

Pregnancy: implications for the pregnant woman's life

A presença paterna no momento do parto

Embarazo: implicaciones para la vida de la embarazada

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RESUMO

Objetivo: analisar a relevância da presença paterna no momento do parto. **Método:** estudo de abordagem qualitativa e método descritivo. A coleta dos dados se deu por meio de entrevista com 12 (doze) puérperas, com idade entre 18 e 41 anos, em uma maternidade da rede pública do Distrito Federal. **Resultados:** todas as entrevistadas compareceram às consultas de atendimento pré-natal, 92% delas tinham conhecimento prévio da lei do acompanhante, 58% receberam alguma orientação relativa ao seu próprio direito e de seu acompanhante, e todas foram acompanhadas pelo pai no momento do parto. A discussão das perguntas abertas gerou duas categorias, a saber: a participação do pai no momento do parto, e a vivência da parturiente durante o parto. **Conclusão:** a presença do companheiro é positiva e tranquilizadora no momento do parto e sugere-se a continuidade da formação dos profissionais de enfermagem neste tema, com o intuito de uma constante melhora no atendimento às mulheres no momento do parto, respeitando a lei e principalmente as escolhas da mãe, proporcionando um parto humanizado e seguro, minimizando traumas e medos.

Descritores: Gestante; parturiente; Acompanhante; Parto humanizado.

ABSTRACT

Objective: to analyze the relevance of paternal presence at the time of delivery. **Method:** qualitative study and descriptive method. Data were collected through interviews with 12 (twelve) puerpers, aged between 18 and 41 years, in a maternity hospital in the public network of the Federal District. **Results:** all interviewees attended prenatal care consultations, 92% of them had prior knowledge of the companion's law, 58% received some guidance regarding their own right and companion, and all were accompanied by the father at the time of delivery. The discussion of the open questions generated two categories, namely: the participation of the father at the time of delivery, and the experience of the parturient during childbirth. **Conclusion:** the presence of the partner is positive and reassuring at the time of delivery and it is suggested the continuity of the training of nursing professionals in this theme, with the aim of a constant improvement in the care of women at the time of delivery, respecting the law and especially the mother's choices, providing a humanized and safe delivery, minimizing traumas and fears.

Descriptors: Pregnant woman; Mother; Escort; Humanized childbirth.

RESUMEN

Objetivo: analizar la relevancia de la presencia paterna en el momento del parto. **Método:** estudio cualitativo y método descriptivo. Los datos fueron recolectados a través de entrevistas con 12 (doce) puérperas, con edades entre 18 y 41 años, en una maternidad de la red pública del Distrito Federal. **Resultados:** todas las entrevistadas asistieron a consultas de atención prenatal, 92% de ellas tenían conocimiento previo de la ley del acompañante, 58% recibieron alguna orientación sobre su propio derecho y acompañante, y todas fueron acompañadas por el padre en el momento del parto. La discusión de las preguntas abiertas generó dos categorías, a saber: la participación del padre en el momento del parto y la experiencia de la parturiente durante el parto. **Conclusión:** la presencia de la pareja es positiva y tranquilizadora en el momento del parto y se sugiere la continuidad de la formación de los profesionales de enfermería en este tema, con el objetivo de una mejora constante en el cuidado de las mujeres en el momento del parto, respetando la ley y especialmente las opciones de la madre, proporcionando un parto humanizado y seguro, minimizando traumas y miedos.

Descriptores: Mujer embarazada; Madre; Escolter; Parto humanizado.

ORIGINAL

Introduction

Childbirth is considered a unique moment in a woman's life, and experiencing this experience with the life partner can amplify sensations on the physical, mental, emotional and social level. Throughout history, the moment of childbirth has gone through several phases, being considered from a divine event to a process mediated by medicine, leading the parturient from protagonist to object.¹

Humanizing childbirth care has been a strategy of the Ministry of Health, with programs that guarantee pregnant women a quality care, respect and sensitivity, evidencing the trinomial woman-child-family.² The National Policy of Integral Attention to Men's Health seeks to make men aware of the duty and the right to participate in reproductive planning, from the decision to have children or not, how and when to have them, as well as the monitoring of pregnancy, childbirth, postpartum and child education.³

Expanding this context of humanization of childbirth in the country, Law No. 11.108, of April 7, 2005, regulates the presence of the companion throughout the process of the time of delivery.⁴

According to the Federal Nursing Council (COFEN), no. 477/2013 and 379/2015, nurses have autonomy for comprehensive care to pregnant women, parturients, puerperal women and newborns, being one of the pillars of the obstetric team.⁵

Seeking to go beyond the point of view of professionals in relation to the participation of the father in the delivery process, and looking at the possibility of fear of parents in experiencing this moment, we consider the importance of listening to parturient women.

