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Reception of companions of women in labor in a high risk maternity ward

Acolhimento dos acompanhantes de mulheres em processo de parto numa maternidade de alto risco

Acogida de los acompañantes de mujeres en trabajo de parto en una maternidad de alto riesgo

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The aim of this study is to describe the reception of companions of women in the process of childbirth and birth in a high-risk maternity. This is a descriptive qualitative research carried out between June and October of 2019, through a semi-structured interview with 12 companions (including nine men) of puerperal women admitted to the obstetric center of a university hospital in southern Brazil. For data organization and analysis, the WebQda software and content analysis proposed by Bardin were used. Four categories emerged: *Ambience and comfort in the companions' view*; *Inclusion of the companion in the care process*; *Appreciation of the role of the companion in the delivery and birth process*; and *Importance of the companion's participation in prenatal care*. Even with the critical and highly complex scenario, which permeates a high-risk maternity, the speech of participants in this research showed that they felt comfortable and welcomed. So, care could be shared between them and the health team.
Descriptors: User Embracement; Humanization of Assistance; Humanizing Delivery; Nursing.

O objetivo deste estudo é descrever o acolhimento do acompanhante de mulheres em processo de parto e nascimento numa maternidade de alto risco. Trata-se de uma pesquisa qualitativa descritiva realizada de junho a outubro de 2019, por meio de entrevista semi-estruturada com 12 acompanhantes (das quais nove homens) de puérperas internadas no centro obstétrico de um hospital universitário do Sul do Brasil. Para organização e análise dos dados utilizou-se o *software WebQda* e análise de conteúdo proposta por Bardin. Emergiram quatro categorias: *Ambiência e confortabilidade na visão dos acompanhantes; Inclusão do acompanhante no processo de cuidar; Protagonismo do acompanhante no processo de parto e nascimento; e, Importância da participação do acompanhante no pré-natal.* Mesmo diante do cenário crítico e de alta complexidade, que permeia uma maternidade de alto risco, a fala dos participantes desta pesquisa evidenciou que os mesmos se sentiram confortáveis e bem acolhidos. De modo que, o cuidado pôde ser compartilhado entre os mesmos e a equipe de saúde.
Descritores: Acolhimento; Humanização da Assistência; Parto Humanizado; Enfermagem.

El objetivo de este estudio es describir la acogida del acompañante de las mujeres en el proceso de parto y nacimiento en una maternidad de alto riesgo. Se trata de una encuesta cualitativa descriptiva realizada entre junio y octubre de 2019, mediante una entrevista semiestructurada con 12 acompañantes (nueve de ellos hombres) de mujeres puérperas ingresadas en el centro obstétrico de un hospital universitario del sur de Brasil. El software WebQda y el análisis de contenido propuesto por Bardin se utilizaron para organizar y analizar los datos. Surgieron cuatro categorías: Ambiente y comodidad en la visión de los acompañantes; Inclusión del acompañante en el proceso de atención; Protagonismo del acompañante en el proceso de parto y nacimiento; e, Importancia de la participación del acompañante en el prenatal. Incluso ante el crítico y altamente complejo escenario que impregna una maternidad de alto riesgo, el discurso de los participantes en esta investigación demostró que se sentían cómodos y recibidos. De esta manera, el cuidado pudo ser compartido entre ellos y el equipo de salud.
Descriptores: Acogimiento; Humanización de la Atención; Parto Humanizado; Enfermería.

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INTRODUCTION

Reception is one of the guidelines of the National Humanization Policy (NHP) released by the Ministry of Health (MH), which recommends that it should be performed by all health professionals at any time, and that this care should be directed not only to patients, but also to their companions[1].

The reception in health services contributes to the development of humanized relationships, promotes construction of bonds between the family, patient and the health team. However, reception is often poorly understood by professionals working in health services, restricting this care to one of the stages of care that occurs at the entrance of services, through receptions and screenings[2].

