



ORIGINAL ARTICLE

COMPANION'S PARTICIPATION DURING PRENATAL CARE: CHALLENGE FOR NURSING

PARTICIPAÇÃO DO ACOMPANHANTE DURANTE O PRÉ-NATAL: DESAFIO PARA A ENFERMAGEM

PARTICIPACIÓN DEL ACOMPAÑANTE DURANTE EL PRENATAL: DESAFÍO PARA LA ENFERMERÍA

Maria Tavares Guerreiro Davi¹, Lorrainy da Cruz Solano², Patrícia Helena de Moraes Cruz Martins³, Karla Simões Cartaxo Pedrosa⁴, Diana Kerley Cabó Maia⁵, Amélia Carolina Lopes Fernandes⁶

ABSTRACT

Objective: identifying the involvement of the companion of pregnant women during low risk prenatal in a primary care unit of a municipality of Rio Grande do Norte, post as a challenge to the nursing work. **Method:** descriptive, exploratory study with qualitative approach, based on a report of six pregnant women. Data collection was accomplished through interviews with a semi-structured guide with thematic analysis, during the month of September 2010, as approved by the Ethics Committee in research involving humans, with the protocol: 131/2010 and CAEE:3524.0.000.351-10. **Results:** it was found that pregnant women consider it very important the accompaniment of someone close to them, therefore they feel more confident and secure. It showed as the main justification for the absence of that companion to the labor relations of their respective partners, expressing as related to the pregnant woman the responsibility for monitoring, eliminating the need to exempt the husband or other relative to accompany her during the consultations. **Conclusion:** it was perceived that it is of utmost importance to promote the Law 11,108 of 2005 by nurses, as well as considering strategies for inclusion of caregivers during prenatal care, to ensure a humanized assistance to both mother and child as foreseen in the policy of prenatal care and birth humanization. **Descriptors:** pregnancy; prenatal care; obstetrical nursing.

RESUMO

Objetivo: identificar a participação do acompanhante da gestante durante o pré-natal de baixo risco em uma unidade básica de saúde de um município do Rio Grande do Norte posto como um desafio para o trabalho do enfermeiro. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, com base no relato de seis gestantes. A coleta de dados foi por entrevista com roteiro semi-estruturado com análise temática, durante o mês de setembro de 2010, conforme aprovação do Comitê de Ética em pesquisa envolvendo seres humanos, com o protocolo: 131/2010 e CAEE: 3524.0.000.351-10. **Resultados:** verificou-se que as gestantes consideram muito importante o acompanhamento de alguém que lhe é próximo, pois referem se sentir mais confiantes e seguras. Mostrou como principal justificativa da ausência desse acompanhante às relações de trabalho dos respectivos companheiros expressando ser da mulher grávida a responsabilidade do acompanhamento descartando a necessidade de dispensar o marido ou outro parente para acompanhá-la durante as consultas. **Conclusão:** percebeu-se que é de suma importância a divulgação da Lei 11.108 de 2005 por parte dos enfermeiros, como também pensar em estratégias de inclusão do acompanhante durante a assistência pré-natal, para garantir uma assistência humanizada ao binômio mãe-filho conforme prevê a política de humanização do pré-natal e nascimento. **Descritores:** gestantes; cuidado pré-natal; enfermagem obstétrica.

RESUMEN

Objetivo: identificar la participación del acompañante de la gestante durante el prenatal de bajo riesgo en una unidad básica de salud de un municipio del Rio Grande do Norte puesto como un desafío para el trabajo del enfermero. **Método:** estudio descriptivo, exploratorio, de abordaje cualitativo, basado en el relato de seis gestantes. La colecta de datos fue por encuesta con un guión pre-estructurado con análisis temático, durante el mes de septiembre de 2010, conforme la aprobación del comité de ética en pesquisa involucrando seres humanos con el protocolo: 131/2010 e CAEE: 3524.0.000.351-10. **Resultados:** se verificó que las gestantes consideran muy importantes el acompañamiento de alguien que les sean próximos, pues relatan que se sienten más confiadas y seguras. Demostró como principal justificativa de la ausencia de este acompañante las relaciones de trabajos de los respectivos compañeros expresando ser de la mujer embarazada la responsabilidad del acompañamiento retirando la necesidad de dispensar el esposo u otro familiar para acompañarla durante las consultas. **Conclusión:** se percibió ser de extrema importancia la divulgación de la ley 11.108 de 2005 por parte de los enfermeros, bien como pensar en estrategias de inclusión del acompañante durante la asistencia prenatal, para garantizar un auxilio humanizado al binomio madre/hijo como prevé la política de humanización del prenatal y nacimiento. **Descriptores:** mujeres embarazadas; atención prenatal; enfermería obstétrica.

