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NON-COMPLIANCE WITH THE COMPANION LAW AS AN AGGRAVATION TO OBSTETRIC HEALTH

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ABSTRACT

Objective: to analyze women's perceptions regarding non-compliance with the Companion Law, focusing on their legally constituted right and the feelings they experience during birth and delivery.

Method: a descriptive-exploratory research of qualitative nature, in which data were collected from four hospitals in the Metropolitan Region II of the State of Rio de Janeiro (Brazil), between January and July 2014. Fifty-six hospitalized women were interviewed in their respective shared rooms. Thematic content analysis technique was used for analyzing the information and the guidelines for humanization of public policies for assistance in birth and delivery, considering the perspective of reproductive rights.

Results: two thematic categories emerged: Women's lack of knowledge influencing non-compliance with the Companion Law; the Companion Law as a security/safety tool for women in labor. The interviewees reported non-compliance with the aforementioned Law by health institutions and health professionals during birth and delivery, resulting in a moment permeated by negative feelings resulting from stress, emotional wear and tension in the disregard for the couples' reproductive rights.

Conclusion: the Companion Law needs to be better promoted as a couple's reproductive right, one that guarantees safety during labor and inhibits violating their rights.

DESCRPITORS: Obstetrics. Women's health. Patient rights. Violation of human rights. Gender violence.

O DESCUMPRIMENTO DA LEI DO ACOMPANHANTE COMO AGRAVO À SAÚDE OBSTÉTRICA

RESUMO

Objetivo: analisar a percepção das mulheres acerca do descumprimento da Lei do Acompanhante, com foco no seu direito constituído legalmente e nos sentimentos por elas vivenciados durante o parto e o nascimento.

Método: pesquisa descritivo-exploratória, de natureza qualitativa, cujos dados foram coletados em quatro hospitais da Região Metropolitana II do Estado do Rio de Janeiro, entre janeiro e julho de 2014. Foram entrevistadas 56 mulheres internadas nos respectivos alojamentos conjuntos. Utilizou-se a técnica de análise de conteúdo na modalidade temática para o tratamento das informações e das diretrizes das políticas públicas de humanização da assistência ao parto e nascimento, considerando a perspectiva dos direitos reprodutivos.

Resultados: emergiram duas categorias temáticas: O desconhecimento das mulheres como influência no descumprimento da Lei do Acompanhante; e A Lei do Acompanhante como instrumento de segurança para as mulheres em processo de parturição. As entrevistadas relataram o descumprimento da citada Lei**,** pelas instituições de saúde e pelos profissionais durante o parto e nascimento, tornando esse momento permeado por sentimentos negativos resultantes de estresses, desgastes e tensões face ao desrespeito aos direitos reprodutivos do casal.

Conclusão: a Lei do Acompanhante precisa ser melhor divulgada como direito reprodutivo do casal, garantindo a segurança do processo parturitivo e inibindo atos de violação em seus direitos.

DESCRITORES: Obstetrícia. Saúde da mulher. Direitos do paciente. Violação dos direitos humanos. Violência de gênero.

EL INCUMPLIMIENTO DE LA LEY DEL ACOMPAÑANTE COMO AGRAVIO A LA SALUD OBSTÉTRICA

RESUMEN

Objetivo: analizar la percepción de las mujeres sobre el incumplimiento de la Ley del acompañante, centrándose en su derecho legalmente constituido y en los sentimientos experimentados por ellos durante el parto y el nacimiento.

Método: este estudio descriptivo y exploratorio, de naturaleza cualitativa y los datos se obtuvieron de cuatro hospitales de la Región Metropolitana II del Estado de Río de Janeiro (Brazil), entre enero y julio de 2014. Se entrevistaron a 56 mujeres admitidas en su alojamiento conjunto. Se utilizó la técnica de análisis de contenido, modalidad temática para el tratamiento de la información y las directrices de las políticas públicas de humanización de la atención del parto y el nacimiento, teniendo en cuenta la perspectiva de los derechos reproductivos.

