

## FACTORS ASSOCIATED WITH THE BIRTH COMPANION'S SATISFACTION WITH THE CARE PROVIDED TO THE PARTURIENT WOMAN

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**ABSTRACT:** The aim was to assess the birth companion's satisfaction with the care provided to the woman during labor and birth, and to calculate the associated factors. It is a cross-sectional study, undertaken in a University Hospital in the South of Brazil. In all, 369 companions were interviewed between March and September 2015. The associations were investigated with bivariate analyses and crude and adjusted odds ratio, using logistic regression. Satisfaction was most frequent in companions who did not witness violence to the woman during labor (adjOR 16.05; CI95% 6.35-40.52) and birth (AdjOR 14.25; CI95% 4.81-42.20), who were present during labor which culminated in vaginal birth (AdjOR 2.84; CI95% 1.31-6.17), who considered that the woman's wishes were respected (AdjOR 8.16; CI95% 3.41-19.54) and that her complaints were responded to (AdjOR 3.21; CI95% 2.07-4.99). The health professionals' relationships, attitudes and conducts influenced the companions' satisfaction with the care provided to the woman, independently of their sociodemographic characteristics.

**DESCRIPTORS:** Humanizing delivery; Obstetric nursing; Health services research; Perinatal care; Humanization of Assistance.

### FATORES ASSOCIADOS À SATISFAÇÃO DO ACOMPANHANTE COM O CUIDADO PRESTADO À PARTURIENTE

**RESUMO:** O objetivo foi avaliar a satisfação do acompanhante com o cuidado prestado à mulher durante o trabalho de parto e nascimento e estimar fatores associados. Estudo transversal, realizado em Hospital Universitário no Sul do Brasil, foram entrevistados 369 acompanhantes de março a setembro 2015. As associações foram investigadas em análises bivariadas, razão de chance bruta e ajustada, através da regressão logística. A chance de satisfação foi maior nos acompanhantes que não presenciaram violência à mulher no trabalho de parto (RCaj 16,05; IC95% 6,35-40,52) e nascimento (RCaj 14,25; IC95% 4,81-42,20), que acompanharam trabalho de parto que culminou em parto vaginal (RCaj 2,84; IC95% 1,31-6,17), que consideraram que as vontades da mulher foram respeitadas (RCaj 8,16; IC95% 3,41-19,54) e cujas queixas foram atendidas (RCaj 3,21; IC95% 2,07-4,99). O relacionamento, atitudes e condutas dos profissionais de saúde influenciam na satisfação dos acompanhantes com o cuidado à mulher, independente das suas características sociodemográficas.

**DESCRITORES:** Parto humanizado; Enfermagem obstétrica; Avaliação de serviços de saúde; Assistência perinatal; Humanização da assistência.

### FACTORES ASOCIADOS A LA SATISFACCIÓN DEL ACOMPAÑANTE CON EL CUIDADO PREVENTIVO BRINDADO A LA PARTURIENTA

**RESUMEN:** Se objetivó evaluar la satisfacción del acompañante con el cuidado brindado a la mujer durante el trabajo de parto y nacimiento, y estimar factores asociados. Estudio transversal, realizado en Hospital Universitario del Sur de Brasil. Fueron entrevistados 369 acompañantes de marzo a setiembre de 2015. Asociaciones investigadas por análisis bivariado, razón de probabilidades, ajustada por regresión logística. La posibilidad de satisfacción fue mayor en acompañantes que no presenciaron violencia a la mujer durante trabajo de parto (RCaj 16,05; IC95% 6,35-40,52) y nacimiento (RCaj 14,25; IC95% 4,81-42,20), que presenciaron trabajo de parto culminado en parto normal (RCaj 2,84; IC95% 1,31-6,17), que consideraron que la voluntad de la mujer fue respetada (RCaj 8,16; IC95% 3,41-19,54) y cuyas quejas fueron atendidas (RCaj 3,21; IC95% 2,07-4,99). La relación actitudes y conducta de los profesionales de salud influyen en la satisfacción de los acompañantes respecto del cuidado a la mujer, independientemente de sus características sociodemográficas.

