

Actions performed by the companion during the immediate care of the newborn in public maternity hospitals

Ações realizadas pelo acompanhante durante os cuidados imediatos com o recém-nascido em maternidades públicas

Acciones realizadas por el acompañante durante los cuidados inmediatos al recién nacido en maternidades públicas

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Abstract: Objective: to describe the actions performed by the woman's companion during immediate care of the newborn. **Method:** a descriptive quantitative study carried out in three public maternity hospitals in Greater Florianópolis, Santa Catarina, Brazil, with 1,075 respondents between March 2015 and May 2016; and descriptive statistical analysis was applied. **Results:** in the actions carried out, the following stood out: talking to the newborn (94.8%); petting (93.0%); calming down (78.3%); picking up (81.4%); assisting in first feeding (67.6%); and leading him to the mother (58.4%). The following were less frequent: giving the first bath (7.9%); cutting the umbilical cord (20.4%); and putting the diaper on (26.7%). **Conclusion:** the companion's participation in caring for the newborn shows actions of a sentimental, affective and caring nature, as well as facilitating the establishment of family bonds. Knowing the actions taken by the companion contributes to the care practice, with the possibility of expanding their participation and providing greater meaning for the woman and the family.

Descriptors: Medical chaperones; Social support; Obstetric nursing; Humanized delivery; Infant, Newborn

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Resumo: Objetivo: descrever as ações realizadas pelo acompanhante da mulher durante os cuidados imediatos com o recém-nascido. **Método:** estudo quantitativo descritivo realizado em três maternidades públicas da Grande Florianópolis, Santa Catarina, Brasil, com 1.075 entrevistados entre março de 2015 e maio de 2016; e aplicou-se análise estatística descritiva. **Resultados:** nas ações realizadas destacaram-se: conversar com o recém-nascido (94,8%); acariciar (93,0%); acalmar (78,3%); pegar no colo (81,4%); auxiliar na primeira mamada (67,6%); e, conduzi-lo até a mãe (58,4%). Foram menos frequentes: dar o primeiro banho (7,9%); cortar o cordão umbilical (20,4%); e, colocar a fralda (26,7%). **Conclusão:** a participação do acompanhante nos cuidados com o recém-nascido demonstra ações de caráter sentimental, afetivo e de cuidado, bem como facilita o estabelecimento dos vínculos familiares. Conhecer as ações realizadas pelo acompanhante contribui para a prática assistencial, com a possibilidade de ampliar sua participação e proporcionar um maior significado para a mulher e à família.

Descritores: Acompanhantes formais em exames físicos; Apoio social; Enfermagem obstétrica; Parto humanizado; Recém-nascido

Resumen: Objetivo: describir las acciones realizadas por el acompañante de la mujer durante los cuidados inmediatos del recién nacido. **Método:** estudio descriptivo cuantitativo realizado en tres maternidades públicas de la Gran Florianópolis, Santa Catarina, Brasil, con 1.075 encuestadas entre marzo de 2015 y mayo de 2016, por medio del análisis estadístico descriptivo. **Resultados:** se destacaron las siguientes acciones: hablar con el recién nacido (94,8%); acariciarlo (93,0%); calmar al recién nacido (78,3%); alzarlo (81,4%); ayudarlo en su primera alimentación (67,6%); y llevarlo a su madre (58,4%). Fueron menos frecuentes: darle el primer baño (7,9%); cortar el cordón umbilical (20,4%); y ponerle el pañal (26,7%). **Conclusión:** la participación del acompañante en el cuidado del recién nacido demuestra acciones de carácter sentimental, afectivo y solidario, además de facilitar el establecimiento de lazos familiares. Conocer las acciones realizadas por el acompañante contribuye a la práctica del cuidado, con posibilidad de ampliar su participación y otorgar un mayor significado a la mujer y la familia.