The presence of companions has always been part of the history of the labor and delivery process, but the institutionalization of these events based on the 20th century's obstetric medical practices culminated in the removal of family members or the social person of women at time of delivery, and what before was a home and family event, became a medical process, surrounded by interventions. However, in recent decades, these models have been rethought through recommendations for good practices in labor and delivery care, and thus family members or people from the social life of women are being reinserted in these scenarios[3].

Since 1996, the World Health Organization has recommended good practices in labor and delivery care, and among these, it encourages institutions to respect the choice of women over their companions during the process of labor and delivery. In Brazil, however, this right came to be respected only later, in the year 2005 when Law No. 11,108 was established, which determines that the services of the Unified Health System (*Sistema Único de Saúde - SUS*), of the public or associated network, are obliged to allow the presence, of a companion with the parturient, indicated by her during the entire period of labor, delivery and immediate postpartum[4,5].

The NPH stresses that it is not enough for institutions to guarantee the right to a companion, but also to promote through spaces to welcome them so that they can maintain moments of meetings, dialogues, relaxation and entertainment, regardless of the type of unit, the which includes emergency rooms, wards, operating room waiting rooms, obstetric centers, among others[1].

From the moment that companions enter the health services, they can become part of the professionals' care. In addition, studies show that welcoming and comforting family members in the hospital environment is a complex object and requires a multidisciplinary approach[2,6].

It is understood, therefore, that knowing how the reception offered to the companions of women in maternity hospitals during delivery and birth process can contribute to confirm the effectiveness of actions already carried out and/or to develop improvements, in order to improve the assistance provided to companions and their families. Given the above, this study aims to describe the reception of the companion of women in the process of childbirth and the delivery of a high-risk maternity ward.

METHOD

A qualitative and descriptive study carried out in a high-risk maternity ward in a university hospital in southern Brazil between June and October of 2019.

The research scenario is a highly complex hospital, so it has support to meet most of the needs of “pregnant women at risk”. The profile of pregnant women cared for at this maternity hospital is of women with chronic illnesses, acute illnesses exclusive to pregnancy, with situations of social vulnerability, pregnant with twins, and others. Regarding the structure of the Obstetric and Gynecological Surgical Center (OGSC) unit, it contains private suites for pre-delivery, delivery and post-delivery, operating rooms, neonatal resuscitation rooms, rooms for clinical treatment and anesthetic recovery[7,8].

Participants in the research, accompanying women admitted to the OGSC, were invited by the researcher during the postpartum period of the women they were accompanying, after explaining the research and signing the Informed Consent Form. The inclusion criteria for the study were: being over 18 years of age and having spent at least 6 hours as a companion of a patient in the ward. As exclusion criteria: not understanding the Portuguese language and not being in emotional conditions to answer the research questions.

Data collection was carried out through semi-structured interviews, in private rooms at the maternity ward, with the following initial request: "*Tell me how you was your reception at this maternity ward during your partner's hospitalization?*" To guarantee confidentiality, the participants received an alphanumeric identification with the letter A (A1, A2, A3, sequential according to the order of the interviews).

For data analysis, the Content Analysis proposed by Bardin[9] was used, composed of three stages: pre-analysis; exploration of the material, treatment and interpretation of results. This analysis allows the identification of thematic categories, which in this study were elaborated and organized with the help of the webQDA software, to support qualitative research, which is based on the development of content analysis[10,11].

The use of the webQDA software is via the internet, without the need to install the program on the computer, and it makes it possible to edit, view, interconnect and organize the collected data. The software offers three main tools: *Source*, space in which the researcher's documents are loaded (interviews transcribed in text documents, videos or images); *Coding*, in which dimensions, indicators or categories can be created; and *Questioning*, a resource that allows the researcher to question the data with elaboration of matrices or word count[9].

In this study, the interviews were audio recorded and transcribed, later the text files were loaded into the software and the *Source* tool was used to characterize the participants and the free coding to define categories. The software also makes it possible to identify "*Reference*" values in the participants' statements, which represents how much of the total interview they referred to a certain topic[9].

This study was approved by the Research Ethics Committee, filling No. 3,320,550. The ethical aspects of Resolution No. 466/12 were respected, with all participants signing the Informed Consent Form.

