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RESEARCH

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Percepções do acompanhante de escolha da mulher acerca da organização e ambiência do centro obstétrico

Perceptions from the delivering women's chosen companion concerning the obstetrics ward organization and ambience

La percepción del acompañante de elección de la mujer acerca de la organización y el ambiente del centro obstétrico

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ABSTRACT

Objective: Descriptive research, with a qualitative approach, aiming to know the companion's perceptions about the organization and ambience of the obstetrical center, and to identify which aspects facilitate and make difficult their stay. **Method:** Data was collected through semi-structured interviews with 16 companions chosen by delivering women from November 2010 to May 2011, in a public maternity in Santa Catarina, Brazil. **Results:** Using Collective Subject Discourse in analyzing the data, the following four themes emerged: orientation about norms and routines supplied to the companion before entering the obstetrics ward; obstetrics ward ambience; aspects which facilitate staying; and difficulties surrounding staying in the obstetrics ward. **Conclusion:** although some difficulties were faced, especially resulting from the lack of orientation and inappropriate accommodation of the companion, they were not obstacles to their permanence by the delivering woman's side.

Descriptors: Humanizing Birth; Organization and Administration; Obstetrical Nursing.

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RESUMO

Objetivo: Pesquisa descritiva, com abordagem qualitativa, que objetivou conhecer as percepções do acompanhante sobre a organização e a ambiência do centro obstétrico, e identificar quais aspectos facilitam e dificultam sua permanência. **Método:** Os dados foram coletados por meio de entrevistas semiestruturadas, realizadas de novembro de 2010 a maio de 2011, em uma maternidade pública de Santa Catarina, com 16 acompanhantes de escolha da mulher. **Resultados:** A partir da análise dos dados, utilizando-se o Discurso do Sujeito Coletivo, emergiram quatro temas: orientações sobre as normas e rotinas recebidas pelo acompanhante antes de entrar no centro obstétrico; ambiência do centro obstétrico; aspectos que facilitaram a permanência do acompanhante no centro obstétrico; e aspectos que dificultaram. **Conclusão:** Apesar de algumas dificuldades enfrentadas, especialmente decorrentes da falta de orientação e da acomodação inapropriada para o acompanhante, de maneira geral, elas não se tornaram obstáculos para a permanência junto à parturiente.

Descritores: Parto Humanizado; Organização e Administração; Enfermagem Obstétrica.

RESUMEN

Objetivo: Investigación descriptiva y cualitativa para conocer las percepciones de los acompañantes sobre la organización y ambiente del centro de obstetricia, determinar qué aspectos facilitan/dificultan su permanencia. **Método:** La recolección de datos se hizo por medio de entrevistas semiestructuradas con dieciséis acompañantes elegidos por la mujer, de noviembre de 2010 a mayo de 2011, en una maternidad pública de Santa Catarina. **Resultados:** El análisis de datos, por medio del Discurso del Sujeto Colectivo, llevó a cuatro temas: orientaciones sobre las reglas y rutinas recibidas por el acompañante antes de entrar al centro obstétrico; el ambiente del centro obstétrico; los factores que facilitaron la permanencia del acompañante en ese centro; y factores que obstaculizaron la permanencia del acompañante en ese centro. **Conclusión:** A pesar de las dificultades enfrentadas, debido la falta de orientación y el alojamiento inadecuado para el acompañante, esas dificultades no se convirtieron en obstáculos para su permanencia con la parturienta.

Descriptores: Parto Humanizado; Organización y Administración; Enfermería Obstétrica.

INTRODUCTION

In Brazil, in the last decades, attention to women in the pregnancy-puerperal cycle has undergone transformations. Criticism of the current technocratic model has boosted the search for a model of humanized assistance, based on scientific evidence, proven beneficial practices, and the recovery of women's autonomy.

