

The contribution of the companion to the humanization of delivery and birth: perceptions of puerperal women

A contribuição do acompanhante para a humanização do parto e nascimento: percepções de puérperas

La contribución del acompañante para la humanización del parto y nacimiento: percepciones de mujeres después del parto

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ABSTRACT

Objective: Investigating the contribution of a companion during delivery and birth, under the perspective of puerperal women. **Methods:** This is a qualitative and descriptive study, performed in a public hospital of secondary level in the city of Fortaleza, Ceará State, with 20 puerperal women. The data collection took place between May and June 2012, through recorded semi-structured interviews. The speeches were organized and analyzed based on the content analysis of Bardin. **Results:** The presence of a companion promotes confidence and sureness at the moment of delivery, in addition to being a source of support and strength, capable of softening the pain, the sensation of loneliness and generating emotional and physical welfare. **Conclusion:** The care provided by companions has contributed to the humanization of delivery and birth and also brought comfort, calmness and safety, thus relieving the tension of the parturient women.

Keywords: Humanizing Delivery; Natural Childbirth; Midwifery; Medical Chaperones.

RESUMO

O objetivo deste estudo foi investigar a contribuição do acompanhante durante o parto e o nascimento, na perspectiva de puérperas. **Métodos:** Estudo descritivo, qualitativo, realizado em hospital público de nível secundário em Fortaleza-Ceará, com 20 puérperas. A coleta de dados ocorreu entre maio e junho de 2012, por meio de entrevista semiestruturada gravada. As falas foram organizadas e analisadas com base na análise de conteúdo de Bardin. **Resultados:** A presença do acompanhante promove confiança e segurança no momento do parto, além de ser uma fonte de apoio e força, capaz de amenizar a dor e a sensação de solidão e gerar bem-estar emocional e físico. **Conclusão:** O cuidado proporcionado pelos acompanhantes contribuiu para a humanização do parto e nascimento, como também trouxe conforto, calma e segurança, aliviando a tensão das parturientes.

Palavras-chave: Parto humanizado; Parto normal; Assistência ao parto; Acompanhantes de pacientes.

RESUMEN

Objetivo: Investigar la contribución de la presencia del acompañante durante el parto y el nacimiento para las puérperas. **Métodos:** Estudio descriptivo, cualitativo, realizado en un hospital público de nivel secundario en Fortaleza, Ceará, con 20 mujeres. La recolección de los datos ocurrió entre mayo y junio de 2012, a través de entrevistas semiestructuradas grabadas. Las conversaciones fueron organizadas y analizadas sobre la base de análisis de contenido de Bardin. **Resultados:** La presencia del acompañante promueve confianza y seguridad en el momento del parto, además de ser una fuente de apoyo y fuerza, capaz de aliviar el dolor, la sensación de soledad y de generar bienestar emocional y físico. **Conclusión:** La atención prestada por los acompañantes contribuyó para la humanización del parto, bien como ha traído comodidad, tranquilidad y seguridad, aliviando el estrés del parto.

Palabras-clave: Parto Humanizado; Parto Normal; Tocología; Acompañantes de Pacientes.

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INTRODUCTION

Birth is a striking process in the life of a woman and of everyone involved in its fact (child, father and family members) and is influenced by the sociocultural context in which it occurs. This event might be comprehended from the conception of a new being, its arrival in the world and continues until the puerperal period. As it is a process of maturation and social transition, the human beings who experience it might require professional assistance. In this context, health care professionals act in order to facilitate the transition, by seeking to promote the human development and the life in its fullness. The consolidation of this happening takes place through the delivery, which, in turn, is an abrupt process that quickly provokes intense physiological and psychological changes in women, thus allowing the output of the child from the mother's body to come to the world.

Within this conception, delivery and birth are moments marked by deep feelings, with a great potential to encourage the formation of bonds and provoke personal transformations. Thus, the presence of a companion is a practice that was incorporated to the movement towards the humanization of the birth process, by providing positive aspects, whether for health care professionals, for parents and for children¹.

