REUFSM
REVISTA DE ENFERMAGEM DA UFSM

UFSM
Rev. Enferm. UFSM - REUFSM
Santa Maria, RS, v. 10, e66, p. 1-19, 2020
DOI: 10.5902/2179769237216 were observed
ISSN 2179-7692

Original Article | Submission: 3/8/2019 | Acceptance: 22/01/2020 | Publication: 04/08/2020

Performance of doulas in the public health service

Atuação de doulas no serviço público de saúde

Actuación de doulas en el servicio público de salud

Géssica Larissa Barbosa da Rocha[I], Mônica Cecília Pimentel de Melo[II], Sílvia Raquel Santos de Morais[III], Khesia Kelly Cardoso Matos[IV]

Abstract: Objective: to analyze the performance of doulas in the public health service, based on their vision and management at a local maternity hospital. **Method:** qualitative, descriptive study, anchored in Martin Heidegger's existential phenomenological perspective, involving four doulas and three managers. In the data analysis, Discourse Analysis was used. **Results:** the fields of action of the doulas that emerged were primary care and hospital, and the main difficulty of action was the resistance of the medical team to accept this caregiver in the delivery scenario. The acquisition of information by professionals was presented by doulas as a possibility to mitigate the difficulties experienced in the hospital environment. The managers recognize the importance of the doula in the process of delivery and birth. **Conclusion:** The study provided an expanded view of the possibilities of doulas' performance in the public health service.
Descriptors: Health services; Family power; Childbirth; Women; Obstetric nursing

Resumo: Objetivo: analisar a atuação das doulas no serviço público de saúde, a partir da visão destas e da gestão em uma maternidade local. **Método:** estudo qualitativo, descritivo, ancorado na perspectiva fenomenológica existencial de Martin Heidegger, envolvendo quatro doulas e três gestoras. Na análise dos dados foi utilizado a Análise de Discurso. **Resultados:** os campos de atuação das doulas que emergiram foram atenção primária e hospital, e como principal dificuldade de atuação foi a resistência da equipe médica em aceitar essa cuidadora no cenário do parto. A aquisição de informações pelos profissionais foi apresentada pelas doulas como uma possibilidade de atenuar as dificuldades vivenciadas no ambiente hospitalar. As gestoras reconhecem a importância

[I] Psychologist. Bachelor's Degree in Psychology at Federal University of Vale do São Francisco (UNIVASF). Petrolina, Pernambuco, Brazil. Email: gelabaro@gmail.com Orcid: https://orcid.org/0000-0002-5564-6349

[II] Nurse. PhD in Education and Science, Life Chemistry and Health UFRGS/UFSM/FURG. Teacher at the Federal University of Vale do São Francisco (UNIVASF). Petrolina, Pernambuco, Brazil. Email: monquinamelo@gmail.com Orcid: https://orcid.org/0000-0003-4029-4886

[III] Psychologist. PhD in Psychology from UFES. Professor in Psychology and Medicine at the Federal University of Vale do São Francisco (Universidade Federal do Vale do São Francisco, UNIVASF). Petrolina, Pernambuco, Brazil. Email: silviamorays@yahoo.com.br Orcid: https://orcid.org/0000-0002-8077-5281

[IV] Nurse. Master in Psychology from the Federal University of Vale do São Francisco (UNIVASF). Professor of Nursing at the School of Technology and Science (Faculdade de Tecnologia e Ciências, UNIFTC). Petrolina, Pernambuco, Brazil. Email: khesia.matos@gmail.com Orcid: https://orcid.org/0000-0002-8772-8568

da doula no processo de parto e nascimento. **Conclusão:** O estudo possibilitou uma visão ampliada acerca das possibilidades de atuação das doulas no serviço público de saúde.
Descritores: Serviços de saúde; Poder familiar; Parto; Mulheres; Enfermagem obstétrica

