maternity hospitals still prevent the presence of the companions or do not welcome them, depriving the woman of support during the process of labor and delivery.⁵

The reception implies listening to the users in their complaints, in the recognition of their protagonism in the process of health and illness. The host is part of all meetings of health services, which has no place and time to happen. It does not have a specific professional to do it, and it composes one of the directives of the National Policy of Humanization (NPH).⁶

The interest in this issue was suggested through the observation of the non-fulfillment of the rights of parturients and companions. In some cases, it is not allowed the free choice of the companion by the woman and, in others; it is not welcomed adequately by the staff, remaining in the place as a spectator, or someone invisible in the eyes of professionals. In some institutions, their presence is seen as detrimental to the progress of the work of the health team or it is labeled as an agent of

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supervision of the service offered to the woman.

It becomes necessary to understand, given the importance of the presence of the companion throughout the gestation process and, specifically, in labor and delivery: What is the perception of the companion as to their reception during labor and delivery?

The professionals who assist women during labor and delivery can be assisted in the response to this question, to understand the role of the companion, to improve the assistance offered, to contribute to humanization and to increase the scientific collection on the subject.

OBJECTIVE

Knowing the companion's perception of their reception during labor and delivery.

METHOD

It is a qualitative, descriptive, exploratory and transversal study, developed in the South of Minas Gerais, Brazil. Sampling was intentional and the sample, defined by data saturation, was composed of 25 female companions in labor and delivery.

The following inclusion criteria were chosen: to have been accompanying a woman during labor and delivery in the hospital environment, in the study municipality and in the twelve months prior to the survey. The exclusion criteria were: having been accompanying during cesarean section or home delivery and being a health professional.

The pre-test was carried out with four companions who met the inclusion criteria. After analysis, no changes were required to the data collection instruments.

Data collection began with the identification of the participants using the Snow Ball or Snowball technique, in which the first respondent indicates the next and so on.⁷ However, there were difficulties in finding the next companions and in not compromising the sample. At the end, the way of locating them was changed, choosing to identify women who had children in the last year by registering in the Family Health Strategies (FHS).

The mothers were located and questioned about the presence of companions at the time of delivery. Those who had companions provided data for their location (address and telephone number). Participants were located and invited to participate in the survey, scheduling the day and time of choice for the interview.

Data collection began with the completion of a form on the participant's personal and socioeconomic characterization, and after a semi-structured interview was carried out, that contained the following question: "What is your perception of the reception you received as a companion during labor and delivery??".

The data was recorded and the interviews transcribed and analyzed according to Bardin's Content Analysis technique, following the steps: pre-analysis (organization of the material); exploitation of the material (systematic form); treatment of the results obtained and interpretation (discussion and comparison according to the research objective).⁸

It is explained that his work is part of a larger research entitled "Being a woman's companion during labor and delivery" and was approved by the Research Ethics Committee (REC) of the Wenceslau Braz College (FWB) to appear constituted n ° 1. 972, 165, CAAE 64735417.2.0000.5099. In compliance with Resolution No. 466/12 of the National Health Council, the participants signed the Free and Informed Consent Form (FICT).

RESULTS

The participants were characterized as female (68%) as prevalent. The average age of the interviewees was 34.6 years, with emphasis on the professions of the household (28%) and student (20%), with 36% having completed high school and the predominant family income was one to two wages (64%), with the financing of deliveries by UHS for 80% of the sample. Regarding the link between the interviewees and the parturient, 32% are partners, 28% are mothers and 20% are sisters.

Two categories were generated by the interviews: "Accompaniment adequate to the needs of the companion" and "Accepting inappropriate to the needs of the companion".

The category "Accompaniment adapted to the needs of the companion" was divided into four subcategories: "Good reception"; "Adequate explanations"; "Respect for the rights of the companion" and "Adequate organization and comfort".

Sub-divided into the second category, "Inappropriate accompaniment to the needs of the companion", in three subcategories: "Information and clarifications failed", "Lack of attention" and "Discomfort".

DISCUSSION

In the first subcategory, it was noted that "most of the companions felt welcomed by the

health team, which provided satisfaction and recognition, as can be seen in the following speeches.