Regarding the care provided to women during the period of delivery and birth, this has suffered many changes over time, resulting from the institutionalization of these happenings and the technological and scientific advances in the field of obstetrics. Accordingly, these events no longer happen within the family scope, in which people were linked by strong family bonds and social supports media and started to occur in hospital institutions, with the control of delivery and parturient's behavior. This new model of care for the delivery has provoked oblivion and abandonment of some practices that allowed the birth of the baby to have for the woman and her family a meaning beyond the biological aspect, thus reflecting in the dehumanization of care for delivery and birth.

From this noticeable necessity for change in birth care, in 1980, an organized movement was started to prioritize appropriate technologies to assist parturient women and their quality. In Brazil, this movement received the designation of humanization of delivery. Among the practices that were advocated, there is the possibility of parturient women to choose the person who will accompany them in the maternity environment, as recommended by the Brazilian Ministry of Health and the World Health Organization².

This humanized care for parturient women involves a set of knowledge, practices and attitudes that aim at promoting healthy deliveries and births, with guarantee that the health care staff performs arguably beneficial procedures for mother-child, thus avoiding unnecessary interventions and preserving privacy, autonomy and rights of women³.

Before, the participation of a companion in the process of woman's parturition was restricted to institutions that allowed its presence and were able to do so. Nonetheless, for some time,

this right has been ensured by the Law 11.108/2005. This law provides that the services of the Brazilian Unified Health System, from own or affiliated network, must permit the presence, beside the woman, of a companion during the entire period of labor, delivery and immediate postpartum. Furthermore, it ensures that this companion must be chosen by the parturient woman⁴.

The onset of this law and encouragement towards the participation of a companion occurred due to the recognition that this practice contributes to the humanization of delivery and birth. It is believed that the experience of women who have had the opportunity to have someone chosen by them during these events is different from those who experienced this situation alone, even if the professionals involved in the process have offered the necessary care and comfort. The respect for the woman's choice in relation to her companion was classified as an arguably useful practice and must be encouraged, since it has been based on scientific evidence².

In this context, several studies show that the parturients need continuous support throughout the delivery process and that, when this support is provided by a family member, women were more likely to report positive assessments of the birth experience, thus feeling more satisfied and happy. The presence of a companion in these moments was configured as a way to offer support and sureness to women who experience them and to humanize the care offered to these users^{1,5,6}.

The recent surveys highlight that the monitoring of the parturient by a family member during delivery contributes to the physical and emotional welfare of this woman. The presence of the companion provides the emotional support that the woman needs to experience this moment, by offering comfort and encouragement, which allows reducing the feelings of loneliness, anxiety and stress levels caused by the vulnerability of the woman and other factors, such as discomfort during labor, fear in relation to the things to come, unfamiliar environment and contact with unknown people. Continuous support during labor and birth also helps to raise the self-esteem of women^{1,5,6}.

Furthermore, the results of studies confirm the importance of monitoring the labor and birth for the physical welfare of women, because such care helps to relieve pain and tension, to achieve Apgar scores at 5 minutes greater than 7, to decrease the time of labor, in reducing the complications, the number of cesarean sections and the use of analgesia and oxytocin, thus offering tranquility and sureness to the parturient woman and contributing to the reduction of the risk of postpartum depression^{1,6,7}.

In an attempt to reflect on the humanization of birth care, the following guiding question emerges: what is the contribution of a companion during delivery and birth from the perspective of puerperal women? The study is relevant due to the fact that it seeks to ratify, from the reality of a group of users, the benefits provoked by this practice, already recommended by the World Health Organization and the Brazilian Ministry of Health. Furthermore, it is expected that the results of this study serve as a basis for stimulating the presence of a companion during delivery in health institutions that still do not conduct this practice.

Under this perspective, this study aimed at investigating the contribution of a companion during delivery and birth, from the report of women hospitalized in a rooming-in of a maternity.