This process of change was marked by the Conference on Technology Appropriate for Birth, held in 1985,[1] since it has contributed to the dissemination and implementation of good practices in obstetric care. Another important contribution was the publication of the recommendations of the World Health Organization (WHO), which classified perinatal conducts according to effectiveness and safety, which serve as a reference for health institutions and professionals engaged in the implementation of the humanization of childbirth and birth.[2] However, the reformulation of the policy in the area of obstetric care only occurred in 2000, through the Prenatal and Birth Humanization Program (PBHP), which emphasizes safe practices, acceptance and respect for women's dignity, the organization of routines, procedures and adequacy of the physical structure.[3]

It should be noted that the publication of the National Humanization Policy4 has brought important contribution to the organization of the institutions, when approaching the ambience in health, understood as the treatment given to the physical space, understood as a social, professional and interpersonal space, which should provide welcoming and resolutive attention.[5]

In this panorama of modifications of conduct and public policy review, seeking to humanize obstetric care, the insertion of the companion, of free choice of women, has been highlighted. According to the results of the most recent systematic review on continuing support during labor, published in *Cochrane Library*,[6] this practice is considered beneficial. Such review analyzed 22 randomized clinical trials, involving 15,288 women, five of whom evaluated the support of the woman's social network. The main results showed that women who receive support are more likely to have normal labor without analgesia, shorter labor time, less need for cesarean delivery, less dissatisfaction with the experience of the birth process, and their babies have better Apgar rates in the first five minutes after birth.[6] The authors emphasize that support is more effective when it is provided by a person from the social network of the parturient woman, providing even greater satisfaction with the experience of childbirth.

It is also a practice recommended by WHO,[2] assured by PBHP[3] and regulated by Law no. 11.108/2005,[7] which obliges the health services of the SUS and agreed to allow the presence of a companion, chosen by the laboring woman, during labor, delivery and immediate postpartum. The law is contemplated in the Resolution of the Collegiate Board of Directors - RDC No. 36, which regulates the operation of obstetric and neonatal care services in the country[8] and in the Stork Network, through Administrative Rule no. 1.459/2011.[9]

In the state of Santa Catarina, a Normative Instruction No. 001/2009/SES was published, establishing guidelines for the insertion of the companion in health institutions, describing the obligations of the services, the multiprofessional team and the general guidelines for the companions.[10]

Considering this context, and considering that the majority of the studies carried out on the insertion of the companion have sought to understand the aspects related to their experience in being with the parturient, to be able to experience the birth of the child, and to carry out measures of comfort to the woman,[11-12] it was considered essential to unveil the perceptions of these social subjects on the organizational aspects of the obstetric center, since most services have difficulties in adapting the physical area, norms and routines, to meet the guidelines related to the insertion of the companion.[13] Thus, this research aimed to

know the companions' perceptions about the organization and ambience of the obstetrical center, as well as to identify which aspects facilitate and hinder their permanence.

METHODS

Descriptive research, with a qualitative approach, carried out in a public maternity hospital in Santa Catarina, which exclusively serves users of the SUS, in which the presence of the woman's free choice companion is established for all women in the maternity leave since 2000, without having undergone alterations in the structure since the implementation of this practice.

The study participants were the companions, and those who remained continuously with the parturient during all clinical periods of delivery were included. The adoption of this criterion ensured that they had been transited and remained in all areas of the obstetric center (prepartum, delivery room and postpartum recovery room), who had contact with several health professionals and, consequently, with the norms and routines of the sector. Those who remained in the obstetrical center during the period in which the researcher worked as an obstetric nurse were excluded, to avoid that this fact influenced the content of the reports. The definition of the number of participants was made by saturation of the data.[14]

The identification of the eligible caregivers occurred through telephone contact with the nurse on call and visits to the obstetric center and to the joint accommodation. It was also requested the collaboration of the other nurses who worked in these sectors to capture the companions, who were later contacted in the joint accommodation. The invitation to participate in the research was made after the birth, and from the acceptance, was scheduled the interview. The data collection took place from November 2010 to May 2011, through semi-structured interviews, guided by a script containing questions about the characteristics of the companions, the guidelines received, the routines of the obstetric center, the environment and the attendance to the feeding needs. In addition, the companions were encouraged to report on the aspects that facilitated and/or made difficult their stay with the woman in the obstetric center. The script was previously tested with four companions. All interviews were conducted within the first 24 hours after the companion left the obstetrical center in the meeting room of the joint accommodation to ensure privacy. The interviews were recorded and transcribed in full.