**DESCRIPTORES:** Parto Humanizado; Enfermería Obstétrica; Investigación en Servicios de Salud; Atención Perinatal; Humanización de la Atención.

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## ● INTRODUCTION

Studies have shown that the presence of a companion of choice during childbirth, delivery and the immediate post-partum period provides a feeling of security and comfort for the woman, leaving her more empowered, calm, and with greater strength for giving birth, which helps in reducing the length of labor and the feelings of pain; furthermore, it is reflected positively in the newborn's Apgar score at the fifth minute of life, and increases the women's satisfaction with the experience. This is related to the fact that having a companion present increases the woman's privacy and reduces unnecessary interventions<sup>(1-3)</sup>.

It is highlighted that since 1996, the World Health Organization (WHO) has recommended – among beneficial practices – the presence of a companion of the woman's choice during the birthing process<sup>(4)</sup>. Adherence to good practices is a determining factor in the humanization of care to labor and childbirth as it improves maternal and neonatal outcomes<sup>(5-7)</sup>. It is also known that of the presence of a companion contributes to reducing the rates of obstetric violence<sup>(8)</sup>.

In 2005, based in the WHO recommendations, in the policies such as the Program for Humanization of Prenatal and Childbirth Care (*Programa de Humanização no Pré-natal e Nascimento*), and supported by the Network for the Humanization of Childbirth (*Rede de Humanização do Nascimento*), Law N.11,108 was published. Known as the 'Law of the Companion', this regulates the woman's right to have a companion present during childbirth, delivery and the immediate post-partum period in public and private institutions<sup>(9-10)</sup>.

Studies have shown that the companions feel satisfied with the experience of being present during the process of giving birth, feel themselves to be useful, and are able to overcome their insecurity, given that they had not believed that they would be able to manage to be present throughout the entire process. Moreover, they recognize that their presence was important for the woman to experience this time in a more peaceful way<sup>(3,11)</sup>.

Nonetheless, the Birth in Brazil survey (*Nascer no Brasil*) showed that, in spite of the Law of the Companion and of all the benefits related to the companion's presence, only 18.8% of the women interviewed had had a companion present at all moments of childbirth<sup>(2)</sup>. It was possible, however, to identify that the companion's presence reduces social inequalities in the care, and improves the women's perception about the attendance they received. Women with a person accompanying them are respected more, report greater privacy, suffer less violence, and have greater possibilities for asking questions and participating in the decisions<sup>(8)</sup>.

In the Brazilian context, the presence of the companion during labor, delivery and the immediate post-partum period is guaranteed by Law. As a result, many health institutions have changed their practices and allow the companion to be present. However, most studies about this practice are based on the perception of the women and of the health professionals, making it necessary to undertake investigations allowing the companions to express how their experience was with the parturient woman<sup>(1,8)</sup>. In this way, the companion becomes a potential informant about aspects of the obstetric care not yet revealed. As a result, this study's objective was to evaluate the companion's satisfaction with the care given to the woman, and factors associated with satisfaction.

## ● METHOD

A cross-sectional study, part of the macro-project "The participation of the companion of the woman's choice in the prenatal period, labor and delivery in the public health system".

The data were collected in the ward of a University Hospital in the South of Brazil. The sample was calculated based on the number of births which took place in the above-mentioned institution in 2013 – totaling 1,525 births. The companions' satisfaction was calculated at 50%, with a confidence interval of 95% and a maximum error of 5%. The minimum sample calculated resulted in 307 companions; interviews were held with 369 eligible companions between March and September 2015.

The inclusion criteria were to have been the companion of a woman who gave birth vaginally or by

cesarean section, in a single pregnancy, who had gone into labor and given birth more than four hours previously, in the maternity center. The following were excluded: companions of women who had not gone into labor, of women who died, or whose newborn had died.