METHOD

This is descriptive study, with qualitative approach, since it was intended to describe the characteristics of a given population, thus knowing its perceptions in relation to the addressed theme. The choice of this type of study took place by the possibility of exploring situation that is still unknown, in which one needs more information. It was performed in a public hospital of secondary level, located in the city of Fortaleza/CE. The choice of this place occurred because of the fact that it is a reference in the humanization of maternal and child care. One of the major programs developed by the institution for this purpose is the project "Delivery, I want you close to me", which encourages the participation of the father of the newborn throughout the pregnancy process.

The research occurred in the rooming-in unit, which is a place destined to serve women in the immediate postpartum period, for a minimum period of 24 hours in case of normal delivery and 48 hours in case of cesarean delivery. The study participants were 20 women hospitalized in the rooming-in unit of the institution, by taking into account the recurrence of the information obtained by means of theoretical saturation⁹. The inclusion criteria of the study participants were: being aged 18 years or over, having performed vaginal delivery in the obstetric center of the institution at stake and have been hospitalized in the rooming-in unit. The exclusion criteria were: puerperal women with mental disorders or cognitive deficits, puerperal women whose babies died or who had low Apgar scores or even women who needed transference for the NICU (Neonatal Intensive Care Unit).

The achievement of information occurred in the period from May to June 2012, through the use of the technique of semi-structured interviews, which were recorded and guided by a roadmap. The interviews were conducted after explanation of the research to the parturient women and their agreement to participate in it. The accomplishment of these interviews occurred in a private environment, located in the courtyard of the unit, away from the nursing station, professionals and other puerperal women, so that women could feel more comfortable to answer questions. The instrument for the accomplishment of this research was especially developed for this study and included, in addition to socioeconomic and obstetric information of participants (age, marital status, occupation, origin, family income, number of pregnancies, deliveries and abortions), questions related to the importance and contribution of the companion during the delivery process. The questions contained in the roadmap of interviews were: Did you want someone to accompany you during delivery? What is the importance of this companionship for you? What was the contribution of your companion for the delivery and birth of your child?

The quest for scientific sources for the contextualization of the object and for the discussion of the results of this study was held in the LILACS and MedLine databases, available in the Virtual Health Library (VHL) and in the SciELO and Cochrane libraries, by using the descriptors 'humanized birth' and 'companions of patients', in the period of the last five years.

The study was started after approval of the cited institution and of the Research Ethics Committee from the State University of Ceará (UECE), with Opinion n^o 26941 of May 14th, 2012. The ethical and legal aspects recommended by the Resolution 196/96 of the National Health Council were respected and the puerperal women were invited to participate in the research, those who accepted the invitation signed the Free and Informed Consent Form⁹. The interviewees' speeches were identified by the letter E, followed by the Arabic number corresponding to the order in which the interviews were conducted.

The findings were analyzed by means of the technique of content analysis of Bardin¹⁰, by electing the categorical analysis, which, from a generic title, brings together groups of elements, whose grouping is made in line with the common characters of its elements. The pre-analysis consisted in the reading of the interviews that were analyzed, thus resuming the study objective. For the exploitation of statements, a codification was held, which consisted in cutting the units of registration and context of the participants' speeches and in gathering the emerged contents into categories. The treatment of the results was performed through the organization of these elements in the emerging categories. The interpretation and discussion of the encountered categories were made with the support of the scientific literature existing on the matter.

The analysis of the speeches resulting from the interviews converged to the establishment of three categories: The companion as softening towards the feeling of loneliness and suffering; The role of the companion during labor and delivery; Feelings of trust and sureness by having a companion.

RESULTS AND DISCUSSION

Profile of the study participants and of their companions

The age group of the study participants was between 18 and 35 years, with an average of 26.6 years of age. As for the marital status, five reported that they were single and 15 were married. Accordingly, it is observed that most of the women were married young and adults, which is a very positive factor, since it indicates that these women had partners, thus increasing the chances of their having had the support and buttress required during pregnancy and delivery.