Resumen: **Objetivo:** analizar la actuación de doulas desde su perspectiva y a partir de la gestión en una maternidad local. **Método:** estudio cualitativo, descriptivo basado en la perspectiva fenomenológica existencial de Martin Heidegger, involucrando a cuatro doulas y 3 gestoras. Para el análisis de datos se utilizó la teoría del Análisis del Discurso. **Resultados:** los campos de actuación de las doulas fueron el ámbito de la Atención Primaria de la Salud y el hospital, y, como principal dificultad para su actuación se advirtió la resistencia del equipo médica a aceptar esa cuidadora en el escenario del parto. La adquisición de información por parte de los profesionales se presentó como posibilidad para atenuar las dificultades que experimentan en el ámbito hospitalario. Las gestoras reconocen la importancia de la doula em el proceso de parto y nacimiento. **Conclusión:** El estudio permitió ampliar la visión acerca ampliada acerca de las posibilidades de actuación de las doulas en el servicio público de salud.
Descriptores: Servicios de salud; Poder familiar; Parto; Mujeres; Enfermería obstétrica

Introduction

Accompanying women during labor in order to assist them from the physical, emotional and affective point of view is not an innovative contemporary practice, despite having its benefits scientifically recognized.[1] In reality, what is sought in the present is the rescue of a remote conduct that had its etymological origin in Greece. The word *doula* which means "woman who serves another woman", today designates a non-clinical care role that aims to offer the parturient a safe and satisfactory support, providing her with advice on comfort measures, and encouraging autonomy in the evolution of the delivery process.[2]

Thus, she gains more and more space, as she is a professional with scientific training to work in normal childbirth, through non-pharmacological methods of pain relief, postnatal care and breastfeeding. As well as providing continuous physical, emotional and informative support for mothers and their families, and establishing a bond between the woman and the health team.[3]

Although of ancient origin, the occupation developed by doulas and the specificity of their functions are still issues little known by society in general. This is due to the fact that childbirth is seen as hospital-centered, moving away from the woman the process of midwifery and its dominance during the delivery and birth.[4] In Brazil, the role of doulas in the public health

service is considerably restricted. This obstacle is related to the limitations and institutional barriers imposed by the biologicist paradigm, still prevalent in the current health model.[5]

Gradually, and largely, due to the organized movement of women, the government started to have a more focused look at this public, developing strategies, such as the insertion of the Humanization Program in Prenatal and Birth (Programa de Humanização no Pré-natal e Nascimento, PHPN) that its primary objective is to improve access, coverage and quality of prenatal care, childbirth and postpartum care for pregnant women and newborns, from the perspective of citizenship rights.[6-7]

Nationally, the Sofia Feldman Hospital is a reference for the insertion of doulas in the public health network, in Belo Horizonte - Minas Gerais, which is a philanthropic institution to assist women and newborns, users of the Brazilian Public Health System (Sistema Único de Saúde, SUS), which prioritizes humanized assistance as a mission. The hospital has had the presence of doulas in the childbirth care team since 1997 with the project entitled "Community Doula".[8] In Bahia, the Institute of Perinatology of Bahia (Instituto de Perinatologia da Bahia, IPERBA) is the pioneer in the proposal for the implementation of doulas in SUS, with the insertion since 2004 of the project "Doulas: helping to be born", which trained, with the help of the Sofia Feldman Hospital monitors, the women selected for this occupation.[2]

In view of the above, starting from the conjecture that the insertion of doulas in the public health service is a viable and feasible possibility, it was important to understand what the confrontations and the possibilities of action of these women are from the multiple view of maternity managers and doulas. Thus, the following research questions arise: how does the performance of the doulas in the Brazilian Public Health System, based on their vision and management in a local maternity hospital?

The study cooperates so that professionals from different areas of health can discuss the insertion, training and institutionalization of the doula in the public health service, bringing to

this discussion professionals from the Integrated Administrative Region of Development (*Região Administrativa Integrada de Desenvolvimento,* RIDE) of the Petrolina-Pernambuco Pole and Juazeiro-Bahia, mainly, the managers responsible for implementing programs and strategies in the region's maternity hospitals. The relevance of the study is also found in the possibility of expanding knowledge to the population about an occupation that has scientifically recognized benefits, thus generating, in addition to common sense, a critical and well-founded view, enabling, above all, women to co-participate and autonomy in the processes and interventions that allude to your own body.

From the concerns raised, the objective emerges: to analyze the role of doulas in the public health service, from the perspective of these and management in a local maternity hospital.

Method

It is a study with a qualitative approach, of an exploratory and descriptive type, having the referential anchored in the existential phenomenological perspective of Martin Heidegger (1889-1976), which admits man as being of possibilities that unfold through his relationship in the world and with others, as well as, through the very condition of finitude.[9-10]

The research was carried out at RIDE of Polo Petrolina-PE and Juazeiro-BA.[11] Four doulas with no formal employment relationship with any health institution participated in the study, and three hospital management professionals from a public RIDE maternity hospital, including medical directors, coordination of the nursing sector and coordination of the normal birth nursing room. In addition, all professionals invited to collaborate with the study, accepted to participate.