The present study may contribute to the expansion of care for women and the humanization of childbirth, besides providing the professional with the knowledge of the feelings stimulated to the parturient when the father is accompanied at this time.

This study aims to analyze the relevance of the presence of the father at the time of delivery, in a maternity of the public network of the Federal District.

Methodology

This work uses as methodology, the descriptive and qualitative approach, following the assumption of Oliveira (2011).

The study was conducted in 2022, in a public hospital in the western region of the Federal District, with 12 (twelve) women who gave birth and had their father as a companion during the moment of delivery. The interviews were initiated only after the approval of the ethics committee on research with human beings of FEPECS/DF with opinion number 5,706,116, following all ethical recommendations recommended in CNS resolution 466 of 2012.

As inclusion criteria, we interviewed women over 18 years of age, who gave birth without significant complications, who had the presence of the father as a companion, and that the children did not need neonatal intensive treatment, besides manifesting good physical and psychological conditions to answer the questions of the interview.

As a collection instrument, a questionnaire was elaborated with 11 (eleven) questions, 9 (nine) multiple choice questions, and 2 (two) open

questions, which were recorded and transcribed in a reliable way, covering socioeconomic aspects of the puerperal woman; obstetric history; information given in prenatal care; experience of the moment of delivery and presence of the father at this moment.⁶

The data were analyzed in stages, the first stage being data reduction and simplification. The second stage, presentation and organization of the data and in the third stage, the conclusion of the study.⁷

Theoretical Framework

Childbirth, for a long time, was considered a ritual of celebration to femininity, in which the woman was the protagonist. Variations in the ways of treating childbirth come from cultural diversity, and may undergo changes due to social aspects. Being considered a women's issue, doctors only intervened when childbirth was referred to as difficult by the midwife, as they represented the best option for childbirth care.⁸

This perception began to change in the sixteenth century, with the use of new techniques and procedures in health care. The discredit of the midwives came with the present misogyny of the time. With the change of scenery, deliveries began to be performed in health institutions, being treated not only as a physiological process, but directing the protagonism to the figure of the doctor.

With the arrival of forceps, an instrument created for the extraction of babies in cases of difficult deliveries, an alternative to cesarean sections, surgeries with greater possibility of infections and which caused more maternal deaths at the time of delivery.⁹

With the institutionalization and improvement of hygiene conditions, cesarean section no longer represented only a risk, but nodded with the possibility of a lucrative obstetric system, because scheduling and medicalization made the process fast and painless. In the hospital environment, planned to meet the needs of health professionals, the parturient found himself in the place of vulnerability and acceptance of the circumstances, which generated a greater sense of security, since childbirth was not considered only physiological.¹⁰

In Brazil, considered the country with the highest rate of cesarean sections in the world, this practice reaches 27% of deliveries in the public health system, reaching 90% of deliveries in the private network, to the point that the one indicated by the WHO, World Health Organization in 2012, with revision in 2015, should be 10 to 15% of deliveries. Who also suggests that Robson's universal classification be applied worldwide, a document that allows comparing the different rates of cesarean sections between hospitals, countries and cities.¹¹

In Ceará, a project was created more than a decade ago, in which the obstetrician José Galba de Araújo advocated normal childbirth, in addition to the humanization of childbirth and birth. The Galba de Araújo Award, came to celebrate and aims to perform the evaluation of public maternity hospitals, choosing and certifying a hospital of each of the five macro-regions, for the emphasis on the humanization of the care of women and newborns. In turn, Ordinance No. 569, of June 1, 2000, establishes the Prenatal and Birth Humanization Program, whose main objective is to reorganize the care of the parturient, formally linking prenatal care to childbirth and the postpartum period, with the expansion of women's access to these programs, and the guarantee of quality with the performance of a minimum set of procedures.¹²