RESULTS

Of the 12 study participants, nine identified themselves as male and three female with a prevalent age range between 25 to 29 years. Regarding the city of origin, 11 are from Curitiba and only one is from the municipality of Araucária, metropolitan city of Curitiba, both in the state of Paraná. Regarding the self-declared race/color, six identified themselves as white, five as *pardo* and one as black. The most prevalent level of education was complete high school, with seven participants, followed by two with incomplete elementary education, two with complete higher education, and one with incomplete high school education (Table 1).

In relation to occupation, the Brazilian Classification of Occupations (BCO) of the Ministry of Labor and Employment was used, which organizes occupations in large groups. The large group 7 (Workers in the production of industrial goods and services) was the one with the highest number of cases, with 4 companions. When opening the range of occupations of large groups of CBO, it is possible to see that the occupations that appear among the companions are, for example: painter, driver's assistant, cook, and others. Occupations that are not classified on the CBO are distributed in this study within the "*Others*" division, which includes retirees and unemployed[12] (Table 1).

Regarding the social bond with the patient, five said they had a civil partnership, four were legally married, two were the patients' mothers and one was the patient's sister-in-law. When asked about the length of stay as companions, the majority stated that they had been in the maternity ward for more than 24 hours (Table 1).

Table 1. Accompanying women in childbirth and birth in a high-risk maternity hospital, according to the classification of sources of the webQDA software. Curitiba/PR, 2019.

Variables	Amount
Age	
20 - 24 years	2
25 - 29 years	4
30 - 34 years	2
35 - 39 years	2
60 - 64 years	1
75 - 79 years	1
Gneder	
Male	9
Female	3
Hometown	
Curitiba – PR	11
Araucária – PR	1
Educational level	
Elementary (incomplete)	2
High school (incomplete)	1
High school (complete)	7
Higher education (complete)	2
Occupation	
Large group 2 CBO - Science and arts professionals	1
Large group 4 CBO - Administrative service workers	1
Large group 5 CBO - Service workers, salespeople in stores and markets	3
Large group 7 CBO - Workers in the production of industrial goods and services	4
Others - Unemployed	1
Others – Retirees	2
Type of relations with the patient	
Civil partner	5
Sister-in-law	1
Spouse	4
Mother	2
Approximate length of stay in the maternity ward	
6 - 12 hours	1
13 - 18 hours	2
19 - 24 hours	1
Higher than 24 hours	8
Self-reported race/color	
Parda (brown)	5
White	6
Black	1

After analyzing the interviews, four categories emerged: *Ambience and comfort in the companions' view*; *Inclusion of the companion in the care process*; *Appreciation of the role of the companion in the delivery and birth process*; and *Importance of the companion's participation in prenatal care*, represented in Figure 1.

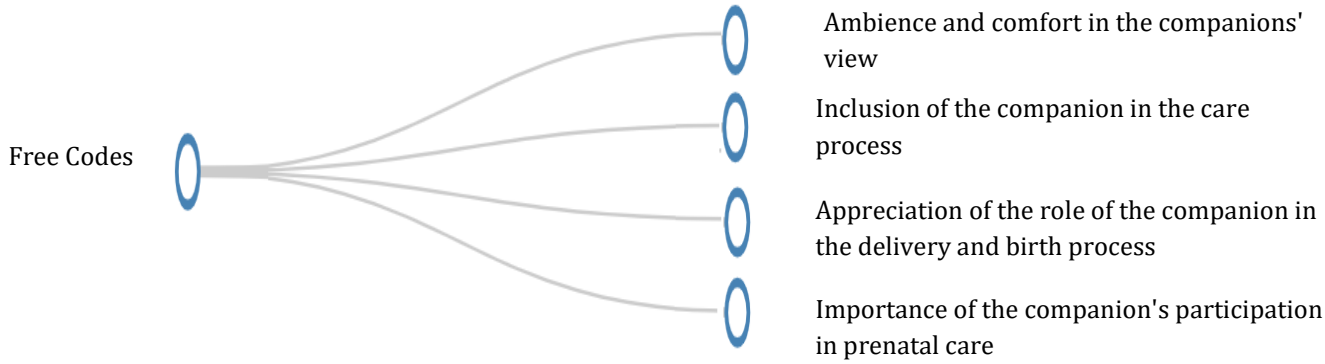

Figure 1. Thematic categories that emerged from the participants' discourse, according to the free code map generated by the webQDA software. Curitiba/PR, 2019.

