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 BDENF 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.

RESUMEN

Objetivo: identificar las evidencias científicas que presentan la importancia del acompañante durante el proceso gravídico-puerperal. Método: trata-se de um estudo bibliográfico, descritivo, do tipo revisão integrativa, que inclui artigos publicados em portugués, encontrados na integra, entre os anos de 2013 e 2019, indexados nas bases de dados BDENF 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: “Preparación del acompañante durante el período prenatal para su actuación activa en el contexto del nacimiento” y “Aspectos relevantes para la inserción del acompañante en el proceso gravídico-puerperal”. Conclusión: constatóse que la inserción del acompañante en el proceso gravídico-puerperal es fundamental para la garantía y eficacia de las etapas que garantizan a la parturienta diferentes beneficios, como la reducción de tensiones, miedos, la duración del trabajo de parto, la incidencia de depresión pós-parto y de cesariana. Descriptores: Humanizado Entrega; Cuidado Pre-Natal; Acompañantes Formales en 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 BDENF 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 parturienta los diferentes beneficios, como la reducción de tensiones, miedos, duración del parto, incidencia de depresión postparto y cesárea. Descriptores: Humanizado Embarazo; Atención Prenatal; Chaperones Médicos; Embarazo; Período Posparto; Derechos del Paciente.

*Article extracted from the Postgraduate Monograph << Insertion of the companion in the pregnancy-puerperal process >> Athenian College. 2019.
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.3 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.5

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.5,9

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.

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), 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. 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.
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

https://periodicos.ufpe.br/revistas/revistaenfermagem/index
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.

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Country</th>
<th>Type of study</th>
<th>Main results</th>
<th>Level of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Oliveira, Damasceno, Moreira, Gomes</td>
<td>2014</td>
<td>Brazil</td>
<td>Cross-sectional, quantitative and descriptive</td>
<td>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.</td>
<td>4</td>
</tr>
<tr>
<td>A2. Dodou, Rodrigues, Guerreiro, Guedes, Lago, Mesquita</td>
<td>2014</td>
<td>Brazil</td>
<td>Cross-sectional, qualitative and descriptive</td>
<td>All study participants were entitled to one companion. Importance of partner at the moment to decrease loneliness and insecurity.</td>
<td>4</td>
</tr>
<tr>
<td>A3. Francisco, Souza, Zampieri, Gregorio</td>
<td>2015</td>
<td>Brazil</td>
<td>Cross-sectional, exploratory-descriptive</td>
<td>Strengthening of the bond with the newborn’s father, increased security, decreased postpartum depression, importance of prior guidance.</td>
<td>4</td>
</tr>
<tr>
<td>A4. Goncalves, Rocha, Gouveia, Armellinia, Moretto, Moraes</td>
<td>2015</td>
<td>Brazil</td>
<td>Cross-sectional and quantitative</td>
<td>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.</td>
<td>4</td>
</tr>
<tr>
<td>A5. Souza, Gualda</td>
<td>2016</td>
<td>Brazil</td>
<td>Cross-sectional, qualitative and descriptive</td>
<td>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.</td>
<td>4</td>
</tr>
<tr>
<td>A6. Silva, Lima, Silva, Silva</td>
<td>2017</td>
<td>Brazil</td>
<td>Cross-sectional, quantitative and descriptive</td>
<td>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. 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.</td>
<td>4</td>
</tr>
<tr>
<td>A7. Almeida, Brüggemann, Costa, Junges</td>
<td>2018</td>
<td>Brazil</td>
<td>Cross-sectional, qualitative, exploratory-descriptive</td>
<td>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.</td>
<td>4</td>
</tr>
<tr>
<td>A8. Ribeiro, Sousa, Luz, Coelho, Feitosa, Cavalcante, et al</td>
<td>2018</td>
<td>Brazil</td>
<td>Cross-sectional, qualitative and descriptive</td>
<td>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.</td>
<td>4</td>
</tr>
<tr>
<td>A9. Santos, Santos, Rennó, Bitencourt, Alves</td>
<td>2018</td>
<td>Brazil</td>
<td>Cross-sectional, qualitative, descriptive and exploratory</td>
<td>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.</td>
<td>4</td>
</tr>
<tr>
<td>A10. Souza, Wall, Thuler, Freire</td>
<td>2018</td>
<td>Brazil</td>
<td>Cross-sectional, qualitative, descriptive and exploratory</td>
<td>Prenatal with the function of including the partner and preparing the companion, in addition to empowering the couple before the moment to be experienced.</td>
<td>4</td>
</tr>
</tbody>
</table>

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.
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, 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.15-18,22

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.23

The support of the companion in the immediate 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-pharmaceutical 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

https://periodicos.ufpe.br/revistas/revistaenfermagem/index
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 accomplishment of the marital partner was verified as the partnership that offers more comfort, followed by the mothers of the parturientes, 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.

REFERENCES


https://periodicos.ufpe.br/revistas/revistaenfermagem/index


19. Vendrúscolo CT, Kruehl CS. Livre escolha da parturiente pela acompanhante e seus entraves: desafios para a humanização da assistência ao parto e nascimento. Barbarói [Internet]. 2017


Corresponding author
Silas Santos Carvalho
Email: ssc.academico@hotmail.com

Submission: 2019/11/08
Accepted: 2019/12/12

Copyright © 2019 Journal of Nursing UFPE on line/JNOURL. This is an Open Access article distributed under the terms of the Creative Commons Attribution-ShareAlike 4.0 International License. This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. Recommended for maximum dissemination and use of licensed materials.

https://periodicos.ufpe.br/revistas/revistaenfermagem/index