INTEGRATIVE LITERATURE REVIEW ARTICLE

INSERTION OF THE COMPANION IN THE PREGNANT-PUERPERAL PROCESS*

INSERÇÃO DO ACOMPANHANTE NO PROCESSO GRAVÍDICO-PUERPERAL

INSERCIÓN DEL ACOMPAÑANTE EN EL PROCESO EMBARAZO-PUERPERAL

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ABSTRACT

Objective: to identify the scientific evidences that present the importance of the companion during the pregnancy-puerperal process. **Method:** this is a descriptive bibliographic, integrative review study, which includes articles published in Portuguese, found in full between 2013 and 2019, indexed in the BDNF and LILACS databases and in the SciELO virtual library. Data was analyzed from grouping into analytical categories. **Results:** ten articles were selected and classified into two categories: "Preparation of the companion during prenatal care for her active performance in the context of birth" and "Relevant aspects for the insertion of the companion in the pregnancy-puerperal process". **Conclusion:** it was found that the insertion of the companion in the pregnancy-puerperal process is fundamental for the guarantee and effectiveness of steps that guarantee the parturient different benefits, such as reduction of tensions, fears, duration of labor, incidence of postpartum depression and caesarean section. **Descriptors:** Humanizing Delivery; Prenatal Care; Medical Chaperones; Pregnancy; Postpartum Period; Patient Rights.

RESUMO

Objetivo: identificar as evidências científicas que apresentam a importância do acompanhante durante o processo gravídico-puerperal. **Método:** trata-se de um estudo bibliográfico, descritivo, do tipo revisão integrativa, que inclui artigos publicados em português, encontrados na íntegra, entre os anos de 2013 e 2019, indexados nas bases de dados BDNF e LILACS e na biblioteca virtual SciELO. Analisaram-se os dados a partir do agrupamento em categorias analíticas. **Resultados:** selecionaram-se e classificaram-se dez artigos em duas categorias: "Preparação do acompanhante durante o pré-natal para a sua atuação ativa no contexto do nascimento" e "Aspectos relevantes para a inserção do acompanhante no processo gravídico-puerperal". **Conclusão:** constatou-se que a inserção do acompanhante no processo gravídico-puerperal é fundamental para a garantia e efetividade de etapas que garantem à parturiente diferentes benefícios, como a redução de tensões, medos, da duração do trabalho de parto, da incidência de depressão pós-parto e de cesariana. **Descritores:** Parto Humanizado; Cuidado Pré-Natal; Acompanhantes Formais em Exames Físicos; Gravidez; Período Pós-Parto; Direitos do Paciente.

RESUMEN

Objetivo: identificar las evidencias científicas que presentan la importancia del acompañante durante el proceso embarazo-puerperal. **Método:** este es un estudio descriptivo de revisión bibliográfica e integradora, que incluye artículos publicados en portugués, encontrados en su totalidad entre 2013 y 2019, indexados en las bases de datos BDNF y LILACS y en la biblioteca virtual SciELO. Los datos se analizaron desde la agrupación en categorías analíticas. **Resultados:** se seleccionaron diez artículos y se clasificaron en dos categorías: "Preparación del acompañante durante el prenatal para su desempeño activo en el contexto del nacimiento" y "Aspectos relevantes para la inserción del acompañante en el proceso embarazo-puerperal". **Conclusión:** se comprobó que la inserción del acompañante en el proceso embarazo-puerperal es fundamental para la garantía y efectividad de los pasos que garantizan a la parturiente los diferentes beneficio, como la reducción de tensiones, miedos, duración del parto, incidencia de depresión postparto y cesárea. **Descriptor:** Parto Humanizado; Atención Prenatal; Chaperones Médicos; Embarazo; Periodo Posparto; Derechos del Paciente.