Resultados: dos temas surgieron: El desconocimiento de las mujeres como influencia en el incumplimiento de la Ley del acompañante; y la Ley como instrumento de seguridad para las mujeres en proceso de parto. Los entrevistados reportaron el incumplimiento de la mencionada Ley, por las instituciones de salud y los profesionales durante el parto y el nacimiento, permeando este momento de sentimientos negativos resultantes del estrés, el desgaste y las tensiones por la falta de respeto a los derechos reproductivos de la pareja.

Conclusión: la Ley del Acompañante debe ser mejor promovida como los derechos reproductivos de las parejas, lo que garantiza la seguridad del proceso del nacimiento y la inhibición de los actos de violación de sus derechos.

DESCRIPTORES: Obstetricia. Salud de la mujer. Los derechos del paciente. Violación de los derechos humanos. Violencia de género.

INTRODUCTION

Since 2005 in Brazil, Law no. 11.108 (better known as the "Companion Law") grants that maternal health services allow the presence of a companion of the woman's choosing at all times during labor, delivery and in the immediate postpartum period. In order to regulate the presence of the companion in public and private spheres, other documents have also been published that ensure that this right is guaranteed to all parturients,[1] and above all, respected by all institutions providing health care.

In the public sphere that same year, the Ministry of Health (MH) began to authorize payment of expenses on companions during birth and labor through Ordinance number 2.418, including expenses such as adequate accommodation and supply of main meals. In 2008, Resolution 36 of the Collegiate Board (RDC - *Resolução da Diretoria Colegiada,* in portuguese) of the National Health Surveillance Agency (ANVISA, in portuguese), which provides Technical Regulation for Operation of Obstetric and Neonatal Care Services, in addition to reaffirming the woman's right to a companion, also established parameters so that the services could ensure adequate and safe physical structure for companions and health workers.[1]

In the private sphere in 2010, the National Agency for Supplementary Health (ANSS, in portuguese) through Normative Resolution number 211 defined that obstetrical care in the private sector, regardless of a healthcare plan, should cover all expenses of the companion.[1-2] These were important initiatives in the country to legitimize the right to a companion in maternity wards.

This is an emerging theme of the Labor and Birth Humanization Program (PHPN, in portuguese) created in 2000, which brought forth discussions culminating in institutionalizing and making the *Cegonha Carioca* Network official in Rio de Janeiro in 2011.[1-3] However, according to the study *Nascer no Brasil*, 24.5% of the pregnant women attending public and private network hospitals in the (Brazilian) States were not accompanied by a companion of their own choice during birth and delivery, where the guarantee of their legally constituted right was not observed.[3-5] Thus, they have not been able to fully exercise the rights guaranteed by the current law.

In view of the abovementioned, and considering that non-compliance with the Companion Law characterizes an act of violating the couple's reproductive rights by the Women's Healthcare Services, this study aimed to analyze women's perceptions of non-compliance with this Law, focusing on their legally constituted right and the feelings they experience during labor and birth/delivery.

METHOD

A descriptive, exploratory study with a qualitative approach, considered appropriate for the objectives of the study as it seeks to uncover the perceptions of individuals' subjective data.[6]

The participants of the study were 56 women hospitalized in shared rooms of four public maternity hospitals in the Metropolitan Region II of the State of Rio de Janeiro (Brazil). This sample was determined after being submitted to the meaning repetition process of speech (saturation).

Inclusion criteria were: women in the immediate puerperium, over 18 years of age, who had vaginal delivery in public maternity hospitals with

hospital stay of 12 hours or more in the unit, and who did not present any physiological and psychological alteration that prevented them from participating. The exclusion criteria took into account those who remained in the pre-delivery room, in the infirmary in the maternity ward, in the obstetrical center or in shared rooms for high-risk pregnancy in public maternity hospitals, those who underwent cesarean section, those who presented postpartum pathology or those in post-abortion. The exclusion of these women from the study was based on the fact that when they staying in specialized sectors and considering their clinical-obstetric needs, these women could have physical and emotional limitations regarding the presence of a companion, which could influence their perceptions.

