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INFLUENCE OF THE PARTNER'S PARTICIPATION IN THE PRENATAL CARE: SATISFACTION OF PRIMIPAROUS WOMEN REGARDING THE SUPPORT IN LABOR¹

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ABSTRACT

Objective: to correlate the satisfaction of primiparous women regarding the support and usefulness of the partner during the delivery process with their presence and qualification in the prenatal care.

Methods: a correlational study carried out with 155 primiparous women in the joint accommodation of a tertiary maternity hospital. The subscale 6, on the support of the partner, from the Questionnaire of Experience and Satisfaction Regarding the Childbirth was used. In order to test the association between the variables, the chi-square test was used, considering the level of significance of 5%.

Results: the variable presence of the partner during the prenatal period was statistically associated to the satisfaction of the puerperium with the support ($p=0.0004$) and usefulness of the support ($p=0.007$) during labor, while the variable qualification of the companion in the prenatal period was statistically associated to the satisfaction with the support ($p<0.00001$) and to the usefulness of the support ($p<0.001$; $p<0.00001$ e $p=0.006$) provided by the partner during all the phases assessed (labor, delivery and immediate postpartum).

Conclusion: the significant associations found demonstrate the importance of encouraging the participation of the partner in the parturition process and their qualification.

DESCRIPTORS: Nursing. Obstetric Nursing. Humanized Birth. Social Support. Father-child relationships.

INFLUÊNCIA DA PARTICIPAÇÃO DO COMPANHEIRO NO PRÉ-NATAL: SATISFAÇÃO DE PRIMÍPARAS QUANTO AO APOIO NO PARTO

RESUMO

Objetivo: correlacionar a satisfação de primíparas quanto ao apoio e à utilidade do companheiro durante o processo de parto com a sua presença e capacitação no pré-natal.

Métodos: estudo correlacional realizado com 155 primíparas no alojamento conjunto de uma maternidade terciária. Utilizou-se a subescala 6, referente ao apoio do companheiro, do Questionário de Experiência e Satisfação com o Parto. Para testar a associação entre as variáveis foi utilizado o teste do qui-quadrado, considerando-se o nível de significância de 5%.

Resultados: a variável presença do companheiro no pré-natal esteve estatisticamente associada à satisfação da puerpera com o apoio ($p=0,0004$) e com a utilidade do apoio ($p=0,007$) durante o trabalho de parto, enquanto a variável capacitação do companheiro no pré-natal esteve estatisticamente associada à satisfação com o apoio ($p<0,00001$) e à utilidade do apoio ($p<0,001$; $p<0,00001$ e $p=0,006$) prestado pelo companheiro durante todas as fases avaliadas (trabalho de parto, parto e pós-parto imediato).

Conclusão: as associações significativas encontradas demonstram a importância de estimular a participação do parceiro no processo parturitivo e a sua capacitação.

DESCRIPTORIOS: Enfermagem. Enfermagem Obstétrica. Parto Humanizado. Apoio Social. Relações pai-filho.

INFLUENCIA DE LA PARTICIPACIÓN DEL COMPAÑERO EN EL PRENATAL: SATISFACCIÓN DE PRIMÍPARAS SOBRE EL APOYO EN EL PARTO

RESUMEN

Objetivo: correlacionar la satisfacción de las primíparas sobre el apoyo y para la utilidad del compañero durante el proceso de parto con su presencia y la capacitación en el prenatal. **Métodos:** estudio correlacionado y realizado con 155 primíparas en el alojamiento conjunto de una maternidad terciaria. Se utilizó la subescala 6 referente al apoyo del compañero, del Cuestionario de Experiencia y Satisfacción con el Parto. Para testear la asociación entre las variables se utilizó el test del chi-cuadrado y se consideró el nivel de significancia de 5%. **Resultados:** la variable presencia del compañero en el prenatal estuvo estadísticamente asociada con la satisfacción de la puerpera con el apoyo ($p=0,0004$) y con la utilidad del apoyo ($p=0,007$) durante el trabajo de parto. Mientras tanto, la variable capacitación del compañero en el prenatal estuvo estadísticamente asociada a la satisfacción con el apoyo ($p<0,00001$) y a la utilidad del apoyo ($p<0,001$; $p<0,00001$ y $p=0,006$) prestado por el compañero durante todas las fases evaluadas (trabajo de parto, parto y postparto inmediato). **Conclusión:** las asociaciones significativas encontradas demuestran la importancia de estimular la participación del compañero en el proceso del parto y su capacitación.