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INTRODUCTION

It is known that the pregnancy-puerperal cycle is an event that goes from the conception of the child to its birth and postpartum. This period is considered a remarkable moment in the life of the woman, the father and the family, as it is a unique stage, involving transformations in the physical, psychic and social aspects in the woman's life, with intensified feelings and that requires a humanized professional assistance.^{1,2}

It is understood that the presence of the companion is a practice that encourages qualified care in the delivery, delivery and postpartum period and provides positive aspects for all involved.² It is understood that the welfare of the future mother is a right guaranteed by law and is essential to implement actions that lead to the process of humanization in prenatal, labor and birth itself, as a fundamental living process.³⁻⁵

The Prenatal and Birth Humanization Program (PBHP), established by Ordinance No. 566 of June 1, 2000, was published to ensure that women are recognized as protagonists in the process and that their choices are respected. The objective is to develop actions for the promotion, prevention and health care of pregnant women and newborns, adopting indicators for the assessment of the quality of care that privilege a decent and quality care during pregnancy, childbirth and the puerperium.⁶

Among the principles and guidelines on guaranteeing women's rights, on April 7, 2005, the creation of the Companion Law (Law 11.108), which obliges all health services of the Unified Health System (UHS), own or affiliated network, the permission of the presence of a companion of their choice, who will be present at all times, including prenatal, labor and postpartum.^{7,8}

It is clear that the companion law emphasizes that the parturient woman chooses a person she trusts to accompany her, and may be her partner, mother, friend, doula or any other person who gives support and safety, able to reduce the pain and the feeling of loneliness. It is believed that the companion generates emotional and physical well-being, promoting the humanization of childbirth, relieving tension, contributing to the quality of Apgar scores in the newborn, and increasing the breastfeeding index during breastfeeding.^{2,9}

Even with the law in force for 14 years, many pregnant women and caregivers are unaware of it and, as a result, are not prepared for the moment of birth. In practice, this can be explained by several reasons, among them, the non-execution of prenatal care by the partner, as many professionals are unaware or, even knowing, call the partner, but many do not adhere to the pre Christmas and conversation wheels.^{10,11}

In this context, both the Stork Network and the Companion Law contribute positively to the fulfillment of the insertion of men in prenatal care/meetings, trying to consolidate the crucial change of the mother-child binomial paradigm for the father-mother-child trinomial. As a facilitating aspect, the Partner's Prenatal Guide for Health Professionals, created by the Ministry of Health in 2016, which explains how professionals can include this partner in consultations. This guide instructs that health teams encourage the involvement of the parent/partner in consultations, from their participation in the discovery, birth and postpartum, to monitoring the integral development of the child.¹²

It is noteworthy that one of the intervening factors in the process of insertion of the companion in childbirth is related to their unpreparedness before, during and after labor, and it is not possible to contribute actively due to lack of knowledge about the its role in this period. It is necessary to understand its contribution to the exercise of women's reproductive rights, providing benefits for the parturient, the newborn and her family.

In this perspective, it is believed that the rights of pregnant women, the advantages of the companion's presence and other information should be addressed early, from the prenatal consultations and conversation circles.

OBJECTIVE

- To identify the scientific evidences that present the importance of the companion during the pregnancy-puerperal process.

METHOD

This is a descriptive bibliographic study, integrative literature review, organized and systematized in recommended stages, in compliance with the methodological rigor.¹³

Initially, the following guiding question was formulated: "What is the existing scientific production about the insertion of the companion in the pregnancy-puerperal process?"

This was followed by a literature search and the establishment of inclusion and exclusion criteria. For this study, we consulted the databases Nursing Database (BDENF) and Latin American and Caribbean Health Sciences Literature (LILACS), as well as the electronic library Scientific Electronic Library Online (SciELO), between July and October 2019, with the use of a validated instrument that subsidized the investigation.¹³

The descriptors indexed on the basis of Health Sciences Descriptors (DeCS) were combined: Humanized Delivery; Prenatal Care; Formal Escorts in Physical Examination (Medical Chaperones); Pregnancy; Postpartum Period and Obstetric

Nursing. During the search strategy, Boolean operators AND and OR were employed to identify the themes associated with the guiding research.

