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Interpersonal relations during birth: perceptions of adolescentes

Relações interpessoais durante o parto: percepções de adolescentes

Relaciones interpersonales durante el parto: percepciones de adolescentes

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Abstract: Objective: To know the perception of the adolescents about the interpersonal relations established with the professionals of an Obstetric Center. **Method:** Descriptive exploratory qualitative study. Sixty-two teenagers who had a child in a University Hospital in southern Brazil were interviewed. Data were analyzed through Content Analysis, and one sought to visualize the different professional roles described by Peplau. **Results:** The interpersonal relationship established with interaction based on respect, cordiality, patience, solicitude, constant presence, willingness to respond to questions, and actions to convey tranquility and calm are satisfactory aspects. However, detachment, disinformation, disrespect and hostility also emerged. The emergence of negative elements seems to be linked to the personal postures of professionals. **Final Considerations:** Interpersonal relationships are not understood as a fundamental part of childbirth care, and are no longer fully explored as part of the care, remaining in the background and compartmentalizing childbirth care.
Descriptors: Adolescent; Professional-Patient Relations; Humanizing Delivery; Nursing

Resumo: Objetivo: conhecer a percepção das adolescentes acerca das relações interpessoais estabelecidas com os profissionais de um Centro Obstétrico. **Método:** estudo qualitativo exploratório descritivo. Foram entrevistadas 62 adolescentes que tiveram filho em um Hospital Universitário do sul do Brasil. Os dados foram analisados por meio da Análise de Conteúdo, buscou-se visualizar os diferentes papéis profissionais descritos por Peplau. **Resultados:** o relacionamento interpessoal estabelecido com interação baseada no respeito, cordialidade, paciência, solicitude, presença constante, disposição para responder aos questionamentos e ações para transmitir tranquilidade e calma são aspectos satisfatórios. Porém, o distanciamento, desinformação, desrespeito e hostilidade também

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despontaram. O surgimento de elementos negativos parece estar ligado às posturas pessoais dos profissionais. **Considerações Finais:** o relacionamento interpessoal não é compreendido como parte fundamental da assistência ao parto, deixando de ser explorado em sua plenitude enquanto parte do cuidado, permanecendo em segundo plano e compartimentalizando a assistência ao parto.
Descritores: Adolescente; Relações profissional-paciente; Parto humanizado; Enfermagem

Resumen: Objetivo: conocer la percepción de las adolescentes sobre las relaciones interpersonales establecidas con los profesionales de un Centro Obstétrico. **Método:** estudio cualitativo, exploratorio, descriptivo. Se entrevistaron 62 adolescentes que tuvieron a su hijo/a en un Hospital Universitario del sur de Brasil. Se analizaron los datos por medio del análisis de contenido, con el cual se buscó visualizar los diferentes roles profesionales descriptos por Peplau. **Resultados:** la relación interpersonal basada en el respeto, la cordialidad, la paciencia, la solicitud, la presencia constante, la disposición para responder a los cuestionamientos y las acciones para transmitir tranquilidad y calma son aspectos satisfactorios. Pero también se identificaron el distanciamiento, la desinformación, la falta de respeto y la hostilidad. El surgimiento de estos elementos negativos puede estar relacionado a las posturas personales. **Consideraciones finales:** la relación interpersonal no es entendida como fundamental en la asistencia al parto y deja de ser explotada en su plenitud. Como parte del cuidado, permanece en un segundo plano y así se segmenta la asistencia al parto.
Descriptores: Adolescente; Relaciones Profesional-Paciente; Parto humanizado; Enfermería.