The data were analyzed using the thematic discourse analysis technique, according to the Collective Subject Discourse (DSC), which seeks to represent, in a rigorous way, the thinking of a collectivity, using a series of operations on the Individual statements, culminating in discourse-synthesis that gathers response of different individuals, with similar discursive content. The methodological approach for the construction of DSC is to identify, after the floating reading of the transcribed material of the interviews, the Central Ideas (CI) (description of the meaning of a statement or a set of statements) and Key Expressions (KE) (Literal excerpts from interviews that reveal the essence of the testimony). Subsequently, the DSC is written in the first person singular, from the KE, which have the same CI.[15] The analysis and interpretation of the results was carried out based on the literature on the subject, resolutions and ordinances of the Ministries of Health and Brazilian legislation that deal with the insertion of the woman's choice companion during labor and delivery.

This research followed Resolution No. 196/96 of the National Health Council, which establishes directives and norms regulating research involving human beings. The protocol was approved by the Research Ethics Committee of the Hospital in which the study was developed under No. 052/10. All participants signed the Informed Consent Form.

RESULTS

Participated 16 companions, chosen by the woman, all had a degree of kinship with her. The age range ranged from 18 to 50 years, and pre-school education was predominant. Most experienced the experience for the first time.

The CIs that emerged through the analysis of the interviews were grouped into four themes: guidelines on norms and routines received by the companion; obstetric center environment; aspects that facilitate the stay of the companion; and difficulties in staying in the obstetric center (Table 1). Some CIs will be exemplified by the corresponding DSC, that is, that has the same numbering.

Table 1 - Themes and central ideas of the accompanying persons, São José, Santa Catarina, Brasil, 2011

Themes	Central ideas
1- Guidelines on norms and routines received by the companion	CI1 - Escorts receive guidance on obstetric screening by server of the administrative area
	CI2 - Guidelines received before entering the obstetric center.
	CI3 - Lack of orientation upon entering obstetrical center
	CI4 - Lack of orientation on the right to food in the obstetrical center
	CI5 - Food is offered as a "favor" and not as a companion right

(To be continued)

(Continuation)

Themes	Central ideas
2- Ambulatory center environment	CI6 - Accommodation available in pre-delivery is adequate.
	CI7 - Pre-birth accommodation is inadequate for the companion to remain at night
	CI8 - Clean and well-attended prepartum
	CI9 - The physical space of the prepartum is suitable for the stay of the companion
	CI10 - prepartum could be more spacious and with fewer devices
	CI11 - The physical space of the normal delivery room is adequate
	CI12 - It is facilitated the stay of the companion in the cesarean section, despite the difficulties in accommodating him with the woman
	CI13 - Physical space and accommodations in the postpartum and anesthesia recovery room (PACU) are adequate
	CI14 - Prenatal privacy was respected
	CI15 - Privacy in the PACU was respected
3- Aspects that facilitate the stay of the companion	CI16 - The good service given by the team
	CI17 - Possibility of leaving and returning from the obstetric center without difficulty
	CI18 - Accept the rules defined by the service
	CI19 - Guidance provided by the health team
	CI20 - Being able to stay close to the parturient
4- Difficulties to stay in obstetrical center	CI21 - Inadequate accommodation when the woman remains in the obstetric center for long periods
	CI22 - Guidance to accompanying persons
	CI23 - Discomfort caused by the hospital environment itself

Theme 1 - Guidance on norms and routines received by the companion

CIs 1 and 2 show that, before entering the obstetric center, the companion is verbally oriented by professionals who do not make up the health team. The information is of an administrative nature, focused only on restrictions when it is present in the sector. When he arrives at the obstetrical center he is received by a health professional, however, he does not receive specific guidance about his role (CI3).