Currently, there are programs such as the National Policy of Integral Attention to Men's Health, which seek to make men aware of the duties and rights to participate in reproductive planning, from the decision to have children or not, how and when to have them, as well as the monitoring of pregnancy, childbirth, postpartum and child education.¹³

The devaluation of birth and the loss of the welcoming environment make some women want to give birth at home, in a planned way, with the help of obstetric nurses, doulas and obstetricians, without modernity and the supposed safety of childbirth in a hospital. For pain relief are used non-pharmacological practices such as baths, massages, horse and ball.¹²

Institutional violence, which describes the set of perceptions resulting from procedures widely used in delivery rooms, is justified by some health professionals, as the result of the precariousness of public services, the lack of physical space in prepartum rooms, or the availability of exclusively female accommodation in maternity hospitals, which would make it impossible for male parents or companions to enter. However, the issue of the involvement of the father/companion at the time of delivery has been widely discussed, as an indispensable factor for changing the paradigm of the search for a humanized care.⁸

It has long been perceived that the presence of the father at birth helps to fill an existing gap in care. It is recognized that women at the time of delivery require psychological and affective support, since, due to the demand for the dynamics of hospital work, professionals who offer support have little time to be with parturient women. It is believed that hospitals should allow and encourage the presence of the father, so that he assumes an active role in the care of the partner during the moment of delivery.¹³

The Ministry of Health, exercising its normative and regulatory role, has implemented a set of actions, through ministerial ordinances, with the objective of stimulating the improvement of obstetric care.¹⁴

Reinforcing the perceptions and practices mentioned, the importance of the role of the obstetric nurse results in great benefit for obstetric care and the valorization of the professional, and is based on the Ordinance of the Ministry of Health No. 2815/98, of May 29, 1998, to act in the care of normal delivery of low risk or habitual risk. It also argues that each woman should be treated in a unique way at the time of giving birth, prioritizing individualized care and in an integral way.¹⁵

The humanization of health services has come to reduce unnecessary interventions, such as excessive cesarean section practice and with consequent reduction in maternal and perinatal morbidity and mortality.¹⁶

According to the National Guidelines for Normal Delivery Care, women at the time of delivery should be treated with respect, have access to evidence-based information, and be included in decision-making. For this, the professionals who attend them should establish a relationship of trust with them, asking them about their desires and expectations. Humanization consists of providing the parturient through care, a passage from one emotional moment to another, with security, balance and harmony.¹⁷

The personal training of professionals, qualifying these for the care of women in the prenatal and birth period, is extremely important to improve the quality of care, strengthening the relationship of the professional with the parturient and their companions.³

The nurse as an important member of the health team can provide situations to improve the reception and humanization of childbirth, taking a careful look at the needs of the woman and decreasing the number of interventions in the process, with empathy, effective communication and proactive actions of health education, besides providing the father's support to the moment of delivery.¹⁸

While the health team has its place delimited in childbirth care, it also needs to recognize the potential of the father and the benefits of his support for the woman during the delivery process, which may vary according to the care characteristics of hospital institutions, the type of provider and the duration of support.¹⁹

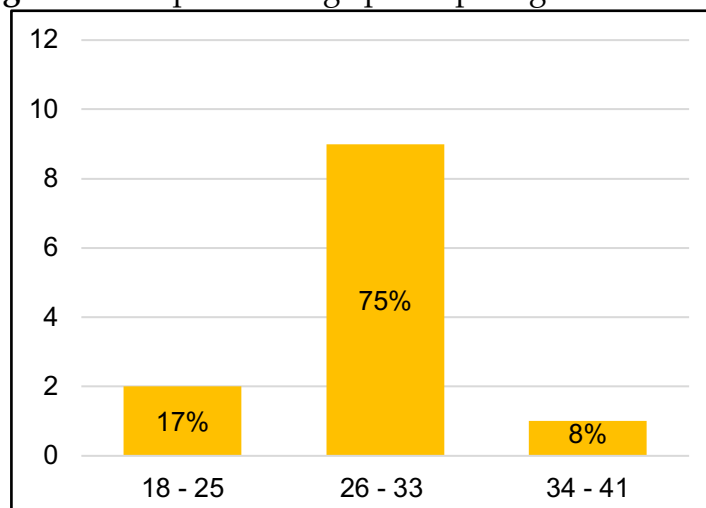
A study on the view of the companion in relation to their performance during the process of parturition, showed that it is necessary to give space to the agents directly involved in this process, because they sometimes feel intimidated by health professionals, discouraged from participating, being only supervisors of obstetric care. The limited participation of the companion is due to the model of interventional care at delivery and prejudices in view of the possibility of an active companion. These two points also influence the lack of commitment of professionals to welcome and insert the father in the birth process.¹⁹