Introduction

This study is focused on the interpersonal relationships experienced by adolescent parturients in the care environment at childbirth. This space is permeated with emotions and feelings, often conflicting, on the part of the woman and her family, ranging from joy for the arrival of a child, to confronting the pain, anguishes and fears given this process. In addition, parturition can be accompanied by different levels of symbolization, such as imagining the child's malformation or non-resistance to pain, providing an even more frightening and negative character at this time.[1]

However, the experience at childbirth, considered so challenging, can be facilitated through a humanized care relationship. Humanization is anchored in the duty of the health professionals to receive the woman, her relatives and the newborn with dignity. For this, there is a need for an ethical and solidarity attitude, based also on interpersonal relationships, in order to create a welcoming environment and promote tranquility and safety.[2]

All these factors seem to be more pronounced in the adolescent woman, due to the development phase and transformations she is undergoing, due to the little bio-psychosocial maturity and the possible implications of the event for her and her family, which may differ from women in other age groups. However, the aspects related to adolescent childbirth care, in addition to the bio-psychosocial and physiological particularities, are still poorly understood,[3] which requires the development of studies aimed at filling such knowledge gap.

In order to improve the care provided to women in the puerperal pregnancy cycle, the Ministry of Health launched the Program for Humanization of Prenatal and Birth (PHPB) in the year 2000, which was complemented, more recently, by Rede Cegonha, in order to reorganize the assistance, linking it to prenatal, childbirth and puerperium, expanding and guaranteeing access and quality, with the accomplishment of a minimum set of procedures, aiming at women autonomy and empowerment. These humanization programs focused on the pregnancy-puerperal cycle have their main focus on women and on the recovery of dignity during the parturition process, seeking to adopt humanized practices, centered on the human being in their complexity, transforming the care provided during pregnancy, childbirth and puerperium, considering the particularities of each woman, which includes those brought by the different age-related moments in which the child is being delivered.[2]

Implementing humanized care at childbirth is a topic of growing interest, due to the innumerable implications that this moment may bring out to the participants, with special emphasis on women who experience this moment during adolescence. The meanings, contents and purposes of this care form are a challenge, since they imply that health workers are prepared to attend the pregnant woman and her companions, respecting the true meanings of that moment.[4]

However, subjective aspects of the human being are involved in implementing the humanization process in the obstetric care, necessitating a person-centered approach and

interpersonal relations.[3,5] Thus, one visualizes the contribution of the nursing theorist Hildegard E. Peplau[6] who, since 1952, advocates on the importance of interpersonal relationships in the nursing care process.

The theorist viewed care as an interpersonal process where the professional assumes different overlapping and related roles: stranger, resource, teacher, substitute, adviser and leader. By undertaking each of these roles, the professional deepens the interpersonal relationships and equips the user.[6]

Thus, it is considered that interpersonal relationships contribute to the childbirth's experience in a humanized way, especially when based on a less authoritarian and more solidary relationship. And, when this interaction is able to value the subjectivity of each parturient, rescuing the bond and recognizing childbirth as a unique and peculiar experience for each woman, and therefore special and with different feelings and needs,[7] which includes the dimension of the particularities related to adolescent women.

The literature reveals distinct elements involved in the interpersonal relationships during childbirth, both those facilitating humanization as well as those hindering humanization. Among these aspects, the following may be mentioned: listening and reception as significant resources in childbirth care;[5] distance between the professional and the parturient, without interaction in the affection, approach and true care side;[8] insufficient information received and the hierarchical relationship during childbirth.[9] Nevertheless, even though adolescent women represent more than 20% of the parturients in the country, as explained by the Ministry of Health,[2] few researches are found that penetrate the specificity of the interactions established during care to this public and which are based on a theoretical reference on interpersonal relations.

Given this scenario, the following was questioned: what are the perceptions of adolescent parturients about interpersonal relations established with the professionals who work at the

Obstetric Center? Motivated by this questioning, the study aims to know the perception of adolescents about interpersonal relations established with the professionals that work in an Obstetric Center.

Method

A study linked to the macro-research entitled: "Humanized care for the delivery of adolescents", developed in a University Hospital (UH) in the south extreme of Brazil. The macro-research has census-related characteristics and was carried out from June to October 2014, with 62 adolescent parturients who had vaginal or cesarean delivery in the UH, without losses or refusals.

The development of this manuscript is anchored in the qualitative, exploratory and descriptive step of macro-research. This step was accomplished through interviews that occurred in the Obstetric Inpatient Unit, during the last 24 hours of the adolescents' postpartum hospitalization, with an average duration of 15 minutes. The criteria for inclusion were as follows: having physical and psychological conditions to participate in the research, not presenting clinical complications in the postpartum period and that the newborn did not die in the postpartum or not being a stillborn.

