PRESENCE OF A COMPANION FROM THE PERSPECTIVE OF THE WOMAN DURING LABOR, DELIVERY, AND POSTPARTUM

PRESENÇA DO ACOMPANHANTE NA PERSPECTIVA DA MULHER DURANTE O TRABALHO DE PARTO, PARTO E PÓS-PARTO

PRESENCIA DEL ACOMPAÑANTE DESDE LA PERSPECTIVA DE LA MUJER DURANTE EL PARTO, EL PARTO Y EL POSTPARTO

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ABSTRACT

Objective: To understand, from the puerperal woman's perception, the meaning of the presence of a companion during labor, delivery, and postpartum. Method: A qualitative study was conducted with eight postpartum women using the phenomenology method. Results: From the puerperal women's perception, the presence of the companion generates security, support, and sharing the moment with someone; confidence, with physical and emotional support; strengthens the family relationship; generates positive and negative reception by the health team; leads to the search for information about the right to have a companion; and reveals unpreparedness for childbirth. Final considerations: The presence of a companion, from the woman's perspective, guarantees physical and emotional support and strengthens the family relationship. The health team welcomes the companions but, on the other hand, still does not value the importance of the companion's presence. It is necessary to reflect on the challenge of ensuring a companion's presence and the pregnant woman's preparation for a humanized delivery.

Descriptors: Women's health; Obstetric Nursing; Labor; Childbirth; Puerperium.

RESUMO

Objetivo: Compreender, na percepção da puérpera, o significado da presença do acompanhante durante o trabalho de parto, parto e pós-parto. Método: Estudo qualitativo, com a utilização da fenomenologia, realizado com oito puérperas. Resultados: Na percepção das puérperas, a presença do acompanhante gera segurança, apoio e divisão do momento com alguém; confiança, com apoio físico e emocional; fortalecimento da relação familiar; acolhida positiva e negativa do acompanhante.
pela equipe de saúde; busca de informações sobre o direito do acompanhante; despreparo para o parto. **Considerações finais:** A presença do acompanhante, na perspectiva da mulher, garante apoio físico e emocional e, ainda, fortalece a relação familiar. Os acompanhantes são acolhidos pela equipe de saúde, mas, em contrapartida, estes ainda não valorizam a importância da presença daqueles. É preciso refletir sobre o desafio de garantir a presença de acompanhante e a preparação da mulher grávida para o parto humanizado.

**Descriores:** Saúde da Mulher; Enfermagem Obstétrica; Trabalho de Parto; Parto; Puerpério.

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**RESUMEN**

**Objetivo:** Comprender, desde la percepción de la puérpera, el significado de la presencia de un acompañante durante el trabajo de parto, parto y puerperio. **Método:** Se realizó un estudio cualitativo con ocho puérperas utilizando el método fenomenológico. **Resultados:** Desde la percepción de las puérperas, la presencia del acompañante genera seguridad, apoyo y compartir el momento con alguien; confianza, con apoyo físico y emocional; fortalece la relación familiar; genera acogida positiva y negativa por parte del equipo de salud; conduce a la búsqueda de información sobre el derecho del acompañante; y revela falta de preparación para el parto. **Consideraciones finales:** La presencia de un acompañante, desde la perspectiva de la mujer, garantiza apoyo físico y emocional y fortalece la relación familiar. El equipo de salud acoge a los acompañantes, pero, por otro lado, todavía no valora la importancia de la presencia del acompañante. Es necesario reflexionar sobre el desafío de asegurar la presencia del acompañante y la preparación de la gestante para un parto humanizado.

**Descriores:** Salud de la mujer; Enfermería Obstétrica; Trabajo de Parto; Parto; Puerperio.

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From the 20th century, childbirth began to be institutionalized globally, ceasing to be carried out in the family environment to be performed in the hospital, and scientific knowledge gained evidence. In this context, the institutionalization of childbirth generated the aggravation of violence perpetrated against pregnant and parturient women, given factors such as the "superiority of medical knowledge" superimposed on the needs of women, as well as the indiscriminate use of procedures that cause physical and psychological suffering in parturient women and newborns.

The changes have led to the strengthening of interventionist measures, leading parturient women to be cared for only in the physiological sphere, making them passive during the phase of labor and delivery, excluding the presence of family members. Thus, changes in current care practices are necessary to reduce unnecessary interventions and violations of women's rights.

