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RESEARCH

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THE NON-PRESENCE OF COMPANIONS AT CHILDBIRTH: VISION OF HEALTH PROFESSIONALS

A não presença do acompanhante no parto: visão dos profissionais da saúde

La no presencia del acompañante en el parto: visión de los profesionales de la salud

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ABSTRACT

Objective: to describe the reasons alleged by health professionals for the presence of the companion in the delivery. **Method:** descriptive, qualitative study with 29 health professionals who work in a University Hospital in a municipality in the north of Paraná. The data were collected through semi-structured interviews, conducted from May to July 2018. Data analysis was done by the Collective Subject Discourse. **Results:** from the analysis of the data emerged four Central Ideas: The companion not is qualified to be companion, the environment is not appropriate, the pregnancies are at risk, the team decides if the companion enters the cesarean section. **Conclusion:** the professionals' perceptions pointed to issues of the companion's inability to be companion, the hospital not having adequate infrastructure for their presence, being risky pregnancies and in many situations can lead to emergency procedures.
Descriptors: Humanized birth; Patient accompaniments; Maternal and child health.

RESUMO

Objetivo: descrever os motivos alegados pelos profissionais da saúde da não presença do acompanhante no parto. **Método:** estudo descritivo, qualitativo, realizado com 29 profissionais de saúde que atuam em um Hospital Universitário, em um município do norte do Paraná. A coleta dos dados foi por meio de entrevistas semiestruturadas, realizadas de maio a julho de 2018. A análise dos dados foi feita pelo Discurso do Sujeito Coletivo. **Resultados:** a partir da análise dos dados emergiram quatro Idéias Centrais: O acompanhante não é capacitado para ser acompanhante, O ambiente não é adequado, As gestações são de risco, A equipe decide se o acompanhante entra na cesariana. **Conclusão:** as percepções dos profissionais apontaram questões da incapacidade do acompanhante em ser acompanhante,

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do hospital não ter infraestrutura adequada para a presença dele, por serem gestações de risco e que em muitas situações pode levar a procedimentos de emergência.

Descritores: Parto humanizado; Acompanhantes de pacientes; Saúde materno-infantil.

RESUMÉN

Objetivo: describir los motivos alegados por los profesionales de la salud de la no presencia del acompañante en el parto. **Método:** estudio descriptivo, cualitativo, realizado con 29 profesionales de salud que actúan en un Hospital Universitario, en un municipio del norte de Paraná. La recolección de los datos fue a través de entrevistas semiestructuradas, realizadas de mayo a julio de 2018. El análisis de los datos fue hecho por el Discurso del Sujeto Colectivo. **Resultados:** a partir del análisis de los datos surgieron cuatro Ideas Centrales: El acompañante no está capacitado para ser acompañante, El ambiente no es adecuado, Las gestaciones son de riesgo, El equipo decide si el acompañante entra en la cesárea. **Conclusión:** las percepciones de los profesionales apuntaron cuestiones de la incapacidad del acompañante en ser acompañante, del hospital no tener infraestructura adecuada para su presencia, por ser gestaciones de riesgo y que en muchas situaciones puede llevar a procedimientos de emergencia.

Descriptores: Parto humanizado; Acompañantes de pacientes; Salud materno-infantil.

INTRODUCTION

With the arrival of the twentieth century, hospitalization during labor was introduced into society, bringing with it the absence of privacy, where childbirth began to be conducted by health professionals, being unassisted by trusted and familiar people and surrounded by interventions, removing female freedom and the presence of the companion when giving birth, constituting childbirth as a hospital act, promoted by intense medicalization and surgical routines, removing the midwife, the family and reducing the role of women.[1]

Given this new context, several strategies were created, including the implementation of good childbirth care practices, seeking to offer quality obstetric care, aiming at the reduction of interventions and the role of women.[2]

Among the good practices is the encouragement of the presence of the companion in labor and delivery. Given the importance of this practice, the presence of a companion of free choice of women throughout the birth period was established in 2005 by the Federal Government, through Law No. 11.108/05.[3]

In an attempt to rescue the presence of people close to women in the parturition process, the law establishes that the health services of the Unified Health System (SUS), of its own or affiliated network, are obliged to allow the presence, with the parturient, of a woman's free companion during the entire period of labor, delivery and immediate postpartum.[3]

Law No. 11.108, which is currently in force as mandatory in SUS institutions, is sometimes not complied with and there is a shortage of medical records for such assistance.