The investigation consisted of the following question: "How do you consider the team relationship with you and your family?" The interviews were recorded, and later transcribed. Content Analysis was used for handling the data.[10]

While exploring the material, one tried to establish a correlation between the findings and the scientific literature on the theme, as well as trying to visualize the different roles that can be assumed by the health professionals in their relationship with the users, described by Peplau,[6] in order to understand some aspects on the interaction between health professionals and their objects of care: strange, resource, teacher, substitute, adviser, leader. It is believed

that, although the explicit theory belongs to nursing, the considerations used are also applicable to the interactions between other health professionals and users of health services in general.

The role of a stranger is played in the initial contact of the user with the professional implying in an acceptance between them, in a relationship of respect and interest. The role of resource is when information is provided to understand the situations and the professional provides specific answers to the user's questions. The role of teacher is when one shares knowledge and teaching takes place from what the user already knows and develops around their interest.[6]

In the substitute role, the user unconsciously considers the professional as a person who can symbolize a family figure. The adviser role is played when assisting the user or another person in recognizing, accepting, coping, and solving problems. And the leader role is developed through the professional's ability to sit down with the user, to observe, to understand how a situation can affect her, to analyze what goes on within her and to appreciate the development of the interpersonal relationship among the two of them.[6]

The macro-research to which this study is linked was approved by the Research Ethics Committee of the Federal University of Rio Grande on May 14, 2008, under No. 31/2008 and Certificate of Presentation for Ethical Assessment No. 23116.001158/ 2008-61. The interviews with the adolescents were carried out after the objectives and methods had been clarified, the invitation to participate was effected, and their signature on the Term of Assent, and of the signature of their legal representative in the Free and Informed Consent Term were preceded, which are identified by the letter "A" followed by a number.

The macro-research data was returned to the UH managers and maternity and obstetric center (OC) workers through meetings and training. This step culminated in the II International Symposium on Humanization of Obstetric and Neonatal Care, where different courses were conducted for the multidisciplinary team working in the maternal and child area of the

institution where the study was carried out, promoting improvements in the obstetric care quality.

Results

The study's participants were in the age group of 14 to 19 years old, predominantly 18 years old (40.32%); 41.92% had less than seven years of schooling, and 55.73% had the vaginal delivery. This study's participants showed different considerations regarding the interpersonal relations of the health professionals with parturients and relatives. It should be highlighted that positive and negative aspects have emerged from the data and that, because the importance that these elements assume in the relational process as part of the care is understood, they will be worked in different categories. However, the content explained in the speeches did not reveal particularities that were associated with the delivery mode, and the elements brought by adolescents who had vaginal delivery and cesarean delivery submitted jointly in the categories.

Aspects triggering satisfaction among adolescents

For some adolescents, the interpersonal relationship with the health professionals who provided care for childbirth is considered satisfactory. This type of relationship emerged because it was based on respect and information sharing, which provided the establishment of the bond.

The aspects that permeate the interpersonal relationship with the team, valued by the parturients, were the professional's patience, their actions for transmitting tranquility and calmness, as well as their disposition to respond to the questions and to provide information to the parturients on labor. These elements are revealed meaningful so that the adolescents may understand what is happening to their body and their child throughout labor, an event that may be little known and understood, because they are adolescents.

> *They treated me well, everything I asked them, was answered right, and they explained everything calmly.* (A3)
>
> *With me this was very good* [...] *they were soothing me, calming me, talking to me, explaining what was happening, telling me what to do.* (A26)

The study's results reveal that the constant presence and solicitude of the professional are relevant aspects so that the interpersonal relationship can be fulfilled in a satisfactory way. Asking the adolescent about her well-being and her needs were actions that positively transformed the interaction between the professional and the parturient and allowed for the bond to be deepened. This construct becomes significant as it brings out to the adolescent the necessary elements so that she feels safe and supported emotionally and physically on the part of the team, even living an experience, a context, a place and in front of professionals, hitherto unknown. It allows for her to be equipped, in such away, to take part in this process more actively, and may reduce her fears and anxieties, which are potentiated by the little bio-psychosocial maturity.