The data were collected through interviews, for which a software program was created and installed in netbooks exclusively for the use of the study. The questionnaire was tested prior to use and questions which were inconsistent or difficult to understand were restructured and tested again.

The questionnaire used in the macro-project is made up of sections which consider questions on the participation of the companion, from the prenatal consultations through to the post-partum period.

The outcome investigated was satisfaction with the care given to the woman during labor and birth (vaginal or cesarean birth). The variable of 'companion's satisfaction' was evaluated based on questions put to the companions regarding how they felt in relation to the way the woman was cared for during labor, delivery and cesarean (very unsatisfied, unsatisfied, satisfied, well satisfied and very satisfied). The group of responses of "well satisfied" and "very satisfied" was considered to be indicative of satisfaction<sup>(12-13)</sup>.

The predictive variables were: participation in courses/seminars during the prenatal care, the type of births accompanied (vaginal or cesarean), variables related to the assistance provided to the woman, and having witnessed violence against the woman (verbal, physical or psychological).

The data were analyzed using the State/SE program, version 13. The associations between the predictive variables and the outcome were investigated in bivariate analyses, with estimation of crude and adjusted Odds Ratio (OR) through the use of Logistic Regression. The variables of age, sex, educational level, participation in courses/seminars during the prenatal care and type of birth were considered to be confounding factors.

The macro-project, of which the study is a part, was approved by the Federal University of Santa Catarina's Committee for Ethics and Research with Human Beings, through the *Plataforma Brasil*, under opinion N. 541,296. All the companions signed the terms of free and informed consent.

## ● RESULTS

A total of 369 interview were held with women's companions who had participated in labor and birth. Table 1 presents the companions' sociodemographic characteristics and previous experiences; 82.66% (305) were male, 42.82% (158) were aged between 26 and 35 years old, and 68.56% (253) had no previous experience as a labor companion.

Table 1 – The companion's satisfaction, by sociodemographic variables, information about the Law of the Companion, and previous experience. Florianópolis, SC, Brazil, 2015 (N=369) (continues)

	Satisfaction with the care given to the woman					
	Total		Labor		Birth (Vaginal or cesarean birth)	
	n	% (CI 95%)	N	% (CI 95%)	n	% (CI 95%)
Age						
18 to 25	96	26.02 (21.78-30.76)	85	88.54 (80.40-93.57)	88	91.67 (84.13-95.80)
26 to 35	158	42.82 (37.84-47.95)	147	93.04 (87.82-96.12)	150	94.94 (90.16-97.46)
36 to 45	70	18.97 (15.27-23.32)	65	92.86 (83.83-97.02)	68	97.14 (89.14-99.29)
46 to 69	45	12.20 (9.22-15.97)	41	91.11 (78.34-96.67)	44	97.78 (85.48-99.70)
Sex						
Male	305	82.66 (78.43-86.20)	278	91.15 (87.38-93.87)	288	94.43 (91.20-96.52)
Female	64	17.34 (13.80-21.57)	60	93.75 (84.35-97.66)	62	96.88 (88.19-99.23)

<b>Link with the woman</b>						
Partner/Father of the baby	306	82.93 (78.72-86.45)	279	91.18 (87.42-93.89)	289	94.44 (91.23-96.53)
Mother	42	11.38 (8.51-15.06)	39	92.86 (79.78-97.72)	41	97.62 (84.51-99.68)
Others*	21	5.69 (3.73-8.58)	20	95.24 (71.73-99.37)	20	95.24 (71.73-99.37)
<b>Previous experience as a companion during labor</b>						
No	253	68.56 (63.62-73.12)	229	90.51 (86.21-93.57)	239	94.47 (90.85-96.70)
Yes	116	31.44 (26.88-36.38)	109	93.97 (87.82-97.11)	111	95.69 (90-98.20)
<b>Previous experience as a companion in a normal birth</b>						
No	289	78.32 (73.80-82.25)	263	91 (87.09-93.81)	274	94.81 (91.55-96.86)
Yes	80	21.68 (17.75-26.20)	75	93.75 (85.74-97.40)	76	95 (87.32-98.13)
<b>Previous experience as a companion in a cesarean birth</b>						
No	329	89.16 (85.54-91.96)	302	91.79 (88.28-94.32)	312	94.83 (91.83-96.77)
Yes	40	10.84 (8.04-14.46)	36	90(75.90-96.26)	38	95 (81.75-98.77)
<b>Information on the Law of the Companion</b>						
No	290	78.59 (74.08-82.50)	267	92.07 (88.33-94.68)	275	94.83 (91.58-96.87)
Yes	79	21.41 (17.50-25.91)	71	89.87 (80.93-94.89)	75	94.94 (87.17-98.10)

