



Presence of a companion during the process of labor and childbirth: analysis of practice

Presença do acompanhante durante o processo de parturição e nascimento: análise da prática

Presentación del acompañante durante el procedimiento de parto y nacimiento: análisis de la práctica

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ABSTRACT

Objective: to examine the practice of having a companion present during childbirth. **Method:** this cross-sectional study was conducted with 586 postpartum women at a university hospital. Data were collected, from February to September, 2016, using structured questionnaires, patient medical charts and antenatal records, and were analysed using Chi-square and Cochran's Tests. **Results:** 86% had a companion present. Being informed of the right to a companion was more frequent in the Obstetric Center and Obstetric Ward. No significant relationship was found between knowledge of the Companion Law and number of antenatal consultations. Companions were present least often in the postpartum recovery room, due to absence of the companion and to permission not being given. Companions were most often the women's partners. No significant relation was found between the presence of a companion and analgesia, delivery type or Apgar. **Conclusion:** understanding the benefits of having a companion is paramount, as are incentives and encouragement for implementing evidence-based practices. **Descriptors:** Obstetric nursing; humanized birth; hormonal escorts on physical exams; humanization of care.

RESUMO

Objetivo: analisar a prática da presença do acompanhante durante o processo de parturição. **Método:** estudo transversal, desenvolvido em hospital universitário com 586 puérperas. Para a coleta de dados, utilizaram-se questionário estruturado, prontuário e carteira pré-natal, no período de fevereiro a setembro de 2016. Para análise, utilizaram-se os Testes Qui-quadrado e de Cochran's. **Resultados:** 86% tiveram acompanhante. A informação sobre o direito do acompanhante foi mais frequente no Centro Obstétrico e Internação Obstétrica. Não houve relação significativa entre o conhecimento da Lei de Acompanhante e o número de consultas pré-natal. Onde houve menor frequência de acompanhante foi na sala de recuperação pós-parto, devido à ausência do acompanhante e à não permissão. O companheiro foi o acompanhante mais frequente. Não houve significância quanto à presença do acompanhante e realização de analgesia, o tipo de parto e o Apgar. **Conclusão:** a compreensão dos benefícios do acompanhante é primordial, bem como o incentivo e estímulo para a implementação de práticas baseadas em evidências. **Descritores:** Enfermagem obstétrica; parto humanizado; acompanhantes formais em exames físicos; humanização da assistência.

RESUMEN

Objetivo: analizar la práctica de la presencia del acompañante durante el proceso de parto. **Método:** estudio transversal, desarrollado en un hospital universitario con 586 puérperas. Para la recolección de datos, se utilizaron un cuestionario estructurado, un registro médico y libreta prenatal, en el período de febrero a septiembre de 2016. Para el análisis, se utilizaron Pruebas Chi-cuadrado y de Cochran's. **Resultados:** el 86% tuvo acompañante. La información sobre el derecho del acompañante fue más frecuente en el Centro Obstétrico e Internación Obstétrica. No hubo relación significativa entre el conocimiento de la Ley del Acompañante y el número de consultas prenatal. El sitio que presentó menor frecuencia de acompañante fue la sala de recuperación postparto, debido a la ausencia del acompañante y al no permiso. El compañero fue el acompañante más frecuente. No hubo significancia en cuanto a la presencia del acompañante y la realización de analgesia, el tipo de parto y el Apgar. **Conclusión:** la comprensión de los beneficios del acompañante es primordial, así como el incentivo y estímulo a la implementación de prácticas basadas en evidencias. **Descritores:** Enfermería obstétrica; parto humanizado; acompañantes formales en exámenes físicos; humanización de la asistencia.

INTRODUCTION

The Brazilian Ministry of Health has developed strategies, such as the Stork Network and the Improvement and Innovation in Care and Teaching in Obstetrics and Neonatology project (APICE ON), aiming at stimulating the implementation of good practices in parturition and birth care recommended by the World Health Organization (WHO). Among the practices proved useful and that should be encouraged is the compliance with rights and respect for the choice of the accompanying person by the woman¹. In view of the importance of this right, in 2005, Law No. 11,108 was approved in Brazil, which guarantees to parturient women the right of the presence of the accompanying person during labor, delivery and immediate postpartum period, within the scope of the Brazilian Unified Health System (SUS)².