"[...] First they gave me the clothes I had to wear in there. [...] they said that I can not walk without the apron [...] that I could not enter and leave because it would be a place that is sterilized [...]. I could not go out, only if I was going to go to the bathroom or something ... if I had an interest in going to the bathroom or eating something or drinking, that I would do it before I went there ..., Because I could only leave after three hours to have a snack, to drink some juice [...]. They advised me to turn off my cell phone [...] that telephone use is not allowed [...] and all I needed was the nurses' guidance [...]." (DSC2)

CIs 4 and 5 reveal that the obstetrical center does not have a clear routine about allowing ingestion of food inside the unit. As a result, some chaperones report the imperative of having to leave the place to be able to eat, while others do it in the dependencies of the sector, but with some of the food provided by the employees (DSC 4 and 5). This practice, however, seems to be more related to the benevolence of some professionals than to the recognition of a right.

"[...] No, I was not given any guidance on food. I felt a little weak, with a lot of headache. I talked to a girl and asked her [employee]: Can I go to my car and eat? I'm feeling a little weak, then she said: you can go there, no problem, then I went to the street, ate and returned [...]." (DSC4)

"[...] The girl who was there got some coffee and brought it to me. Today at noon she [employee] came to say that they had some packed lunch left, so if I wanted some... the girl brought it for me [...]." (DSC5)

Theme 2 - Ambulatory center environment

Regarding the ambiance of the obstetric center (CI 6 to 15), the companions made the following highlights: the physical space was considered clean and well cared for, and was generally considered adequate for their stay, however, there were reports that there might be less equipment in the prepartum (CI 10). The accommodation provided (a plastic chair without armrest) was considered appropriate, however, for those who stayed for a longer period with the parturient, especially at night, it was considered uncomfortable because it did not offer conditions for rest (CI 6 and 7 , DSC 6 and 7). There was respect for the parturient's privacy (CI 14 and 15) and the health team facilitated the stay of the companion during cesarean delivery (CI 12).

"[...] For me it's good... I had a chair, [...] but I thought it was normal, quite normal, I did not think it would be any different. [...] I did not sit much, because as I was helping there was not much time left for me to sit down, I wanted to participate, I did not sit [...] because she [parturient]

did not stop, she wanted to walk and I walked with her back and forth [...]. (DSC6)"

"[...] The chair is not very good, I just stayed for a little while and I had back pain... it's like a dry, uncomfortable plastic [...] A larger chair, a cushion, kind of a armchair ... something like that for us to lie down too, so that we can rest. [...] I've been sitting all night and there's no way I can get a good seat, [...] then I started to feel sleepy [...]." (DSC7)

Theme 3 - Aspects that facilitate the stay of the companion

The caregivers revealed that the care received (DSC 16) and the guidelines provided by the health team, flexibility in leaving and returning to the sector, acceptance of the norms of the service, and the possibility of staying with the woman at all times facilitate their stay in the obstetric center (CI 16 to 20, DSC 16).

"[...] Look, I think that, what helped [...] to have stayed all these hours in there, I think it was the treatment of employees [...], because if you do not like people you do not automatically feel good. [...] they would come and talk, they always asked her [parturient] what she was feeling, they did not stay for long without coming here. [...] they took good care of her, [...] then we get friends with the people. Because the best thing in the world is the person being well cared for [...] and this helps a lot people to take the leap [...]." (DSC 16)

Topic 4 - Difficulties to stay in the obstetrical center

The aspects identified as inhibitors for the stay in the obstetric center were: inadequate accommodation to stay for long periods with the parturient, lack of guidance on the role of the companion, and the physical area of the sector; besides the discomfort of being in a hospital environment (CI 21, 22, 23, DSC 21e 22).