In the adjusted analysis, the following remained as factors associated with the companion's satisfaction with the care provided to the woman during labor: not having participated in courses/seminars in the prenatal period, thinking that the place where the woman gave birth was adequate, being present at a vaginal birth, and not witnessing any type of violence. Also identified as factors associated were considering that the health professionals: respected the woman's wishes; resolved her complaints; were available to attend to her needs; explained what was happening during the labor in a clear and understandable way; and offered alternatives for reducing the pain during labor (Table 2).

Table 2 - Crude and adjusted Odds Ratio for the outcome of companion's satisfaction by course/seminar attended in the prenatal period, type of birth, and variables related to the attendance provided to the woman during labor, and occurrence of violence. Florianópolis, SC, Brazil, 2015 (N= 369) (continues)

	<b>Satisfaction regarding care provided to the woman</b>					
	<b>Labor</b>			<b>Delivery</b>		
	<b>Crude OR (CI 95%)</b>	<b>Adjusted OR* (CI 95%)</b>	<b>p value**</b>	<b>Crude OR (CI 95%)</b>	<b>Adjusted OR* (CI 95%)</b>	<b>p value**</b>
<b>Participation in courses/seminars in the prenatal period</b>						
Yes	Reference			Reference		
No	2.32 (0.98-5.52)	2.86 (1.13-7.27)	0.027	3.05 (1.10-8.42)	2.61 (0.88-7.71)	0.082
<b>Health professionals respected the woman's wishes</b>						
No	Reference			Reference		
Yes	8.67 (3.83-19.64)	8.16 (3.41-19.54)	<0.001	9.6 (3.62-25.46)	8.89 (3.19-24.74)	<0.001
<b>Health professionals resolved the woman's complaints</b>						
No	Reference			Reference		
Yes	3.22 (2.12-4.89)	3.21 (2.07-4.99)	<0.001	2.59 (1.56-4.29)	2.43 (1.45-4.09)	1
<b>Health professionals were available to respond to the woman's needs</b>						
No	Reference			Reference		
Yes	1.98 (1.61-2.43)	1.88 (1.51-2.34)	<0.001	1.78 (1.39-2.27)	1.76 (1.35-2.28)	<0.001

Health professionals provided explanations to the woman regarding labor						
No	Reference			Reference		
Yes	1.77 (1.47-2.12)	1.74 (1.42-2.14)	<0.001	1.53 (1.24-1.90)	1.53 (1.21-1.93)	<0.001
Information was clear and understandable						
No	Reference			Reference		
Yes	1.48 (1.28-1.71)	1.51 (1.29-1.76)	<0.001	1.48 (1.25-1.74)	1.44 (1.21-1.71)	<0.001
Alternatives were offered for reducing the woman's pain and discomfort during labor						
No	Reference			Reference		
Yes	1.20 (1.08-1.35)	1.19 (1.05-1.34)	0.005	1.14 (0.99-1.31)	1.14 (0.98-1.33)	0.082
The place where they experienced labor and delivery was adequate						
No	Reference			Reference		
Yes	1.22 (1.09-1.37)	1.25 (1.10-1.43)	<0.001	1.26 (1.10-1.43)	1.23 (1.07-1.41)	0.004
Violence (verbal, physical, psychological)						
No	Reference			Reference		
Yes	14.61 (6.42-33.23)	16.05 (6.35-40.52)	<0.001	12.30 (4.63-32.69)	14.25 (4.81-42.20)	<0.001
Type of birth						
Cesarean	Reference			Reference		
Normal	2.75 (1.30-5.79)	2.84 (1.31-6.17)	0.008	0.94 (0.33-2.69)	1.05 (0.36-3.05)	0.932