I was very welcomed, both from the doctors and the nurses. (A9)
We were warmly welcomed into the institution, with people who gave us all the confidence we needed. (A13)
The people who work there, doctors, nurses, most technicians are educated [...]. But this bit I was treated well, whenever I had to leave I could go back. (A16)

It is evident in the speeches that the interviewees felt welcomed by the professionals and the institution, which is in agreement with the data of a survey in which the companions felt well received by the health professionals, possibly due to the absence of conflicts between them, and the perception of the professionals that the support was beneficial for the woman patient and for the health team itself.⁹

It is necessary, in order for the companion to assume his role in the delivery of the child as an active subject, that it be welcomed and recognized as an important part of the process, which needs to be guided, prepared and stimulated by the health team.¹⁰⁻¹¹

In the words of A17, it is shown that the host provides the interaction of the team with the parturient and, consequently, with the companion.

It is difficult to talk about the host at times, but by the attitude and words from the moment we arrived, it was all very well, the treatment she received was good and I too, I felt part of it all, I was able to help and participate, in no time me said they could not be there or help. (A17)

The companions feel satisfied with the experience in the obstetrical center, as they can help the parturient and share a special moment. The perception is influenced by the fact that the caregivers feel well received by the health team, attending to the assistance provided to the woman patient and feel that she was well cared for.⁹

It is observed that, when the companions had the opportunity to follow the actions of the health professionals and verified that everything was happening normally, that the delivery took place as it should and the mother and baby were well, they began to feel calm and satisfied with the care.¹²

The speech of A22 goes against that of the author for reporting the proper execution of the procedures and an integral assistance with demonstration of respect and attention.

I think in the institution that we were I do not know the others, but I felt very good. I

felt as if people were there not only concerned about delivering a child and giving an injection, but they were also worried about what is behind all this, the nurses are very attentive, they were not sloppy, they did the service very carefully [...]. During labor they were very friendly, respectful, it helps people to have a very good perception. (A22)

The companions value the interaction with the professionals responsible for attending the parturients and their companions and they emphasize that this process is positive when their needs and desires of parturients and companions are respected.¹³

It is recalled that one of the recommended actions in the Humanization of Labor and Childbirth Program is the dignified and respectful reception of women and their families at all times during the puerperium and childbirth process, ensuring their well-being and free access to the accompanying person she chose.¹⁴ The accompanying persons emphasize the importance of respect for the right of the woman who was welcomed together with her companion.

We arrived at the emergency room, we made the file and we were attended by a doctor, and she was even nice, sweet. The welcome was good, every time they asked if they were feeling something, if something was missing, if everything was fine, with the baby, with everything. (A25)

Our good, the time I arrived the girl already told me to come in, the doctor came and called me, I found it excellent. (A4)

The welcome was very good, we arrived and was directed by the doctor, so they were already inside what was happening. When we arrived, there was already a nurse ready to put in the bed, to do the first procedures and, from then on, had no moment that we were waiting, every moment there was someone there of the side asking, questioning. We asked them and they answered "it's going to be like this", that anxiety is natural of father and mother, but we did not feel, at any moment, absence or solitude, every moment we had a good contact with the medical body and we felt quite welcomed there. At the time of childbirth, I went along and accompanied, helped to hold her. So they were very receptive to me. (A22)

It is the recommendation of the World Health Organization (WHO), to ensure that the person chosen by the parturient obtains free access during labor and delivery. This recommendation is a proven practice and should be encouraged.¹⁵

The health team should be prepared to receive, stimulate and guide the companion, from the moment of the parturient's

hospitalization, promoting their participation in all dimensions of care, contributing to the companion and the parturient feel more secure and empowered.³

Welcoming is translated, according to the National Humanization Policy of the Ministry of Health (NHP), into the reception of the user in the health services, from their arrival, being fully responsible for them, listening to their complaint and allowing them to express their concerns. It implies providing care with resolve and accountability, guiding the patient and the family and ensuring the articulation with other health services for the continuity of care when necessary.¹⁶⁻¹⁷

Strategies need to be developed to prepare caregivers to assist labor and delivery by initiating this preparation, if possible, in prenatal care, with the intention that the person chosen be participatory and contribute effectively to well-being of the parturient and the birth of the baby, being a provider of parturient support.¹⁰⁻¹⁸⁻¹⁹