"[...] What made it difficult was to stay in the chair there, that was the greatest difficulty [...] to be sitting on a chair all the time, so you imagine it's more than twelve hours a day, without a way of getting settled and nothing, that little chair kills [...] people begin to tire there, in the end you stress because you begin to experience discomfort. [...] there are older people, who have back pain, who then stay with the person and suffer a lot. [...] there had to be something better for the companion to be a little more comfortable [...]." (DSC21)

DISCUSSION

Most of the companions chosen by the parturients were the partners, which indicates that the Companion's Law allowed the reintegration of the man at the place of birth. This fact may contribute to changes related to gender and family issues, as well as transformations in the constructed values about the birth event.[16-17] In addition, it allows the construction of care respectful to human life and the family, and can promote greater family interaction and strengthening of bonds.[17-18]

The information about the rules and routines of the obstetrical center, provided to the companion at the time of the parturient's hospitalization, are extremely important to guide him during his stay in the sector. However, sometimes they may not be enlightening enough, and in others, the companion may have difficulty assimilating them because of being emotionally involved and/or needing to "solve" personal problems or problems to hospitalization.

Therefore, in addition to verbal information, it is also necessary to give written guidance, which would make it possible to consult in case of doubt.[10] The lack of guidance about their role and the dynamics of the service, before entering the obstetric center can make it difficult and limit that they develop support actions. Study shows that the preparation of the companion contributes to a better understanding of the process of birth, as well as can generate security as to its ability to be companion.[13,19] Randomized trials, which evaluated the effectiveness of the support by the companion of the woman's choice, used a guideline protocol for companions, aiming to equip them to play the role of support providers for women.[17,20] In this sense, at the time of hospitalization, the health worker should guide about their role as a provider of help to women,[10] as well as clarify their doubts.

Although at the obstetrical center, in which this study was developed, only one common companion seat was offered, most of them said to be suitable for the moment. This acceptance, however, can be justified by the involvement of the caregivers with the events inherent in the evolution of labor and the provision of comfort measures to the parturient, which would lead him to prioritize the needs of the same, to the detriment of his own comfort. In this context, the accommodation offered, most of the time, was relegated to the background, not being evidenced as an essential factor for its permanence.

However, the companions who stayed for long periods in the service considered the accommodation uncomfortable, especially during the night period, in which sleep and tiredness are frequent. A similar result was evidenced in a study on the experience of the adult patient caregiver in a hospital unit, who found that fatigue and pain are considered as a physical alteration, related to the long periods in which they remain in the sector, without ideal conditions for rest.[21] Thus, it is important to emphasize the importance of the

managers in attending to the technical regulation of the DRC 36 and to the Normative Instruction of Santa Catarina, which determine that health institutions that provide care for childbirth must have a reclining chair for the accompanying person of each parturient,[8,10] thus promoting adequate conditions for their stay and rest.

Although the ambience of the obstetric center of this study was planned for the care of only the parturients and not the companions, differing from that recommended by the Ministry of Health,[5] both the physical space and the cleaning conditions were pointed as aspects that facilitated the stay in the different environments. Even in the face of the difficulties of accommodation with women, in the cesarean section, due to the excess of equipment and the little space between them, in general the companions perceived the concern and the commitment of the health team to minimize them. It is worth mentioning that the professionals' conviction regarding the importance of the presence of the companion is considered one of the most determinant factors to avoid possible fears and uncertainties regarding their insertion.[13, 22]

Still on the aspects that surround the ambience, the preoccupation with respect to the parturient's privacy was evidenced. This protection of customer intimacy is one of the DRC's recommendations number 36,[8] of the National Humanization Policy,[4] the Primer of Ambience of the Ministry of Health,[5] and of the Normative Instruction of Santa Catarina,[10] which can be guaranteed by simple adaptations in the environment, such as the use of curtains and screens,[5] and there is no need for major reforms of the physical structure. On the other hand, it is known that the lack of privacy of the parturients in the obstetrical center can become a factor impeding the presence of companions, especially males.