Inclusion criteria were used for the refinement of this LIL: articles published in national scientific journals that addressed the insertion of the companion in the pregnancy process, available in Portuguese, found in full and published between 2013 and October 2019.

Publications presented in documentary format, letters to the editor, books, monographs, dissertations and theses were excluded, as were duplicate articles in the evaluated databases, those that were not fully available for reading in the selected databases, as well as those that did not answer the guiding question.

The articles were classified according to the level of evidence: level I - meta-analysis of multiple controlled studies; level II - individual study with experimental design; Level III - study with quasi-experimental design, as non-randomized study with single group pre and post test, time series or case control; Level IV - non-experimental study, such as descriptive correlational and qualitative research or case studies; level V - case report or data obtained systematically, of verifiable quality or program evaluation data, and level VI - opinion of

reputable authorities based on clinical competence or expert committee opinion, including interpretations of non-research-based information.¹⁴

Subsequent steps were systematized (categorization of studies included in the review, interpretation of results and presentation of the review with the synthesis of the knowledge produced)¹³, providing subsidies to identify existing problems in the research area, as well as to implement new scientific and scientific evidence and work practices.

This was followed for data organization and tabulation, a data collection script containing authors, year of publication, article title, objective, main results and level of evidence.

It is noteworthy that the information was extracted through a validated script for systematic organization and, later, the classification into thematic categories.¹³ The ethical aspects of the research were respected, as well as the copyright.

35 articles were identified in BDENF, seven in LILACS, and ten in SciELO. These were, in turn, submitted to the eligibility stage, in which the reading of the abstracts was decisive, resulting in ten publications. Figure 1 shows the flowchart of the selection process of the articles that make up the study.

Figure 2. Flowchart of study selection adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA 2009). Feira de Santana (BA), Brazil, 2018.

RESULTS

52 articles were identified in the searches. Eleven publications were removed for being duplicated in the databases and 31 for not meeting the inclusion criteria (Figure 1).

The final sample consisted of ten articles. From these, 60% (six) were extracted from the electronic library SciELO and 40% (four) from BDENF.

It was possible, in the organization of the selected articles, the construction of two thematic categories: “Preparation of the companion during prenatal care for their active performance in the context of birth” and “Relevant aspects for the insertion of the companion in the pregnancy-puerperal process ” The articles were identified with the letter A, corresponding to “article”, followed by the sequence of increasing ordinal numbers from one to ten.

The articles included in these categories are described, as well as the specifications concerning the authors, the year and country of publication, the type of study, the main results and the level

of evidence of the identified studies, as shown in Figure 2.

It was evidenced that, from the analyzed studies (Figure 2), all were produced by Brazilian authors, being almost all (91.7%) developed by female workers, which corroborates the current scenario of Obstetrics training, consisting mostly of nurses.

It is noteworthy that the publications are indexed in Brazilian journals and most are authored by nurse workers, specializing in the area of obstetric training.

The first selected publications were from 2014 (A1 and A2) and, regarding the quantity of publication, most were published in 2018 (A7, A8, A9 and A10). It is evident that the qualitative study approach was highlighted among the publications (A2, A3, A5, A7, A8, A9 and A10) and that all articles fell into level four of evidence, characteristic of descriptive studies and/or qualitative.

The relevance of the main results in all publications regarding the description of the importance of the companion's insertion during the

pregnancy-puerperal process is verified. In A1, A2, A3 and A4, the theme “respect” was also revealed, and in A1 and A2, the positive points

about home birth, as well as important highlights about “gender violence” as a reality present in the maternity environment during childbirth.