Descriptor: Chaperones médicos; Apoyo social; Enfermería obstétrica; Trabajo de parto; Parto humanizado; Recién nacido

Introduction

The presence of a companion during the parturition process is indicated by national and international guidelines, which point to this as an important support practice in caring for women.¹⁻² Considered a safety and quality marker in delivery care, the presence of the companion also ensures an approximation with the newborn, from the moment of birth.²⁻³

In Brazil, the guarantee of the presence of a companion of the woman's choice during labor, delivery and immediate postpartum, has been ensured since 2005, by Law No. 11,108, better known as the "Companion Law".⁴ However, in reality, this right is not always fulfilled, as evidenced in a longitudinal study that analyzed data from the Brazilian southern region; in it,

51.7% of the parturient women had a companion during labor and only 39.4% at the time of delivery.⁵

As a way to contribute positively to the birth experience, the presence of a companion can develop with their passive or active participation. Passively, they will remain as a spectator, without interfering in the events, being beside the woman, in an attitude that shows empathy and affection. In this perspective, sharing these events is characterized as support and continuous involvement, integrated with the birth process.⁶

In active participation, the companion performs activities that strengthen the woman, that comfort and stimulate her, either physically or emotionally, developing actions that help her in the movement, in the change of position, in the massage, as well as giving attention, showing affection and saying words of support and encouragement during labor. This permanence allows for the experience of unique moments that influence the strengthening of family relationships and generate satisfaction.⁶⁻⁷

The role of the nurse, stimulating the presence and participation of the companion during the whole delivery and birth process, is essential, since this professional provides valuable information about the actions that can be developed by the companion.⁸ In this context, identifying them is part of studies that intend to understand the role and participation of the companions, so that they can be enhanced. Diverse evidence lists the benefits of the presence of a companion of choice in the delivery and birth process, which, through actions of physical and emotional support, promote a greater degree of confidence in women, inhibit pain mechanisms, and generate safety and comfort.⁶⁻⁷

However, there are few national and international productions related to the participation and benefits of the companion in the immediate care of the newborn, those provided in the first hours of life.⁸⁻¹¹ It is possible to find studies that cite their actions in caring for the newborn, even if in a secondary way, or guides recommending what they should be and,

on this basis, knowing the actions performed by the companion becomes the scope of this research.^{8,11-12}

It is believed that knowing and presenting the reality of the companion's performance during the immediate care of the newborn can have a positive impact on planning and welcoming them, making them feel part of the birth process, an essential element to generate bonds, promote support and encourage breastfeeding. Considering the problem, the following research question was elaborated: What are the actions taken by the woman's companion during the immediate care of the newborn? And, as an objective, to describe the actions performed by the woman's companion during the immediate care of the newborn.

Method

A quantitative research study of a descriptive nature that was part of the macro project entitled "The participation of the companion of the woman's choice in prenatal care, labor and delivery in the public and supplementary health system". The research obtained financial support from the National Council for Scientific and Technological Development (CNPq), process number 473810/2013-1.

Data was collected in the Rooming-In of three public maternity hospitals in Greater Florianópolis, state of Santa Catarina (SC), Brazil. The choice of these scenarios was due to the fact that they are public institutions that serve women for birth-related reasons. The study sites were named maternity hospital A, B and C, one of them being a school maternity hospital and the other two affiliated with educational institutions for undergraduate courses in Nursing and Medicine, as well as medical residency in Gynecology and Obstetrics. All the maternity hospitals were agreed attached to the actions of *Rede Cegonha* and provided written guidelines for the companions.

The macro project of this research interviewed 1,147 companions who remained with the woman during labor and delivery or cesarean section in these maternity hospitals. For the purposes of this analysis, only the number of companions who were with the newborn at the time of immediate care was considered, for a final number 1,075 participating companions.

To integrate with the research, the participant needed to meet the following inclusion criteria: being a companion of choice for the woman who had a vaginal or cesarean delivery, single pregnancy, and being present during labor and normal or cesarean delivery, which occurred more than four hours ago in the maternity. The exclusion criteria were the following: having accompanied women who did not go into labor and women who died or whose newborn has died. For the composition of the final sample, 4,239 puerperal women were approached during hospitalization; of these, 295 did not have the companion continuously in labor and delivery or cesarean section, 2,541 of those eligible were not present in the Rooming-In, 13 companions did not understand the Portuguese language, and 229 refused to participate.

The participants were approached in the Rooming-In of each maternity hospital and, when they met the inclusion criteria, they were invited to participate in the research. With consent given, face-to-face interviews were conducted in another room, preferably outside the room in which the woman was hospitalized, in an environment that would provide minimal interference, so as not to influence the answers.