The empirical material was collected from December 2016 to February 2017, through semi-structured interviews, conducted individually, containing sociodemographic data and guided by guiding questions for each group of interviewees. For the group of doulas, the

following questions were asked: “In what contexts do you see the doula acting?”; “How do you understand the role of the doula in the public health service?”; “What difficulties do you believe exist in the possibility of inserting the doula in the public service?” “What strategies could be used to face these difficulties?” Among management, the questions were: What do you mean by doula? How do you understand the role of the doula in the public health service? How would you define the role of the doula within the institution where you work?

The selection criteria for the doulas were: having completed the training course for doulas with certification and having at least one role in that area. The construction of such factors considered the small number of doulas in the region and the still recent formation of a considerable portion of them. Access to these professionals occurred previously through the practical approach in scientific events, involving the theme of the study, using the “snowball” modality. In this method, the members of a given population, linked by some characteristic of common interest, are able to identify other members, and thus, lead the researcher to find them.[12] The selection of the representative group of the study occurred due to its implication in the investigated reality. As they were indicated, the researchers made contact by telephone. All doulas indicated and contacted agreed to participate in the study.

The selection criteria for the participation of managers were having at least six months as a collaborator in the linked maternity and not being on leave or away from activities during the period of collection of empirical material. Once included in these criteria, the inclusion occurred through voluntary adhesion of the employees of the investigated hospital, using a non-probabilistic sample, of the intentional type, with closure due to exhaustion, in which all involved collaborated with the research.

The interviews with the management were collected in their respective rooms at the institution to which they belong, during the work shift of each professional. The interview place for the doulas was in a reserved room at the Center for Studies and Practices in Psychology

CEPPSI/Federal University of Vale do São Francisco (UNIVASF), both spaces being appropriate to guarantee the confidentiality and confidentiality of the interviewees.

The research used audio recording and the interviews were transcribed and reread so as not to lose important characteristics of the interpretation, and analyzed from the Discourse Analysis that consists of a technique to understand and produce texts, as well as to know objects of studies in the different areas. Then, the ideological dimensions were constructed, and subsequently, categories were constructed in order to assist and streamline the interpretation of the reports.[13]

To make this technique operational, the entire text is traversed to try to locate all the concrete and abstract elements that lead to the same block of meanings. Then, the information is grouped according to the significant elements (concrete and abstract) that add or confirm the same plan of meanings to, later, apprehend the central themes for the formulation of empirical categories to be analyzed.[13]

The research was approved by the Ethics Committee of UNIVASF, under number 1,869,540, on December 15, 2016. All ethical aspects contained in resolution 466/2012 of the National Health Council were respected. All managers and doulas who agreed to participate in the research signed the Free and Informed Consent Term in two copies. As a guarantee to preserve the anonymity of the interviewees, the participants were identified by the initial "EG" (Interview with Management) and "ED" (Interview with Doula), listed according to the order in which the instrument was applied.

Results and discussion

As a profile of the research participants, it was found that the two groups of respondents were made up only of women aged between 29 and 45 years old, with three managers - one doctor and two obstetric nurses - and four doulas. Among the doulas, three had a under graduation degree and one had a under graduation degree in progress, none had a formal

employment relationship with health institutions in the occupation of doula. With regard to the length of experience in childbirth care, among the managers, the average was 3.6 years in the institution to which they are linked, while the average length of time the doulas have worked in the occupation was 2.8 years.

From the reading of the interviews with doulas and managers, based on Discourse Analysis, four categories emerged: Inserting the doula in the health service: an important support in the pregnancy-puerperal cycle; Interference in the medical hierarchy versus women's empowerment; My duty ends where the other's duty begins: do the doulas know their ethical and technical limitations? From idealization to reality: is it possible to insert the doula in SUS?

Inserting the doula in the health service: an important support in the pregnancy-puerperal cycle

The doula's support to the parturient woman has been considered as favorable and significant, and the satisfactory characteristics of her work are expressed by pregnant women, members of the multidisciplinary team and by the doulas themselves.[1] However, it is necessary to know in which environments of the maternal and child health care network its performance is feasible, and how it contributes when inserted in these spaces.