Survey data Nascer no Brasil (*Born in Brazil*) show that 71.2% of records in hospital birth records omitted information about the companion, and in an interview with the mothers, only 18.8% had continuous companion at all times of delivery.[4]

It is worth mentioning the numerous benefits of the presence of the companion at the moment of labor, delivery and postpartum, including: emotional support, parturient safety, higher likelihood of spontaneous vaginal delivery and lower evolution to cesarean section, lower likelihood of intrapartum analgesia. It also enables shorter labor and high score newborns in the first five minutes of life.[5]

However, it is observed that some health services still do not fulfill the right of the companion, depriving women and newborns to benefit from this practice, contrary to the principles of SUS.

Given this context, the need for further deepening of this theme emerged, aiming to know the understanding of health professionals about the presence of the companion during labor and immediate postpartum, considering the absence of studies with such data. Therefore, this research aims to describe the reasons given by health professionals for the absence of the companion in childbirth.

METHOD

This is a descriptive study with a qualitative approach. This study is part of a larger research project entitled: Perceptions of Health Professionals Regarding the Presence of the Companion in Labor, Normal delivery and Caesarean Section, being this a clipping of the results that encompassed the reasons alleged by the professionals of the absence of companions in childbirth.

The study scenarios were the Obstetric Emergency Room (OER), Maternity and Surgical Center (MSC) sectors of a teaching hospital located in the northern region of Paraná, which has licensing by SUS, serves 21 municipalities of the 17th Health Region, being reference in the state for the delivery of high complexity births. In 2017, 1228 deliveries were performed there, of which 424 were normal deliveries and 604 were cesarean sections. It also has the title of "Child Friendly Hospital".

The study included 29 health professionals who provided direct assistance to women in labor, normal delivery and cesarean section, and worked in these sectors.

The professionals were randomly chosen from the various professional classes. They were personally invited by the researchers, informed about the research objectives, data collection procedures, confidentiality in the processing of information, possible risks and the possibility of interrupting participation at any time, without losses to their work activities. With the agreement, it was requested that the participant signed a free and informed consent form and a copy was kept by the researcher. Inclusion criteria were: being a health professional, providing direct assistance to women in labor, normal or caesarean delivery, being over 18 years old, and the exclusion criteria adopted were: age below 18 years old, not providing direct assistance to women in labor, normal delivery, and caesarean section.

This study was approved by the Research Ethics Committee of the State University of Londrina / UEL, on 12/11/2017, through CAAE No. 76735917.0.0000.5231, according to opinion No. 2.377.176.

Data collection took place from May to July 2018, through semi-structured interview, scheduled in agreement with the professionals and conducted individually in a private room, guaranteeing privacy and minimum interruptions. The guiding questions used in the interview were: "What is your opinion about the presence of the companion during labor, normal delivery and cesarean section?" and "How has been the experience of the presence of the companion?".

The average duration of the researchers' meeting with the professionals was approximately 30 minutes, considering the initial interaction and the interview itself.

The interviews were recorded and at the end of the interviews, the professional was asked to listen to the recording of the interview, guaranteeing him/her the right to change the information, if necessary.

The interviews were fully transcribed by the researchers and were identified with the letter HP (health professional) according to the order of performance, such as HP1, HP2, and so on, respecting the anonymity of the participants.

The data were analyzed using the Collective Subject Discourse (CSD) technique, which is a methodological procedure of empirical social research with qualitative focus, using a discursive strategy, making clearer the social representation, and the way people think.[6]

The presentation of the results is given by one or more first-person singular synthesis-speeches, aiming to express the collective thinking.[6]

For the production of CSD, it is necessary to work with the methodological figures, namely: 1) the Key Expressions (E-ch); 2) the Central Ideas (CIs); 3) Anchorages (ACs); 4) Collective Subject Discourses (CSDs).Thus, the Collective Subject Discourse can be understood as a gathering of key expressions that have in common the same central idea or anchor, in a single speech synthesis, being the Collective Subject Discourse.