> *They gave me all the attention, every time I needed they helped me, they helped me in whatever I needed.* (A40)
>
> *They treated me 'triple' well and if I needed anything I just had to speak up. Somebody was appearing all the time and asking me how I was feeling.* (A48)

The testimonies of some adolescents reveal that before they were hospitalized, they had negative expectations on the relationship with the team, which did not materialize effectively. This negative pre-conception seems to be associated with the fear of receiving coercive and inappropriate treatment from the multidisciplinary team, because they were adolescents experiencing childbirth, and their family's zeal and search for information were not welcomed with respect.

> *My mother knocked* [on the OC door, seeking information] *several times. Sometimes they* [health professionals] *become stressed, but that is not what happened.* (A5)
>
> *They were very attentive. Because I was young, I was afraid they would let me 'suffer to the extreme'.* (A54)

The positive interactional process of the team working in the OC with the family members was also valued by the adolescents. The professionals showed a willingness to provide information, adopting a caring and respectful attitude. This aspect is of fundamental importance, considering that the moments of interaction for the professionals who are assisting the childbirth with relatives of the adolescents who are outside the OC allow the reassurance of the family about the parturition process and the demands related to the age group specificity of these parturients.

> *At all times they* [health professionals] *were going there to talk to them* [relatives], *to give news, explain what was happening.* (A42)
>
> *They* [health professionals] *gave news to them* [relatives], *they informed on what was happening.* A A1.
>
> *They treated us very well. From what my mother said, they were not rude at all, and they were constantly telling her how I was, and that was great.* (A5)

Aspects triggering satisfaction among adolescents

For some adolescents, the interpersonal relationship with health professionals who provided care was punctuated by negative aspects. Participants demonstrate that the absence of professionals at some moments makes them feel abandoned and conveys upsetting negative feelings, especially when their presence only becomes effective during the performance of procedures.

> *They* [health professionals] *leave you very alone there, they forget about you, they only remember you at the exam time.* (A21)
>
> *I think it was regular because there was no one with me, they left me alone.* (A34)

The speeches also demonstrate the disapproval on the adopted attitude, as well as the treatment given by some professionals to the needs of the adolescents. These were materialized through conducts that sought to curb manifestations related to pain, provoking feelings of helplessness and insecurity, devaluing the meanings of this experience to the adolescents, as well as their vulnerability.

> *They* [health professionals] *are very rude, we ask for one thing and they make a 'storm in a glass of water'. It's always people who make a fiasco.* (A18)
>
> *They do not address the psychological side. They said: Do not scream, it's a fiasco.* (A20)
>
> *I did not like the doctor very much, she was rude to me.* (A31)
>
> *I did not feel comfortable, I felt insecure and exposed* [...]. (A62)

Moreover, for some of them, dissatisfaction was based on the comments made by the professionals during delivery, as well as on their behavior during the moments when they were not directly assisting them.

> *I will not lie to you, I did not like the care very much* [...] *I was laying very painful on the bed* [...] *and they were all there laughing, they were not showing respect for the people who were there.* (A2)
>
> *They were very stupid, not very careful with me. There was a doctor who said: 'Are you feeling pain or not?* (A17)

> *I have a complaint just about the doctor, she was talking about me: 'You did this, it will have to get out now'* [...] *they did not show respect, they were watching TV, laughing* [...]. (A51)

Another dissatisfaction factor lies in the relationship of the professional with the parturient companions, by not sharing information about the evolution of labor, as well as by the hostile posture of some professionals.

> [...] *I was getting the baby and they did not explain it to my relative, they were kind of ignorant.* (A7)
>
> *My relatives needed more information and wanted to be better welcomed.* (A45)
>
> [...] *to provide information to my family it was lousy. The nurse or the doctor, I do not know, went there and did not give the right information, so they* [relatives] *did not know what was happening to me.* (A58)

Discussion

The analyzed data set surprisingly shows significant discrepancies. These are evidenced in the different descriptions of the interpersonal relations that occurred during the delivery of the adolescents, as well as in the issues related to care humanization that have been proclaimed by the Ministry of Health.