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Thus, in view of the importance of the presence of the accompanying person and their benefits to the mother-baby binomial, the relevance of this theme is highlighted. The objective of this article was to analyze the effects of the presence of the accompanying person during the process of parturition. It is believed that these findings may contribute to the reflection on the model of care implemented and to the elucidation of the issues about the accompanying person in the institution where the study was developed, in addition to collaborating for the development of actions that aim at improvements related to this practice.

LITERATURE REVIEW

The participation of a family member has become increasingly important, since the delivery brings physiological and emotional changes to the life of the woman who experiences it, and creates a bond between those involved in the process³. The accompanying person must be a person trusted by the parturient woman, as they will have a role in encouraging her, supporting her and experiencing the moment with her. When the trusted person is the father of the child, he can create stronger bonds with the newborn, since he will be present during the whole process of parturition and may participate more positively in the care of the newborn⁴.

The presence of the accompanying person during the process of parturition brings positive results to both the woman and the newborn; therefore, their insertion in the context of childbirth is understood as indispensable. The accompanying person contributes to the humanization of childbirth, ensuring a reduced risk of maternal morbidity and mortality and greater vitality to the newborn⁵. Women who had the presence of an accompanying person reported having a more satisfactory experience, as well as a lower analgesia utilization rate and a higher probability of a short and spontaneous vaginal delivery⁶. In addition to these findings, a study indicates that the reduction in the use of interventions deemed unnecessary to the woman is associated with a reduced risk of complications during childbirth and puerperium⁷.

METHODOLOGY

This is a subanalysis of the research study *Práticas de atendimento implementadas durante o processo de parturição e nascimento*, a cross-sectional quantitative study developed at the Inpatient obstetrical unit (IOU) in a university hospital in southern Brazil.

For the sample size calculation, it was considered a power of 80%, a significance level of 0.05, institutional data of good practices in care and the difference between the proportions of newborn outcomes whose OddsRatio (OR) was 0.6⁸. The *Winpepi* program, version 11.43, was used for sample calculation. It was necessary to include 586 women in the puerperal period to compose the study sample.

Participants were puerperal women whose delivered occurred in the institution where the study was carried out and who were assisted under SUS, with a minimum of two hours as length of antepartum hospital stay and whose newborns were more than or equal to 37 weeks of gestational age, according to the Capurro Method. Puerperal women who had an elective cesarean section were excluded, as well as cases of death, fetal malformation and twinning.

Data collection was carried out from February to September 2016, through a structured questionnaire applied to puerperal women, 12 hours postpartum. The electronic medical records and the prenatal medical records of the puerperal women were also used.

The presence of the accompanying person was considered as dependent variable and the following ones were considered as independent variables: age, level of education, skin color, marital status, number of prenatal consultations, place where the respondent obtained information about her right to have a person accompanying her, presence of the accompanying person, use of analgesia during labor, type of delivery and Apgar score of the newborn.

A descriptive analysis of the variables was performed using the Chi-square Test and the Cochran's Test. SPSS software, version 18, was used for data processing.

The research study from which this study derives was submitted to the Research Committee of the Nursing School of the Federal University of Rio Grande do Sul and the Research Ethics Committee of the institution at which the study was conducted (Protocol No. 1.394.513), and was approved. All participants signed an Informed Consent Form. In the case of puerperal women under 18 years, their legal guardian also signed the Informed Consent Form. Confidentiality was ensured to all participants, as well as the possibility to withdraw from the research, without any consequences. The study was performed in compliance with the terms of Resolution nº 466/12 of the National Health Council⁹.

RESULTS

Among the 586 women who composed the sample, 504 (86%) had an accompanying person. With regard to the characterization of the sample, it was observed that the most were age ranged from 15 to 35 years (92.9%), self-declared white (62.5%), with partner (90.5%), and had completed high school or better (51.7%).

Regarding the source of the guidance/information related to the right to have an accompanying person, it was observed that 232 (40%) women were informed about this right at the obstetrical care unit (OCU) and the inpatient obstetrical unit (IOU) of the institution where the study was conducted. Other sources were also mentioned, such as friends and relatives (22.9%), media (18.9%) and prenatal consultation (18.4%). It is noteworthy that 113 women reported having obtained information about the right to have an accompanying person from more than one source. The variables *women's knowledge about the existence of the Accompanying person Law* and *number of prenatal consultations* did not show a statistically significant association, according to data obtained using the Qui-Square Test.