It was possible to observe in the reports of the managers, that all of them talked about the insertion of the doula in the maternity ward, which is an expected result, since the institution of which they are part has this escort trained as an integral member of the childbirth care team. In their entirety, the doulas also spoke about the role they play in this space, which makes it possible to state that the hospital is a consolidated field of action for these caregivers. However, a new field of insertion and performance of doulas was presented as a possibility, both by them and by the managers, this being the primary health care.

The following speeches reveal that the insertion of doulas in the primary care environment would take place through the Basic Health Units (Unidades Básicas de Saúde,

UBS) and/or Family Health Units (Unidades Saúde da Família, USF), in the prenatal period, in order to inform and empower pregnant women for a possible natural delivery, providing them with greater security and providing a reference for protection.

> [...] *Her presence* [doula] *in the early stage of pregnancy, I think it would help this woman to seek out* [...] *empowerment.* [...] *the doula has a very large informative role in the search for normal birth.* [...] *I think that the doula in the public service should be part of primary care, be the doula of the neighborhood, be the doula of that unit. And then, the woman, the pregnant woman who went into labor, could call her doula.* (ED2)

> [...] *and I think the doula, also in health centers, in primary care, should also happen,* [...] *to be able to help, for women to get here in a safer way, knowing what labor is like and not despairing to the point of thinking that you have to have a cesarean delivery anyway.* (EG3)

As was exposed by the doulas and managers in their speeches, encountering a doula in this environment could reveal itself as being considerably relevant for the pregnant woman. Similarly, and validating the affirmations, it can be said that the insertion and performance of the doula in the UBS/USF, based on what is proposed by the National Primary Care Policy (Política Nacional de Atenção Básica, PNAB), would enable this trained companion to observe and understand the subjective context of each woman, providing information and promoting empowerment for natural childbirth, when possible.[14]

Some authors suggest that there is an incentive for the doulas to be present, not only in hospitals, but that they be inserted in the Primary Health Units so that they can build a bond with the pregnant women, in order to facilitate the interpersonal relationship, being able to benefit in the evolution labor and delivery.[4] In hospital care, in both groups of interviewees, the performance was presented as being beneficial to the parturient woman, helping her to become aware of the changes that occurred in her body and, consequently, benefiting the team's work,

since it reduces the need for interventions and facilitates the evolution of labor, in addition to allowing greater mobility of professionals.

> *When the woman has a doula, she has an understanding of what is happening to her body at that moment, so she makes this whole work, of an entire team, easier.* (ED1)

> *We are even more relaxed when the doula is here, because there are times when we come to the clinic, go and examine another patient* [...]. *It is already there, we already trust. By practice, by the experience she is having here, she already perceives some signs, like: "Is crowning, come on people, it will be born".* [...]. (EG1)

Corroborating the findings, the literature indicates that the parturient, being well informed about labor, can present an active attitude in this process, contributing significantly to her normal evolution. Thus, the fact that they are aware of the physiological process of childbirth through comprehensive care in parturitive care, clarifies doubts and strengthens bonds.[4]

A research carried out in 2017 with doulas in the city of João Pessoa - Paraíba presented some speeches that highlighted the contribution of doulas to the professional team. Such testimonies show professionals recognizing that doulas help women to experience the moment of childbirth, since they “explain, help to force, teach how to do it”, reducing the anxiety of patients and helping them to adopt an active position during the process, helping the team to provide useful guidance for its evolution.[2]

The doula in its way of being-for-others is affectionately willing to accompany the pregnant women, affecting and being affected by it and, thereby, co-building bonds, senses. Consequently, some authors claim that the effects are inherent to the condition of being alive, and may have different meanings.[15] In the implied relationship of solicitude that is established between doulas and pregnant women, affects such as patience, understanding and consideration for otherness are perceived. The doula's work consists of looking at a woman who has her own

and sufficient resources to give birth, making her recognize this possibility. This solicitude shown in the care of the doula differs from the biomedical model that determines birth as the end of a process and does not set itself to wait for the time to come. The doula sees women as being-in-the-world-with-others and not as mere reproducers.

Interference in the medical hierarchy versus women's empowerment

This category discusses the relational difficulty and resistance of the medical team to integrate the doula in the childbirth care team. Such positioning may be linked to the fact that this trained companion provides women with knowledge about interventions that allude to their own body, favoring the role of women and removing the medical cultural position of having knowledge.