Author	Year	Country	Type of study	Main results	Level of evidence
A1. Oliveira, Damasceno, Moraes, Moreira, Gomes. ²¹	2014	Brazil	Cross-sectional, quantitative and descriptive	Importance of prenatal counseling, companion presence to reduce fear and insecurity. Most of the companions did not perform training to witness the delivery. Emotional support activities predominated.	4
A2. Dodou, Rodrigues, Guerreiro, Guedes, Lago, Mesquita. ¹	2014	Brazil	Cross-sectional, qualitative and descriptive	All study participants were entitled to one companion. Importance of partner at the moment to decrease loneliness and insecurity.	4
A3. Francisco, Souza, Zampieri, Gregorio. ¹⁵	2015	Brazil	Cross-sectional, qualitative, exploratory-descriptive	Strengthening of the bond with the newborn's father, increased security, decreased postpartum depression, importance of prior guidance.	4
A4. Gonçalves, Rocha, Gouveia, Armellinia, Moretto, Moraes. ²³	2015	Brazil	Cross-sectional and quantitative	Most women had a partner and attended prenatal care (99.7%), but without proper guidance. The importance of the child's father at the moment of delivery and the value of the companion were verified.	4
A5. Souza, Gualda. ²⁴	2016	Brazil	Cross-sectional, qualitative and descriptive	Most of the companions were the partner/husband and their presence was a source of support, trust and support in the birth process. Appreciation of women and strengthening of the couple's relationship.	4
A6. Silva, Lima, Silva, Silva. ¹⁹	2017	Brazil	Cross-sectional, quantitative and descriptive	Importance of the presence of the partner, however, they still need to be advised on how to support the parturient, because the lack of information to parents can make it difficult to insert them.	4
A7. Almeida, Brüggemann, Costa, Junges. ²⁵	2018	Brazil	Cross-sectional, qualitative, exploratory-descriptive	Most participants were unaware of the existence of the Companion Law. Absence of the partner in the caesarean section generates dissatisfaction, fear and sadness for both the parturient and the partner. For the most part, this separation is the responsibility of the team.	4
A8. Ribeiro, Sousa, Luz, Coelho, Feitosa, Cavalcante, <i>et al.</i> ²⁰	2018	Brazil	Cross-sectional, qualitative and descriptive	Positive recognition of peers in participating in the process, offering physical, mental, moral and psychological support, safety and comfort and the importance of being present at this unique moment.	4
A9. Santos, Santos, Rennó, Bitencourt, Alves. ¹⁶	2018	Brazil	Cross-sectional, qualitative, descriptive and exploratory	Importance of a welcoming team and the guidelines and explanations of the procedures and interventions performed in the birth process. The companions and parturients were satisfied with the experience.	4
A10. Souza, Wall, Thuler, Freire. ¹⁷	2018	Brazil	Cross-sectional, qualitative, descriptive and exploratory	Prenatal with the function of including the partner and preparing the companion, in addition to empowering the couple before the moment to be experienced.	4

Figure 2. Results found in studies according to authors, year of publication, country, type of study, main results, and level of evidence. Feira de Santana (BA), Brazil, 2019.

DISCUSSION

From the analysis of the articles, two thematic axes were obtained: "Preparation of the companion during prenatal care for her active performance in the context of birth" and "Relevant aspects for the insertion of the companion in the pregnancy-puerperal process".

♦ Preparation of the prenatal caregiver for her active performance in the context of birth

It is noticed that the insertion of the companion in childbirth care is initiated during prenatal care, which should be promoted by health institutions, in order to contemplate the continuation of humanized care until the end of the gestational period.⁷⁻⁸

It is revealed that the preparation of the companion during prenatal consultations is one of the most presented points, in the vast majority of articles analyzed. It was found that the insertion of the companions since the beginning of prenatal care is understood as a positive aspect, since it becomes possible to understand the physiological mechanism of pain, so that they facilitate both for the pregnant woman and for her. the companion many of the actions to be conducted, especially with regard to proper management, such as the use of non-pharmacological methods for pain relief during contraction, delivery and postpartum.^{1,11,15-7}

The studies A1, A9 and A10 showed the importance of encouraging the presence of a companion, preparing them and guiding them from the prenatal period, so that there could be favoring previous knowledge about the pregnancy-puerperal process experienced by women, as well as leaving them able to recognize the physiological changes expected for each gestational period, in order to have positive attitudes in care and support to woman. It can be stated that the companion who is prepared and informed becomes active and participatory to the process of promoting well-being for the parturient and the birth of the baby.^{1,16-7}