Different aspects permeate the interpersonal relationship of adolescents with health professionals. Thus, the satisfaction of the users given the health services is directly linked to the narrowing of the bond existing between them and the professionals.[11] Bond building, as for a reference and relationship of trust between professionals and family members[9] can soften

negative perceptions and painful experiences, as well as assist them in coping with fear and distress,[12] such elements, that may be further exacerbated by the fact that they are adolescents.

Establishing the bond is accomplished gradually, while the health professional assumes the roles described by Peplau,[6] in order to assist the user in coping with the experienced situation and, often, not planned or desired by the adolescent. Once the first contact between the subjects has begun, the health professional assumes the role of Stranger,[6] which implies in an acceptance process of the user by the health professional and vice versa.

If the interpersonal relationship is performed positively while the health professional acts as a Stranger,[6] the emergence of the bond among them becomes a consequence of the acceptance process. The success of establishing this role becomes the defining factor for how the interpersonal relationship will develop. Therefore, if performing as a Strange is not being fully developed, it can be inferred that the whole relationship could be compromised.[6] This is due to bond and trust absence, two required cornerstones for humanizing the care provided to adolescents. Physical and psychic transformations have a great influence on their social interactions, which can lead to the emergence and intensification of fears, awes and anxieties related to childbirth, and make it difficult for the professional to approach the parturient.

While the professionals experience the role of a Stranger,[6] they seek to deepen the interpersonal relationship between them and the parturient, in order to settle a relationship of trust that may contribute to cope with childbirth. For this to occur, respect must become the guide to the interpersonal relationship.[3, 8- 9, 13] It is emphasized that the interactional process that has respect as a premise fosters the deepening of the reception, as an ethical stance, and of the bond. It is worth noting that the low psychoemotional maturity and the lack of knowledge about the contexts and practices related to parturition can cause adolescents to minimize or maximize elements of the interactional process that have (non)respectful characteristics.

It is necessary that the focus be directed towards understanding the subject, understanding the subject as a being still in development and therefore often more vulnerable, in the attempt to establish a relation of empathy and help with the subject, which can ease the experienced situation. In this context, different authors bring out sharing information as a highlight so that the relationship among the subjects during childbirth may be satisfactory.[3, 8-9, 13-14]

In the meantime, the professional can assume the role of Resource,[6] characterized by sharing information to understand the situations where the professional provides specific answers to the questions and desires of the users. This dimension can materialize in a very unique way in adolescents, since that their little biopsychosocial maturity tends to elicit differentiated demands in relation to women or other age groups.

The availability of the professional to transmit information also to the companions and the frequency in which this action occurs, besides the cordiality, delicacy and patience of the professionals,[3, 5, 8-9, 14] and active listening,[9] provide an aggregating role to the interaction. This conjecture tends to promote participation[15] and the autonomy of the subjects.

Regarding the effectiveness of the relational process, communication manifests itself as a guiding instrument. Therefore, in order to meet the needs of women still in their adolescence, the professional should develop the ability to communicate, being an action planned in an individualized way, not only being carried out in an intuitive and impulsive way, in order to promote broader care actions,[16] allowing them to assume the right roles at the right times. In this perspective, planning and accomplishing communication should include the moments when it materializes in an indirect way, that is, when the professionals are performing another activity that does not embrace the direct interaction process with the woman or her family, notwithstanding presence, actuation, and behavior, still being perceived and emitting some kind of message.

In establishing an effective communication with the adolescent parturient and using it to share knowledge about her need or interest, in a simple and understandable way for her, the professional assumes the role of a teacher. While in this role, the teaching process provided by the professional progresses from what the user already knows and develops around her interest.[6] Thus, adolescents reveal that they were oriented about the evolution of labor and how they should proceed in the different moments of this process in order to facilitate it.