Emphasis is placed on the presence of the obstetric nurse who, in addition to attending childbirth, can contribute to the integration of the companion and the family by providing the parturient with the protagonism and respect for their rights as a citizen: human and reproductive rights.¹³

It complements that the performance of health professionals goes beyond the technical procedures and the scientific-theoretical knowledge they possess. The support received from professionals is presented as an important factor in the moment of fragility of the companion and the parturient.¹³

The training and adequate preparation of the professionals who perform at birth for humanized care focusing on the needs of the mother-fetus binomial and its companions.¹⁹

It was reported in the second subcategory, "Adequate explanations", that all procedures were well explained by the professionals, that all doubts were withdrawn, fact that was pointed out in the following statements of the companions.

I liked it, they took my doubts, whenever I needed some things they spoke to me, they guided me, they explained everything right to me. (A5)

Yes, it was very well explained, they ask you some questions, in case you need to donate blood [...]. The nurse explaining all the time what she was going to do. It was cool! (A6)

I remember the nurse very well, she came to me several times, if everything was fine, if I needed anything, I could go out and come back whenever I needed to, the strong

point of this reception I believe is communication, and that was not lacking, it was a lot cool, because I see colleagues say it's not that way. (A20)

Every now and then they answered the questions we asked, they had control of what was to be done, "now let's do it for the baby," they would come and do the things they had to do at the right time [...]. As with me, they asked me a lot of questions, and they gave me all my support, and for others I realized that too. (A22)

About the perception of the reception, they always asked me to calm my sister, always talking, being next to her, always passing step by step of the childbirth. (A10)

It is elucidated that it is necessary that the health team that is assisting the companion and the parturient identify the moments of tension of these, and help them clarifying the doubts, informing the actions and procedure that he / she can carry out with the parturient during the labor and delivery, contributing so that this experience is positive in your life.³

The importance of Nursing in assisting the companion always with good communication and attention is exalted in the statements of the interviewees. The fact that the nurses attend the delivery can contribute to the presence of a companion of choice of the parturient in the process of labor and delivery. Public policies have implemented the insertion of Nursing aimed at a change in the delivery model, which has been confirmed by studies that show that the presence of this professional, associated with institutional changes, generates benefits.^{5- 20}

The nursing team is highlighted, as a facilitator of the process of accepting the presence of the companion, in the process of delivery and postpartum, showing that the positioning of these professionals can be decisive, for the acceptance of the companion and contribute to its effectiveness. The companions express satisfaction on several aspects such as being able to support the parturient, to contribute to the quiet experience in the process, to accompany the assistance provided by the health team, and to feel welcomed by the professionals, evaluating the experience as positive.³⁻¹⁵

It is understood that some of the companions perceive their role during labor in a unique and unique way, independent of the activities performed or not by them. Other caregivers feel as caregivers, since they can help the health team in the care they give to the parturient when she needs it, such as verbalizing words of support, caring,

reassuring her, trying to ease the discomforts caused by contractions.¹²

It is demonstrated that the companions participate actively in the actions of support to the parturient even when they experience some difficulties in the interpersonal relations with the team or in dealing with their own feelings.³

In a study, it was shown that when the companions performed the course of pregnant women and prepared for childbirth, they felt more secure. Most of the practices taught were allowed and encouraged by responsible health professionals. The companions were instructed and performed massages and other methods for pain relief, change of position during labor and alternative positions for childbirth.¹³

The role of mediator is exercised when the companion is welcomed and encouraged to develop comfort actions, negotiating the parturient's wishes with the health team, as well as actively participating in the application of non-pharmacological methods of pain relief.²¹

It is revealed in the third sub-category, "Respect for the rights of the accompanying person", that the participants stress the importance of their participation and of having their law respected by the institution and professionals:

It was really cool, even because the father arrived, and the right is from the father, and so the doctor who was accompanying, she was very cool because it left us both there next, so as soon as the child was born the father took, the mother and then I got it. (A2)