Women who met all inclusion criteria were invited to participate in the study and were subsequently selected through a simple randomized process, considering obstetric beds with odd numbers. Upon their acceptance, the research subject was clarified and signing of the Free and Informed Consent Term was requested, thus confirming their participation and ensuring information anonymity and confidentiality, as confirmed by the use of an alphanumeric code (P1 ... P56), and enabling application of the data collection instrument.

In accordance with Resolution Number 466/2012 of the National Health Council, the study was approved by the Research Ethics Committee of the Faculty of Medicine of the Antônio Pedro University Hospital (HUAP) of the Federal University of Fluminense (UFF), under Protocol 375.252/2013.

Data collection was carried out during the first half of 2014 by applying a semi-structured interview script consisting of open and closed questions regarding the process of companions in labor, delivery and puerperium. The women's speeches were recorded on a digital recorder with prior authorization, transcribed in full by the researcher in order to ensure reliability of the speeches, and then categorized and stored by the researcher. They will be erased after five years, as determined by Resolution number 466/2012. Data collected were analyzed using the thematic Content Analysis technique[7] and discussed based on the Public Policy Guidelines for the Humanization of Labor and Birthing Assistance and Reproductive Rights, considering the gender perspective.[8-9]

After the interview transcripts and identification of the Registration Units (RUs), the colorimetric technique was applied to identify and group similar RUs, allowing for an overview of the theme. The following RUs originated from the interviews: professional power and authority; impediment to attend birth; male companions; lack of information regarding the right to a companion during birth; insecurity/unsafety in the delivery; abandonment and lack of support during labor and delivery; insecurity. The following thematic categories were constructed based on these RUs: 1) Women's lack of knowledge influencing non-compliance with the Companion Law; 2) A Companion Law as a safety/security tool for women in labor.

RESULTS AND DISCUSSION

Women's lack of knowledge influencing non-compliance with the Companion Law

This study made it possible to identify women's lack of knowledge regarding the content of Companion Law, as well as to their rights. Through the interviews, it was possible to indirectly confirm that this lack of knowledge also occurs on the part of the health professionals, by denying women's reproductive rights:

[...] *because now I am of legal age, I can no longer have a companion.* [...] *Only minors can have someone with them.* [...] *they said that when I got in for my examination/to see the doctor. They did not let my mother go in with me* [...] *and because I no longer have the right, if I still were a teenager I would fight to have the right, but what can I do?* [...] (P18);

[...] *they said that I could not have a companion, that here nobody has a companion* [...] *and people said that it is not right, and that they should let a person stay, only minors* [...] (P20).

Although Law number 11.108/2005 has been in force for more than ten years, granting the presence of a companion of the women's choosing during the prepartum, delivery and immediate puerperium periods[1,8-9] in public (SUS) and private health services, the testimony confirmed a lack of information regarding this right. The Labor and Birth Humanization Program affirms the importance of information regarding the legal provision that enables women to understand themselves as subjects possessing rights regarding the presence of a companion of their choosing during the birth process.[8-9] Changes in the delivery model are therefore important, where women have proper knowledge about the presence of a companion, and companions are included in the support and care scenario.

Effective understanding about the Companion Law is necessary to guarantee women's rights, instituting a process of respect, support and trust. Access to information should start in prenatal care, allowing women to feel enlightened about these legal rights so that they are able to make a conscious decision about their rights.[9-10] Undoubtedly, misinformation about the right to a companion supports non-compliance with rights established by law.[11] Health institutions, by preventing women from having a companion of their choosing, corroborate practices in which the health professional perpetuates 'routines' and 'norms' historically implemented in labor and delivery care, as shown in the following reports:

[...] *I did not have that, they would not let my husband participate with me, and I tried to figure this out, but this doctor would not let him (stay).* [...] *the other girls, their husbands were with them by their side, I do not know why they did not let him stay and watch the birth, I thought it was pretty inconsiderate!* [...] (P03);

[...] *in the delivery room it was weird, they did not let my mother in (with me).* [...] *the doctor said she could not get in the room.* [...] *that for that moment I was going to be alone, and that only later she would see me* [...] (P15).