It was emphasized in a study,¹⁸ that the guidance received in escort preparation courses is essential to reduce anxiety and provide security during the process of accompanying the pregnant woman. Also relevant in this study is the importance of conducting these preparatory courses by qualified and specialized professionals, in order to adequately prepare the woman (pregnant woman) and the companion, in order to ensure the provision of care and safety for those involved.¹⁸

In articles A1, A3, A6 and A8, it was reinforced that the presence of the father in the context of the birth transmits the indispensable emotional support to the woman during the gestational

period and during the delivery, however, the lack of knowledge about the physiology and mechanisms of the delivery provides a passive presence of the father as a companion. Knowledge about parturition is necessary for effective care.^{15,19-21}

It is understood that, for the acquisition of active participation of the paternal figure during birth, the health team maintains a fundamental role, while this should clarify doubts, demystify myths, provide knowledge to obtain presence stimulation and also, avoid couple fantasies and anxieties and provide care and qualified humanized care.^{1,15,19-20}

It is suggested that, in order to attend and support the father in prenatal care, it is necessary to establish strategies that aim to reduce anxieties, doubts and concerns and provide the relationship between father and son through actions. such as the safety of placing oneself on one's lap, the provision of care, such as bathing, changing diapers and, especially, strengthening the bond between the father-son-mother trinomial.^{1,15,18}

Scientific evidence has shown that the nursing professional should perform the function of transmitting information and guidance during prenatal consultations and maternity, being the mediator of knowledge through the clarification of possible doubts, and should encourage the active participation of the companion in the whole pregnancy-puerperal process.^{1,15} It is believed that the implementation of care strategies in health and maternity units will promote the integration and active performance of the father in postpartum pregnancy.^{1,21}

In this process, the presence of the companion is ratified as a valuable situation that contributes to the emotional state of the woman. Through the support of a trusted companion, the parturient woman finds the strength to proceed with the delivery in a more relaxed and confident manner. During this process, the companion is understood as a fundamental subject for emotional support and safety transmission, as it enables the reduction of the cycle of experiences of tension, fear and pain, reduces the need for the use of drugs and contributes to the reduction of the process and duration of labor and the incidence of caesarean sections as well as postpartum depression.^{7,15,21-3}

♦ Relevant aspects for the insertion of the companion in the pregnancy-puerperal process

The birth is perceived, from the perspective of the companion, permeated by expectations and different feelings that involve emotion, nervousness, anxiety, anguish and fears. This aspect is revealed as a result of the function performed as a companion, associated, in most

situations, with lack of knowledge of labor and apprehension regarding the outcome of birth. It is necessary that the health team is prepared to receive, support, encourage and guide the companion from the beginning of prenatal care until the moment of hospitalization of the parturient and the accommodation.^{15-6,18,22}

For the effective participation of the companion, in A4 and A9, the need for maternities to be aware of the conditions of ambience (integrated spaces that contribute to the best flow) with privacy and comfort for women and their companions was mentioned. It is necessary to offer qualified and humanized care with a focus on valuing and encouraging the presence of the companion and, especially, the guarantee of laws and rights.^{16,22-3}

It was justified, for the situations of absence of companions, in A4, that the main reason was the non-granting of the right by the institutions. It was also observed that the highest percentage of companion presence occurred during the pre-delivery period (97%), followed by follow-up throughout the mother's stay (26%).²³

Among the characteristics/bonds of the companions during labor, delivery and the postpartum period, it was noted that the marital partners were the most frequent, followed by the presence of mothers. It has been found that situations where partners are not present are often justified by the difficulty that some men encounter in coping with complaints of pain and the presence of blood during childbirth.²³⁻⁴