Sample calculation for the macro project was performed based on the number of births in these maternity hospitals in the year prior to the execution of the project, in view of the permanence of a companion during labor, delivery or cesarean section. Considering 3,508 births in maternity hospital A; 3,759 in B; and 1,525 in C; the assumed prevalence of 50% was established, as well as a 95% confidence interval, a maximum error of 5% and a loss of 20%, resulting in 346 interviewees in maternity hospital A; 349 in maternity hospital B; and 307 in maternity hospital C. Thus, the estimated sample of participants was 1,002 companions and,

according to the macro project budget availability, it was possible to carry out 1,147 interviews. This sample was estimated with the support of *SEstatNet*[®], a program developed by professors of the Federal University of Santa Catarina (*Universidade Federal de Santa Catarina, UFSC*).¹³

The macro project data were collected between March 2015 and May 2016 by undergraduate Nursing students. In the selection of the interviewers, priority was given to those who had already developed theoretical and practical activities in the area of women and newborn health, and who knew the public maternity hospitals in the study. Those selected participated in a training that included a theoretical and a practical stage.

Face-to-face interviews were carried out through the application of a digital questionnaire by the interviewers, for which a software program was developed and later installed on netbooks for exclusive use in the research. The software was created from an IT system that consisted of a platform in which the data were stored digitally. The interviews were saved in spreadsheet format with the CSV extension, using *Microsoft Office Excel*[®].

The questionnaire used in the macro project was composed of different variables divided into 10 sections. In this study, questions were selected from some of these sections, namely: Section 1 – Identification data (age, gender, schooling, occupation, marital status, relationship/bond with the woman, number of children); Section 2 – Data on the experience of being a companion (previous and current experiences); Section 9 – Data on their participation in the newborn care room.

Once data collection was finished, the questionnaires were reviewed in order to correct possible inconsistencies or errors and, afterwards, the data were exported to the *Stata* program, version 13.0. The descriptive analysis showed the absolute and relative frequencies, with their respective 95% confidence intervals, of the variables related to the sociodemographic characteristics, the performance of health professionals in the participation of the companion, and the actions of the companions in the immediate care of the newborn.

The variables selected for the analysis were the following: identification of the companion, employment contract, schooling, bond with the parturient woman, number of children, previous experience of being a companion in labor, delivery and/or cesarean section, information about the Companion Law, participation in course/lecture during prenatal care, referral of the newborn to the Neonatal Unit, follow-up during the care provided to the newborn, permanence of the companion during procedures and examinations in the newborn, actions performed by the companion during the care for the newborn, and companion's feelings related to the experience of accompanying the newborn in the care room.

Quality control was carried out by telephone calls, randomly, to 5% of the interviewed companions, when some questions from the questionnaire were replicated.

The macro project in which this research was inserted was approved by the Committee of Ethics and Research with Human Beings, being approved under Certificate of Presentation for Ethical Appreciation number 25589614.3.0000.0121, on February 25th, 2014. All stages of the research complied with Resolution 466 of 2012, of the National Health Council, and the interviewees authorized their participation by spontaneously signing the Free and Informed Consent Form.

Results

Of the 1,075 companions who participated in the survey, the majority were male (77.9%), aged 20-59 years old (94.3%) and with some paid work (87.1%). The partner of the woman or father of the newborn was the person who was most present (77.6%), most of the companions were unaware of Law No. 11,108 (76.5%) and did not participate in a course or lecture on pregnancy/delivery (91.7%). The sociodemographic characteristics of the participants can be seen in Table 1.

Table 1 – Sociodemographic characteristics of the newborn's companions in the three public maternity wards in Greater Florianópolis. Florianópolis, SC. 2015-2016 (n=1,075)