In 1984, the Brazilian Ministry of Health implemented the Integral Assistance Program for Women's Health (PAISM) for a more humanized health practice and to promote women's rights and a better quality of life. As a result, in 2005, Law No. 11,108 was declared, which guarantees, within the Unified Health System (SUS) and partners, that women have the right to have a companion of their choice during labor, delivery, and postpartum.

Federal Law No. 11,108, of April 7, 2005, allows pregnant women the right to a companion during labor, delivery, and postpartum, chosen by her. However, it is also the right of the pregnant woman not to have a companion.

It is noteworthy that, in the care of women, during the phase of the puerperal pregnancy cycle, the presence of a companion is essential for emotional, physical, safety, and welcoming support due to the morphophysiological and psycho-emotional changes experienced during pregnancy. The companion brings multiple benefits, as motherhood has different meanings for each family and can symbolize connection or, for example, the start of a new cycle.

In addition to guaranteeing the right to a companion, the benefits of being accompanied in the labor and birth processes promote security and confidence. These aids impact not only the physiological process of the evolution of childbirth but also the strengthening of family bonds by ensuring the proximity and contact of the companion with the woman and the baby soon after birth. It is, therefore, important that the woman recognizes the companion as a social actor in the process of childbirth and birth and, in an empowered way, requests the fulfillment of her rights during this specific period.

From the above, it is opportune to carry out studies that contribute to qualified assistance to pregnant women, their companion, and their family. Thus, we ask the following question: What is
the perception of the puerperal woman about having a companion during labor, delivery, and postpartum?

**OBJECTIVE**

To understand, from the puerperal woman's perception, the meaning of the presence of a companion during labor, delivery, and postpartum.

**METHOD**

A descriptive field study with a qualitative approach was carried out in an obstetric unit of the Department of Maternal and Child Health Care, a reference center for high-risk pregnancy in the countryside of São Paulo.

The study participants were eight postpartum women recruited during labor, delivery, and postpartum, who had companion support. The exclusion criterion consisted of puerperal women with no psychological or cognitive conditions to participate in the interview observed during the execution of data collection.

At the beginning of each previously scheduled interview, participants were asked to sign an informed consent form or an informed assent form in the case of being a puerperal woman under 18 years. In addition, authorization was requested to record the interview using a tape recorder.

The interviews were carried out based on an instrument composed of sociodemographic data, gynecological-obstetric history, life habits, morbidity history, questions related to the profile of the women's companions, and guiding questions regarding the perception of the puerperal women about the presence of a companion during labor, delivery, and postpartum, in addition to those related to her companion's participation in childbirth preparation programs offered by the primary care network. We also asked about how the companion was welcomed by the health team, the need for the companion's presence in the puerperal pregnancy cycle, and if the presence of a companion favored the bond of the mother-baby dyad.

The method of empirical phenomenological psychology was adopted to establish the understanding of the collected data, confirming or not the research assumptions or answering the formulated questions, expanding the knowledge about the researched subject in articulation with the cultural context of which it is part.

This type of method probes what was experienced by the collaborators and is developed in four stages: initial contact with the interviewee's experience, reflection on what was exposed by the pair, complementary research covering other theories, and, finally, continuous dialogue with other researchers until the subject in question is fully identified. The steps were developed during the
study to understand what having a companion's presence during labor, delivery, and postpartum meant from the perception of the puerperal woman.

The participants were named by the letter "P" (participant) and a cardinal numeral, according to the order of the interviews, to maintain anonymity. The study followed the guidelines of Resolutions 466/12 and 580/2018 of the National Health Council and was approved by the Research Ethics Committee of the Marilia Medical School (FAMEMA) under protocol no. 3.618.459.

RESULTS

Participants were aged between 17 and 42 years, with an average of 27 years. Four declared themselves white, three brown, and one black. The catholic religion was mentioned by four participants, as well as the protestant religion. Half of the participants had completed high school and were married.

Regarding obstetric data, four women had had one to two pregnancies, three had had only one delivery, and an equal number had had two to three deliveries. Three participants had had an abortion. All women underwent prenatal care with six or more consultations and without complications. The participants reported not having participated in courses or lectures on childbirth previously. Only one participant was oriented about the right to have a companion in the parturition process. The instruction took place during the hospital stay.