It is noticed that although professionals demonstrate an openness to accept the presence of the father, this practice is still involved by feelings of apprehension. However, even surrounded by these feelings, professionals who work in childbirth and birth care report as positive the presence of the companion, recognizing the benefits of their contribution in the physiology of childbirth and in improving the quality of care and their performance with the mother-child in establishing the family bond.²⁰

Results

The results of this study emerged from 12 (twelve) interviewees; the following is the profile of the participants: aged between 18 and 41 years; 75% are between 26 and 33 years old, 17% between 18 and 25 years old, and 8% between 34 and 41 years old, as shown in Figure 1 below.

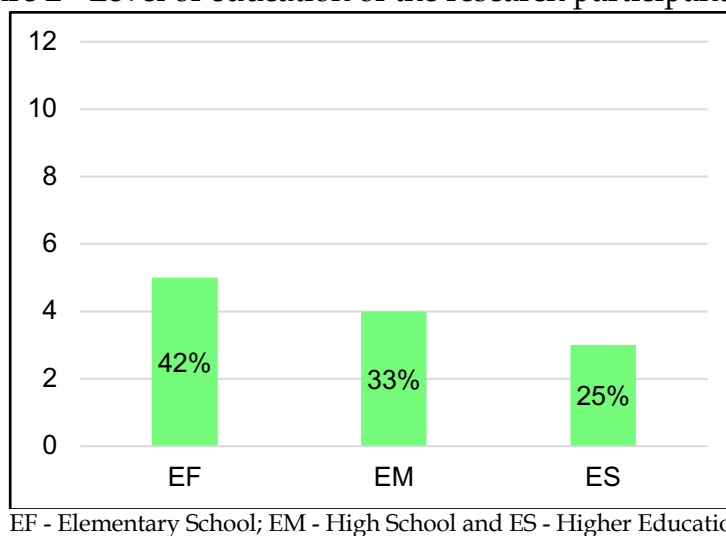
Figure 1 - Graph of the age participating in the research.



According to the National Policy of Integral Attention to Women's Health, instituted by the Ministry of Health in Brazil, women between 10 and 49 years are considered of reproductive age, which corresponds to 65% of the total female population of the country, a range also portrayed in the distribution of ages of the respondents of the survey.²¹

Regarding the education of the interviewees, the research presented 42% of them with elementary school education as a school education. 33% said they had completed high school, while 25% reported having completed higher education, as shown in Figure 2.

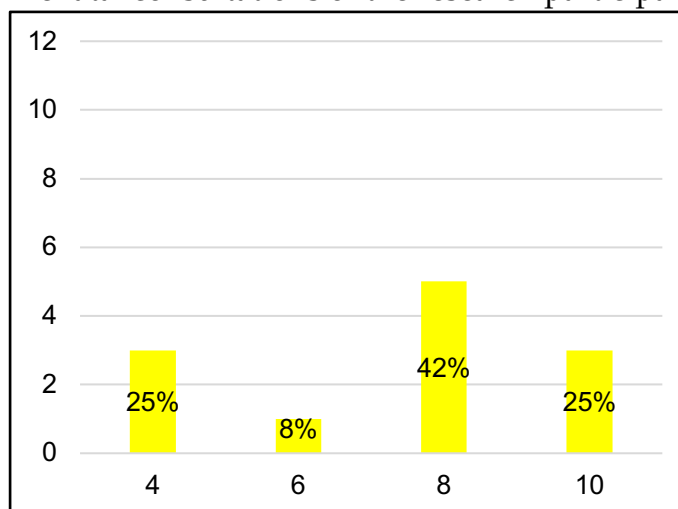
Figure 2 - Level of education of the research participants. 2022.



EF - Elementary School; EM - High School and ES - Higher Education

Of the parturients interviewed, all reported having performed prenatal care. However, when asked about attending prenatal program visits, 75% of the interviewees reported having been seen in eight or more consultations, 8% attended at least six consultations, while 25% reported having been assisted in only four consultations, as shown in Figure 3.

Figure 3 - Prenatal consultations of the research participants. 2022.