¹Enfermeira. Aluna do Curso de Especialização Em Enfermagem Do Trabalho da Faculdade Redentor. Mossoró (RN), Brasil. E-mail: mariafacene@hotmail.com; ²Enfermeira. Mestre em Enfermagem pelo Programa de Pós-Graduação da Universidade Federal do Rio Grande do Norte. Pesquisadora do Grupo de Pesquisa do Pensamento Complexo da Universidade do Estado do Rio Grande do Norte. E-mail: lorrainycsolano@yahoo.com.br; ³Enfermeira. Especialista em Saúde da Família pela Universidade do Estado do Rio Grande do Norte. Professora da Faculdade de Enfermagem Nova Esperança de Mossoró (RN). Mossoró (RN), Brasil E-mail: patriciahmcmartins@hotmail.com; ⁴Enfermeira. Especialista Saúde Pública pela Faculdade Integrada de Patos. Professora da Faculdade de Enfermagem Nova Esperança de Mossoró (RN). Mossoró (RN), Brasil E-mail: karlapedrosa24@hotmail.com; ⁵Acadêmica do 7º período do Curso de Graduação em Enfermagem da Faculdade de Enfermagem Nova Esperança de Mossoró-RN. Mossoró-RN, Brasil E-mail: sra_dianakerley@hotmail.com; ⁶Enfermeira. Especialista em Enfermagem, Saúde e Segurança do Trabalho pela Faculdade de Enfermagem Nova Esperança de Mossoró (RN). Professora do Departamento de Enfermagem da Universidade do Estado do Rio Grande do Norte. Mossoró (RN), Brasil E-mail: amelia.carol@gmail.com

INTRODUCTION

In the last decades there have been many significant advances and technological and scientific developments that favor the development of human beings, as they increase their life expectancy and streamline the work. However, because of these advances, some events in healthcare are perceived and felt by humanity, including the mechanistic conception of life, the fragmentation of the human being, the emphasis on technology and curative care, among others, contributed to the dehumanization of human beings.¹

In obstetrics, for instance, the current technocratic model does not provide adequate health care that women need and deserve as citizens of law.² It is vital that during pregnancy many changes occur in the body and mind of women, making this period require some special care. Facing this expectation, it is important the presence of a companion of choice by pregnant women, from prenatal appointments to the post - delivery, once that presence guarantees her more confidence and security.³

The permanence of a person with the woman calms, passes on confidence to her, resulting in a reduction of the labor duration, analgesic use and the possibility of postpartum depression, besides maintaining a quiet and cozy, with silence and privacy increasing satisfaction of the woman and helping her develop a positive perception of this event.³⁻⁴⁻⁵

The Ministry of Health (MOH) emphasizes prenatal and encourages women to seek free care through the SUS, and also have a companion of their choice. However, this does not occur in daily practice. All basic health units (BHU) should offer frequent prenatal care, including the holding of free laboratory tests, supply of vaccines and medicines, among other services necessary for their well-being. All these measures aim at improving the quality primary care to pregnant women.

Faced with this expectation, a series of actions were regulated by Law 11,108, April 2005, signed at the Second International Conference on the Humanization of Labor and Delivery. The document emphasizes, among other things, the right of companion presence for all Brazilian pregnant women. Thus the law stands for providing better conditions for obstetric care.²

Given what has been exposed we have listed the following question: How is configured the participation of pregnant

women's companion during prenatal care of low risk who is assisted by a basic health unit in a municipality of Rio Grande do Norte?