Regarding the type of delivery, seven women had undergone cesarean section. Concerning comorbidities, six of the participants did not have chronic diseases (75.0%). The chronic diseases reported were arterial hypertension, obesity, and heart disease, in addition to other comorbidities (endometriosis and thrombophilia).

Regarding the companions, the predominant age group was between 30 and 35. Most of the companions were catholic, and five had completed high school. Regarding marital status, four were married. Besides, none of the companions previously participated in courses or lectures on preparation for childbirth.

Six thematic categories emerged from the transcripts and analysis of the interviews with the participants: 1. Security, support, and sharing the moment with someone; 2. Confidence, with physical and emotional support; 3. Strengthening the family relationship; 4. Positive and negative reception of the companion by the health team; 5. Search for information about the right to have a companion; and 6. Unpreparedness for childbirth.

Security, support, and sharing the moment with someone

The participants chose a companion to feel safe at the time of delivery. The companion, in most cases, was the child's father and wanted to be present and participate in the childbirth. Women
reported that, in other pregnancies, they had prenatal care and wanted their partners to be with them on this occasion. They recognized that, in previous pregnancies, they did not have companions by their side, as they were not authorized by the service to have a companion. Some women chose people with a family bond whom they trusted to perform the role of companion. Other participants reported not knowing about the right to have a companion during delivery.

The companions, according to them, conveyed security, physical, and emotional support. They mentioned that when the delivery was by cesarean section, they would not be able to handle the self-care and the care for the baby and, therefore, asked for a companion to stay with them. The women admitted that the companions conveyed tranquility in this sensitive and care-dependent moment when they were anesthetized and did not want to be alone.

From birth and emotional/physical changes, they need help to take care of the baby and almost always lack skills and knowledge about it. They showed strength and courage to live this phase when they were accompanied.

[…] I felt safe because he is my daughter’s father, he wanted to attend the birth, and I am entitled to that. On the other hand, I could not (P1).

[…] we always wanted another pregnancy, so I participated in prenatal care and always wanted him to attend the delivery (P1, P2, P3).

[…] I did not find out about anything. My mother was the one who found out. I didn’t know that I could have a companion. […] I did not choose anyone. She went willingly (P4).

Yes, because he helps me. I had a cesarean, I cannot keep getting up, and he takes the baby and does things for me. This gives me peace of mind (P1, P2, P3, P5, P6, P7, P8).

Confidence, with physical and emotional support

Women reported confidence with the presence of a companion during labor, delivery, and postpartum, providing security and tranquility. They reported happiness and encouragement, knowing their companions were ready by their side. They also stated that, because they had performed a cesarean section, they needed, at that moment, help with the self-care and the care of the baby. They reported feeling powerless because they had physical limitations due to surgery and anesthetic procedures, and, as a result, they depended on someone to help them at that moment. That form of help and support strengthened their marital relationship.

It meant everything. If it was not for her, I don’t even know what it would be like, and how I would react. I felt safe because I thought I couldn’t handle it by myself (P1, P2, P3, P4, P5, P6, P7, P8).

It was very important for the wedding. If I were alone in that room, it would be worse; I was afraid […] we were afraid, insecure, and having someone next to us is always supportive. He could not attend the first birth (P1, P2, P4, P7).
Strengthening the family relationship

For the participants, the presence of a companion meant a lot to the dyad, strengthening the family relationship with the husband or family member. They reported that the follow-up improved the marital relationship and provided comfort and support. Some women mentioned that they had no idea about self-care and care for the baby; thus, with a companion, they felt safer to perform this type of care. Some recognized that, because they had undergone cesarean delivery, they needed help, in general.

[...] being my husband, by my side, is important for the marriage, my daughter, and the relationship. If not, she would be alone, without a father. His presence brings security and comfort. It helps me (P1, P3, P4, P5, P6, P7, P8).

He helped me bond with the baby because I couldn’t do it myself… in my physical state. I feel safe and calmer because there is someone to help me (P2).

Positive and negative reception of the companion by the health team

The participant women reported that the health team welcomed the presence of the companion positively and negatively. Before birth, they reported experiencing waiting for the release of beds, but then they felt welcomed. Some participants reported that the health team was very welcoming and perceived the need for companions to be by their side to help them at that moment.

The participants wanted the babies to be born in the service where they were, as they valued the competent assistance of professionals. They mentioned that the companion law exists, so the team welcomed them. On the other hand, they thought the team might not welcome them so well if it were not for the law. Some participants remembered that, in previous deliveries, the companions could not come in and accompany them.