Ambience and comfort in the companions' view

In this category, the reception offered by the professionals stood out. The participants reported how they were welcomed by the institution's professionals, since they were always available to answer their doubts and questions. They also mentioned that the team was affectionate, respectful and responsive in serving their companions:

All the professionals took care of us well, both her as a patient and I as a companion, the girls are very attentive [...] *they came and said if the baby was close to being born or not.* [...] *Agility in service and calm, especially when the person having the baby needs a calm environment, the maternity professionals are very calm, very calm.* (A3 - Reference - 32.72%).

The delivery was done in the same room too, with the inductions, the doctors came to ask us if we were all right, not only my wife, but me too. [...] at no time was I mistreated, always treated politely, with real affection, I could see on their faces the desire to work, and not to mention that the biggest return for me is taking care of my wife, they took very good care of her , for me is being great. (A7 - Reference - 15.43%).

Participants also valued the physical structure and the food offered to companions, allowing them to sleep and eat comfortably within the institution. The aspects related to hygiene, privacy, organization of the environment and safety were also positively placed by the interviewees, coming to be understood, by the participant A5, as an extension of their home:

It is very good, I did not expect, that until then our reference maternity [cites the name of the other maternity], *I had never come here to this hospital. When I arrived I said our room is here, I was impressed with it. Sometimes we go in private hospitals and it's not like that. The structure here is fantastic.* (A2 - Reference - 16.51%).

Security is our welcoming, I thought it was very nice here, the space, everything, the renovations that were made were very nice. I felt good, it felt normal, like I was at home, it was not a different thing, it was like I was at home. (A5 - Reference - 7.83%).

Very good, the hospital is very organized, very beautiful [...], *everything is sterile, she just left* [the delivery suite] *and the girl* [hygiene team] *has already cleaned it.* [...] *I had lunch, the food was very good. I really liked it here, you know, when I entered here* [the delivery suite] *there was a bed* [reclining chair], *I slept all night. I had a television, I watched a soap opera, I had a bathroom, very well, I slept at ease.* (A6 - Reference - 15.81%).

Inclusion of the companion in the care process

This category is represented by significant statements related to the stimulus received by the companions from the health professionals, so that they participate in the care of the parturients. In some reports, it was also shown that the companion was so comfortable that they felt part of the process and took the initiative to encourage the parturient to use non-pharmacological methods of pain relief:

It was very good, because, I think it's the professionals' job to be helping and showing things, how it has to be done, how it does it. She [patient] *did not want to walk, and then they said to me, 'Dad, take her, and pull her to walk, because she has to dilate and everything', take her to walk because she just wanted to lie down, and lying down does not help in childbirth.* (A9 - Reference - 17.03%)

I stayed with her [...] *helped, took her to the bath, followed her pains, the whole process there I was together,* [...] *I called the nurses, they went into the room and the part was right there. I stayed by the side, looking, asking, helping her to push.* (A10 - Reference - 13.19%)

I stayed together at all times, everything was fine. I was able to follow the delivery, stay with her, help with the balls [Swiss balls], *keep helping her, put it in the shower, in the hot water*. (A12 - Reference - 17.28%)

Appreciation of the role of the companion in the delivery and birth process

It was possible to identify that some participants felt valued by the health team, reported having been included in the stages of the delivery and birth process, which promoted a feeling of belonging to that moment. They also reported that participating in the process contributed positively to the success of the delivery, since the parturient felt safe with the presence of someone she trusted during times of pain:

I was with her [parturient], *the doctor said it is your decision, then he corrected himself and said it is not your decision [...] I participated in the whole process.* (A2 - Reference - 4.93%)

I was very well cared for, without words, care, zeal, not only with her, but with me as an escort [...], *they* [professionals] *put aside what they are doing and come and guide you* [...] *this for me is a beautiful treatment, in fact it made me important, not finding me, but it made me important.* (A7 - Reference - 7.07%)

My presence helped me a lot, because the father ends up calming down, [...] *or someone in the family. I wouldn't want to feel a pain like this and not have anyone in the family, in the middle of a lot of strange people.* [...] *usually when they have the delivery, they ask if the mother is well, but they talk, ask if you are well, you will watch the delivery, you know, they give you the impression that you are also part of it.* (A10 - Reference - 20.93%)

Importance of the companion's participation in prenatal care

In this category, the importance of the family member or person of social interaction of the pregnant woman was evidenced to participate in the prenatal consultations, a time when one has the opportunity to know the legislation and their rights. According to the participants' reports, participating in prenatal care made it possible to know the stages of the labor and delivery process, to know their rights as companions and to be more confident during their stay in the obstetric center:

We did the monitoring and from the nurse there [during prenatal care in primary care], *to the doctors, we always had access to information* [about the right to the companion] [...] *and there was also a sign at the entrance huge at the entrance* [during prenatal care at this maternity hospital]. (A2 - Reference - 9.69%)

There are the newsletters here on the wall [about the right to a companion] *since the beginning that my wife started doing prenatal care here* [during prenatal care at this maternity hospital] [...] *we paid a visit here too and the nurse went very clear that a companion is not just anybody, that a husband is a companion.* (A7 - Reference - 7.79%)

I saw that I had written there on the door, when you enter the emergency room [during prenatal care at this maternity unit] *you have to have a father who is not visiting.* (A10 - Reference - 10.53%)

DISCUSSION

For the Ministry of Health (MH), *Ambience* in health services covers physical, social, professional and interpersonal relationships, and that these must be in harmony to establish a proposal for health actions aimed at welcoming, resolving and humanized. Ambience is a device that contributes positively to work relationships, and consequently to interpersonal relationships, and this includes the relationship between professionals/professionals and professionals/users, as it is a tool that aims to promote healthy, welcoming, comfortable spaces, with privacy and meeting between people[1].

In the category *Ambience and comfortability in the companion's view*, ambience was evidenced in the speeches of the participants when they referred to the good reception received by the professionals, when they were treated with words of affection and kindness. In the A3 interview, for example, the software pointed out a “Reference value of 32.72%”, this demonstrates how significant this theme was for this participant, since more than 30% of all his interview was directed to how well they were attended by the institution's health professionals.

The question of comfort, in this first category, had significant relevance when the participants talked about the physical structure and food offered by the institution to the companions. The notes showed that the institution offers ways to promote comfort and welcome to its users.

This phenomenon may be related to the fact that, in 2019, the institution's OGSC was reformed. The project was planned to increase the comfort of patients, companions and

professionals of the unit. Among the improvements made, there are rooms with humanized delivery equipment, such as one with a bathtub and the other completely suitable for disabled people, large operating rooms, air-conditioned environment and with colorful light, in addition to a new pantry and rest room for the multidisciplinary team[8].

The word comfort is defined as a state of well-being, whereby subjective experience exceeds the physical dimension, and includes basic needs in physical, psychological, social, spiritual and environmental aspects; therefore, the discomfort arises from the non-satisfaction of meeting these needs[13]. The hospitalization of a family member can generate several discomfort situations for the companions, as they will need to adapt to the rules and routines of the institution, and for many people the hospital is a hostile scenario, where they experience situations of anguish and fears, which totally changes their routine, customs and daily habits[13].

Comfortability according to the MH is an important humanization strategy in health services, and it is important to offer comfortable and welcoming environments, in order to provide privacy and individuality for users and workers of a given health service. It is also noteworthy that environmental comfort, through architecture, is one of the main tools for hospital humanization, in which users' living spaces should be valued, through color, light, textures, sounds, and even odors[1,14].