However, the professionals often do not associate attitudes that deepen the relationship with this moment, failing to explore all communication aspects in the relational process. In this context, when approaching users in a communication process, the professionals use this moment to share only specific information about their clinical status or to request room for procedures, disregarding the potentials of this moment to make the experience of childbirth by the adolescent a more humanized one.[16]

Other aspects related to satisfaction in the interpersonal relations are highlighted in the testimonies of the adolescents, also found in other studies involving the theme, such as the constant presence of the professional,[5, 8, 14, 17] their solicitude, and the valuation of the adolescent's needs during the labor.[9, 17-18] In this study's context, this type of proximity relationship shows that the health professional can assume the role of a substitute,[6] when the user considers, even if unconsciously, the professional as a person who symbolizes a family figure, who comforts, encourages and values her during delivery. This role may be even more significant for adolescent parturients, since low emotional maturity may make them even more dependent on the presence of the professional to feel safe.

Faced with the appreciation of their needs by the professional, the passive figure that is conferred on the adolescent parturient ceases to exist. In this context, women have a voice, and their participation and autonomy are assured. It should be highlighted that these same elements

can be considered as permeating the role of advisor,[6] at the moment the professional assists the user in recognizing, accepting, coping and resolving problems.

It is reiterated that hospitalization and the environment where labor takes place bring intense discomfort and insecurity to the users, especially for adolescents who, due to their young age, tend to be unaware of the practices and realities of this context. In view of this, health professionals should make use of strategies aiming at a better interaction, through attitudes of sensitivity, acceptance and empathy. The professional's ability to stay with the other subjects, to understand how a situation can affect them, to analyze what happens within them and to appreciate the development of the interpersonal relationship, looking for ways to assist them in this process, leads us to think about the leader role.[6]

The care and comfort that will be offered to the parturient during delivery make this experience less traumatic. This is because the woman is not only afraid of childbirth pain, but also, she is afraid in the expectation for the cares she will be receiving, already expecting an impersonal and distant care.[14] The data found corroborate this statement, and demonstrate that adolescents expected a worse relationship than found. At the same time, they have the notion and understanding that this is not yet the ideal.

Negative expectations can be derived from previous own experiences of the adolescent parturient or unknown people, or they may be related to family and cultural aspects, representing the attribution of negative elements to childbirth and to the relationship established with the professionals during delivery. Such expectation may also be linked to the fact that they are adolescents, and understanding that motherhood at this stage of life may not be expected socially, which would make the professional's position hostile.

Not only can frustrated expectations propitiate conflicting relationships. However, the lack of knowledge and preparation of the parturients to face the parturition process, as well as the lack of sensitivity of the workers appear as motivating elements for negative interaction

processes with greater magnitude for the adolescents.[3] Thus, it is possible to identify different elements that make interpersonal relationships unsatisfactory for the parturients, which have also been highlighted in several studies, such as disrespect,[8- 9, 13] isolation and abandonment,[8, 13, 17] impatience,[8] lack of attention and indifference.[8,19]

In the speeches of many adolescents, it is demonstrated that, during childbirth, the professional takes control and places themselves as the main actor. In this perspective, the professional, as holder of scientific knowledge, attenuates the participation of women in the decision-making processes about their body, and prevents the exercise of their autonomy during labor. Such a position makes it possible for the professional to assume the role of a negative leader who, instead of empowering women, only seeks their submission.

This study's results show that, in many situations, the relationships seem to predominate during the performance of a technical procedure, materializing an action characterized by the interactional and emotional distance between adolescents and professionals. At this moment, the vertical relationship is reaffirmed by the professional's posture, which creates a barrier for the approach of the subjects, and accentuates the distance between them.[8]

The relationships characterized by major power imbalances may be qualified as inhuman. These proceed when the powerful side reduces the other one to the situation of an object, manipulating the other according to their interests and desires, also disregarding the interests and desires of the other one.[20]

The relationship that is processed only due to a technical necessity of the parturition, mediated by a mechanized attitude, demonstrates the professional's disinterest in relation to the needs and rights of the parturient, disrespecting her also in her dimension of a being in development and, therefore, still more vulnerable, which runs counter to the role of an adviser, substitute, resource and leader.[6] In this understanding, a study affirms that when perceiving the user just as an object being part of the health professional work, parturients end up not having

their needs resolved, especially, under the emotional scope.[16] Results show that the attitude of the professionals and the treatment given to the adolescents were sometimes offensive, following the guidelines of the Ministry of Health, which, through the document "Childbirth, abortion and puerperium: humanized assistance to women",[2] states that disrespectful comments and attitudes should be banished from day-to-day health services as well as prejudiced judgments and attitudes about women's reproductive behavior in any age group in order to eradicate reprehensible and unethical practices in the services.