\*AdjOR - Odds Ratio adjusted for age, sex, educational level, courses/seminars attended in the prenatal period, and type of birth. \*\*Level of significance by the Wald Test.

Regarding the companion's satisfaction with the care provided during the birth, in the adjusted analysis, the following were associated factors: health professionals respected the woman's wishes, resolved her complaints, responded to her needs and provided clear and understandable information; the place where the woman gave birth was adequate; and the companion did not witness verbal, physical or psychological violence (Table 2).

## ● DISCUSSION

The sample studied revealed that the majority of the companions were male and the partner/father of the baby, a finding similar to that found in other studies undertaken in Brazil<sup>(2-3,14-15)</sup>. Some studies have shown that, depending on the social context, this is not always the woman's most frequent choice, as the mother of the parturient woman, in some maternity centers, is more present<sup>(16-17)</sup>. As a result, this study evidences that the woman's free choice for a companion is increasingly being respected<sup>(18)</sup>, and that the inclusion of the figure of the father has been more frequent<sup>(2-3,14,19)</sup>. This fact contributes to strengthening the bonds between father and child and, often, within the couple, forming a mother-father-child triad<sup>(3,20-21)</sup>.

Although the Law of the Companion has existed for 11 years, most of the interviewees mentioned not having received information about it, as has been evidenced in other studies<sup>(11,17)</sup>. This may reflect prenatal care which is geared towards clinical aspects and which does not prioritize complying with the 10<sup>th</sup> step to quality prenatal care – that is, informing the woman about her rights guaranteed by the Law, according to the Ministry of Health<sup>(22)</sup>, as it is information that allows women and their companions to arrive at the maternity center better prepared for the process of giving birth.

It is concerning that information was not provided about this Law. However, this seems not to impede the participation of the companion of the woman's choice in the maternity center studied, as this person's inclusion has taken place since the service was opened in 1995<sup>(18,23)</sup>. It is worth emphasizing that the results analyzed here shows that the majority of the interviewees were experiencing the role of companion for the first time, as also shown in other studies<sup>(3,11)</sup>.

The results show that the age, educational level, link with the woman and previous experiences as a

companion were not associated with the outcome. The satisfaction was greater for those companions who were with the woman during labor which progressed to vaginal birth, and when the companions considered that the health professionals respected the woman's wishes, resolved her complaints, provided her with explanations about labor, provided clear and understandable information, and offered methods for relieving pain and discomfort in the labor; and when they evaluated the environment as adequate.

The probability of the companion being satisfied with the care provided to the woman during the labor was two times greater among those who did not participate in courses/seminars; however, this association was not maintained with satisfaction during birth. These findings suggest that the companion who has information about the process of giving birth and about the care given in the maternity center has parameters for assessing the attendance, and is able to distinguish more easily whether the practices undertaken were adequate or not.

Informing the companion about the various actions undertaken within and obstetric center increases his/her autonomy and strengthens him/ her for questioning the attendance provided<sup>(24)</sup>. Having information prior to the process of giving birth, and about the assistance provided in the maternity center, allows the companion to create expectations regarding a standard of quality of attendance and – therefore – when this is not achieved, the probability of satisfaction reduces<sup>(25)</sup>. One study with puerperal women also showed that the professional attitude is a determinant in the satisfaction with the experience<sup>(8)</sup>.