With regard to the presence of an accompanying person during various moments of hospitalization, a highest frequency of presence of the accompanying person was observed in the IOU (97.8%). In contrast, the lowest frequency of presence (89.4%) showing statistical significance ($p=0.000$) was observed for the postpartum recovery room (PPRR), as shown in Table 1.

TABLE 1: Distribution of the frequency of presence of the accompanying person in different moments of the process of parturition: labor, delivery/cesarean and postpartum, initial care of the newborn and maternity. Porto Alegre, RS, Brazil, 2018. (n = 586)

Moment of the process of parturition	Presence of an Accompanying Person	
	No (%)	Yes (%)
Labor	18 (3.1)	568 (96.9)
Delivery/Cesarean	25 (4.3)	561 (95.7)
PPRR	62 (10.6)	524 (89.4) ^(*)
Initial care of the newborn	22 (3.8)	564 (96.2)
IOU	13 (2.2)	573 (97.8)

^(*) Variable considered statistically significant, $p = 0.000$.
 The Cochran's Test was used.

When analyzing who was the accompanying person, it was observed that the partner was the most frequent accompanying person in all moments of the process of parturition, with the highest frequency (77%) during maternity, as shown in Table 2.

TABLE 2: Identification of the person accompanying the woman during labor, delivery, postpartum and maternity. Porto Alegre, RS, Brazil, 2018. (n = 586)

Moment	Person accompanying the woman				
	Partner f (%)	Mother f (%)	Sister f (%)	Mother in law f (%)	Other f (%)
Labor	429 (73.2)	72 (12.2)	22 (3.8)	09 (1.5)	37 (6.3)
Delivery/Cesarean	424 (72.4)	69 (11.8)	21 (3.6)	09 (1.5)	38 (6.5)
PPRR	396 (67.6)	63 (10.8)	17 (2.9)	11 (1.9)	37 (6.3)
IOU	451 (77.0)	73 (12.5)	17 (2.9)	06 (1.0)	26 (4.4)

The Cochran's Test was used.

Regarding the reasons for the absence of an accompanying person, the most reported by the women was the fact that they had no person available to accompany them. Taking into consideration the moment, the stay in the PPRR (10.4%) was the period in which the accompanying person was less frequent, as shown in Table 3. As for the other reasons reported by the women for the absence of an accompanying person, still in relation to the above-mentioned moment, the most frequent reasons were the non-permission of the hospital staff due to the lack of space and the non-permission to go in without any justification.

TABLE 3: Distribution of the reasons for the absence of an accompanying person during labor (L), delivery and stay in the PPRR and IOU. Porto Alegre, RS, Brazil, 2018. (n= 586)

Reasons	Labor f (%)	Delivery f (%)	PPRR f (%)	IOU f (%)
Had no accompanying person	8 (1.4)	8 (1.4)	9 (1.5)	5 (0.9)
Accompanying person did not want to go in	1 (0.2)	3 (0.5)	7 (1.2)	--
Did not wish an accompanying person	4 (0.7)	5 (0.9)	3 (0.5)	4 (0.7)
Other reasons	5 (0.9)	9 (1.5)	42 (7.2)	4 (0.7)
Total	18 (3.1%)	25 (4.2%)	61 (10.4%)	13 (2.2%)

The Cochran's Test was used.

With regard to the analysis of the presence or absence of the accompanying person and its relation to the analgesia utilization during labor, the type of delivery performed and the Apgar score of the newborn, the application of the Chi-Square Test showed no statistical significance between these variables.

DISCUSSION

There is a variation regarding frequency of presence of an accompanying person among studies. A study conducted in an institution in which women have a right to have an accompanying person, 80% reported having a person of their choice at all moments³, and this finding is inferior to that observed in the present study. On the other hand, a higher frequency of presence of the accompanying person (94.1%) was found when the moment was highlighted - labor¹⁰.

It is important to respect the woman's choice in relation to the presence of an accompanying person. For those women who choose the presence of an accompanying person, the health team must integrate these persons in an active way, in order to include them in the birth context, with focus on family care and trying to understand these persons concerns, so that they do not feel left out¹¹. On the other hand, it is necessary to understand those women who do not choose the presence of the accompanying person and prefer to experience alone the moment of parturition¹².

The actions of the accompanying person during labor are as relevant as the care provided by the health team to the parturient woman¹³, in addition to their participation being a positive practice, which has been proven by the scientific evidence to contribute to the humanization of care¹⁴.