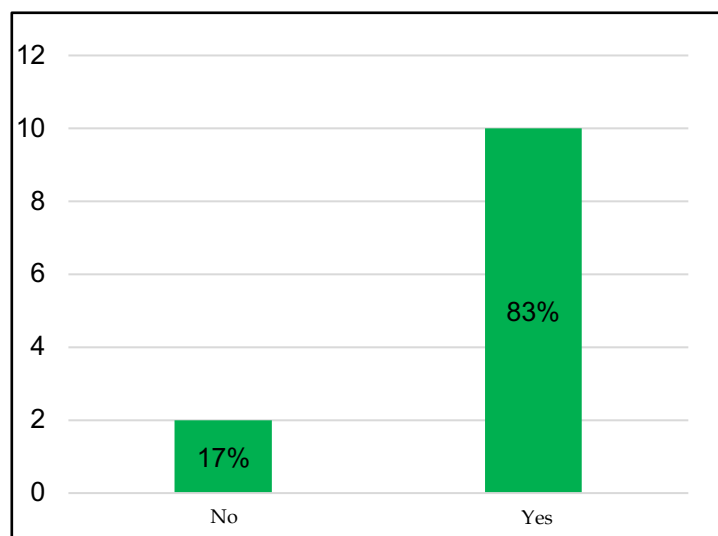


As recommended by the Ministry of Health for Brazil, so that a set of postpartum care is considered as prenatal care, the total number of consultations must be at least six consultations, and can be performed by a qualified physician

or nursing professional, preferably following the following schedule: monthly consultations until the 28th week, fortnightly consultations from the 28th to the 36th week, and with weekly visits until the time of delivery.²¹

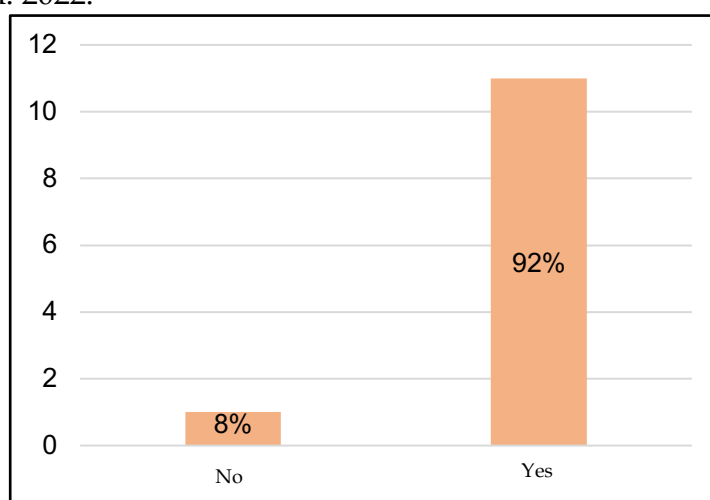
Regarding the experience of previous deliveries, 83% of the parturient women reported having already experienced one or more deliveries. Only two interviewees, 17%, were in their first experience of delivery, as shown in Figure 4.

Figure 4 - Percentage participating in the research according to experience with previous deliveries. 2022.



Regarding the knowledge of Law No. 11,108, of April 7, 2005, which governs the right of the companion's right to stay during the moment of delivery, 92% of the interviewees reported having previous knowledge about the subject, knowledge obtained through television and the Internet. Only one parturient (8%) reported not having knowledge about the subject, as shown in Figure 5.

Figure 5 - Parturients who were aware of law 11,108 of 2005, who participated in the research. 2022.