Regarding the occupation of the surveyed mothers, 11 reported being housewives, not exercising any activity outside the home environment. The other nine women reported working in several functions, among these, maid, seller, seamstress, production assistant and beauty salon assistant. As for the family

income, the following distribution was observed: two mothers had an income less than one minimum wage; nine had an income corresponding to one minimum wage; eight had income greater than a minimum wage and less than or equal to two wages; and only one participant reported having an income above two minimum wages.

By being questioned about the parity, it was noticed a little significant difference, with 11 multiparous women and nine primiparous women. The duration of delivery after entering into the health care service ranged from five minutes to eight hours, with an average of 3.6 hours.

All study participants had the right to have a companion respected by the institution. Of the 20 interviewed mothers, 16 reported having had a person of their choice at all times within the hospital. Among the reasons that led four participants not to have a companion, there was mainly the fact of not having someone who could accompany them.

Furthermore, the choice of this companion by the woman is not so simple, since it involves many factors, although the bond and the capacity to support her in these moments should be the only conditioning factors for this choice, but actually this is not followed. It was evidenced that not all the women were accompanied for whom they would like, because the work-related issues have prevented the fathers of their children to participate in these events. In other cases, the possible companions had to assume new functions, such as the care of home and children of the parturient women, while they would be hospitalized.

One can also see that all the companions were people who had some family bond with the surveyed women. Among these, two were mothers of the parturients, two were sisters, three had other level of kinship (aunt, mother-in-law, brother-in-law's wife) and nine were the fathers of the babies, which represents a total of 56.3% of paternal participation and 43.7% female participation in the monitoring of deliveries in the reality of this study.

Thus, one should observe that the paternal participation was significant, which is an important fact, because the father, in addition to participating, might also contribute to this moment, since it is the opportunity to develop the bond with the child since the birth, share responsibilities with his partner and experience the time of delivery, since this is a unique event in the couple's life, not just belonging to the woman. This increase in the participation of men as caregivers might be due to the incentive that the hospital carries out.

The companion as softening towards the feeling of loneliness and suffering

As for the importance attributed by the interviewees to the presence of a companion during labor and delivery, it was identified as the core of meaning "do not feel alone", presented in the speeches of several puerperal women:

If I had alone, it would have never happened like this. So, it would take much longer (E1).

My husband stayed with me. [...] We feel safer and much better. [...] Imagine you're feeling these pains alone, alone on a delivery table, That's awful (E2).

You're leaving behind the pain and know that there is someone holding your hands is one thing, did you understand? But you face it alone is another (E3).

My brother-in-law's wife was with me at the moment of delivery. [...] It was great, Hail Mary, because at least we shared the pains. Having a known person helped me very much (E4).

The fact of having someone to share the moment of difficulty experienced is regarded as important by women in the immediate puerperium, since they mention in their speeches the necessity to share the experience that they describe as pain and suffering, as if the fact of having someone beside them could contribute, at least, to soften the sense of loneliness¹¹.

A study conducted in Curitiba/PR showed that women who did not have the presence of a family member continuously, during the birth process, reported feelings of loneliness and felt more vulnerable, even in the presence of health care professionals. Regarding the accompanied women, the presence of a trusted person during the birth process fostered the feeling of sureness and, added to this, the establishment of effective communication with others, which makes these women to feel less vulnerable to senses of loneliness and give them the opportunity to freely express themselves¹.

Several other studies performed in national and international spheres have also demonstrated that the participation of a companion during labor process mainly involves the issue of emotional support, which is a factor that the health staff does not always have time and conditions to provide to the parturient woman^{1,3,5,6,7}. Under this perspective, sharing this moment of labor and birth, with the partnership of a companion, might be a facilitator of labor for the parturient.

The puerperal woman E1 was further by defining the importance of a companion, because she reported that, without the presence of her companion, the suffering would have been greater, the child's birth could have taken longer and that perhaps she had not been able to give birth:

I think that, if he had not been with me, I would not have gotten. Because that's very difficult, I was really thinking I would not get it. If he had not been there the whole time, I think I would have suffered much more. [...] If I had alone, it would have never happened like this, it would take much longer (E1).