From this perspective, pregnant women and professionals of the health team involved in the care process are complex beings, unique beings, diverse, multidimensional subjects belonging to a species, a culture, a society and cosmos, carrying both the unity and cultural, social and individual.¹ Professionals, pregnant women and their families are whole beings, individuals who are part of a whole.

Thus, the objective was trying to identify the role of the companion of pregnant women during prenatal care of low risk in a primary care unit of a municipality of Rio Grande do Norte post as a challenge to the nurses' work, because we believe that the nurse has an important role in disseminating information and care.

It is its (nursing's) duty to perform its function based on humanization, seeking to promote the welfare of human beings, given their freedom, individuality and dignity, striving to ensure respect and implementation of women's rights.⁶

METHOD

It was outlined a descriptive study with a qualitative approach so that the topics are deeper relationships, processes and phenomena, and often can not be quantified, necessitating greater involvement of the researcher and the respondent.⁷

The study was conducted in a Basic Health Unit (BHU), located in São Cristóvão, rural town of Areia Branca/RN. A research has focused on pregnant women registered and followed up, total in six pregnant women, during the period of data collection.

The survey took place during the month of September 2010, using interview techniques, following a semistructured interview guide, which is an instrument for shaping a "conversation with purpose", it should be a facilitator for opening, expanding and deepening communication.⁸

Were used as inclusion criteria: pregnant women registered in the System Monitoring Program for Humanization of Prenatal and Birth - SISPRENATAL - and are attending the service of prenatal low-risk research site, and pregnant women who accept to participate in research by signing the Instrument of Consent - IC (TCLE).

The work respected the ethical principles based on the Resolution 196/96 of the National Health Council, which guides the

research involving human subjects. Data collection was performed only after approval of this project by the Ethics in Research Committee of FACENE / Famene, according to the protocol: 131/2010 and CAEE: 3524.0.000.351-10. Aiming to preserve anonymity, the interviewees were identified by name of flowers.

The interviews were recorded in MP3 and transcribed in its entirety. To analyze the material in the interviews, we used the procedure of thematic analysis which states that the training of analytical categories which historically retain fundamental social relations can be considered guidelines for the knowledge object in its general aspects.⁸

RESULTS AND DISCUSSION

Maternal age was between 16 and 39 years. From those, four women are considered by the Ministry of Health as the ideal for pregnancy, ie, from 18 to 35 years, so that a significant proportion of pregnant women, two of them present risk factors with ages below 18 and above 35 years.¹⁰ Among pregnant women, all of them were married and only two were primiparous.

The data analysis identified three categories regarding the presence of the companion and the existence of the law: the existence of a companion during antenatal consultations, conception of the presence of a companion during antenatal care, knowledge of laws guaranteeing the mothers the right to the presence of a companion.

• On the existence of a companion during antenatal consultations

When questioned about the existence of someone to accompany them during prenatal visits, four pregnant women (equivalent to 66.7%) told us that they are not accompanied by anyone, and two (33.3%) revealed that yes, they are accompanied. Of the two (02) women who confirmed the presence of a companion in the prenatal consultations, one (01) was accompanied by her mother and another by a relative, which in this case was for an aunt. This is a good thing, because it expresses someone closer to her family is also involved and therefore hoping that the gestation process is lived in a more confident and calm way.

The other women who participated in the interview claimed as reasons for the absence of a companion during prenatal consultations, the fact of mates / husbands and mothers to work and why they could not accompany her to the attendance unit. Consider some of the

statements: *"My husband works out [...] He works in Tibau and can not come"* (Daisy), *"The person that should come with me, you understand? Is busy at home doing things, she is very busy [...]"* (Dahlia), *"The reason for the absence of a companion is because people that should come with me work, so all of them have an doesn't have time, okay? Then I'm come alone, understand?"* (Orchid).

What was possible to realize is that the working relationships hamper attendance at prenatal clinics, because it is not accepted that men miss work to assist their wives and children. That is, it is known that in our society where the man has always been linked to a pattern of behavior which constitutes the role of provider and protector. The delegation of the role of father has always been at a more distant secondary plan. So be aware of the pregnancy does not necessarily bind the man to paternity, even when it occurs in the context of a stable relationship.¹¹

Also according to these authors, it is based on these assumptions the idea that prenatal consultation is an exclusive role of women being reinforced, because who needs care is the pregnant woman, and she should be able to take care of herself or have someone taking care of it, but not necessarily their partner.