We can notice that the right to a companion has not yet become a reality for all Brazilian women, since many are unable to exercise it.[12] It should be reiterated that this right is "undeniable" and "non-negotiable" in many situations because of its constitutional character. The impediment of exercising it confirms the lack of respect with legal orders against the Companion Law,[9] which is intimately linked to a lack of women's information and a timid movement of social participation. Therefore, it is necessary to seek guarantees for women to have their rights respected with the guarantee of a companion during labor, delivery and puerperium.[8-9]

The Labor and Birth Humanization Program (PHPN) emphasizes that the well-being of the woman during childbirth and puerperium includes the permitted access of a companion of their choosing. In this context, one of its actions advocates accepting her and her family members with dignity and respect throughout all stages of this process.[13] However, despite some women being aware of the law,[9] this did not assure them of exercising their citizenship and their rights. Their testimony is clear in this regard:

[...] *because I know about the Companion Law and people also told me that I had the right* [...] *I started to complain that I was going to call the police, that there was a law and they were disrespecting it and I was going to fight for my rights.* [...] *but it did not work* [...] (P02).

[...] *I fought with everyone here.* [...] *I know that the law exists* [...]. *I have the right to have a companion, I called the police and everything, but I wasn't attended, because there was not enough space for this* [...] (P19).

As previously stated, preventing the presence of a companion during the duration of birth and delivery characterizes a deprivation of women's rights regarding their sexual, reproductive and human rights, since any action or type of organization that hinders, delays or impedes women's access to their constituted rights, may they be actions or services, whether public or private, constitute a violation of their person as to their acquired rights.[11]

Currently, Health litigations have become a practice for fulfilling this right. Some women seek the Public Prosecutor's Office or call the police when they enter a health service, denoting evident vulnerability in care provision, and the need for effective actions for their protection.[11,14] In the case reported above, the violation resulted in disrespecting a woman's right as a citizen, considering that even in seeking police support, the participant did not succeed in her initiative to enforce exercising the Companion Law,[9] as well as a guarantee of the actions advocated by the Labor and Birth Humanization Program regarding companionship in the labor process.[8]

The authority and power conferred by the institution to health professionals has allowed women to experience an unequal relationship in power, leaving them no other option but to submit themselves and waive their right to having a companion during birth and delivery:

[...] *because when they [health professionals] say that you cannot [have a companion] I think it's normal, I do not even question it, and I do not say anything, because they know what they are talking about* [...] (P01);

[...] *I already know how it works, I think it's normal, because they [health professionals] say that nobody can go in, and we have to respect and accept what they tell us* [...] (P10).

Emphasis should be given to the fact that the interviewees' speeches mostly reported the absence of the companion, even though they were aware of right existing. Only one respondent claimed to be unaware of this right, to the extent she even thought she was 'wrong'. Thus, accepting what was determined for them evidences total ignorance regarding their legal rights.[15]

Although there is a lack of preparation by health institutions and health professionals to welcome the companion as a 'new character' in the everyday care environment for labor and delivery, they must incorporate enforcing the Law[9] into developing their care activities. The individual component of health professionals alone does not guarantee that maternity wards will welcome the companion during delivery, since implementation of this measure requires institutional guidelines, whose implementation demands structural reorganization and the participative involvement of collegiate bodies, observing a dimension of the Labor and Birth Humanization Program. Notwithstanding, these changes will require collective efforts, in addition to provoking resistance, even in the face of successful experiences by some health professionals.[16]

Thus, the power and institutional authority of health professionals surpasses the horizontal care relationship. Particularly regarding the Companion Law,[8-9] which is often disregarded in corroborating the existence of an unequal relationship, representing institutional non-compliance of an institutional order.[10] Some professionals, while positioning themselves on the institutional side, perpetuate inequalities in power relationships which correspond to disrespect and inequities, as reported in the testimonies:

[...] *I felt an indifference towards myself, it was bad treatment that they [professionals] gave me. They did not let my mother go into the pre-delivery (room) with me. During the delivery the doctor said no one is allowed in, and nobody can stay with me here. I feel alone all the time, with no one in my family* [...] *they treated me like an animal* [...] *a horrible and inhumane situation, he treating me badly and disrespecting me all the time* [...] (P05).