With regard to the issue of food, the lack of a routine specifically related to the provision of meals may interfere with the well-being of the person who is there to support the woman patient. In addition, it generates a financial expense for the companion, and some may not have sufficient resources to feed themselves outside the home. Not having the right to food guaranteed at the hospital was also pointed out as a difficulty experienced by patients accompanying in another study.[21] It is worth mentioning that the right to carry out the main meals at the health institution is provided by the Ministry of Health, whose cost is included in the daily value of the accompanying person.[23]

Although the health professionals consider the lack of physical space and accommodation as one of the main difficulties for the insertion of the companion in the health institutions,[13] in this study, the companions highlighted several aspects that facilitated their stay and did not value aspects related to the environment. On the other hand, they emphasized that the attention and guidance received from the professionals during labor and delivery contributed significantly to making them feel safe. However, it does not seem to be a practice performed by all professionals, since some companions mentioned that they were not guided by the team, especially at the moment of hospitalization. It is known, however, that the support that the professional provides to the companion contributes to a positive view of the experience.[11,19]

Another facility pointed out by the companions was the possibility of being able to be with the woman during all the time in which she remained in the obstetrical center, despite the limitations related to the ambience. The companion wishes to be present at all stages of the parturition period, to protect and support the woman, as well as to be able to witness the birth of the child, when it comes to the partner of the parturient.[11,19] Acceptance of the rules and routines of the service, not creating any impasse or difficulty with the team, was pointed out as a facilitating factor, demonstrating that the companion submits to the rules that are established, since they are interpreted as necessary to maintain the organization. Thus, as already pointed out in other studies,[11,13] when the presence of the companion does not hamper the care process, nor does it interfere with obstetric behavior, even in emergency situations, it is well accepted by health professionals and there are no conflicts.

The discomfort of being in a hospital environment, the lack of adequate accommodations and the feeling of "obligation" to be accompanying them were highlighted as difficulties to stay in the service. These findings are similar to those of another study, in which the hospital environment was perceived by the caregivers as unpleasant and confusing, causing feelings of rejection, dissatisfaction and insecurity, but to which they had to adapt, given the need to remain as companions.[19,21] Thus, it is observed that the recommended comfort in the architectural projects to create cozy environments, contributing significantly in the process of health production, has not been contemplated in health institutions. This makes it impossible to retrieve aspects related to the culture and daily life of users so that they can identify with the spaces of care and health care.[5, 24]

CONCLUSION

The results show that in spite of the difficulties that involve some organizational aspects related to the presence of the companion in the obstetrical center, in general, they did not become obstacles for their stay with the parturient. In addition, ambience aspects such as physical space, accommodation and privacy are evaluated by the companions as appropriate, especially when they do not remain in the sector for a long time.

However, it is observed that there is a need for a systematic orientation to the companions, by the health professionals, at the time of hospitalization, both verbally and in writing. It is also essential that health institutions have an unambiguous routine regarding the provision of food to the companions, making it possible to guarantee the exercise of their right.

Despite some difficulties were encountered, due to the lack of orientation and inadequate accommodation for comfort and rest, the facilities found were highlighted, such as the support received from the health team so that it could be with the woman during the whole period that she remained In the obstetric center.

The results of this study may contribute to the elaboration of norms and inclusive routines for the companion in the health services, based on the needs expressed by them. It is recommended that service managers use the ministerial guidelines available for the insertion of the accompanying person, since such observance can help and reduce difficulties for compliance with the Companion Law.

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