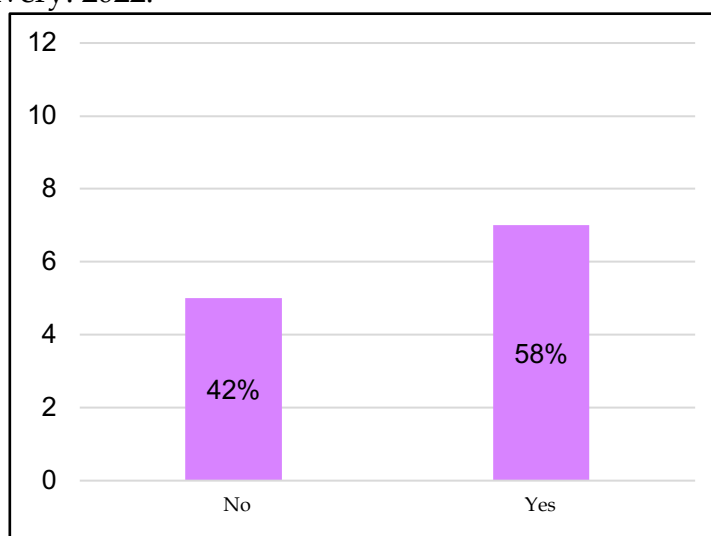


From this proportion of positive responses, it is possible to observe the growing expansion in the knowledge of the rights arising from Law no. 11,108/2005, which for more than fifteen years instituted for public and private

health services, the option for women in the free choice of a companion for the moment of delivery. The Humanization Policy of Childbirth and Birth reinforces the importance of ensuring the understanding of women in relation to the theme, so that the guarantee of this right, since prenatal care, allows a conscious decision-making, a choice of the companion without trampling, and a delivery process with greater respect, support and trust.²²

Although this study demonstrated predominant knowledge of their rights by the participants, the research also revealed that only 58% of the participants stated that they had received some guidance on the procedures in relation to the participation of the father at the time of delivery, while 42% reported not having received any guidance, as shown in Figure 6.

Figure 6 - Study participant who received guidance on the presence of the father at the time of delivery. 2022.



The Ministry of Health, in the formulation of the National Guidelines for Normal Delivery Care, included among the general care during the moment of delivery, the duty to inform the postpartum woman during prenatal care of the need to choose a companion to support her during the moment of delivery. It also adds that the chosen companion should receive important information about childbirth at the same time as the woman.²³

Discussion

For the discussion of this study, two categories were organized, which related to the participation of the father at the time of delivery, and on the experience of the parturient during childbirth. The second category was also subdivided into two subcategories, which discuss the feelings experienced during childbirth and about the experience of the parturient with health professionals, as presented below:

Participation of the newborn's father at the time of delivery

The presence of a reliable companion at the time of delivery was indicated as positive by 100% of the parturients interviewed, as could be seen from the answers transcribed in their entirety, as follows. “

My husband's presence in childbirth was very good, because he had the moment I spent it was going to be two years that I lost my mother and he was a more special person in my life who arrived when I entered the birth, he was the first to hold my daughter, and because it was very first to come in with me." (N1)

"So when you have a date with you, even the baby's father, everything is more perfect. The closer he is, touching you, touching, you feel safer, it's a thousand times perfect, the better with escort. Who was my companion was my companion." (N2)

"It was wonderful, it was very important to me, very cool. He helped me in the contractions, helped me to go to the bathroom, helped me in everything, for sure having a companion gave me total security, much more than I expected." (N3)

"I didn't feel very comfortable not, but until it was reasonable. My companion stayed all the time, including at the time of birth, accompanying tudinho. It was important." (N4)

"Very active, it helped me a lot, it was very important, it made all the difference in the sense of feeling more welcome, safer. He helped during childbirth, doing massage, stimulation, I felt calm, gave me tranquility, positivity, telling me that everything was going to work out right? His presence was fundamental." (N5)

"It was important, wasn't it? For me to feel safer, as I never had a cesarean section, this was the first, I've had two other deliveries and were normal. So C-section I didn't know, right?" (N6)

"Giving me moral support. Passing confidence right? Giving strength at the moment it's necessary. And he was there to help me, very good. It's very good security. Because we see a lot of reports, right? Of several things happening unfortunately, and then having someone to follow is very good, we are safer, because we become very unstable, vulnerable." (N7)

"I didn't get into labor, I arrived with a lot of swelling. And then I think I had requested an examination, in this exam came that had the umbilical cord that was spent two laps in his neck, and then also because of the size of the baby it was necessary to do the cesarean section. The delivery was quiet, it was very fast, very quiet. Then, when it comes here (recovery), that there begins more news, a certain degree of difficulty, but the delivery itself was very quiet. The same recovery issue, which is all much more difficult." (N8)

"My partner was instrumental during labor. Because it was a long labor that lasted almost 24 hours I managed to dilate only 9 cm with a lot. After many attempts a lot of pain but my companion was there giving me emotional support calming me saying that everything was always going to work out on my side there. It was critical for my companion to speak on my side supporting me and everything I needed." (N9)