As I was the father I had free access, I would go into the hospital at the time I wanted and I would go to the car to get the bags, upstairs I would move freely, I had access to my wife [...], but I do not know how it is when the companion is not the father in that institution. As I was the father, and other parents who were there too, I noticed they gave free access, freedom. (A22)

I had access to walk there 100%, if I wanted in the middle of the night, early in the morning, in the middle of the day, it did not matter. (A23)

They were very attentive too, the father would come in and get nervous and leave, then he would say: "Mom can come whenever you want" and told us to come in, our little joie, it was a very big care. (A3)

It is pointed out that it is possible to observe in the speeches that the rights of the companions have been respected by the health team, a fact highlighted in the speeches as "free access", which is guaranteed

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by Federal Law No. 11,108 / 05, known as "the law of the companion."²²

It is recognized that the companions feel valued in assisting the parturient in the birth of the baby; some are nervous and anxious, others who could witness this moment become more powerful, intensifying the emotional support they give to the parturient.¹²

The fourth subcategory, "Adequate organization and comfort", is another important aspect, guaranteed by the Law of the Companion, is the inclusion of adequate accommodation and provision of the main meals to the companion of the parturient. This right can be evidenced in the statements below.

We had access to food and it was satisfactory. (A22)

They gave me things to eat, they did not work any time, both lunch and dinner, coffee. (A23)

I had lunch, dinner, coffee, I saw nothing of being mistreated [...]. I had access to food, the food was great, since I joined her, the other day I had coffee with her, lunch, dinner, just the bath I did not take [...]. Motherhood is a race, but I felt good, because I had room to watch television, I could talk to someone. (A25)

But for me it was quiet, I was well received, I had a seat of the person who accompanies me, it's very good. (A6)

The presence of a companion during childbirth is a right guaranteed by law, which recommends that health institutions prepare their environment to ensure the comfort of this.²⁵

It is exposed that the health institutions in Brazil that allow the presence of the companion are those that seek to reduce unnecessary interventions, and that have programmed changes in the ambience and in the furniture, such as having chairs for all the companions.⁵⁻²¹

The organization of physical spaces is necessarily altered when a mode of attention to childbirth and birth is sought which privileges the privacy, dignity and autonomy of the woman when giving birth in a more welcoming and comfortable environment with the presence of companion.²⁴

The conditions of the environment for the humanization of births and births must comply with all these guidelines, as recommended in Resolution No. 36 of June 3, 2008, of Anvisa. Also, it is important to create integrated spaces that allow the best flow, in order to favor multiprofessional teamwork, providing privacy and comfort for women and their

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companions since entering these maternities.²⁴

It was possible to observe in this category the adequate reception to the needs of the companions, because they were satisfied and welcomed by the health professionals, who were attentive, calm, welcoming and passed confidence. They explained all the procedures in a clear way and advising, in advance, all interventions with the guarantee to respect the rights of the companion and the parturient.

The category "Inappropriate accommodation to the needs of the companion" was subdivided into three subcategories: "Information and explanations flawed", "Lack of attention" and "Discomfort".

In the first subcategory, "Information and clarifications failed", some lines where it is perceived that the companions felt a lack of basic information probably due to the lack of correct communication of the professionals, as reported in the statements below.

I did not like it, they did not give me any information, I did not know which bathroom I could use, or where the cafeteria was, they only said it was for me to go downstairs to eat, but they spoke after hours. (A7)

Some do not talk much with us, they think that because they are a father they do not have much interest in what is happening, which is not true. (A16)

It is understood that some companions did not feel welcomed, as certain attitudes persist, which shows the maintenance of relations of inequality and power, revealing some resistance to incorporate this "new" proposal. In this unequal relationship, on the one hand, there is the health professional, holder of the technical-scientific knowledge, valued as necessary to guarantee risk-free care; and, on the other hand, the user of the public health service, who feels compelled to accept, unconditionally, the conduct imposed on him.³

It is worth considering that the little or no information that the companions have about their role of provider of support and knowledge about several aspects that involve the parturitive process, can interfere and reflect in the support and orientations to the parturient.³

It is necessary to use, in this context, the wide dissemination to users of health services having, as a reference, Law No. 12,895, which obliges hospitals to keep information on the right to the companion in a visible place in their premises so that it can exercise social control. At the same time, it is the

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responsibility of health professionals and managers to change attitudes in order to promote compliance with laws related to the companion.⁶⁻²⁶

The problem of lack of information and guidance is illustrated by the lack of information and guidance when accompanying A19 emphasizes the use of a technical language that makes it difficult to understand, and A23 and 25 report that they did not receive guidance.