Not only did the doulas present medical resistance as a negative factor for the development of their work, but the medical management itself and the obstetric nurses expressed in their speeches the conflict that seems to exist between these two categories. It is important to note that the relationship between the nursing team and the doulas was presented by a manager as being more effective when compared to the medical category. Here are the speeches:

> *The biggest difficulty we have is the medical team itself accepting this as fundamental, as important, as a multi team.* (ED3)

> *Many colleagues have a certain resistance, or pretend they are thinking it is good,* [...], *because they know that the doula also brings information to that woman, and the woman with information she can criticize an attitude of the doctor, she may even technically question why the doctor is taking any behavior, and then, many professionals feel cornered by it, they feel uncomfortable* (EG2)

From the experiences reported by the collaborators, it was possible to perceive that a problem that persists in the performance of the doulas is, for the most part, of a relational and non-structural scope. Then, the following question arises, do the doulas do not enter hospital

institutions due to the lack of physical structure to support them, or would there be an opposition from those who are already inserted in these spaces so that this does not actually occur?

It is necessary to clarify that in Brazil, the current model of care for childbirth is biomedical, in which births are institutionalized, covered by hard technologies and interventions in the body of women and newborns and the center of decisions is the medical professional. However, doulas act precisely against these technologies and assist in the process of deconstructing the current biomedical paradigm, from the handling of light health care technologies.[14] In a manner equivalent to the speeches presented, some research indicates that there is still resistance, on the part of certain professionals, with the presence of one more person to accompany, assist and support during the process of giving birth, and this ends up generating epistemological tension between these subjects.[1-5]

Many health professionals find themselves immersed in a logical way of thinking - not their understanding. This rational way of understanding is called by Heidegger calculating thinking, in which the attribution of meanings and meanings by the people involved in the phenomena is discarded in order to make things relations and exempt the other from reflective possibility.[9-10,15]

In the field of childbirth care, expressions of calculating thought were found in the woman's homogenization processes, when she is seen exclusively from the risk group in which she is inserted (low, medium or high risk) or due to the physiological characteristics that give her whether or not the possibility of conducting a normal birth. Thus, factors such as: life history, routine, social relationships, beliefs, among others, are disregarded, previously determining who this woman is and what her possibilities are, as well as the standard conduct that will be used with her from this definition.

In the findings of the literature, researchers claim that doulas are fighting for their space of action.[5] Such space is constituted by institutional barriers, power disputes over the

domination of assistance, devaluation of women's desires and, above all, the rupture of a model previously configured as physiological, which is characterized by non-humanized assistance.

The Regional Council of Medicine of the State of São Paulo, in a consultation regarding the role of doulas in childbirth care and conditions for exercising the activity, published in 2014, clarified that the doula has free access to SUS health services, from own or accredited network. In this regard, they are obliged to allow the presence, together with the parturient, of a companion and a doula during the entire period of labor, delivery and immediate postpartum, with the possibility of a fine for those who prohibit these entries.[16] Based on this struggle and the gain in visibility, professionals directly linked to childbirth care are obliged to discuss the entry of this new member into their institutional realities.

My duty ends where the other's duty begins: do the doulas know their ethical and technical limitations?

In a homogeneous way, managers and doulas positioned themselves as to the coherent perception of the doula in the face of its technical limitations, acting ethically in the face of occupation. The doula's speech indicates that she does not perform medical procedures or those intended for the nursing professional. The manager's report, on the other hand, allows us to infer that the role of this trained companion is only one of physical and emotional support, carried out based on her training and qualification, also exposing the prejudice of some professionals in the face of the lack of knowledge of this occupation and its attributions.