According to other authors, the presence of a companion chosen by the parturient woman, throughout her hospitalization in a maternity, and, mainly, during labor, contributes to the humanization of labor and birth, because, in addition to facilitating

and making this time more enjoyable for a woman, it offers the emotional support that she needs^{1,12}. It is one of the ways of women to find the strengths to conduct delivery of a quieter and calmer manner, by reducing anxiety and, consequently, holding the birth as "naturally" as possible^{1,12,13}.

The birth of a child has several meanings, both for men and for women. Sharing this experience will surely strengthen the relationship between the couple, since the support of the man given to the woman throughout this process will be essential¹⁴. This support becomes even more significant because she had the right to choose a person of her trust and bond to remain at her side throughout the physiological process of labor until the moment of giving birth. The family presence during this moment contributes to the safety, comfort and tranquility of women^{14,15}.

Other recently developed researches have also demonstrated that the companion gives the woman more safety and comfort during labor and birth and, furthermore, has also contributed to the reduction of complications, cesarean rates, use of analgesia, duration of labor, reduced hospitalization time, encouragement of breastfeeding, lower risk of postpartum depression, besides developing a positive perception in the parturient in relation to this process^{1,6,7,13}. In light of the foregoing, one can see the presence of a companion as a benefit during labor and birth, as it is seen as a differential in the model of humanized delivery, capable of providing numerous benefits to the parturient woman throughout the process, thus allowing the woman to see parturition in a more safe and protected manner.

The role of the companion during labor and delivery

The following statements detail the form of participation of companions during labor and delivery. Among the activities developed by companions, cited by women, one should highlight: holding hands, offering support, help during the practice of exercises and conduction of massages for pain relief.

[...] Having someone known beside me has helped a lot. When the pain attacked me, she gave me massage on my back (E4).

[...] My aunt was the one who stayed with me. Nevertheless, she gave me a lot of support and all. After she arrived, I got calmer (E5).

My husband was pretty good, did you understand? I felt a little more relieved than if was alone, right! He helped a lot and I often held his hand, ok! [...] He told me I should have patience and strength and thus I would do the things well (E6).

My mother-in-law stayed with me, she watched, took pictures and everything, because my husband could not watch, he is very nervous [...] She really likes to accompany women when they are about to have babies

[...] It's very good to have a companion at the time of exercises, because you need help, right? For walking [...] You have a buttress and do not feel alone (E7).

These speeches demonstrate that the participation of a companion makes the birth process more relaxed, since the support provided allows a woman to feel safer, due to the presence of another person who contributes to her care and that meets her necessities. The presence of a companion also contributes to turn delivery and birth into more humanized events, since these people adopt attitudes that have been lost over time in caring of parturient women, such as the respect for their demands, interest in the feelings experienced by mothers and the loving and humanized treatment through the touch, which is represented in these speeches by the acts of holding their hands and massaging the dorsal region.

This physical support provided by the companion was also reported in other studies. The literature emphasizes this type of support as a benefit for the suitable development of the delivery process. The physical support that the companion provides is through actions that involve touch, massage and the act of holding the hands, which provide motivation for the parturient woman, in addition to facilitating the deambulation and position changes, thus seeking to offer physical comfort for that the woman can experience the birth process in a more quiet and rewarding way^{1,7}.

Concerning this category, it should be also highlighted that the companion might be more than a mere presence if someone allows its active participation during the birth process. In this condition, he/she is no longer considered a mere supervisory element of the obstetric care actions and begins assuming the status in the social network of support provider to the parturient woman³. Accordingly, one can realize that the value of a companion is perceived in practice, not only in relation to the fact of being close, but when he/she is included in the care procedures of the woman, as a constituent part of that moment¹⁵.

Thus, it is possible to have a wider and more meaningful monitoring for the woman and the lived moment, so that the companion is not only physically present, but is enabled to interact and be active through its actions.

Puerperal women have expressed the importance of being accompanied by more experienced people, or who have already experienced the happening of delivery and birth. This importance was assigned to the advice that they received and the fact that they were guided on the form of proceeding during labor by their companions.