| Variables | N | % | CI* (95%) |
|---|----------|----------|------------------|
| Age (years old) | | | |
| ≤19 | 46 | 4,3 | 3,0 – 5,5 |
| 20 – 59 | 1014 | 94,3 | 92,9 – 95,7 |
| ≥ 60 | 15 | 1,4 | 0,7 – 2,1 |
| Gender | | | |
| Male | 837 | 77,9 | 75,4 – 80,3 |
| Female | 238 | 22,1 | 19,7 – 24,6 |
| Occupation | | | |
| Paid work | 936 | 87,1 | 85,1 – 89,1 |
| Unpaid work | 80 | 7,4 | 5,9 – 9,0 |
| Unemployed | 39 | 3,6 | 2,5 – 4,7 |
| Retired/Pensioner | 20 | 1,9 | 1,1 – 2,7 |
| Schooling | | | |
| No schooling | 12 | 1,1 | 0,5 – 1,7 |
| Incomplete Elementary School | 277 | 25,8 | 23,1 – 28,4 |
| Complete Elementary School | 279 | 26,0 | 23,3 – 28,6 |
| Complete High School | 403 | 37,5 | 34,6 – 40,4 |
| Complete Higher Education | 104 | 9,7 | 7,9 – 11,4 |
| Bond with the woman | | | |
| Partner or father of the NB | 834 | 77,6 | 75,1 – 80,1 |
| Mother | 128 | 12,0 | 10,0 – 13,9 |
| Woman from social/family network | 110 | 10,2 | 8,4 – 12,1 |
| Others (father, friend, son) | 3 | 0,3 | 0,0 – 0,6 |
| Knowledge about the Companion Law | | | |
| Yes | 253 | 23,5 | 21,0 – 26,1 |
| No | 822 | 76,5 | 73,9 – 79,0 |
| Participation in course and/or lecture | | | |
| Yes | 95 | 8,8 | 7,1 – 10,5 |
| No | 980 | 91,2 | 89,5 – 92,9 |

* Confidence Interval

In Table 2, it is possible to observe that the nurse was the person who most encouraged the companion to participate in the care of the newborn (46.1%). Most health professionals gave information about the care provided (80.1%) and, of these, the companions pointed to the nurse (50.8%) with emphasis on the guidance on their role.

Table 2 – Health professionals and the companion's participation during immediate care of the newborn. Florianópolis, SC. 2015-2016 (N=1.075)

| Variables | N | % | CI* (95%) |
|---|-----|------|-------------|
| Professional who invited the companion † | | | |
| No professional | 285 | 26,5 | 24,0 – 29,2 |
| The professional did not identify himself/herself | 62 | 5,8 | 4,5 – 7,3 |
| Nurse | 496 | 46,1 | 43,2 – 49,1 |
| Physician | 227 | 21,1 | 18,8 – 23,7 |
| Nursing student | 2 | 0,2 | 0,1 – 0,7 |
| Medicine student | 4 | 0,4 | 0,1 – 1,0 |
| Nursing technicians and assistants | 21 | 2,0 | 1,3 – 3,0 |
| Does not remember | 32 | 3,0 | 2,1 – 4,2 |
| Attitude of the health professionals † | | | |
| They introduced themselves to the companion | 615 | 57,2 | 54,2 – 60,1 |
| They called the companion by their name | 279 | 26,0 | 23,4 – 28,7 |
| They provided information on the situation and the service provided | 861 | 80,1 | 77,6 – 82,4 |
| They asked if the companion had any doubt or needed guidance | 518 | 48,2 | 45,2 – 51,2 |
| Questions asked by the companion to the health professional | | | |
| Not answered | 28 | 2,6 | 1,8 – 3,8 |
| Answered | 838 | 78,0 | 75,4 – 80,3 |
| Did not ask questions | 209 | 19,4 | 17,2 – 21,9 |
| Professional who advised on the role of the companion † | | | |
| No professional | 278 | 25,9 | 23,3 – 28,6 |
| Did not identify himself/herself | 85 | 7,9 | 6,4 – 9,7 |
| Nurse | 546 | 50,8 | 47,8 – 53,8 |
| Physician | 294 | 27,4 | 24,8 – 30,1 |
| Nursing student | 7 | 0,7 | 0,3 – 1,4 |
| Medicine student | 17 | 1,6 | 1,0 – 2,5 |
| Nursing technicians and assistants | 53 | 4,9 | 3,8 – 6,4 |
| Does not remember | 3 | 0,3 | 0,1 – 0,9 |

* Confidence interval †The participants were able to choose more than one option

Table 3 refers to the actions that the companion performed during the immediate care of the newborn and the feelings related to this experience. Among the participants, 94.8% talked to the newborn, 93.0% stroked him/her, 81.4% picked him/her up, 67.6% helped with the first feeding and 20.4% clamped the umbilical cord.