This hospital has a wonderful team. I attended prenatal care in my city and said I would like to get my baby delivered here (P3).

[...] reacted very well because my mother was the best person to make me company. She reassured me, leading them to understand that my mother had to stay with me (P4).

Oh, thank God, they let my husband stay in here. He was able to support and help me during the delivery and postpartum. In the past, it wasn’t released. This was not allowed. But now they know he can help me and the team too (P5, P6, P8, P2).

Before the birth, I’m not going to blame the team, but we were very let down. I spent three days waiting for a bed. Sometimes it’s not the fault of the nurse or the doctor. Sometimes it’s the hospital itself. Then they got me a bed, and I was already feeling well (P7).

They allowed it because of the law; otherwise, they wouldn’t. Everyone is working, doing surgeries, I guess… I don’t know. They don’t like it (P1).
Some women were interested in knowing more about the right to have a companion and liked to read and search for information on the internet. Others were unaware of the right to have a companion during the puerperal pregnancy cycle. Participants also reported that they received guidance during prenatal care or hospitalization. Others mentioned knowing about the right to have a companion from previous experiences.

I found out about it on the internet. In prenatal care, I've seen some 'signs' informing us that we have the right to have a companion. When my first boy was born, and it's been a long time since then, those signs didn't exist (P1, P2, P3, P8).

I was informed through the high-risk guidance group (P5).

Nobody told me that I could have someone with me. [...] but, before that, I went after it; I tried to find out who could stay or not. I spoke to one of the nurses here at the hospital. [...] they said that I could and was happy, especially being the husband, because is usually a woman who stays (P4, P6, P7).

Unpreparedness for childbirth

Most participants did not participate in a childbirth preparation course during prenatal care. Only one participant reported that she participated, but her companion did not. Nurses carried out the instructions.

We did not participate in a childbirth preparation course or group (P1, P2, P3, P4, P5, P6).

I have — He doesn't. It was the nurses (P7).

No, I didn't even know about it (P8).

DISCUSSION

The sociodemographic characteristics of the participants were similar to those reported in other studies that addressed puerperal woman's perception of the presence of a companion during labor. The analysis shows that healthcare and assistance provided by health professionals and companions are essential to ensure women's comfort, well-being, and security in the parturition process.

The companion's presence is an important form of support during parturition. Many women are exposed to physical, verbal, and psychological violence, racism, institutional prejudice, and "pilgrimage" in seeking healthcare and access to the maternity hospital. In addition, violent actions have also been directed at the neonate.

The participants reported that during the postpartum period, they felt alone, insecure, and unprepared for self-care and to take care of their babies, as they reported going through a transition to effective motherhood. In addition to the surgical and anesthetic procedures, the participants
mentioned their concern with the "surgical cut", which causes them physical limitations, pain, and discomfort.

The childbirth process is intense for women, and it is necessary to have the support of a significant trustful person who can share this moment safely. This support, provided during labor, delivery, and postpartum, is important because experiencing them alone or with unknown people in an unknown environment can cause anguish and fear\textsuperscript{11}.

A study found that a companion's presence during the entire period of the woman's hospitalization in the parturition process brings significant benefits to her, the child, and the companion himself. The sensations of security, strength, tranquility, and feeling more loved by the partner were feelings revealed through the speeches\textsuperscript{12}.

The birth of a child has different meanings for men and women. Sharing this experience will strengthen the relationship between the couple\textsuperscript{13}. Having a companion during childbirth is essential because, at this stage, a new cycle in life begins, making the support of a trustful person essential.

The presence of a companion during hospitalization also eases the tension in the hospitalization process\textsuperscript{14}. During labor and delivery, the companion person must participate actively to convey confidence, tranquility, and help in decision-making.

Sometimes, however, parents do not carry out the activities related to childbirth and remain silent. Still, this process allows for some serene opportunities for parenting and avoids drug interventions to accelerate the clinical course of the labor. The nursing team, therefore, should promote the presence of the father as a companion in the delivery room, clarifying how he can actively help in the birth of the child and how his presence would benefit the entire delivery process, a fact highlighted as positive by the participants of the study\textsuperscript{13}.