When the characteristics of the women who had the presence of the accompanying person in this study were compared with those of a study conducted in 2012, in the same institution⁵, no differences related to these variables were observed, that is, most of the women had white skin, complete high school degree and a long-term partner. The findings of a study conducted in Ceará also indicate that most of the women were young and married adults³. In contrast, a study conducted in Rio de Janeiro showed that most of the respondents had brown or black skin, and there was a predominance of single women¹⁰. The regional characteristics of the country may explain these differences between women.

Regarding their prior knowledge about the right to have an accompanying person, it was found that a number of women, less than expected, knew this information. Among the respondents who knew about this right, the most frequent source of information was the hospital institution itself, a finding supported by another study⁵.

It is assumed that pregnant women and their respective accompanying person, before arriving at the hospital for the childbirth, should know about the Accompanying person Law, since the prenatal period is an appropriate time for the women and their partners to be informed about all rights related to the pregnancy-puerperal cycle. The knowledge of this Law by the woman and her accompanying person is fundamental for compliance with this determination by the institutions¹⁵.

The lack of knowledge about this right interferes directly in obtaining better rates of the presence of an accompanying person during the entire process of parturition. It is worth mentioning that this information represents a gain for both the patients who have the information and for the care team that provides assistance and seems to be committed to encouraging the participation of the accompanying person¹⁶.

International studies confirm the importance of the so-called *prenatal classes*, which are similar to pregnancy support groups, where professionals inform women about their rights, emphasizing the importance of the role of the father or another trusted person chosen by the parturient woman¹⁷.

With respect to women who underwent prenatal care, it was found in this study that almost half of the sample was aware of the Accompanying person Law.

This indicates the need to reinforce guidance during the prenatal care period, either during consultations and/or at support groups for pregnant women carried out in some health units. A study conducted in the same institution in 2012 shows that only 18% of the respondents reported having been given the information about this practice by primary health care professionals⁵. Based on the results of this study, a slight increase in the offer of guidance/information regarding the Accompanying person Law in primary care centers was observed.

Alarming results are reported in a study conducted in 2015, in a public maternity hospital in Goiás. These results indicate that none of the participants in the study received information about their right to have an accompanying person during their prenatal consultations, noting that all of them had attended six or more consultations¹³. This finding reinforces the need to improve the quality of prenatal care, since even complying with the number of consultations recommended by the Ministry of Health¹⁸, information/guidance on the right to have an accompanying person was not given.

The results of a literature review regarding compliance with the Accompanying person Law reinforce this issue, and there were some failures for achieving the effective compliance with this determination. The data showed that the prenatal consultations were not satisfactory with respect to the information provided to the pregnant woman and her partner, since there was no disclosure of the existence of this Law and the benefits of the presence of an accompanying person, such as, for example, the creation of bond with the newborn¹⁹. The humanization of care may begin during the prenatal care period, with the provision of information to the pregnant women and their family members, resulting in an increased participation of the family in the process of parturition²⁰.

The prenatal consultation is considered as the main strategy aimed at the involvement of the accompanying person of the woman's choice. Therefore, the professional should encourage the participation of the accompanying person in the consultations, so that there is empowerment and active participation in the process of parturition⁷.

Regarding the presence of the accompanying person in the different moments of the process of parturition, the results of this study indicated a significant decrease in the presence of the accompanying person in the PRR, when compared with other moments. The results of a study carried out in 2012 in the same institution, show that the presence of the accompanying person in the PRR was even lower⁵. Such findings may indicate a greater appreciation by the health team for encouraging the presence of the accompanying person, considering as priority the woman and her wish, as well as a better knowledge of the woman and the person accompanying her about their rights.

When the person accompanying the woman was analyzed, it was observed that the most frequent person was the partner, as well as in other published studies^{5,13,16}. Women choose her partner as accompanying person because, in addition to providing support, he can create close bonds with the newborn and increase the empowerment of woman, what may strengthen the relationship^{13,14,21-23}, and his presence contributes to the development of his role as father²¹. Feelings of pride, satisfaction, love and closeness to the partner were reported when the partners were present during labor and delivery²². In addition to the creation of bond with the newborn, the presence of the father during childbirth is related to the prevention of cases of abandonment, violence and other social adversities¹⁴, and contributes to the promotion of responsible parenthood²⁴.

Women who had their partners as accompanying person report feelings of strengthening and safety, with reduction of fears and anxieties caused by the labor process¹³, in addition to believing that their partners may play an important role in reducing pain during the process²⁴. The fathers who accompany their wife during parturition and birth also have needs, which involves access to information, participation in the care, support and respect of the care team, so that they can positively influence the experience of delivery¹¹.