"During labor his participation was fundamental because he was on my side all the time supporting me by calming me by telling me that I was already strong that I was going to get it and it was a very important moment a unique moment when our son was born." (N10) "Participação dele foi fundamental foi importante." (N11)

"My companion was very important because I was very scared and he was there by my side calming me down." (N12)

In the interviews, when talking about the participation of the newborn's father, the parturients spontaneously reported an extensive range of previous feelings, such as ignorance, insecurity and fear, which also surfaced as physical sensations of pain and suffering at the time of delivery. However, this whole set of effects could be experienced in a less traumatic way, thanks to the support felt, the feeling of closeness, the words of comfort uttered, the emotional support and the positivity received by the presence of a companion.

The importance of the proximity of someone of confidence of the parturient has been reported as positive also in previous studies, which also point to the perceived decrease in the risk of complications during childbirth. The support and safety provided, as fundamental for the delivery to be lived in a positive and pleasurable, non-traumatic way. A better use of this possibility can result from the sensitivity and support of the team of health professionals involved, so that the proper emotional support and safety are transmitted to both during childbirth.²⁴

Experience during childbirth

The diversity of sensations, feelings and perceptions of each experience reported by the interviewed parturients is very expressive. While some reports suggest relative tranquility and speed in the delivery process, others add details of complications, with greater pain and suffering, as follows.

"My experience in childbirth was very fast, very fast. There's no way I can explain how it went." (N1)

"My labor was kind of complicated, I started feeling two days before, and I was holding right, because I wasn't regulating according to what was to regulate. And I kept holding, holding, then there was power in my house, and I ran out of light and nothing, and the husband didn't get home, so I said, oh my God, I'm going to get baby right here.

Then, as soon as he arrived we ran to my mother's house, I managed to take a bath, I arrived here and was already nine centimeters, only I could not walk anymore, I was attended to by the doctors in the wheelchair." (N2)

"It was very difficult, I managed to dilate up to 5 cm, then I did not dilate anymore, then I had to go through cesarean section, so it was two deliveries right? so it was very difficult, and the presence of my assistant was very important to me." (N3)

"Tiring, I've been in a lot of pain, one contraction after another, I was seven centimeters, and then it was only getting worse. I thought it took a while, because of the pain, it feels like forever. I arrived at seven and a little, and I won at 8:18. It's because I've already arrived with two centimeters. But because when you think, it takes right?" (N4)

"It was a fast labor because I was already in advanced dilation and respected my will. Because I didn't want, at the end of the expulsion a cut, so they respected me and I didn't have episiotomy, it was very quiet." (N5)

"Oh, it was a blessing, the team, all in itself, was so fast that, I thought it would take longer, half an hour was all over already." (N6)

"It was pretty quick. I got here, my bag had already burst, and then I went into the office, the doctor went to make the touch, right, could not make the touch because she was already being born. And then he was born. The contractions came right, and she was born real quick. The two were normal, normal childbirth is much better, it is well suffered but after the baby is born it is very quiet." (N7)

"I didn't get into labor, I arrived with a lot of swelling. And then I think I had requested an examination, in this exam came that had the umbilical cord that was spent two laps in his neck, and then also because of the size of the baby it was necessary to do the cesarean section. The delivery was quiet, it was very fast, very quiet. Then, when it comes here (recovery), that there begins more news, a certain degree of difficulty, but the delivery itself was very quiet. The same recovery issue, which is all much more difficult." (N8)

"My labor I was able to give an opinion, I was able to actively participate in it, I just have to thank, we tried normal delivery, but it was not possible but thank god we are super well just have to thank the nursing staff and the doctors." (N9)

"My delivery even though I'm afraid because we're afraid of childbirth right. It was a birth for me was perfect. Childbirth was a unique moment at the time I was afraid my anguish I had a certain fear of childbirth." (N10)

"I found it quieter than the others and felt very safe." (N11)

"I felt very afraid, but in the presence of my companion. I was very scared." (N12)

Although childbirth is a natural process of women's physiology, it carries numerous associated factors. Cultural issues, previous experiences of their own or third parties, various initiatives, and the very emotion of motherhood, while they broaden the perception and appreciation of this experience, can make the birth scenario disturbing for many women, and may even cause harm to physical and emotional health. Therefore, the presence of a companion, someone who can support the woman at this time, is pointed out as directly impacting on the reduction of anxiety and negative feelings related to childbirth.²⁵

Feelings during childbirth

The sensations of fear, the fear of being alone, the personal anguish, are part of the set of sensations reported by the parturients at the time of delivery. In addition, it also draws attention to the distrust and discomfort caused by ignorance in relation to the physician.