It is emphasized that the companions of women who gave birth vaginally had a probability of being satisfied with the care provided to the woman during labor which was twice as high in comparison with those who were companions of women who had cesareans. Labor is considered a transition process, both for the woman who becomes a mother and for the man who becomes a father<sup>(26-27)</sup>. This being the case, this time is seen by the father-companion as a painful process for the woman, but one that is necessary for the achievement of victory, which is represented by the birth<sup>(27)</sup>. One can infer, therefore, that companion who experiences vaginal birth is more satisfied with the care provided to the woman during the labor, due to having contributed effectively to the achievement of the outcome hoped for.

It should be highlighted that the maternity center studied, since it was opened in 1995, has had a philosophy of humanization and interdisciplinarity, and has had the inclusion of the family in the process of gestation and birth, along with personalized attendance, based on scientific evidence, as its principles<sup>(23)</sup>.

The companions who did not witness any type of violence (verbal, physical or psychological) were 16 times more likely to feel satisfied regarding how the woman was cared for during labor, and 14 times more likely to feel satisfied with the care during the birth. This study's findings show that the companions are able to evaluate how the woman was assisted, and that – in spite of the proven benefits – their presence was not capable of totally inhibiting the health professionals' attitudes characterized as verbal, physical or psychological violence.

In the Birth in Brazil survey, having a companion present at all points of the process was associated with a lower probability of the women suffering violence, and may promote a more cordial relationship on the part of the health professionals<sup>(8)</sup>. The time of labor and birth is of extreme importance, not only in the life of the woman, but also in that of her companion; and witnessing any form of violence was shown to be an important factor in the dissatisfaction of both with the experience.

Companions who perceived that the health professionals respected the woman's wishes had a probability of eight times greater of being satisfied with the care provided, both during labor and during birth. Besides this, when the woman's complaints were resolved, the companion's probability of being satisfied with the care tripled. This shows that the companion is emotionally involved with the process shared with the woman<sup>(11)</sup> and, in this way, becomes an important subject in the evaluation of the care provided in the maternity centers.

These findings are consistent with the recommendations regarding how the health professional's relationship with the parturient woman should be established, found in the National guidelines for care for the normal birth: the health professionals should respect the women during labor and establish an egalitarian relationship, asking them about their wishes and expectations. Moreover, they should

consider the importance of their attitude and of how they communicate with the women, as well as regarding the care provided<sup>(28)</sup>.

Similar aspects were indicated in a study on the women's evaluation regarding attendance during the birth, in which the relationship with the health professional, the clarity in the explanations received and the possibility of asking questions were factors associated with satisfaction<sup>(8)</sup>. Involving the woman and her companion in decision-making is one of the ways of bringing quality and humanization to obstetric care<sup>(28)</sup>; making them feel that they are an active part of the process increases their satisfaction with the experience.

It was possible to identify that inappropriate conducts such as the violence against the woman who is experiencing labor negatively influence the companion's satisfaction. On the other hand, a respectful attitude, resolute conducts, clear and understandable information and a local which is adequate were factors associated with the companion's satisfaction.

The fact that the interviews were held during the woman's patient treatment is highlighted as a limitation of this study, as this could lead to a courtesy bias, which could have influenced the companions' responses.

## ● CONCLUSION

The respect, provision of clear and understandable explanations, attending to the women's complaints and professionals' availability) to respond to their needs are factors associated with the companion's satisfaction.

There is a paucity of studies on companions' satisfaction, demonstrating the need for further studies involving this topic. However, it is interesting to emphasize that the majority of this study's findings are similar to those undertaken with puerperal women, indicating that the woman and companion are emotionally connected and share ideas and opinions about the experience.

The high percentage of companions who were satisfied with the care provided to the woman may be a result of the context itself where the study was undertaken, as the maternity center has a philosophy based on principles of humanization of the care, which may have generated a bias in the results. Therefore it is essential to assess the satisfaction of companions in other care contexts.

Through the present study, it is possible to infer that the health professionals' relationships, attitudes and conducts are able to influence the companions' satisfaction regarding how the health professionals care for the woman, as the companions experience the entire birth process by the woman's side.

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