DESCRIPTORES: Enfermería. Enfermería Obstétrica. Parto Humanizado. Apoyo Social. Relación padre-hijo.

INTRODUCTION

The childbirth is an intense process experienced by the woman according to its uniqueness. Thus, it is important to share this moment with someone you trust, who can provide a safer experience to the woman. In a study carried out with 105 puerperas in a reference maternity hospital in Fortaleza/CE, the insertion of the companion in the birth process was a practice approved by the most of women; of these, 104 (99%) considered it important or very important, referring the justifications for such assertions mainly to the emotional support provided by the companion. Of the majority of the companions who were present during the childbirth, 84 (80%) belonged to the female gender, and the most frequent social category of companion is the mother (33.4%) and the husband (19%).¹

In Brazil, the Ministry of Health recognizes that the presence of the companion during labor, delivery and puerperium is one of the rights of women and considers that the provision of support to the woman during these periods, besides making her calm and safe, contributes to the improvement of maternal and neonatal outcomes.² It is recommended, then, that every effort should be made to ensure that every parturient has a person of her choice to encourage her and to comfort her throughout the birth process.³

Recognizing the importance of the companion, the Law No. 11,108 was approved and sanctioned in April 2005, which guarantees the permission of a companion chosen by the parturient during the entire period of labor, delivery and immediate postpartum.³ It was reinforced by the Administrative Rule No. 1,459, which establishes the Stork Network ("Rede Cegonha"), in order to provide women and children with a more humanized care and propos-

ing the guarantee of a companion of the woman's choice during childbirth and labor, delivery and immediate postpartum.⁴

From the earliest days, the childbirth is seen as an essentially feminine event, which has strengthened the culture of exclusion of the man from this scenario. However, through the fight for the humanization and a more natural experience of childbirth, it was found that the male participation could be positive.⁵

The woman's partner can be considered the ideal companion in the process of parturition, due to factors such as bonding and the representation of family ties, because, by being part of the birth of his child, he would be affirming his paternity and valuing his role. Studies have proven the benefits of the partner's stay during the parturition process.⁵⁻⁸ In addition, the presence of the partner during the childbirth, following the whole process and constantly supporting the parturient, has consequences on the outcome of the baby's birth, such as: positive effects for the construction of the paternal bond, encouragement to the woman at the moment of giving birth and reduction of intercurrents, which will certainly be remembered in a remarkable way in the life of the couple.⁹

It is worth mentioning the lack of studies that assess the father/partner in the delivery scenario, being those found, in the majority, in a qualitative design.¹⁰ Thus, this study intended to bring data that demonstrate not only the importance of the partner at the delivery moment, but also the importance of their presence and qualification in the prenatal care.

Therefore, it is essential to produce scientific evidence that supports and encourages the practice of labor and delivery care for family empowerment and satisfaction with the childbirth, providing posi-

tive experiences and contributing to the structuring of a healthy and balanced family. Thus, the aim of this study was to correlate the satisfaction of primiparous mothers regarding the support and usefulness provided by the partner during the delivery process with their presence and qualification in the prenatal care.

METHOD

Correlational, quantitative study carried out between August and November 2015, with primiparous vaginal delivery women hospitalized at the Joint Accommodation of a Reference Maternity Hospital in Fortaleza/CE, which belongs to the University Hospital Complex of the Federal University of Ceará (Universidade Federal do Ceará). This institution is linked to the Unified Health System (Sistema Único de Saúde) and was the first maternity hospital in the state to implement the presence of the companion in the delivery room. This practice was instituted in 2002, even before the approval of the Law No. 11,108/05³ and it is stimulated from the admission of the parturient to her hospital discharge. In addition, the delivery rooms have a physical structure and material that allow the delivery of different types of support by the companion (shower bath, *gymnastic ball*, horse, among others).