> *I will not touch, I will not listen, I will not do anything that escapes my role as a doula. My job is to be there to serve the woman, to relieve her tensions, to relieve her psychological, but I am not going to do any intervention.* (ED1)

> [...] *because what is widely thought is that the doula goes there, that she has no technical course and goes there to deliver the child. In fact, it is not like that, the doula has the role of support, it is the woman who serves another woman.* (EG2)

Converging to the results presented, a study that revealed the opinion of doulas about the emotional support offered to parturients, pointed out that more than half of the participants (67.8%) had knowledge about the role of the doula, defining it as offering emotional support to the pregnant woman, providing her with greater physical and psychological comfort. That said, the doula's caregiving role reveals a decrease in anxiety and fear of childbirth, contributing to a more favorable outcome in the birth process[17-18]

A research carried out in 2019 with doulas in Minas Gerais corroborates that they came to occupy the space that was empty in the institutionalized model of childbirth care, which is to stay by the parturient's side and not to replace some professional of the technical team.[8] Thus, it can be argued that the presence of the doula should be seen as a complementary and effective way to accompany women and their families during labor, since they do not have the function of perform nursing procedures and, therefore, there would be no reason to devalue these professionals or any other category.[2]

It is important to mention that even if the doula has other training in the health field that makes her qualified to provide assistance, during the care process, she should only play her role as a doula, always working together with other health professionals, qualified to provide care to women and babies during prenatal, delivery and puerperium. In this situation, any unethical and illegal situation with the team that makes the environment threatening and conflicting is avoided.[14]

The care that doula offers to women differs from a common definition of technical health care (a set of knowledge oriented towards the success of a specific treatment) and comes close to an assumption that Heidegger calls a concern. The concern or care (*sorge*) when it occurs in an ante positive or liberating way, favors that the other takes its own paths, that it develops and realizes its possibilities. This movement is called liberating care, which gives women back their condition of being integral, allowing women to express themselves freely in their way of being, manifesting their fears, desires and choices in a co-production of meanings. Conversely, what is

traditionally seen is health teams used to making decisions for users, taking their place in the task of taking care of themselves. This is considered an inauthentic way of care that, although it is often necessary, runs the risk of dominating and protecting the other.[9-10,15-18]

From idealization to reality: is it possible to insert the doula in SUS?

Divergent opinions arose regarding the possibility of inserting the doula in the SUS. Among the doulas, it is shown that such an insertion is possible, despite the caveat of one of them that its effective implementation may take time. A single doula expressed her unfavorable opinion in the face of such a possibility, and in a speech, directs the unfeasibility of the process to health management itself, recognizing, however, the benefits arising from the presence of doulas.

The insertion of these caregivers in the SUS was presented positively by the managers, and all of them manifested this positioning, presenting the reality of the performance of the doulas in their workplace. In the manager's speech, she points to a possible expansion of a project that is already underway.

> *I think* [...] *totally feasible.* [...] *was going to be a very good thing.* [...] *But I think that in the public area it will take a while to become a really good culture.* (ED3)

> *I still think it is not viable. I as a doula and since I was a health manager, as a health professional, I know how wonderful it would be to have doula, it is very important! But I also know that it is not a priority for the manager.* (ED4)

> *I think it's very feasible, I support* [...] *both I and my team, they see positively* [...]. *I think we should even expand. If we get more people to be doing this volunteer work here, it is a huge gain for us.* (EG3)

It is worth noting that, in the view of doulas, their possible insertion in SUS would be justified solely by the relevance of their role, that is, at the functional level, and only ED4 presented a criticism that could lead to a more in-depth reflection: the entrance door of these

women, who in this case would be the managers of the institutions, would it be, in fact, open to receive them?

From a study on the insertion of the doula in SUS, it was noticed that there is little scientific evidence produced in Brazil about the performance and insertion of doulas in health services, especially in SUS.[14] Despite this, successful experiences on this insertion can be found nationwide, such as at the Sofia Feldman Hospital, in Belo Horizonte (MG), a pioneer in the inclusion of these trained companions in the childbirth care team, occurred in 1997, and IPERBA, with the insertion since 2004 of the project "Doulas: helping to be born".[2,8]

Inserting the doula in the public health service is shown to be a gain, both for institutions and for pregnant women, since this caregiver assists in the consolidation of health policies and also highlights the rights that SUS users have. Managers concerned with making the humanization of childbirth proposal effective, may seek to include doula in a beneficial addition to the reception of its users, taking into account that the insertion of doulas in the health team, both in primary care, as in the average/high complexity, does not have a high financial cost and the positive aspects of these actions stand out from all the others.[14]

Final considerations

The realization of this study enabled an expanded understanding of the possibilities of doula's performance in the public health service. The findings point to similar ways of understanding doulas and managers regarding the proposed theme, noting that both groups believe that the doula's performance in Primary Care and in hospitals/maternities promotes benefits to the parturient and her companion, to the professionals involved in the childbirth assistance and the institution itself.