My aunt was the one who was monitoring me. It's essential, did you know? [...] It was a task to my aunt because she is calm, has more experience. Actually, she gave me more security. Everything she told me to do, I did. That's how my daughter was born faster too (E5).

[...] I clung to my mother! That's good because she reassured me and advised me, and, as it was the first child, I was very nervous, I was under a very intense heat and she was refreshing me (E8).

The family as a co-participant during the pregnancy-puerperal cycle, especially in labor, favors the autonomy of women and drives the care actions to be provided, with a focus on the care necessities and experiences of women¹⁶.

Based on the above, some investigations show that puerperal women have preference for the participation of women in monitoring their delivery, mainly the presence of their mothers. According to these studies, puerperal women reported having received more support and information on how they should behave and conduct their deliveries when they were accompanied by their mothers, or more experienced people, who have also already experienced motherhood. This is because these women make use of their socially accepted experiences and skills to help daughters to deal with this moment. Thus, labor and birth might be favored when the parturient takes into account the advice and orientations of people with more experience^{1,11}.

The situations that allow the woman to have opportunities of relaxation, information and contact with a person of her trust make she feels more comfortable to experience the birth of her child. The possibility of enjoying situations of comfort and care, mainly those offered by people with whom she has bond, causes elevation of self-esteem and sensation of support, which result in satisfaction and sureness. The achievement of welfare takes place when the parturient feels loved and respected¹¹.

Feelings of trust and sureness by having a companion

The surveyed puerperal women reported that the presence of a known and loved person accompanying them has awakened feelings of trust and sureness in these women.

[...] You feel more confident by having a known person close by, I was with my husband and this helped a lot, because we feel safer, did you understand? You know you have someone there with thee in that place, it is essential (E3).

My husband, but, in fact, he could not withstand, shortly after the baby started to be born, he went away [...] He saw, right!, everything we face and suffer to have a child [...] That's important, because we feel safer, did you know? If something happens, the staff already knows that something happened (E9).

[...] My sister. We remain with sureness, feel better. And it was really different from my first baby's delivery, we feel more confident (E10).

[...] My sister. We feel more secure by having a person of our family in this manner, right next to us (E11).

My mother was the one who was with me. I felt more secure [...] And I said "call out my mother", then they gave me the cell phone for me to call my mom to know where she was (E12).

It should be realized that the act of choosing a companion to experience the birth of the child exceeds the meaning of companionship, because one can verify the importance that the participants of this study have given to the bond with the chosen person. The trust is presented as one of the requirements that influence in the choice, because, for the parturients, the birth must be shared with someone who perceives the importance of this very special moment and that has some family tie that connects him/her to that moment.

Other studies also highlighted that the presence of a companion close to the parturients during delivery conveyed the sensation of sureness and trust for these women, thus providing physical and emotional benefits in their perception^{1,5,6,7,11}.

The respect for the woman's choice in relation to her companion is classified as an arguably useful practice that must be encouraged. According to several authors, the feasibility of this women's right reduces the necessity for analgesia, the incidence of cesareans and the depression of newborns in the fifth minute of life. Furthermore, this supportive experience is an important element in parturition, as it refers to a sensation of tranquility, confidence and sureness for women^{1,6,17}.

The companions themselves understand that the presence of a family member at this moment is essential to reduce the anxiety of the parturient women and for that these patients feel safer¹⁸.

In this sense, when the health care professional integrates a family member chosen by the parturient woman, mainly the baby's father, during labor, is contributing to the parturient woman to feel more confident. This practice favors a positive experience of parturition and birth by women, thus contributing to the humanization of care, in addition to being a practice based on scientific evidence^{1,13}.

The feeling of comfort and the capacity to remain calmer were assigned to the presence of a companion during the moment of birth, as reported by the puerperal women:

My husband stayed with me. That's nice, because he calmed me down at times in which the contractions came stronger. He tried to change the matter to take it off soon (E13).

[...] My husband. He comforts me more and I got quieter (E14).