In order to estimate the sample size, a confidence coefficient of 95%, a prevalence of 50% for vaginal deliveries, and a maximum allowed sampling error of 5% were used. Using the calculation for a finite population, a minimum sample of 154 participants was obtained, the total sample was equal to 155 women after adopting the inclusion criteria: primiparous women, regardless of age (with the appropriate authorization of the person responsible, if under 18); who delivered through the pelvic-genital canal; and who had their partner as companion in the parturition process (labor, delivery and immediate postpartum). Women who had newborns (NB) hospitalized in the Neonatal Inpatient Unit (NIU), or those whose fetus or newborn died were excluded, since these situations could influence the responses related to the satisfaction regarding the experience of the childbirth.

The partner who had participated in at least two appointments was considered present during the prenatal care; for qualification purposes, the companion who had attended at least one preparation activity to accompany the delivery out of the consultation, but during the prenatal follow-up period was considered present.

The sociodemographic and obstetrical data were collected and the subscale 6 of the Questionnaire Regarding the Experience and Satisfaction with the Childbirth (QESCB) was used to assess the satisfaction of postpartum women.

This instrument was created and validated for the Portuguese population by Costa et al,¹¹ with the objective of assessing how women perceive their childbirth experience; in addition, it was validated and used in Brazilian studies¹²⁻¹³ with the proper authorization of its authors. It contains 104 self-fulfilling questions regarding expectations, experiences, satisfactions, and pain regarding labor (L), delivery (D) and immediate postpartum (PP) on a Likert scale, and it is subdivided into eight subscales.

The subscale used in this study exclusively addresses the support provided by the partner and has eight questions regarding the experience, satisfaction ranging from 1 to 4 ("nothing", "a little", "much", "a lot"). The psychometric study showed that, regarding the internal consistency, values of 0.83 and 0.77 were obtained for Cronbach's Alpha and the Split-half Coefficient, respectively, indicating a very good consistency of the subscale. For the organization and analysis of the data, the Excel 2010 for Windows and the *Statistical Package for the Social Sciences* (SPSS), version 20.0, were used. A descriptive analysis of the sociodemographic and obstetric data and the Chi-square test were performed to verify the association between the categorical variables and the QESCB items, adopting a level of significance of 5%.

The study complied with Resolution No. 466/2012 of the National Health Council, and all the participants signed the Free and Informed Consent Term. The project was approved by the Ethics Committee in Maternity Research with CAAE No. 45867715.6.0000.5050.

RESULTS

All the participants had the right to a companion, but, more importantly, all of those companions were the fathers of the babies and current partners of these women.

Regarding the profile of these puerperal women, the average age was 21.4 years old, the schooling corresponded to 11 years of study on average, and the average income was 1.8 minimum wage*. Most women were from the capital, Fortaleza (65.8%), not white (65.2%), living in a stable union (63.3%), without a job (60%), and housewives (47%).

* Minimum wage value in 2016: R\$ 880.00.

The vast majority of women were pregnant for the first time (87.8%) and 52.9% said that the gestation had not been planned. Regarding the prenatal care, the majority (75%) performed at least six visits. More than 60% of the respondents stated that their partner attended at least two prenatal appointments, but only 18.1% of the partners attended at least one educational activity in the preparation for the childbirth.

The correlation of the variables of satisfaction of the puerperal regarding the support pro-

vided by the partner regarding their participation in the prenatal period and their qualification is explicit in table 1. As it is possible to observe, the presence of the partner in the prenatal consultations influenced the satisfaction with the support received only at the time of labor ($p=0.0004$); their qualification for the observing the childbirth, however, influenced the satisfaction of the parturient with the support received at all the assessed moments ($p<0.00001$).