RESULTS

Survey participants ranged in age from twenty-two to fifty-one years old; eleven nurses, nine doctors and nine nursing technicians. The professional working time ranged from six months to twenty-nine years and the working time in the sector ranged from fifteen days to twenty-four years.

From the analysis of the reports and the construction of the discourses, four Central Ideas emerged: CI 1 - The companion has no capacity to be a companion, CI 2 - The environment is not adequate, CI 3 - The pregnancies are risky, CI 4 - The team decides if the companion enters the caesarean section.

CI 1 - The companion interferes in the delivery care

Health professionals still show resistance to the presence of the companion in labor, normal delivery and caesarean section. According to the speeches, the companion interferes during the professionals' procedures, besides not being able to understand what is happening.

> CSD 1 - *The companion is not qualified to accompany the patient in the delivery room. He/She only disturbs it. The companion has low understanding, economic class and very low level of information, only generating friction with professionals.* (HP3, HP6, HP7, HP12, HP18)

> CSD 2 - *They're not collaborative, want to give orders, end up pressing. Do not understand medical conduct, discuss conduct that is already established. They think I'm hurting or killing their child, they get aggressive, thinking I'm doing it wrong.* (HP 1, HP3, HP4, HP5, HP11)

CI 2 - The environment is not adequate

The speech below presents the infrastructure as a contributing factor to the non-compliance with the companion law, both in the OER and at the time of cesarean sections.

> CSD 3 - *Not enough physical space to have a companion at all times. The companion goes to the corner of the room. That's not interesting if the place has no structure of its own, because it often takes the place of the anesthetist*. (HP2, HP10, HP22, HP25, HP26)

CI 3 - In high-risk pregnancies the presence of the companion should not be allowed

The following discourse reports that in high-risk pregnancies, the presence of a companion should not be allowed.

> CSD 4 - *The hospital environment is a place where it is not routine to have a companion. In urgency or emergency, it is completely contraindicated. Because they are risky pregnancies, some doctors find it bad or do not allow the companion to enter the procedure.* (HP9, HP12, HP15, HP20)

CI 4 - In cesarean section the decision of the companion is the responsibility of the surgical team

In CSD 5, we observe that the decision-making about the companion's entry is in the hands of the medical team, which

decides whether or not the companion enters the operating room, overriding the federal law on the right of women to the companion.

> CSD 5 - *The surgical team decides whether or not the companion enters, but still has a lot of resistance from the medical side. In cesarean section I think it's not good. It is not good for the team, the patient or the companion, who is nervous about the high-risk surgery; sometimes the baby is born prematurely or badly born, it is complicated, it is not good to enter the operating room.* (HP1, HP4, HP6, HP8, HP10)

DISCUSSION

In this hospital, the right to the presence of the companion in labor, delivery and postpartum is only guaranteed to patients when they are hospitalized in the maternity ward. In the OER and MSC this right is not guaranteed to all women.

It is noteworthy that professionals demonstrate a perception not favorable to the presence of the companion during the birth process.

The speeches indicate that the companion has a lack of information about the physiological events of childbirth and the medical dynamics, preventing him from understanding the medical conduct, thus generating conflict with the health team.

A study conducted in the state of Santa Catarina corroborates this finding, as it identified that professionals think that the companion should have a previous knowledge of the labor and delivery process, but this perception may be a consequence of the values and individual beliefs of each professional.[7-8] In contrast, another study found that even professionals having a negative understanding of the presence of the companion, their presence was beneficial, even without guidance and without prior knowledge.[9]

However, it is noteworthy that the "no" preparation of the companion cannot be an impediment to being with the woman at the so important moment that is childbirth.[10]

The physical structure was also pointed as an impediment, as they claim that in the operating room, there is no room for the companion, who takes the place of the anesthesiologist, making it difficult to assist the parturient at the time of surgery, and in the OER there is no space or armchairs for the companions.

The "inadequate physical space" of the OER may actually be inappropriate for the companion to stay, as this space does not favor his or her privacy, but it is emphasized that the reorganization of this space by the health service is necessary to provide the presence escort and law enforcement, providing a warm and comfortable environment[11], respecting the privacy of the parturient and other women in the same place. However, the MSC, where cesarean sections occur, has enough space to receive and accommodate the companion without the need to stay in the same physical space as the anesthetist.