Through other studies, the authors realized that the companion is the major responsible for generating tranquility in the parturient, because, despite the delivery being a very intense period, in which the woman feels stressed for being facing a different situation, this stress is reduced when the woman is in constant contact with a close person, especially if he/she is a relative^{1,6,7}.

Another feeling highlighted by a puerperal woman was the fear of everything that was unknown, the delivery process, for being the first pregnancy, and the health care professionals, for never having had contact with them. The presence of a partner was important for women due to the fact of finally having something known at this time, with which she had some rapprochement, that is to say, in which she could trust. Accordingly, she could feel safer and less apprehensive in relation to delivery.

The companion was the person who lives with me, my partner. I thought it was cool, because it is a very strange time, particularly the first pregnancy, you do not know exactly what will happen, right! I was much afraid, despite all the information we have in the course of the antenatal procedures [...] That's why I was scared to death in relation to that time [...] I thought it was important, because you do not stay in a room full of unknown people, although you aren't well served, but it is different you have a person who knows you, who lives with you, did you understand? It's really the important issue [...] you can standing talking here [...] He saw the childbirth until the end, took pictures, cut the cord. That's was pretty cool (E15).

The fact of remaining beside unknown people during delivery and birth might awaken, in some women, negative feelings. That is why the presence of a known person at this time is shown as a safe alternative for the establishment of communication and bond with other people. The presence of acquaintances provides to parturients the opportunity to express themselves without feeling threatened, since loneliness makes them vulnerable, while the presence of others gives them support for the freedom of expression¹¹.

The surveys demonstrate that the women's satisfaction during the delivery process is strongly associated with the welcoming environment and the presence of a companionship, because the presence of strangers and the isolation from the loved people during labor are directly related to the increase of fear, stress and anxiety, thus delaying the progress of delivery^{1,5,6,7}.

A strategy for letting the parturient closer to those who will serve her at the moment of birth would be to promote meetings involving these women and professionals working in the delivery room in the course of the antenatal. This could be achieved by means of visits to the above mentioned sector.

The companion E15, in addition to having contributed to turn the delivery into a more enjoyable experience for the parturient woman, still actively participated in this moment, by registering the happening with photos and cutting the umbilical cord that connects the newborn to its mother.

Thus, one can realize that it is important not only to encourage the presence of a companion for all women, but also that these are prepared and guided to help women during delivery and birth, by assuming an active participation in this period that involves so many emotions.

FINAL CONSIDERATIONS

The importance of the participation of a companion during delivery and birth is related to the minimization of the sense of loneliness and the pain in these moments. The presence of known people and the attitudes adopted by these individuals have provided to women the comfort and calmness that they needed, which made them feel more confident and safety.

The results of this study contribute to the knowledge in the field of nursing, thus allowing people to understand that the presence of a companion and their care actions to the parturient women are essential to offer emotional and physical support, generate positive feelings for women and, finally, contribute to the humanization of delivery and birth. Accordingly, the study allows the updating of the nursing staff and other professionals of the health staff working in maternities about the benefits provided to the new mothers by the presence of companions, with the purpose of enabling professionals to welcome these people and encourage their participation during the delivery process.

From this study, it was possible to comprehend and reflect on the perceptions of puerperal women in relation to issues relevant to their health. Hence, the nursing professional must value the speeches, demands and feelings of these women, because this is the only way to elaborate a plan of care focused on the individual necessities of each parturient, thus aiming at providing a comprehensive care.

Therefore, one proposes that, to enable a continuous and effective support to the parturient women, it is essential that the companions are inserted in the context of pregnancy from the beginning and that have access to educational activities for that they might truly help the future mothers. The professional or companion that provides continuous support for women must be able to inform, relieve tension, meet the parturient's needs and facilitate the interaction among this woman, her family and the health care staff.

As limitation of this study, one can highlight the restriction to a unique public maternity in the city of Fortaleza, Ceará State, and it should be expanded to other maternities located in the capital and in municipalities of the hinterland of the above mentioned state, in order to enable a wider comprehension of the way in which the insertion of companions is being conducted in health care services of the public system in the Ceará State.

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