The resistance of medical professionals to add the doula in the delivery scenario proved to be the main obstacle experienced by these trained companions when developing their

occupation. It is important to note that the two groups of deponents recognized that doulas do not perform any technical-assistance function during their performance, and this task is directed to health professionals qualified to do so.

It is noteworthy that all doulas referred to viewing in the search for information a viable strategy for women's empowerment, and for changes in the relationship between obstetric teams, parturient and doula. Thus, information emerges as a possibility to mitigate the relational difficulties experienced by these caregivers when immersed in the hospital environment.

The small number of participants in the research was a limitation of the same, and this factor is associated with the limited number of doulas in the study region, as well as with maternity hospitals that experience this qualified support. It is relevant to highlight the originality of this research in RIDE Petrolina-Juazeiro, since no publications on the topic were found in this territory.

Based on this study, it is suggested that future research be carried out in different regions of the country in order to compare the results and broaden the understanding about the insertion of the doula in the SUS, as this is a possibility to strengthen the actions of humanization in maternal and child health at different levels of health care.

Understanding which places the doula occupies or may come to occupy and the role she plays in the institutions that welcome women during the puerperal pregnancy cycle helps in promoting and implementing aspects inherent to Public Policies for the humanization of prenatal, childbirth and the puerperium that act in accordance with SUS principles and guidelines.

References

1. Ferreira Júnior AR, Barros, NF. Motivos para atuação e formação profissional: percepção de doulas. Physis [Internet]. 2016 abr [acesso em 2019 abr 01];26(4): 1395-1407. Available on: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010373312016000401395&lng=en&nrm=iso&tlng=pt doi:10.1590/s0103-73312016000400017.

2. Wosniak TC et al. Doulas voluntárias em uma maternidade escola na Região dos Campos Gerais: a visão dos profissionais. Enfermagem Brasil [Internet] 2019 [acesso em 2019 mar 29]; ;18(1);32-41. Disponível em: http://portalatlanticaeditora.com.br/index.php/enfermagembrasil/article/view/2324/pdf doi: 10.33233/eb.v18i1.2324

3. Herculano TB, Sampaio J, Brilhante MAA, Barbosa MBB. Doulas como gatilho de tensões entre modelos de assistência obstétrica: o olhar dos profissionais envolvidos. Saúde debate [Internet] 2018 jul-set [acesso em 2019 nov 14]; 42(118):702-713. Disponível em: https://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0103-11042018000300702# doi:10.1590/0103-1104201811813.

4. Morais JMO, Dantas SLC, Paz BSN, Bezerra SMM. Assistência ao parto e nascimento sob a ótica de puérperas atendidas em uma maternidade pública. Revista enfermagem UFSM [Internet] 2019 [acesso em 2020 jan 14];9(e2):1-10. Disponível em: https://periodicos.ufsm.br/reufsm/article/view/28225 doi:10.5902/2179769228225.

5. Silva RM, Jorge HMF, Matsue RY, Jnuior ARF, Barros NF. Uso de práticas integrativas e complementares por doulas em maternidades de Fortaleza (CE) e Campinas (SP). Saúde soc. [Internet] 2016 jan-mar [acesso em 2017 jul 10];25(1):108-120. Disponível em: http://www.scielo.br/scielo.php?pid=S010412902016000100108&script=sci_abstract&tlng=pt doi:10.1590/S0104-12902016143402.

6. Ministry of Health (BR). Humanização do parto e do nascimento. Ministério da Saúde. State University of Ceará Brasília (DF): Ministério da Saúde; 2014. 465p. (Cadernos HumanizaSUS; v. 4). [acesso em 2020 jan 14]. Disponível em: http://www.redehumanizasus.net/sites/default/files/caderno_humanizasus_v4_humanizacao_parto.pdf

7. Humanização do parto. Nasce o respeito: informações práticas sobre seus direitos/Organização, Assessoria Ministerial de Comunicação; Coordenação, Maísa Silva de Melo de Oliveira; Redação, Andréa Corradini Rego Costa e Maísa Melo de Oliveira; Revisão Técnica, Comitê Estadual de Estudos de Mortalidade Materna de Pernambuco. Recife (PE): Procuradoria Geral de Justiça, 2015. 34 p.