I was welcomed, but sometimes the students came to talk, but they did not clarify correctly, they spoke more in technical language, you know. Then this question of information, of speaking the language of the other and even putting itself in the place of the other, was much to be desired. (A19)

The directions were more for her, for me she had nothing. (A23)

I did not ask anything, just said the blood type of her, which is the same as mine [...]. (A25)

The guarantee of access to the correct information and in proper language with the accompanying ones in the quality of the assistance to the parturient, and in the reception in network besides UHS ethical commitment, are configured as the accomplishment of the full reception, with the availability of the best technology in health.¹⁶

It was noticed in the reports of the interviewees in the second subcategory, "Lack of attention", that some received little or no attention of the professionals. It is very common for the staff not to recognize the importance of the companion leaving it invisible and without the true value in this process of labor and delivery. The statements below demonstrate the perception of the companions.

Because I am the focus, I am not the focus, so the attention was given exclusively to the pregnant woman. They seldom asked me if I needed anything, but this is totally understandable. (A12)

But it is difficult for us to talk because we are not there for a short time, and sometimes he is so patient that they do not even pay attention to us. (A16)

The companions report that they were not recognized by the team as an integral part of the process of labor and delivery. Some face various difficulties in the care provided by professionals, who present limitations to act in the humanized care model. Despite the companion law, some health professionals and institutions and institutional rules establish restrictions on childbirth accompanied, not

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recognizing the companion as an active member in the process of childbirth.¹³

It is at the mercy of internal criteria of the institution on the presence of the companions and this is a common fact for the pregnant woman and her companion. The following statement evidences this fact.

It was awful, it was like I was not there as a chaperone. Very few times the staff or even the doctor came to talk to me, they just came into the room to touch it. I know that it is the woman's right to have a chaperone during labor and delivery, but at no time did they ask me if I wanted to enter the room when the baby was about to be born, if it were not for me to enter quickly I would not have seen / participated in anything. (A18)

There is a relationship of power on the part of the health professionals, canceling the parturient and the companion as subjects. And, without even understanding what is happening, abide by the decisions of the health professional as to what would be best for the woman and her drink.^{13, 26}

The vaginal touch is censored in an instrumental way, without prior information or permission, as it is an undue appropriation of the female body. It is often a way of demonstrating professional authority and coercing the parturient to collaborate. As a consequence of this behavior, some caregivers and parturients tend to be silent accepting procedures to avoid disturbing the environment.¹³⁻²⁶ This behavior of the professional can be characterized as obstetric violence.

Obstetric violence is characterized by the loss of women's autonomy and the appropriation by the professionals of the body and the reproductive process of women through dehumanization, abuse of the pathologization of natural processes and medicalization leading to the reduction or loss of capacity and autonomy for decide freely about their sexuality and their bodies and negatively impact the quality of life of women.²⁷ When the parturient is not the protagonist of her delivery, due to lack of guidelines and explanations, it is characterized the obstetric violence.²⁸

Finally, in the last subcategory, "Discomfort", which, although the accompanying person is entitled to receive the main meals, and, a place that provides them with comfort while accompanying the parturient, this right has not been respected.

The only thing that happened is that I did not have a meal, only those who have are the person who is there. (A6)

It is alerted that the companion has the right to the meals, however, he does not know the right and ends up not enjoying the same. After ten years of the emergence of the policy of humanization, there are still many barriers that make it difficult for the attendant to be present with the woman at the time of labor and delivery. There is, in many cases, a lack of physical and professional structure that intends to accommodate the caregivers in an adequate manner.²³ Institutions and health professionals should incorporate and apply Law 11,108 / 05 in the development of their care actions.¹⁴⁻²²

It is emphasized that, for this measure to be carried out, it is not enough only the desire of professionals, it is necessary to implement institutional guidelines that require the reorganization of the structure and the involvement of collegial bodies, items observed in a dimension of the Humanization Policy of the Labor and Childbirth.¹⁴⁻²⁹