The subjectivity of the subjects involved in this process, their preparation for the experience and for the exercise of autonomy, are aspects directly related to satisfaction with the interpersonal relationship that is processed. Thus, interaction in a satisfactory way also permeates the flexibility of health professionals to exercise their actions[15] and to assume the different roles described by Peplau.[6]

Given the different postures that the professional can assume, the parturient will react positively or negatively. The feelings shared with others involved in the birth process are quite significant.[17] Based on this assumption, democratization of the interpersonal relations must be taken into account for having humanization, which depends also on changes in daily relations, services and management systems.[20] Nevertheless, professionals must allow themselves to assume the proper roles throughout the interpersonal relations, starting from the mutual recognition when assuming the role of a stranger, crossing the other actions,[6] and turning relationships into the humanization instrument for childbirth care, not only for the adolescents, but for all women.

Given the analysis for the data set, from the existing studies and under the Peplau theory,[6] it was evidenced that the interpersonal relationship of the team with the parturient and her companions is not understood by all as a fundamental part of the care. The speeches reveal that, in many situations, the professionals assume the roles described by Peplau[6] in a timely

manner, while others do not, which proves the subjective character and non-uniformity of interpersonal relationships during childbirth. Thus, it is inferred that the interactional processes are not being explored in their fullness, as intrinsic to care.

Final Considerations

This study allowed knowing adolescents' perception about the interpersonal relationships that are processed with the health professionals during delivery care, revealing different perspectives of the interactional processes that can bring satisfaction and dissatisfaction. For some parturients, the interpersonal relationship was permeated by attitudes of respect, patience, cordiality, solicitude, constant presence, tranquility, calm and sharing of information, aspects that reveal that the professionals assume, in different moments, the roles described by Peplau. This way of acting allows the adolescent's psychoemotional needs to be accommodated and resolved, in their singularities brought about by the age group.

However, the opposite also appeared in many testimonies, with the relationship marked by distance, disinformation, disrespect and hostility, disregarding the psycho-emotional needs brought about by the low maturity of these women. The form that is used by professionals to communicate with the parturients, as well as their posture during the parturition process, are situations where the interpersonal relationship is unsatisfactory for the adolescents.

The dissatisfaction of the parturients in the relationship with the health professionals seems to be related to the lack of empathy in the care-related sphere, the specificity of the posture adopted by each professional and the little or no interaction among them and the adolescents. Another relevant aspect is the fact that interpersonal relationships in the study environment predominate during the performance of technical procedures, devaluing the parturition particularities in adolescence and allowing the outbreak and potentiation of fears,

yearnings and anxieties that are significantly harmful to evolution of the childbirth and the balances of this experience for the woman, child and family.

Data collect during hospitalization may favor the enunciation of reliable details to those experienced. However, it is worth noting that this moment is also permeated by great vulnerability and intense emotional demands, added to the fragility inherent to the young age, capable to influence the content brought out in the speeches due to the fear of taking positions about the care while in the hospital environment.

In order to build up humanized care childbirth, it is necessary for OC health professionals to realize that care involves emotional, social, and cultural aspects, not just technical aspects. This perception is essential for humanized care and, thus, it is considered that there is a long way to go in the hospital under study, having as reflexive points the reports that signal for satisfactory interpersonal relations.

It is believed that a collective reflection on the true meaning of humanizing childbirth care is necessary, encompassing the subjectivities that surround the interpersonal relationships that materialize during the experience of becoming a mother, permeated by symbolisms and meanings, especially in the multidimensionality of adolescence. It is essential to truly value the feelings, desires and expectations of the parturients, beyond the mechanization of acts included in the so-called humanized care practice.

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