[...] *it is impossible to talk to the doctor, she is a crude, coarse and insensitive person; she should have let my mother come in with me at that moment.* [...] *a moment that we (both) waited for and she did not let her in, she said that she could not go in and that she was not going to let* [...] *nor let the nurses (let her in), and that there was no way* [...] (P09).

In this context, prevalence of the sovereignty of many health professionals refers back to the paradigmatic care process for women, where women have historically lost prominence during delivery, in addition to having their choices curtailed, and among them the choice to have someone they trust by their side. On the other hand, health professionals began to make decisions about the circumstances in which birth and delivery should take place. Thus, women who choose to have a companion and exercise the legal precepts of the Labor and Birth Humanization Program[9] are at the mercy of health professionals and hospital protocol/routines, becoming nothing but an institutionalized figure that should follow the rules and routines to which they will be subjected to. This practice is still a reality in obstetric services in Brazil.[17]

It is worth remembering that the training of obstetricians, even today, is based on the use of interventionist techniques. There also seems to be a lack of knowledge about legislation guaranteeing women's rights, especially that of having a companion during labor. However, the legality and benefits of this practice have been insufficient to support an effective change in the attitude of health professionals in this regard.[1]

Power is a form of action exerted on the action of others, which happens through interrelationships. In turn, denying their rights implies the very annulment of the possibilities of action through force, authority, coercion or even destruction as a means of action.[18-19] Thus, the exercise of power and authority by the health professional can promote the annulment of women's rights. Incidentally, impediment of the presence of a companion of their choosing in the maternity ward can be highlighted in the speeches. Many institutions make it difficult to guarantee the right by imposing the obligation of females as companions, by impeding males:

[...] *my husband stayed by my side the whole time, from the beginning of the contractions until the baby was born. After we were transferred to the maternity ward which is only for women, he [husband] was not allowed with me anymore, only for visitation and then he had to leave* [...] (P07);

[...] *here in the room you cannot have anyone (with you), because they wouldn't have enough space to stay with me and there are other women and a man is not allowed here, because it's uncomfortable for the other girls, I think each woman should have their own room* [...] *but because they don't, it is not possible to have a companion. But if an investment was made, we could make it happen. Separate bedrooms would be ideal for us to be more comfortable* [...] (P17).

Physical limitations of services can really hamper inserting a companion in certain environments, since some hospital buildings have a structure whose original floor plan does not allow extensions, nor the stay of other people in some spaces in addition to the mother. The physical distribution

of these spaces also interferes in the privacy of the other parturients, who feel 'uncomfortable' with the presence of male companions. Thus, some services only allow female companions, limiting women's choice; a fact that needs to be addressed, perhaps by the use of screens/curtains, aimed at satisfying women in relation to their legal companions. It is important to remember that structural inadequacy cannot be an impediment to the full exercise of women's citizenship, and it is up to the system/services/managers and health professionals to guarantee what is expressed in the legal terms regarding the right to a companion during labor.[1,8-9]

Not allowing the presence of men as the woman's companion of their choosing implies a breach of their right to choose, and when that right is not ensured by the institution under the allegation that they need to preserve the privacy of other parturients, health professionals justify that the environment/structure is inadequate; thus, ending the discussion while the right to male companions is denied. However, this impediment should not occur since the Labor and Birth Humanization Program, as mentioned, establishes a participatory relationship for the development of better assistance to guarantee the rights of women regarding Law no. 11.108/2005.[8-9]

Some points mentioned in the women's statements contributed to infer the association between the perception of psychological violence and the absence of a companion. As examples, we can observe situations reported by P02 and P19, denying presence of the companion and the conflicting need to deploy the police to ensure compliance with this right.