It is noteworthy the finding of A7, which highlighted the presence of negative feelings, such as fear, insecurity, disappointment, anxiety and tension, in situations where the companion (partner) could not follow the delivery, especially in the cesarean delivery situations.²⁵

The support of the companion in the immediate postpartum is ratified with regard to the encouragement and assistance in breastfeeding, the provision of basic care to the newborn and the support of women, as part of a situation that meets the demands, wishes and needs. It is revealed the experience in the recovery room presented in some studies as a moment of pain and suffering, which is mitigated by the presence of the companion, which contributes to the interaction of the mother-child binomial.^{1,22}

Physical and emotional support were found to be some of the main functions of the companion during the parturition process. It was evidenced that helping women to change their position, walking, massaging, emotional support, transmitting affection and stimuli, through the use of words of encouragement and encouragement, helping to perform the exercises. Breathing and sprinkling baths are non-pharmacological methods

that accelerate labor and promote relief from pain, anxiety and stress.^{1,4,11,21-2,24}

It was observed that when the companion participates in the whole process of birth, there is a strengthening of affective bonds, an increase in the family bond between the companion and the newborn, and also the appreciation of woman and the feelings of birth.^{1,11,21-2.24}

It is ratified that professionals who assist women in the pregnancy-puerperal process must be prepared to offer care to the parturient and the companion throughout the process, and, above all, must be able to support and encourage start breastfeeding, guide baby care and provide other necessary care.^{11,24-6}

It is observed that the implementation of the Companion Law is a practice that still needs to be widespread and practiced by the vast majority of health institutions that perform births. Some necessary conditions are necessary to facilitate the propagation and granting of rights practices guaranteed by law during the pregnancy-puerperal process, such as: implementation strategies, such as continuous training focused on improving the work process; the realization of continuing education; the creation of conversation groups and teamwork; the dissemination of care and information about this right, especially in prenatal care and the dissemination of knowledge about the right among health professionals, especially among nurses, nursing technicians and doctors.^{10,22,24,26}

The presence of some methodological limitations were highlighted, such as the types of studies analyzed in this RIL and the level of evidence four, which make it impossible to establish causal relationships, since it is not possible to ensure the temporal sequence of the evaluated events.

These results highlight the importance of the presence of a companion of choice of parturient during the entire pregnancy-puerperal process, in order to promote support, confidence, support, pain relief and safety. It is also emphasized the role of the team in this process, both with the welcome and with the clarifications and information reported during all actions performed. Thus, we realize the importance of this article in the discussion of these aspects through information based and that can guide practices for an improvement in health care.

CONCLUSION

It is concluded that this study found that the insertion of the companion, from the beginning of prenatal care to the process of labor, childbirth and postpartum, is fundamental for the guarantee and effectiveness of stages that assure the parturient different benefits, such as reducing

tensions, pain, fears and insecurities, reducing the use of pharmacological drugs, reducing labor time and the incidence of postpartum depression and caesarean section, among many other benefits that contribute to the supply of humanized and affective care.

It is noteworthy that the companion is an important subject for the process of emotional support, expressed by caring attitudes, words of encouragement and courage, safety, help with the care of the baby and the important role in encouraging supply of breastfeeding. The accompaniment of the marital partner was verified as the partnership that offers more comfort, followed by the mothers of the parturients, bonds that strengthen the trinomial (father-mother-child) and the binomial (mother-child).

It is understood that the health team, especially the nurse and the Nursing team, have important roles in the care process and the provision of humanized and qualified care, as well as in ensuring care throughout the entire pregnancy-puerperal process.

The relevance of this study is noticeable, since there is still a small amount of studies in the scientific literature about this theme that needs to be more widespread, so that more and deeper reflections are obtained, capable of expanding the access of the companion in health institutions, as well as the provision of care, so as to enable a pregnancy-puerperal process based on the fulfillment of the rights and needs of pregnant women, from the beginning of prenatal to postpartum.

It is concluded that, as proposed in this article, the expansion of new approaches with the application of different levels of evidence not identified in this study is necessary.

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