Table 1 - Association of the puerperal satisfaction regarding the support provided by the partner during the delivery process with the variables presence and qualification in the prenatal care. Fortaleza, CE, Brazil, 2015. (n=155)

Variables	Nothing		A little		Much		A lot		Total		Value of p*
	N	%	N	%	N	%	N	%	N	%	
Partner's support during labor											
Presence in the prenatal care											
Yes	4	4.1	5	5.2	24	25	63	65.7	96	100	0.0004
No	7	11.8	8	13.6	22	37.3	22	37.3	59	100	
Qualification											
Yes	-	-	-	-	1	3.5	27	96.5	28	100	<0.00001
No	6	5.1	12	10.5	43	36.7	56	47.7	117	100	
Partner's support during labor											
Presence in the prenatal care											
Yes	21	21.9	5	5.2	19	19.7	51	53.2	96	100	0.69
No	8	13.5	9	15.3	19	32.3	23	38.9	59	100	
Qualification											
Yes	-	-	-	-	1	3.5	27	96.5	28	100	<0.00001
No	23	19.6	13	11.2	35	29.9	46	39.3	117	100	
Partner's support in the immediate postpartum											
Presence in the prenatal care											
Yes	9	9.3	10	10.4	24	25	53	55.3	96	100	0.208
No	7	11.8	9	15.3	17	28.9	26	44	59	100	
Qualification											
Yes	-	-	1	3.5	1	3.5	26	93	28	100	<0.00001
No	12	10.2	16	13.7	38	32.5	51	43.6	117	100	

*Chi-square test.

Table 2 presents the correlation between the usefulness of the support provided by the partner and the presence variables in the prenatal care and the qualification to accompany the delivery. The presence in the prenatal period influenced only the satisfaction with the useful-

ness of the support received at the moment of labor ($p=0.007$), while the training to accompany the delivery obtained statistical significance in the moments of labor, delivery and immediate postpartum, with values of $p<0.001$, <0.00001 and 0.006, respectively.

Table 2 - Association of puerperal satisfaction regarding the usefulness of the support provided by the partner during the delivery process and the variables presence and qualification in the prenatal care. Fortaleza, CE, Brazil, 2015. (n=155)

Variables	Nothing		A little		Much		A lot		Total		Value of P*
	N	%	N	%	N	%	N	%	N	%	
Usefulness of the partner during labor											
Presence in the prenatal care											
Yes	4	4.1	7	7.3	13	13.6	72	75	96	100	0.007
No	8	13.5	4	6.7	16	27.2	31	52.6	59	100	
Qualification											
Yes	0	0	0	0	1	3.5	27	96.5	28	100	<0.001
No	7	5.9	11	9.4	26	22.3	73	62.4	117	100	
Usefulness of the partner during labor											
Presence in the prenatal care											
Yes	19	17.5	8	7	19	17.5	59	58	96	100	0.929
No	7	11.8	8	13.5	15	25.5	29	49.2	59	100	
Qualification											
Yes	0	0	0	0	1	3.5	27	96.5	28	100	<0.00001
No	20	17	15	12.8	22	18.8	60	51.4	117	100	
Usefulness of the partner in the immediate postpartum											
Presence in the prenatal care											
Yes	9	9.1	6	6.1	19	19.5	63	65.3	96	100	0.269
No	6	10.1	7	11.8	13	22.2	33	55.9	59	100	
Qualification											
Yes	0	0	1	3.5	2	7	25	89.5	28	100	0.006
No	11	9.4	10	8.5	26	22.2	70	59.9	117	100	

*Chi-square test.

DISCUSSION

All the studied sample was composed of primiparous women that developed fears and insecurities more easily,¹⁴ therefore, requiring greater support. The literature indicates that the fact of receiving care and comfort at the moment

of delivery can positively influence the attitudes of the parturient.²

Studies carried out in Brazil have found that six or more prenatal consultations, as well as the involvement of the partner in these consultations, were directly related to their presence as a woman's

companion during labor and delivery.^{2,10} This fact corroborates our finding, since 75% of the sample performed six or more prenatal consultations. This shows the extreme importance of performing at least the minimum number of consultations recommended by the Ministry of Health and the early initiation of these consultations, even in the first trimester of pregnancy, in addition to the prenatal care with the presence of the partner.