The Companion Law as a safety tool for women in labor

The pregnancy and puerperal periods contribute to the occurrence of several modifications in the emotional and social states of a woman. They can bring feelings of insecurity and anxiety in the face of the new reality that is closer, weakening and placing women in situations of emotional vulnerability, which intensifies the need for the presence of a person with whom they have a relationship of companionship, attention and affection.[16] However, this study revealed negative feelings related to the absence of a companion during birth and delivery, such as: fear, anguish, distrust, and insecurity regarding the care process. As it can be noticed, these feelings are recurrent in women's speeches:

[...] *I felt robbed* [...] *I felt very bad* [...] *I even felt sick in the room, I almost fainted, it was horrible* [...]. *The doctor stole this moment (from me), and I will never forget it, but what comes around goes around for those who do evil, I believe so* [...] (P04);

[...] *I was tired, stressed, my (blood) pressure was high* [...]. *Talking about it makes me want to cry* [...] *it was horrible, it was horrible [crying]. The nurses say that this is normal, they do not give you any better support, no information is passed on, what we need to know* [...] (P13);

[...] *bad. Our psychological state is shaken, we want to cry, but there are only doctors around, there's no one by your side, and you feel kind of tossed aside, I feel kind of left aside and forgotten!* [...] (P16).

Labor is a natural process, although it involves factors that are directly associated with biopsychosocial and cultural feelings and expressions that may be negative or positive. It is a memorable event, full of worries, but followed by emotions stemming from the fact that the woman now has become a mother.[3] Thus, the birth scenario, which is an unknown and frightening experience for many women, can result in harm to their health.[18] One aspect that can decisively compromise the birth process and perpetuate this insecurity is the absence of a companion, considering that the presence of a companion contributes as support to the woman, and it has a direct impact on the negative feelings related to labor, such as anxiety.[20]

In this perspective, Resolution RDC number 36/2013 by ANVISA points to patient safety, where it is the responsibility of the health service to provide care by reducing possible risks to their health, which in the present case is the woman and their baby, in addition to supporting the accompaniment of woman during labor, delivery and immediate puerperium, provided by the Companion Law aforementioned.[8-9] Therefore, encouraging companions reduces risks and possible damage to maternal health, since confidence in the labor process reduces the state of anxiety of the pregnant woman and, consequently, promotes a positive response to the care provided.[8,13]

When a woman does not feel supported by someone she trusts, whether the companion is a family member or not, the absence of a companion negatively contributes to unfavorable outcomes to the woman, the baby and the family. On the contrary, when the Companion Law[9] is guaranteed, the birth and delivery process becomes safe, qualifying care throughout the labor process, as determined by

the Labor and Birth Humanization Program, and as evidenced by women's speeches:

[...] *they* [professionals] *leave you in a corner and provide no care, they do not help you to bathe, to take care of the baby; if my mother was here she would help me with everything, and then more. They don't do anything* [...] *I was isolated, it took hours for them to take care of me, I felt awful and very upset, the care is very bad* [...] (P08);

[...] *they do not provide any care. The doctors and the nurses take forever to help you, and you spend hours by yourself, alone all the time, and with the companion you would have someone to help me to walk, in the shower, with the pains, and to take care of the baby. They would help a lot and it would be much better. This is horrible, no attention to us, it seems that they don't care about it* [...] (P11).

Negligence with emotional and relational aspects of birth and immediate postpartum care becomes evident nowadays, especially when women remain alone for a long period of time and experience a sense of abandonment,[21] considering that in many situations health service and health professionals "delay" meeting their demands. This lack of adequate institutional health care and professional support, aggravated by the absence of a companion whom they trust, results from situations likely to contribute to negative outcomes in the birth and delivery process, which can be avoided if the woman receives the care they need in this special moment.

The shortage of physical and psychological support available to women during the birth and delivery[11] component can be observed when it causes greater emotional and psychological instability, as well as feelings of insecurity during labor and childbirth that result in damage to women's health. Below are speeches in which women pointed out this lack of support in relation to pain in the stage of uterine contractions:

[...] *I felt alone, abandoned and I thought I was going to die here in this hospital* [...] *so much pain and alone* [...] *it's horrible to feel that strong pain and think you're going to die.* [...] (P06);

[...] *to be with someone by my side, supporting me, I would feel less vulnerable and safer. This situation was horrible, everything bad happened, the pain, so much pain, my God, it was so strong; and with my husband (beside me) it would not have been so strong, I would have been able to stand it* [...] (P12).