In this study, regarding the choice of the companion, five of the eight interviewees chose the child's father; one, the mother; one, the aunt; and one, the sister-in-law. The parturition process is built according to the context in which each woman is inserted. The choice of companion is a personal decision, as it involves social, cultural, family, and emotional issues\textsuperscript{10}. Some women choose their partners to experience this moment with them, as they believe that this is a stage that must be experienced by the baby's parents, giving a new meaning to the value of the family, the couple, and the entire family structure.

Studies show that women who receive frequent support during the parturition process, when compared to those who did not have a companion, are less likely to undergo cesarean section and make use of pharmacological methods; labor time can be reduced; there is greater satisfaction with the experience of the labor and delivery process, in addition to evidence that newborns have better Apgar scores in the first five minutes of life\textsuperscript{15,16}. 
Based on the reports of this study, it is understood that the participants had expectations met by the companions, as they offered physical and emotional support during labor, delivery, and postpartum. The companion's presence provides the woman, at the time of delivery, with a feeling of comfort, reducing insecurities, fears, and anxieties. This presence also favors communication between the patient and the professionals providing care, reaffirming the woman's safety.17

The companion represents fundamental support for the bond between the mother-baby dyad, facilitating a humanized delivery. This is essential as a figure of trust and provides an opportunity to make decisions aimed at qualifying indicators of healthcare improvement.4,18,19

Humanized childbirth aims at appropriate practices and the dignity of the woman, family, and child. It presupposes strategies, such as the skin-to-skin contact of the mother-baby dyad soon after birth, which helps to establish a bond between peers and values maternal physiological processes, such as the delivery of the placenta, reduction of lochia, stimulation of the production of milk and breastfeeding. In addition, it favors the newborn's adaptation to extrauterine life.20 However, it is necessary to emphasize that some children are born healthy and suffer unjustified separation from their mothers due to the attitudes of some professionals who assist them, denying them integral and humanized care.

Health professionals should act to facilitate the transition of this woman during the period of stay in the maternity hospital. They must welcome the companion persons in a positive way.5 However, some companions are not welcomed by the professionals. The professionals' understanding of the need for a companion during labor, delivery, and postpartum is essential. It strengthens the family bond that must be initiated in prenatal care at birth and extended to the puerperal period.21

A study has estimated the prevalence and factors associated with institutional violence against women during childbirth reported by the companion. Most interviewees were male, self-reported white, with an average age of 30 years, with 10 years of study on average, married/in a stable relationship, partner, and the baby's father, who remained beside the parturient, with no previous experience in accompanying childbirth. In addition, most respondents had not participated in a childbirth course or lectures on pregnancy and childbirth. The study's results above show that a companion's presence does not prevent institutional violence and point to the need for macro-structural changes that guarantee violence-free care, with respect for women's protagonism and rights.22

The companion's presence is supported by Law nº 1.459, June 24, 2011. Several social movements support the right to have a companion during the parturition process. The campaign organized by the Network for the Humanization of Birth (REHUNA) defends the right to have a companion of the woman's choice. Although the companion's presence has become a constitutional right included in
the health policy of Rede Cegonha (obstetric and neonatal care), the context of implementation is little known\textsuperscript{23}.

Childbirth is a transition into maternity, as it provides recognition between mother and child, reaffirming the strengthening of the affective bond\textsuperscript{24}. In this way, some women choose their partners to experience this moment with them, as they believe that this is a stage that must be lived by the babies’ parents, giving a new meaning to the value of the family, the couple, and the family structure.

In another study, the companion’s presence helped positively during labor, reassuring and strengthening the woman. Participants reported feeling more secure and confident, and the partner was the preferred companion during delivery\textsuperscript{25}.

Some pregnant or parturient women choose companions of the same sex to help them during the birth process by affinity during this experience. Nonetheless, one should not discard the importance of the father in the care and establishment of the affective bond between mother and child\textsuperscript{26}.

The choice for a partner happens because he helps to develop bonds and appreciates the parturient, which can also favor the relationship since he feels important and needed\textsuperscript{27}.

Most patients do not question professionals regarding the procedures performed. This issue is mostly linked to information about childbirth and the body and the fear of health professionals performing disrespectful procedures. Nurses can use the Birth Plan (BP) to reaffirm the pregnant woman’s right to an opinion and voice, which consists of a document in which the woman exposes her wishes and goals. Thus, professionals working in maternity hospitals must follow the guidelines in the document above, and, if any unforeseen event occurs, the woman must be informed in advance\textsuperscript{21}.