Given this statement, the data confirm that work is a factor that hinders the participation of parents in prenatal clinics, this time because usually happen on the same trading period, becoming an obstacle to their companions to accompany them.

However, the father also has rights in health services, such as part of prenatal care, receive information about changes occurring in pregnancy - its evolution, the relationship with the woman, problems that might happen - and clarify questions that arise during this period.¹² Thus, the man / father is occupying a place that is rightfully his and providing to his partner the support she needs.

• Conception of the presence of a companion during antenatal

When asked about their vision that they had about the presence of (a) a companion during prenatal care, all pregnant women (100%) said they thought it was very important because its presence certainly would give them more strength, security and confidence. The outline of some of the statements makes clear this idea: *"I think it's very important because it gives us more security to women"* (Margherita) *"I think it gives more confidence, security [...]"* I feel more prepared for what's coming" (Violet), *"It is very important. We feel safer [...]"* is my first child [...]" you understand?" (Dahlia), *"I think so, because we feel*

safer. We sometimes forget to ask certain things and ask can you read" (Tulipa), "I think super important because my mother had ten (10) children, then, since she already has experience, the children they already had, I learn enough things with her. It gives me a lot of security" (Rose) and "I find it important, especially the husband, is not it? But he has no time [...] Then I come alone" (Orchid).

It is important to remember that 33.3% of participants (two women) are pregnant for the first time and one of them defends that the presence of her husband would be very important during this very period, but she insists on claiming that her husband can not really follow it because of his job. This sense of security and tranquility of the mother is directly related to the participation not only of the "new father", but someone she trusts with whom she feels emotionally secure.

In the view of some authors, the lack of technical language and unfamiliar environment of professionals can lead to insecurity in pregnant women, a fact that leads to tension, fear and pain increased and with it the presence of a trusted person (father, mother, relative or friend) more security.³

Discussing this theme, some authors report that the presence of the companion produces beneficial changes in care, as well as positive feelings and emotion strengthening routine actions of humanization in the institution¹³. The Ministry of Health recognizes the benefits and risks related to the absence of a companion during childbirth, recommending efforts to ensure that all pregnant women have a person of their choice during labor and postpartum, to give her safety and comfort.¹⁰

It is noteworthy that such support does not cause any burden to the institution or to the woman. Thus, socioeconomic status is a factor that may limit or prevent its realization, especially in public system.¹³

The recognition of human rights in childbirth has been recorded in various international documents, as published by the World Health Organization (WHO) in 1996, which states that all women have the right to make decisions about their own health, free of coercion and violence, based on more complete information and the right to have access to quality information and services during their pregnancy and childbirth.¹⁴

• Knowledge of laws guaranteeing the mothers the right to a companion

When inquired about knowledge of the right to escort of prenatal, labor, delivery and postpartum, less than half of women (16.7%) said they had this knowledge, in a counter

point, most of them - five - (equivalent to 83.3%) did not know this law.

It is evident that the minority of the women know the right to a companion during their pregnancy with regard to prenatal care, labor, delivery and postpartum, while the majority ignores. It is pointed out that 66.7% of pregnant women even when in second pregnancy with an interval between one and another of less than about 3 years, are still unaware of the law despite having had the opportunity to have contact with information at an earlier period, given that the Act was enacted in 2005.

It is noticed that the areas most should inform the mother about this right, as is the case of UBS and health professionals are considered reliable sources of information, do not effectively or do not volunteer.

Studies related to Law 11,108 of April 2005 showed a deficit mostly included in the process of citizenship and health education, presenting a high rate of women without information on the law and their rights, continuing at the mercy of institutional norms and health staff when they need care during the birth process, losing their autonomy facing this experience.¹⁵⁻⁶

In examining under the scope of human rights it is clear that the right to information is one of the most violated rights for the population in general and especially in case of pregnant women about their right to the presence of a companion during prenatal, labor and delivery, is disregarded.