Birth is a phase of family transformation and therefore deserves special attention. Thus, the presence of a companion is indispensable and must be viewed positively by all those who are involved. Quality care is necessary for this, and not only in fulfilling techniques and routines, since the delivery is a moment of intense emotions, and participation by a companion even favors contributions to the family scope.[22]

During uterine contractions, the companion should convey comfort, emotional and physical support to the woman, as well as encouragement in order to inhibit the mechanisms of discomfort and promote safety in the birthing process.[23-24] This perception of the companion's involvement is anchored in emotional support, and has its greatest expression in transmitting security and comfort to the woman patient at a time when loneliness and fear are present.[17] In this way, the presence of a companion, in addition to ensuring important emotional support to the woman during the birthing process, also contributes to making the birth a family moment. It should be noted that support actions developed by companions such as helping women to reduce pain, fear and stress during labor, are essential for the safety of birth and delivery.[1]

A lack of institutional support related to privacy of the Companion Law[9] can be observed in the testimonies of women, when they reported that private institutions tend to respect the regulations, unlike public health services:

[...] *and if I wanted I could go to a private hospital, here she would not let (anybody in). I felt abandoned, this situation was very bad and if it were so I would have to go somewhere else, only private hospitals allow the companion* [...] (P07);

[...] *and said: 'only the private network has this, this does not exist here,' I felt desperate and abandoned, I wanted my father with me at least* [...] (P14).

It is a fact that the presence of a companion becomes a beneficial strategy in the birth and delivery, being perceived as a difference maker in humanized delivery model capable of providing numerous benefits throughout the process, thus experiencing this process in a more secure and protected manner,[25-26] as determined by the Labor and Birth Humanization Program.

The testimonies refer to what "would be different in the private service," and this notion permeates a condition of support that the health service is denied in the public institution; where non-compliance with the Companion Law contributes to the insecurity of women during birth.

From the aforementioned, we can infer that in the social imagination, if women 'pay' for the

service, more support is granted during labor, and their experience allows for a safer process; unlike the women in this study, who pointed out this differentiation of a socially discriminatory nature, which must be overcome by institutions, managers and health professionals based on compliance with the Companion Law in force, as well as on the Labor and Birth Humanization Program.[8-9,25]

The points cited in the women's dialogues contribute to infer an association between the perception of psychologically violent situations and the absence of a companion. As an example, in the cases of interviewees P04, P13 and P16, the absence of emotional support strengthened by deprivation of their respective companion contributed to the presence of emotional exhaustion, stress and insecurity, through tensions related to institutional structures and inequalities in power relations between users and professionals.

Thus, the logic for caring for women should be reviewed, considering that companions represent a tool for the care process, and contribute to the safety/security and shorter duration of labor, while their absence directly affects negative feelings and insecurity of the delivery process.

CONCLUSION

Non-compliance with N. Law 11.108/2005 (the Companion Law) takes place in public maternities due to women's lack of knowledge regarding their right to have a companion of their own choice during labor and delivery. In addition, it was related that deprivation of the right to a companion was also effected by inequality in the power relations of health professionals, and by the traditional structures of the institutions, along with characteristics of the current management model.

Not allowing the presence of a companion during labor and delivery is a practice that is culturally expressed in relations with health professionals, according to which the companion is a "complication" at that time. Thus, in some situations, professionals use their authority and institutional power to prevent women from exercising their legal rights, which may characterize a violation of sexual, reproductive and human rights.

In this way, the companion assures the woman physical and emotional support, helping to calm her and promote the physiology of childbirth, thus inhibiting unnecessary interventions and even violence itself, manifested by health professionals with inadequate and discriminatory behaviors that, by generating negative feelings in women, may contribute to a more unsafe delivery.

Constant evaluations of the provided obstetric assistance will allow for improving the indicators and will portray the main problems in this area of professional performance, thus contributing in order to prioritize humanization of care for women at any stage of their pregnancy, and with the objective of banning any form of violence from the care process, and especially to strictly comply with the provisions of the Companion Law.

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