Regarding the reasons for the absence of an accompanying person, this study shows that the main reason for the absence in the postpartum recovery room was the lack of physical space or the non-permission of the care team. These findings corroborate those of similar studies that mention the lack of physical structure in the hospital environment as an obstacle to compliance with the Law in its entirety, which could compromise patient's privacy^{13,15,20,25}.

The resistance of both the medical and the nursing staff is also mentioned as an obstacle to this practice^{25,26}. Health professionals report that the accompanying person are not aware of the stages of the process of parturition, which makes them uncomfortable and keeps them away²⁷. In addition, women can also disapprove the presence of the accompanying person due to beliefs and fears that have not yet been extinguished¹⁵. There are reports from the care team of the feeling of being watched, which increases the resistance to the presence of an accompanying person. In contrast, another study mentions the presence of the accompanying person as something beneficial for the care team, since the accompanying person provides support to the woman during her hospitalization. This is part of the idea that



only the change in the hospital environment is not enough, requiring a change in the focus of care, which should be centralized in the patient and her family²⁰.

Regarding the analysis of the relationship between the presence of the accompanying person and the analgesia utilization during labor, the type of delivery performed and the Apgar score of the newborn, the findings of the present study did not show statistically significant associations. However, there are studies indicating that the presence of a woman's trusted accompanying person can provide actions that facilitate childbirth such as safety, emotional support, tranquility¹³ and encouragement¹⁵.

The accompanying person is considered a non-invasive technology during the process of delivery and birth, since it is able to provide positive results, such as women's decision-making. Their support can make labor and delivery much more satisfactory for the woman who experiences them¹⁵.

A study reports that women are susceptible to the actions of the accompanying person. This demonstrates that satisfactory moments with the partner or accompanying person will have positive effects during delivery²⁴.

Continuous support from an accompanying person can relieve pain during labor and delivery, because of the emotional support and/or physical well-being provided, such as massages, encouragement, care and help on the use of non-pharmacological methods for pain relief^{21,23,27-29}. The accompanying persons also provide support regarding information, since they are able to explain more clearly to the woman the procedures and guidances given by the health professionals²¹.

CONCLUSION

The analysis of the presence of the accompanying person during the process of parturition and birth, conducted in a university hospital, showed that the most frequent sources of information regarding the right to have an accompanying person were the obstetrical care centers and the inpatient obstetrical units. There was no significant association between the women's awareness on the existence of the Accompanying person Law and the number of prenatal consultations. The place where there was less presence of an accompanying person, and that showed statistical significance, was the postpartum recovery room. The reasons most frequently mentioned for this were the fact that they had no accompanying person, in addition to the non-permission of the care team due to the lack of physical space and the non-permission to go in without any justification.

Taking into account the reason for the absence of the accompanying person, in general, the most mentioned reason was not having an accompanying person, which indicates the need for improvements related to access to information regarding the possibility of their presence. The partner was the most frequent accompanying person in all moments of the process of parturition. There was no statistically significant association between the presence or absence of the accompanying person and the analgesia utilization during labor, the type of delivery performed and the Apgar score of the newborn.

It is noticed an opportunity for improvement in prenatal care so that, in addition to the obstetric evaluation, women can understand the gestational changes and be guided about self-care, care of the newborn and their rights during the process of parturition and birth. Therefore, the presence of the accompanying person is important during prenatal consultations, so that they can also understand the benefits that they can provide, and help to strengthen the affective bonds.

It is essential that the care team understands the benefits of the presence of the accompanying person, a practice recommended by WHO and ensured by the Brazilian legislation. In addition, the support of the management team is necessary to encourage and promote the implementation of practices based on scientific evidence.

The findings of this study contribute to the care practice, since they can provide subsidies for the development of actions that lead to a greater incentive and participation of the accompanying person during the process of parturition, which will result in better rates of presence of the accompanying person. Another contribution of this study refers to the analysis of the presence of the accompanying person in each of the phases of the process of parturition, which allows the provision of detailed information, and, thus, allows the decision-making directed to the training of this indicator and improvement of care.

This study has limitations inherent to the application of the questionnaire, which occurred 12 hours or more after delivery, and may have caused the loss of detailed and important information that could be reported by the puerperal women, especially in relation to the three moments in which the presence of the accompanying person in the obstetrical care unit was measured.

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