Regarding the feelings, 99.3% of the companions reported that it was gratifying to participate in the care of the newborn, 98.4% reported that the experience helped them to be calm. Furthermore, 96.6% felt safe with the care provided to the newborn and 87.2% stated that accompanying the newborn helped to clarify doubts about baby care (Table 3).

Table 3 – Companion's actions and feelings related to the experience of accompanying the immediate care provided to the newborn. Florianópolis, SC. 2015-2016 (N=1.075)

| Variables | N | % | CI* (95%) |
|---|-------|------|-------------|
| Actions performed by the companion[†] | | | |
| Cut the umbilical cord | 219 | 20,4 | 18,1 – 22,9 |
| Gave the first bath | 85 | 7,9 | 6,4 – 9,7 |
| Calmed the newborn when he/she was crying | 842 | 78,3 | 75,8 – 80,7 |
| Petted | 1.000 | 93,0 | 91,3 – 94,4 |
| Put the diaper on | 287 | 26,7 | 24,1 – 29,4 |
| Helped to weigh | 459 | 42,7 | 39,8 – 45,7 |
| Caught the NB in his lap | 875 | 81,4 | 79,0 – 83,6 |
| Talked to the NB | 1.019 | 94,8 | 93,3 – 96,0 |
| Took the NB to the woman after care | 628 | 58,4 | 55,4 – 61,3 |
| Helped in first feeding | 727 | 67,6 | 64,8 – 70,4 |
| Did not perform activities related to the NB | 19 | 1,8 | 1,1 – 2,8 |
| Performed other activities [#] | 61 | 5,7 | 4,4 – 7,2 |
| Companion's feelings when accompanying the newborn[†] | | | |
| Helped to be calm | 1.058 | 98,4 | 97,5 – 99,0 |
| Helped to clarify doubts about the care with the NB | 937 | 87,2 | 85,0 – 89,0 |
| Made anxious/nervous | 491 | 45,7 | 42,7 – 48,7 |
| Felt safe with the care provided | 1.038 | 96,6 | 95,3 – 97,5 |
| Had a feeling of obligation to be a companion | 493 | 45,9 | 42,9 – 48,9 |
| It was gratifying | 1.064 | 99,3 | 98,5 – 99,6 |
| Found the right environment to receive the companion | 991 | 92,2 | 90,4 – 93,7 |
| It was an experience that does not want to live again | 110 | 10,2 | 8,6 – 12,2 |

* Confidence Interval [†]The participants were able to choose more than one option [#] Helped to dry, put clothes on, measure, sleep, took a photo, played, sang, rocked, strolled, cleaned the umbilical stump

The results point out the actions developed by the companions and the way the health professionals interact and stimulate their actions in the birth scenario. They describe the different feelings experienced by the person accompanying the woman and the newborn, during immediate care.

Discussion

The predominance of male companions and the description of the person being the partner of the woman or the father of the newborn coincide with the findings of other studies conducted in Brazil. The trend towards the presence of the woman's partner in the birth scenario favors the formation of an early bond between the father and the newborn and increases the possibility of participation in the care provided in child development.^{8,14}

Most of the participants were not aware of the Companion Law, although 47.2% had completed high school or had a higher level of schooling. Also, the majority did not participate in any course or lecture on pregnancy or delivery. The lack of knowledge about the rights at birth has repercussions and can generate submission of women and companions to institutions, as well as to health professionals.¹⁵ Even if the Law requires that the public hospitals or those affiliated to the Unified Health System (Sistema Único de Saúde, SUS) allow the presence of a companion, a number of studies have shown that there are still women who remain unaccompanied in the process of parturition and birth.^{5,16} Taking courses, passing on information, through the prenatal consultations with reinforcement of this right until arrival at the maternity hospital and by all the professionals can be a strategy to inform this population.¹⁴

The invitation made for the interviewee to stay close to the newborn was made predominantly by the nurse, who was also the category recognized by the participant as the professional who most provided him with guidelines. The nurse plays an important role with regard to the instructions given to this companion, which provide security and assist in the acquisition of skills necessary for the care of the newborn.^{8,17}

The greatest difficulties for the insertion of the companion, on the part of the health team in the birth process, were related to the lack of preparation of the companion to deal with this moment, a situation that can eventually negatively interfere in the team's service.¹⁸ The health professional has the mission of guiding and directing the companion's actions,

encouraging him to be present from the prenatal period to understand more clearly his role throughout the process.¹⁹ The result of this research showed the availability of health professionals in the insertion of the companion, when they answered most of the questions he asked.