The poor quality of the interaction between health professionals and women may compromise the security of delivery and maternal and perinatal health. The lack of community information about their human rights strengthens the current obstetric practice characterized by depersonalization of women, impersonality and interventionism.¹⁷

The first step in a paradigm shift in health care in Brazil and to improve the quality of care is the respect for women and their rights. Only when women are in possession of information relating to your body, pregnancy and childbirth and their rights, become able to participate actively in their own delivery process.

Given this context, such as prenatal care at UBS is performed by nurses through consultation, it behooves those instigating this discussion in order to guarantee the right of the humanized assistant to pregnant woman during prenatal. The nursing consultation in pregnancy or outpatient prenatal care is given to women during pregnancy, seeking to care

for the health of the mother-son and companion, preparing them to exercise their new roles in a peaceful and healthy form.¹⁶

The prenatal consultation for pregnant women is not only the opportunity to confirm the course of pregnancy, but also time to present their doubts, fears and feelings about pregnancy, childbirth and motherhood and the pursuit of professional support.¹⁵

In general, prenatal consultation involves simple procedures, the professional can be dedicated to listen to the anxieties and expectations, transmitting at the moment, support for pregnant women and caregivers to strengthen and could lead to pregnancy and other times of the birth process.¹⁸

If the Program for the Humanization of Labor and Delivery / SIS-Prenatal systematizes a more humane care for women before delivery and whether this type of service brings greater security to the mother and helps to reduce the high rates of prematurity and neonatal mortality, health professionals have an extremely important role in this process, putting their knowledge to support these users, being available, and assuming commitment to their health.^{2,20}

For this, the health care team must be qualified, must have technical security, be upgraded and have scientific basis. Must be tuned with new ideas and experiences with new techniques and, above all, recognize that the pregnant woman is driving the process, their participation being essential.^{16,20}

During the consultation and contacts with the mother to the nursing category must heed their calls often expressed through the unsaid, by looks, gestures and reactions. One should remember that in nursing consultation exchanges of experiences in which the nurse is ready to help occur. The nurse receives, hears, touches, holds, is present, he/she identifies some of the knowledge of pregnant women, encouraging expression of feelings, doubts and experiences of pregnant women. Implies on a genuine communication, whether verbal or otherwise, calls and responses.¹⁹

The nurse should be alert, to listen to the unspoken, to be open, capturing the aspirations and together with stakeholders, seek actions that facilitate the experience of this moment, as well as stimulate the active presence of a companion from the consultations prenatal care until delivery.¹⁶

FINAL THOUGHTS

This study revealed that the participation of the companion of the women enrolled in

the researched Basic Health Unit occurs either early, ie, the six women who participated in this investigation only two are accompanied by a family member. Given this assertion and being cognizant of the context studied, after a review of the theoretical framework, it became evident the various benefits associated with the presence of a partner in the process of pregnancy and birth.

During the course of this study it was verified that our results point to a thread implemented by the authors cited in this study aimed to enhance the involvement of the companion during low-risk prenatal.

It was also found that pregnant women who participated in this survey consider of being of major importance presence of a companion during prenatal consultations, as these give them greater confidence and security. The survey also showed that the main reason that hinders the involvement of the companion during antenatal consultations are labor relations, since they do not accept that man or another relative misses work in order to accompany her to the UBS .

It is understood that all health professionals should add efforts in order to encourage this practice. In the process, the nurse, in particular, by more frequent and direct contact with the pregnant woman has an indisputable responsibility and priority as a facilitator. Even if that means the need to change tasks and routines, include stimulation programs and preparation, continuing education for the teaching and practice of these activities.

REFERENCES

1. Morin E. O método 6. Etica. Porto Alegre: Sulina; 2005.
2. Ministério da Saúde (BR). Parto, aborto e puerpério: assistência humanizada à mulher. Manual Técnico. Brasília: Ministério da Saúde; 2001.
3. Kitahara RH, Rossi S, Grazziotin MCB. Participação do pai na gestação, parto e nascimento, uma questão de cidadania [Internet]. Paraná (PR): Centro Universitário Campos de Andrade. 2006 [acesso em 2010 jun 13].Disponível em: www.uniandrade.edu.br/links/menu3/publicacoes/revista_enfermagem/artigo076.pdf
4. Domingues RMS. Suporte emocional no Parto. Saúde em Foco. Rio de Janeiro: Secretaria Municipal de Saúde; 2000.
5. Lowdermil DL. O cuidado de enfermagem materna. 5ª ed. Porto Alegre: Artemed; 2002.