The woman who is prepared from the prenatal period regarding the guidelines on gestation, childbirth and puerperium, will experience these moments with greater security and satisfaction,⁷ which can be extended to their partner.⁸ In this context, planning the childbirth contributes positively to the preparation of women during labor and delivery, improving the dimension of women's safety, effectiveness, satisfaction and empowerment.¹⁵

In this research, as seen earlier, most partners attended at least two prenatal consultations. This participation of partners in the prenatal care is different from most studies that highlight the low or no participation of fathers in the consultations.^{5-6,8}

In general, the pregnant women who care about having a companion during the prenatal period are also the ones who will have the most presence of the companion during labor and delivery,¹ which demonstrates the importance of the nurse stimulating the presence of the companion since the prenatal care period. The inclusion of the partner in the prenatal, labor, and delivery contexts is reflected in the performance of the professional in this scenario, since many men have an uncertain perception about their role in maternity services, especially during the childbirth, which contributes to the creation of a tendency towards the estrangement regarding the role of the partner during the puerperium.¹⁶

Childbirth preparation courses facilitate the partner's involvement during pregnancy, birth and newborn care; however, the decision to be present during labor and delivery should reflect a conscious decision. The preparation to accompany the delivery provides greater security for the companion, who will know how to proceed and who may use non-pharmacological techniques for pain relief, besides bringing benefits to the woman who will receive a support based on scientific evidence, as well as for the health team, who will find in the companion an ally, culminating in a more satisfying birth experience for all the people involved.¹⁰

A systematic review conducted in 2015 to synthesize the evidence about the influence of the

male accompaniment on the results during the pregnancy-puerperal cycle found that during labor and delivery the male presence was associated with the high quality of labor, in addition, during the early postnatal period, the male prenatal care was associated with a greater acceptance of the services and guidance in the immediate puerperium.¹⁷

The fathers have presented high expectations and curiosity about their role during labor and show an increasing interest and commitment to participate in the training sessions for the childbirth. Studies have shown that parents who accompany the birth of their children experience ambivalent feelings such as joy and fear, showing that it is natural that during the development of labor, they trigger feelings of anxiety, sometimes related to the fact that they cannot help woman in moments of great pain/discomfort.^{8,18-19}

Faced with such data, it is possible to reflect on the importance of father's participation in childbirth preparation classes. However, in the sample of the present study, the adherence to this type of qualification was small.

The support activities vary according to the needs, desire and culture of the woman.²⁰ The actions performed by the companions are as important during labor and delivery as the obstetric care performed by health professionals.²¹

Regarding the satisfaction of the puerperae with the partner, as companion in the parturitive process, it can be observed that most of them responded "a lot" or "much" satisfied with the partner's support and usefulness during labor, delivery and immediate postpartum.

Studies show that the presence and participation of the companion produce positive effects in many spheres of care during the childbirth and delivery. The companion is seen as a non-invasive technology during labor and their effect favors women's internal potentials for decision-making.¹⁰ The involvement of the partner, when effectively stimulated by the health professional, contributes to the shared decision-making between the couple about the type of delivery, the choice of maternity, as well as the realization of greater knowledge regarding the signs of risk during pregnancy, childbirth and puerperium.²¹

In a study carried out with 23,940 puerperal women, it was found that most of the women reported the presence of a companion at some point during delivery, and that this presence was related to lower rates of verbal, psychological or physical violence, shorter waiting time for care, more pro-

fessional respect, more privacy in the parturition process, more clarity in the explanations, more time to ask questions, more participation in decisions, culminating in a greater satisfaction regarding the delivery care.²²

Still in this context, another study has found that the companions interviewed, who attended a preparatory course, demonstrated that the instructions received were essential to reduce anxiety and provide security for both the woman and themselves.²³⁻²⁴

Regarding the association of the presence of the companion in the prenatal consultations with their support and their usefulness in the process, it has been observed that this presence influences the assessment of the woman regarding their support and usefulness only during delivery.