Apart from not having a decent place to sleep, sleep in that bad seat [...]. Removing the chair went well. (A23)

It is difficult to insert the companion in certain environments, not allowing the stay with the parturient, because the buildings of some hospitals have a structure whose original plan does not allow extensions or changes.¹⁴

It is important to remember that structural inadequacy can not be an impediment to the full exercise of women's citizenship, and it is up to the institution and health professionals to guarantee what is expressed in the legal text regarding the right to the companion during the birthing process.¹¹⁻¹⁴⁻²²

It is necessary to organize spaces so that the environment favors the model in which an attention is sought that privileges the privacy, dignity and autonomy of women in a more welcoming and comfortable environment with the presence of the companion.²⁻¹¹

Thus, it is evident the need for investment in improvements in the ambience and still in qualification of the health team with a focus on valuing and encouraging the presence of the companion, with the guarantee and respect for their rights.²

The lack and lack of information and clarifications for the companion were explained in this category, since there was no guidance, explanations and guidelines of the health professionals. Another very important fact was the lack of attention, because very few times the professional directed the word to the companion, not giving due value to their presence in labor and delivery. It is not yet a reality, in all the institutions, an

environment of rest and adequate food for the companion of the parturient.

CONCLUSION

It was noticed that many interviewees felt welcomed and satisfied with the attention they received from health professionals. Adequate explanations and information on the procedures and interventions performed with the parturient contributed to this perception. The ambience of the institutions met their needs for comfort, therefore, it was identified the respect for the rights of the companions.

It should be noted, however, that not all the interviewees had a good reception, because some reported that the information and clarifications were not enough or did not exist. The recognition of the benefits and the importance of the accompanying ones for the parturient, in some cases, is still ignored and despised by professionals, which causes not receiving the attention and comfort necessary and deserved by the companions.

In the face of respect for the rights of the accompanying person, a change of behavior and conceptions must be made both by the institutions providing childbirth care and by health professionals. Therefore, it is necessary to raise the awareness of the teams involved regarding these rights and the benefits that this conduct can bring to the parturient.

It is known that the health team will assist the caregivers and the parturients from the moment of their arrival, until the moment of discharge in the institution, attending and assisting in all the needs, difficulties and doubts that may arise. For this reason, Nursing professionals must position themselves and contribute, assist and facilitate the process of acceptance of the rights of the companion so that he / she feels more welcomed and respected.

It is necessary for nursing professionals to devote themselves and to deepen their knowledge in more research and studies on the rights of the companion and the parturients throughout the pregnancy-puerperal cycle, since this practice and its benefits are recognized in the literature, by the World Health Organization (WHO) and the Ministry of Health as essential for the humanization of care.

It should be emphasized that the companion relates his / her reception to that of the pregnant woman. Thus, there is a very strong link between them and what happens with any member will influence the other. The companion, observing a dignified and

humane care of the woman in the parturient, is satisfied and feels welcome and, when she observes an inadequate assistance, she is also dissatisfied, regardless of the attention she received.

Difficulty in snowball technique was found, since the respondents did not indicate a next participant. It is worth reflecting on the low divulgation of the role of companion in society. Do the companions do not realize the importance of their role as a support network?

From the moment this difficulty was detected, the researchers went to the data collection in the FHS. However, the institutions did not have records of the companions, only the woman in the parturient. The fact that there are no records of the data of the companions draws attention to the non-recognition of the importance of this member in the life of the mother-fetus binomial.

It should be noted that, although the units do not pay attention to the importance of registration for the companions, this is extremely important, since it can contribute to the care of the woman and her baby because the companion is, most of the time, a person close, intimate, positive link and contributes to the health-disease process.

It is suggested that FHSs take into account the possibility of recording, along with the data of the parturients, the data of the companions chosen to follow the labor and delivery, since this data and information can help the nurse in the care given to the woman and the child.

The rights of pregnant women in the units, such as the presence of the companion, should be publicized, making it possible to fight for their rights, which may occur during prenatal consultations or in health education groups.

It is concluded that it is evident the need to carry out new research on the accompanying theme directed to the puerperium period, which was not the focus of this study.

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