The physical / structural inadequacy cannot be an impediment to the presence of the companion, being the service / managers the guarantee of this right.[4,12]

A study conducted in health institutions in Santa Catarina where they do not allow the presence of the companion also pointed out as main aspects of this disallowance the inadequate physical structure, lack of support from the management and the professionals involved.[13]

It is noteworthy that through the speeches of the professionals, no woman would have her right guaranteed, since all those attended at the referred hospital are at high-risk and, according to the professionals, in the high-risk pregnancy, the companions should not stay with the women.

High-risk pregnancies, according to the Ministry of Health, have an increased risk of unfavorable maternal and fetal outcomes, but with appropriate prenatal care and follow-up, the chances of an unfavorable pregnancy outcome are significantly reduced. Although the risk is higher, the Ministry of Health advises the presence of the companion at all times of pregnancy, being prenatal, childbirth or puerperium, regardless of gestational risk, because studies already indicate the benefits of it for the parturient and the newborn baby.[14]

The opposite attitude of the professionals towards the companion in this hospital is due to the possible maternal-fetal complication at the time of cesarean section, which is higher in high-risk pregnancy when compared to the usual risk of pregnancies. The team's only priority is the survival of the mother and child, regardless of the patient's well-being and wishes.

The law about the companion does not specify the companion in cesarean delivery, but is valid for both types of pregnancy outcomes, but greater resistance is seen to the presence of the companion in the operating room than in the normal delivery room.

In the present study, we observed that non-permission during cesarean section comes from a single professional category, thus not recognizing that women have this right guaranteed by law.

Ignorance of the law, its misinterpretation and the change in hospital routine are also reasons found for the non-permission of caregivers by health professionals.[15]

The woman and the companion are submissive to the decision of the professionals, who decide who enters or not, establishing a power relationship over the delivery and the woman's body16, thus, the birth scenario is unknown to the parturient, but convenient for health professionals[13], making the parturient subject to unnecessary interventions that can negatively impact maternal and fetal outcomes.[17]

Professionals' restriction of the companion in cesarean section may result from the biologicist view that childbirth is a medical act and not a family event, thus not allowing lay people.[18]

The decision of the professional who uses her authority and position within the health service, deciding which companion enters and/or when he/she enters cesarean

section, precludes the legal right of women, characterizing as a violation of rights.[19]

It should be noted that allowing or not the presence of others who are not part of the health team, allows professionals to save themselves from situations that can go beyond their control[20], because in the CC environment it is not normally allowed the presence of anyone besides the people in the hospital environment. Professionals associate the presence of the companion with changes in the work process. [21]

One study found that early skin-to-skin contact occurred 2.4 times more often when the companion was present at caesarean section, thus encouraging good practice at birth.[17]

The presence of the companion during labor and delivery is a booster for the adoption of other good practices, favoring the reduction of interventions during the birth, so it is essential that the maternities adapt and really establish the guarantee of the companion's right for all women.

FINAL CONSIDERATIONS

In the view of health professionals, companions should not remain in the birth process because of the inability of the companian to be a caregiver, because the hospital does not have adequate infrastructure for their presence, because they are high-risk pregnancies and that, in many situations, can lead to procedures such as cesarean sections.

Most professionals are still resistant to the presence of the companion, but there is greater resistance during cesarean section.

This study presented as a limitation the fact that it was performed only with health professionals and in a single health service. It is noteworthy that future studies should be conducted seeking the perspective of other people involved in birth, including the woman herself and her companion.

The findings of this work contribute to the professionals, as well as to the health service, considering that it guides ways to implement measures that can contribute to the respect of women's rights at all times, either through the sensitization of professionals or by changes in physical structure.

It is well known that the presence of a woman's free-choice companion during the birth process has numerous benefits, so it is necessary for the hospital to make efforts to ensure the companion's presence in the OER with the adequacy of the physical environment and during caesarean section, in the MSC, by allowing all escorts to enter. Attending to this good practice is paramount to achieving healthy births.

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