It is worth mentioning that it is the role of the nurse to guide and stimulate the pregnant women regarding the presence of the companion, not only in the delivery room, but also in the prenatal period, since he will be more empowered and able to offer support to the woman and the child from the beginning of the pregnancy-puerperal cycle. Thus, the companion who participates in the prenatal consultations may offer greater support to the woman during the childbirth, increasing her satisfaction with this event.²⁴

The presence of the partner in the prenatal consultations was not significant for the satisfaction of the woman during the delivery and immediate postpartum, probably due to the lack of professionals' guidance during the consultations, since the number of consultations does not reflect, necessarily, their quality. In addition, the study was carried out with primiparous women, which may have accentuated this inhibition; since it is first child of the couple, the inexperienced man who has not received satisfactory instructions in the prenatal consultations will probably not know how to during the childbirth moment.

We would like to emphasize that there was great father's support during the prenatal consultations; however, the participation in the qualification training for the time of the delivery was small, a fact that reflects a great need for attention, since participating in educational activities strongly influenced the satisfaction of the parturient and the behavior of these companions in the experience of childbirth.

Courses for pregnant women, companions and couples have shown to be a very effective educational technology.²⁵ It is undeniable that the presence of the companion can bring benefits to the

parturitive process in its most diverse and complex aspects; however, a companion who is not prepared to experience the moment may provide an opposite effect, causing tension and discomfort, by not knowing how to act and/or by not having knowledge about the physiology of labor and delivery.

Regarding the role played by the companions in the labor process, in a qualitative study carried out in a public maternity of Paraná-Brazil, their actions were described as calming, being present, encouraging and transmitting strength, distracting and providing support. The experience was perceived by women as facilitating the labor and delivery.¹⁰ In a randomized study of 100 nulliparas, women who received continuous support from the companion had a shorter duration of the first and second phases of labor and in the number of cesarean deliveries.²⁶ While another study has shown that the effects of an unprepared companion are quite negative for both the parturient and the health care team.²⁷

A study carried out with twenty puerperas in a secondary-level maternity hospital has found that not always the women were accompanied by whom they wanted, since the work made it impossible for the fathers of their children to participate in these events.²⁸ The father's involvement is an important factor because the father also contributes to this moment, allowing the development of the bond with the child from the birth, sharing responsibilities with the woman and experiencing the moment of childbirth, which is unique in the life of the couple.

In a qualitative study carried out with nurses from obstetric centers of 12 health services in Santa Catarina, several reasons were identified for limiting the presence of the companion in the units. Among them, the resistance of the service professionals who imposed bureaucratic actions for the insertion of the companions, because they feared their assessment or felt that they disturbed the service. The lack of physical structure, human and material resources and the non-establishment of the Law of the Companion in these health services were other themes that emerged from the study discussion.²⁹

CONCLUSION

Most of the puerperal women claimed to be very satisfied with all the questions that the subscale of the QESCB referred to, regarding the companion's support.

The experience of being accompanied by the partner during the parturition process was considered positive by almost all the women, reinforcing

the importance of this companion in the occasion, favoring the strengthening of the bond between the couple and the newborn.

It should also be emphasized the importance of having a companion who, more than being present, knows how to act in the situations that involve the birth of a baby.

It should be highlighted the importance of stimulating the participation of the partner since the prenatal period, because these consultations are intended, in addition to the assessment of the maternal and fetal well-being, to orientations about the gravidarium-puerperal cycle, the care with the baby, and of breastfeeding. It is at this moment that future mothers and fathers can be trained and guided regarding the experience of childbirth and the permission of the presence of a companion.

One of the limitations of the study was the difficulty in finding women who had their partners as companions during the childbirth, either because they preferred the support of other people, or because they did not know the law of the companion.

It is suggested to carry out studies that assess the difference between the satisfaction of the woman if accompanied by the partner or other companions, as well as surveys that assess the relationship between the companion's qualification and the indicators of maternal and fetal well-being.

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