All these components addressed in the category Ambience and comfort in the companion's view act as qualifiers, promoting welcoming, which consequently contributes to the process of producing health and healthy spaces, both for users and for professionals in health institutions[15].

On the *Inclusion of companions on the caring process*, the results showed that the companions in this maternity hospital were included in the delivery and birth process of their partners. For the woman, the presence of a companion promotes, from a physiological point of view, a stimulation of hormonal production, reducing her alertness and anxiety in the face of the unknown, providing more serenity and confidence, influencing more favorable outcomes in the treatments received[16].

In many speeches, words such as "ball", "birthing chair", "bath", "walk", "shower", "hot water" appeared, which demonstrate that the studied institution adopts non-pharmacological measures for pain relief during labor , and that in addition to carrying out such practices, it includes companions in this care, thus promoting humanization in the care of women in the process of labor and delivery. This is in line with the results of a study[15] conducted in the southern region of the country that showed that the presence of a companion is statistically associated with a greater offer of non-pharmacological methods for pain relief in labor[17].

Thus, the National Guidelines for Assistance to Normal Childbirth in the Ministry of Health recommend that the health team assist and guide the companion to be a part of the delivery and birth process, encouraging them to provide physical and emotional support to the parturient[16].

In addition to the physiological point of view, the presence of a companion favors the strengthening of the family bond, a fact that is evidenced in the category *Valuing the Companion in the process of delivery and birth*, speeches in which the participants recognize the importance of their physical presence for their partners. These findings value the recommendations established in the HumanizaSUS proposal on open visits and the right to accompany[18,19].

Many hospital institutions, throughout history, were built based on hierarchical and standardized relationships, with technical and exclusive assistance models. Thus, when a family member is hospitalized, the companion finds themself in an unknown scenario, where they need to adapt to institutional protocols, schedules and routines, which can be manipulated by people who can omit information about what they should, can or cannot do[20].

The humanization policies and rights established for companions and hospitalized people foster changes in these scenarios:

The presence of a companion, visitor, family member or representative of the patient's social network in the hospital environment is undoubtedly a fundamental brand that can change power relationships in health institutions, increasing the level of protagonism of users[18].

For the companion, a good reception by health professionals makes them perceive the hospital space as a safe place, and for professionals it also provides a more comfortable and harmonious work environment, as the companion can be a great ally of care in encouraging to women at delivery[16,18].

In the category *Importance of the companion's participation in prenatal care*, it was clear that it is at this moment that the companions come to know the right of women to have their presence, guaranteed by Law 11,108, of April 7, 2005, which provides for the right of all women attended at SUS services to be accompanied by a person of their choice during labor, delivery and postpartum.

The results of this research differ from the findings of another study that demonstrated that women who had difficulties in having their companions during the labor and delivery, due to professionals who either did not know the rights of the parturient or simply ignored the legislation[21].

CONCLUSION

The results achieved in this study show that the care process of women hospitalized during labor and delivery can be shared between the health team and their companions, for this it is important that they are welcomed and guided, and thus feel comfortable and included in the process of taking care of their partners.

It was also identified that the presence of a companion strengthens the family bond between individuals, an important fact since the family is about to receive a new member, the baby, which raises the need to readjust the family structure and reorganize the routine.

The place of conducting some interviews for data collection may have impacted the attention and concentration of the participants, as they were conducted at the OGSC. Therefore, this aspect is a limitation to be considered in the present study.

In turn, in view of the critical and highly complex care scenario, which permeates a high-risk maternity, the institution studied and the professionals who work in it, do more than comply with the obligation to allow the admission of companions of women hospitalized for the process of labor and delivery, seeks to respect the public policies of good practices in childbirth care and the NHP.

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CONTRIBUTIONS
Dayeny Fernandes Farago contributed to the conception, collection, analysis, interpretation of data and writing. **Silvana Regina Rossi Kissula Souza** participated in the design and revision. **Tatiana Brusamarello** worjed on the conception, analysis and interpretation of data and revision.

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