6. Collaço VS. Parto vertical - vivência do casal na dimensão cultural no processo deparir. Santa Catarina: Cidade Futura; 2002.
 7. Seabra GF. Pesquisa científica: o método em questão. Brasília: UNB; 2001.
 8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11ª ed. São Paulo: Hucitec; 2004.
 9. Ministério da Saúde (BR). Conselho Nacional de Saúde, Comissão Nacional de Ética em Pesquisa. Resolução nº 196 de 10 de outubro de 1996: aprova as diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde; 1996.
 10. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Área de Saúde da Mulher. Pré-natal e puerpério: atenção qualificada e humanizada. Manual Técnico. Brasília: Ministério da Saúde; 2005.
 11. Tsunehiro MA, Bonadio IC. A família na rede de apoio da gestante. Fam Saúde Desenv. 1999;1(1/2):103-6.
 12. Diniz CSG. O que nós como profissionais de saúde podemos fazer para promover os direitos humanos das mulheres na gravidez e no parto. [Internet]. São Paulo: Faculdade de Saúde Pública da Universidade de São Paulo, Biblioteca/Centro de Informação e Referência em Saúde Pública; 2003 [acesso em 2010 jun 13]. Disponível em: <http://www.fm.usp.br/departamento/mpr/pdfgesta.pdf>
 13. Bruggemann OM, Osis MJD, Parpinelli MA. Apoio no nascimento: percepções de profissionais e acompanhantes escolhidos pela mulher. Rev de Saúde Pública [periódico na internet]. 2007 out [acesso em 2010 jun 11]. Disponível em: <http://www.scielo.br/pdf/rsp/v41n1/5409.pdf>
 14. Organização Mundial de Saúde (OMS). Maternidade Segura. Assistência ao Parto Normal: um guia prático. Genebra (SUI): OMS; 1996.
 15. Ayres RCV, Pereira S, Ávila SMN, Valentim, W. Acolhimento no PSF: humanização e solidariedade. O mundo da saúde em São Paulo [periódico na internet]. 2006 [acesso em 2010 jun 11];30(2):306-11. Disponível em: http://www.scamilo.edu.br/pdf/mundo_saude/35/acolhimento_psf.pdf
 16. Zampieri MFM. Cuidado humanizado no pré-natal: um olhar para além das divergências e convergências [dissertação]. Florianópolis: Universidade Federal de Santa Catarina; 2006.
 17. Rezende J. Obstetrícia. 8ª ed. Rio de Janeiro: Guanabara Koogan; 2000.
 18. Ministério da Saúde (BR). Coordenação de Saúde Materno Infantil. Programa de Assistência a Saúde da Mulher. Assistência Pré-natal. Manual Técnico. 3ª ed. Brasília: Ministério da Saúde; 2000.
 19. Melo MCP, Dourado CP, Silva AMP, Santos RAA, Santos ALS. Nursing consultation in the pré-natal: women's voice. Rev enferm UFPE on line [periódico na internet]. 2011 [acesso em 2011 mar 21]; 5(2):248-56. Disponível em: <http://www.ufpe.br/revistaenfermagem/index.php/revista/issue/view/39>
 20. Almeida SMO, Ramos MAC, Melo LP, Leite RMB, Abrão FMS. Prenatal care: examining indicators according to criteria of humanization program of prenatal and birth. Rev enferm UFPE on line [periódico na internet]. 2010 mar [acesso em 2011 mar 21]; 4(4):1604-12. Disponível em: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1008/pdf_210
- Sources of funding: No
Conflict of interest: No
Date of first submission: 2011/06/20
Last received: 2011/10/05
Accepted: 2011/10/05
Publishing: 2011/11/01
- Corresponding Address**
Lorrainy da Cruz Solano
Rua Odílio Pinto, 04
Bairro Costa e Silva
CEP: 59626-580 – Mossoró (RN), Brazil