With regard to the role of the companions in the immediate care of the newborn, it was evidenced that the most frequent actions were talking to the newborn, petting him/her and calming him/her. It is noteworthy that actions of a sentimental and affective nature influence the consolidation of family relationships and closer ties.²⁰ In this study, it was noticed that most of the companions had their first physical contact with the newborn during the performance of immediate care, the act of picking up the newborn in the lap, helping to weigh it and taking it to the woman after care is relevant to this aspect.

Another fact that stood out was related to the assistance provided by the companion to the newborn and the mother during the first feeding; it was observed that more than half of the interviewees participated actively in this moment. The initiation of breastfeeding is a challenge for both the mother and the companion, requiring organized and planned actions by the health professionals in order to be successful.²¹ In the results of this study, the companion symbolized a connection between the family and the health professional, that is, he was the intermediary of the family needs while the woman was unable to accompany the care of the newborn, such as the impossibility of women getting out of bed, when subjected to cesarean section.

The companion must be encouraged and inserted in this process in order to favor breastfeeding, in addition to performing other actions such as clamping the umbilical cord, putting on the diaper or giving the first bath,¹ activities carried out by less than a third of the participants in the research. On the other hand, it was noticed that few respondents reported that they did not perform any action with the newborn.

The companion's feelings were also evidenced and the great majority asserted that it was a rewarding experience, a fact that helped the companion to be calm and feel safe with the care provided. A number of studies claim that participating in this period is important for the companion, a moment that represents a milestone in their life, when they meet the new family member, in addition to reasserting the consolidation of family relationships and the strengthening of bonds.^{7,20-22}

Some participants (45.7%) declared that witnessing this moment made them anxious, nervous or that they felt the obligation to be a companion. Even fewer (10.2%) stated that they did not wish to live this experience again. This shows that everyone described some kind of feeling involved with their participation, in the moment of immediate care provided to the newborn. These are feelings and statements that need attention and, in this result, the importance of the previous preparation of the companions, whether through participation in groups, courses or in consultations during prenatal care, is again justified.

It was also part of the perception of most respondents that the environment was adequate to receive the companion (92.2%). An adequate environment is understood as a cozy place, with flexible routines, in which the woman and family can express themselves freely.¹ In a slightly lower percentage, but still expressive (87.2%), they reported that it was possible to solve doubts about care of the newborn. This data allows us to infer that the companion, when stimulated and prepared to participate actively in the parturition process, performs activities that help the woman, while they feel welcomed to perform the care actions, even if they have doubts and insecurities.

It should be noted that the presence and participation of the companion in the immediate care of the newborn allows for a better adaptation of the baby to extrauterine life. It also contributes to learning about the baby's needs and the care that must be provided to him/her,

such as performing hygiene and changing diapers, among others,¹⁷ facilitating adaptation and making the day to day with the new family member calmer.

As limitations identified in this study, we highlight the fact that, when the participants took courses and lectures, the contents were not evaluated, nor were the companion's intermediate actions to meet the woman's requests, related to the care of the newborn. Despite this, it is believed that the study is innovative and presents data about the actions taken by the companion during the care of the newborn, little evaluated in previous studies.

Conclusion

The companion's participation in caring for the newborn shows actions of a sentimental, affective and caring nature, and it also facilitates the establishment of family bonds. Knowing the actions taken by the companions adds value to their presence, while confirming the need to be in the scenario of delivery and birth, as they are not mere spectators. It is noteworthy that most of the respondents performed some type of action aimed at the newborn and that identifying them and their relevance in the birth process is important for the consolidation of the companion figure as an integrated element in the parturition process.

The benefits related to the presence of the companion with the newborn and the woman justify the relevance of studies that have as their research object the different aspects related to the companion himself. Thus, it is believed that this research collaborated with the description and analysis of the actions performed by the companion during the immediate care of the newborn, the importance of his presence and new ways of acting in this scenario. In view of this, the study also offers subsidies for the care practice since its results demonstrate the potential of the companion's participation, a collaboration that can help for a positive experience of delivery and birth, with greater meaning for the woman and the family.

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