The BP is a strategy to promote women's involvement in preparation for labor and express their expectations and desires related to the course of the procedure. This strategy must be the subject of reflection by the woman/couple to promote responsible and informed decisions\textsuperscript{28}.

Although the guidelines of the World Health Organization (WHO) emphasize good practices of care during labor and birth that have been empirically proven and state that childbirth is a natural event, which does not need control but some form of care, the model of childbirth care in Brazil is still technocratic and physician-centered\textsuperscript{17}. Due to the use of technologies applied to childbirth, the Brazilian Ministry of Health has published recommendations for normal labor so that professionals and institutions that provide childbirth care are respectful and treat the parturient, newborns, and family members with dignity, adopt changes in paradigms, protocols, and attitudes, and promote a healthy, active, and humanized labor.

In the present study, the health team welcomed the participants, demonstrating satisfaction with the care provided. On the other hand, for some women, the experience with health professionals
was not satisfactory, at times related to prenatal care. For them, the obligation of the Companion's Law is the reason for health professionals to accept companions inside the maternity hospital, causing discontentment and, often, poor assistance.

The presence of a companion, especially the father, is sometimes not welcomed within the maternity hospitals, making decision-making available to health professionals, as the idea of power over the woman's body and childbirth is already established. However, the role of the companion is essential for the emotional support of parturient women. Through the companion's presence, the woman can be calmer, less anxious, and find support/strength to conduct labor and delivery more naturally. In this way, a companion's presence supports the pregnant woman, relieves discomfort during the parturition process, and ensures the safety of mother and baby. It is also a beneficial milestone between the pregnant woman and the person chosen to accompany her.

In many institutions, pregnant women do not have the rights above guaranteed and remain alone. The companion's presence is a target of criticism and doubts by some health team members because they do not know how much it contributes to or hinders the care provided to women during the parturition process.

Some health professionals impose restrictions on the companion during the delivery. This act can be considered institutional violence, as it violates patients' rights and, consequently, the law. These women need to be welcomed together with their family members, companions, and children, as they are part of the context in which they are inserted and the transition they are going through. Health professionals must be cordial and understand this moment, being helpful and empathetic.

A study finds that companions feel co-responsible for the woman's better stay in the hospital, highlighting the importance of emotional support and help in practical activities. Regarding humanized childbirth, most puerperal women and companions had never heard of or did not know the meaning of the term, even though they had experienced non-pharmacological pain relief techniques, such as those recommended by the Brazilian Ministry of Health.

Prenatal services play an extremely important role in terms of risk reduction, disease prevention, and health promotion for women and children. In Brazil, prenatal care has universal coverage. However, inadequate and non-comprehensive care is still perpetuated, which can reverse derogatory perinatal indicators. Regarding assistance, there has been greater inadequacy in the care of adolescent, black, less educated, economically weaker, and multiparous women, without a partner, without paid work, and residing in Brazil's North and Northeast regions.

Although advances in obstetric care provide improvements and satisfaction in healthcare, the need for qualification in childbirth care is revealed. The violation of the rights and dignity of the parturient
highlights the complex relationship between the characteristics of the health system, practices, and professional attitudes involved in the childbirth experience\textsuperscript{13,32}.

It is noteworthy that the beginning of the pandemic, caused by Covid-19, interrupted data collection, a fact that limited the participation of more women in the study.

CONCLUSION

A companion's presence during labor, delivery and postpartum proved to be fundamental for ensuring physical and emotional support, comfort, well-being, security, tranquility, and strengthening the family relationship for women in the parturition process.

This study allowed us to understand that the presence of a companion and the care provided to the parturient is essential to favor emotional and physical support, bring about positive feelings for the woman and contribute to the humanization of labor and delivery. Nurses need to value and welcome the demands and feelings of these women and provide a care plan focused on the individual needs of each pregnant woman and parturient, thus providing her with comprehensive care.

It is, therefore, necessary to improve the strategies to guide pregnant women and their families about the human rights of women during childbirth, including the right to have a companion of the woman's choice in the parturition process. Strategies must be applied by the multidisciplinary team involved in maternal and child care. The expansion of this information and the recognition of this right by health professionals and institutions are essential for improving the quality of care and consolidating the humanization of childbirth in the country.

CONTRIBUTIONS

The authors contributed equally to the design of the research project, data collection, analysis and discussion, writing and critical review of the content, intellectual contribution, and approval of the final version of the study.

CONFLICTS OF INTEREST

Nothing to declare.

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