8. Lima PO, Pinheiro MP, Miranda JL, Guedes HM, Almeida HF. Compreensão sobre o trabalho da doula em uma maternidade do Vale do Jequitinhonha – MG. Revista Brasileira Saúde Mater. Infant., [Internet]. 2019 jul-set [acesso em 2019 nov 14];19(3):575-580. Disponível em: http://www.scielo.br/scielo.php?pid=S1519-38292019000300569&script=sci_arttext&tlng=pt doi:10.1590/1806-93042019000300005.

9. Heidegger, M. Ser e tempo. Tradução por Márcia Sá Cavalcante Schuback. 10 ed. Petrópolis, RJ: Editora Vozes; Editora Universitária São Francisco, 2015.

10. Heidegger, M. Todos nós... ninguém: um enfoque fenomenológico do social. São Paulo: Moraes; 1981.

11. Oliveira SH, Farias EA. A gestão dos resíduos da construção civil no Vale do São Francisco: uma proposta de governança pública como ferramenta de desenvolvimento sustentável. Revista Opara – Ciências Contemporâneas Aplicadas, FACAPE, Petrolina, 2019; 9(2):63-77.

12. Vinuto, J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. Revista Temáticas. [Internet]. 2014 ago-dez [acesso em 2017 jul 10];22(44):203-220.

13. Fiorin JL. Elementos de análise do discurso. São Paulo: Contexto, 2018.

14. Barbosa MBB, Herculano TB, Brilhante MAA, Sampaio J. Doulas como dispositivos para humanização do parto hospitalar: do voluntariado à mercantilização. Saúde debate [Internet] 2018 abr-jun [acesso em 2019 dez 12]; 42(117):420-429. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042018000200420&lng=en&nrm=iso&tlng=pt doi:10.1590/0103-1104201811706.

15. Braga TBM, Farinha MG. Heidegger: Em busca de sentido para a existência humana. Revista da Abordagem Gestáltic [Internet]. 2017 [acesso em 2017 jul 20]; 23(1):65-73.

16. CREMESP. Conselho Regional de Medicina do Estado de São Paulo. 2014. Consulta nº 24.385/2013 [acesso em 2017 mar. 12]. Disponível em: https://www.cremesp.org.br/?siteAcao=Pareceres&dif=a&ficha=1&id=11974&tipo=PARECER&orgao=Conselho%20Regional%20de%20Medicina%20do%20Estado%20de%20S%E3o%20Paulo&numero=24385&situacao=&data=08-04-2014.

17. Borja TJ, Freitas WMF, Santos LS, Nascimento BGS, Lima DRA, Silva JCMC. O cuidado prestado por doulas em uma maternidade pública: o olhar das puérperas. Rev enferm Cent-Oeste Min. [Internet] 2018 [acesso em 2019 mar 29];8(e2878):1-11. Disponível em: http://seer.ufsj.edu.br/index.php/recom/article/view/2878/2046doi:10.19175/recom.v8i0.2878.

18. Silva NEK, Sancho LG, Figueiredo WS. Entre fluxos e projetos terapêuticos: revisitando as noções de linha do cuidado em saúde e itinerários terapêuticos. Ciênc saúde coletiva [internet] 2016 [acesso em 2019 mar 29];21(3):843-852. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141381232016000300843&lng=en&nrm=iso&tlng=pt doi: 10.1590/1413-81232015213.0857201.

Corresponding author
Mônica Cecília Pimentel de Melo
E-mail: monquinamelo@gmail.com
Address: Av. José de Sá Maniçoba, S/N, Centro, Petrolina-PE, Brasil. UNIVASF/Colegiado de Enfermagem.
ZIP CODE: 56304-917

Authorship Contributions

1 – Géssica Larissa Barbosa da Rocha
Concepção e planejamento da pesquisa; redação; obtenção, análise e interpretação dos dados.

2 – Mônica Cecília Pimentel de Melo
Orientação; revisão crítica; ajustes e correções.

3 – Sílvia Raquel Santos de Morais
Co- orientação; revisão crítica; ajustes e correções.

4 – Khesia Kelly Cardoso Matos
Ajustes e correções.

How to cite this article

Rocha GLB, Melo MCP, Morais SRS, Matos KKC. Performance of doulas in the public health service. Rev. Enferm. UFSM. 2020 [Accessed on: Year Month Day]; vol.10 e66: 1-19. DOI:https://doi.org/10.5902/2179769237216