"It's wonderful. When you're going to get a baby, you get uncomfortable because you're afraid of the doctor, or do something to you, that you don't know, or just unknown person there." (N2)

"I was a little afraid to be alone. I was afraid of too much childbirth. He stood there with me, supporting me, right, all the time." (N6)

"Childbirth was a unique moment at the time I was afraid my anguishes I had a certain fear of childbirth." (N10)

"I was very afraid, but with the presence of my companion, it was very good." (N12)

The isolation of women in unknown environments destined for delivery, as well as the separation of family members, as causes of feelings of fear and anxiety that can cause alteration in the physiology of childbirth, enabling the deregulation of fundamental substances in the process of dilation of the cervix. On the other hand, the safety and comfort that came from the proximity of a companion of free choice of the woman, by allowing the sharing of fears and unease, allows the reduction of the use of medications for pain relief, a lower incidence in cesarean sections and episiotomies, and the improvement in Apgar indexes in newborns.²⁶

In this category a curious report that the participant says she feels "fear of the doctor", perhaps influenced by the abuse that occurred in Rio de Janeiro to the parturient by the anesthesiologist.²⁷

Experience with health professionals

When reporting their experience with health professionals at the time of delivery, all women respondents reported having received quality care, giving praise to the nursing team and expressing gratitude for their support, reception and prompt care.

"The service was super fast, already put me to win baby at the same time. As soon as I arrived at the hospital, my husband took the wheelchair for me, because I was not getting to walk anymore, I was nine centimeters and already took me straight to the doctor, I was attended well by the staff, and already sent me straight to labor." (N2)

"I've already arrived here that I'm from another city and I've arrived and i've been directly attended, very well attended, the team that watched me, wonderful, I didn't feel any failure. All very affectionate and calm, gave me tranquility, I did not feel any embarrassed. I have nothing to complain about." (N5)

"Very good, they made me feel well." (N7)

"The doctor opted for a cesarean section because he couldn't get it dilated and the baby wouldn't pass, but thank God it all worked out. The nursing staff was wonderful just got compliments gave me strength made me feel good at ease." (N9)

"The nursing staff there on my side giving me support all the guidance showing me that everything telling me that everything was going to work out that I got that I was strong that my son was there ready to come into the world I just have to thank the whole nursing team who were instrumental at that time helped me a lot made all the difference to me." (N10)

"At the time of delivery only nurse, but in labor the nurse and the doctor." (N11)

"Calming me my delivery went well and I am very grateful for it the presence of my husband and the participation of all the commitment of the nursing team was fundamental I just have to thank the nurses who were there on my side all the time giving me strength guiding me was all perfect exceeded my expectations because I was so afraid." (N12)

The presence of a companion at the time of delivery increases the possibility of better care and guidance by the health professionals involved. There is an improvement in the possibility of choosing women on other issues that are very important in the experience, such as the position of expulsion, non-submission, restraint, analgesia and even in the best practices later, such as breastfeeding in the first hour of life and other necessary care.²⁸

Final Considerations

The study pointed out that the presence of the father at birth contributes significantly to the perception of well-being and care of the postpartum woman, expands the desired humanization at the time of birth, and confirms the need for psychological and affective support of the woman at the time of delivery.

However, for these impressions to be felt in their entirety, it is essential that the woman and her previously chosen companion, as

well as the nursing team and health professionals involved, be aware of Law No. 11.108, of April 7, 2005, which governs the right of the companion to stay during the moment of delivery, so that she can welcome the postpartum person, respecting her right at a unique moment in her life, which is the arrival of a child.

Although it presents expressive reports, a larger sampling could broaden the scope of the research. The reduction in the number of interviewees is due to the physical limitation of the place surveyed, since the maternity used in the study does not have a reserved place where the interviewees could report their experience and that of their partner during the moment of delivery.

It is advisable to continue the training of nursing professionals in this theme, with the aim of a constant improvement in the care of women at the time of delivery, respecting the law and especially the choices of the mother, providing a humanized and safe delivery, minimizing traumas and fears.

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