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Companion of choice in labour and childbirth: women's desires, expectations and experiences

Acompanhante de livre escolha no parto e nascimento: desejos, expectativas e experiências de mulheres

Acompañante de libre elección en el parto y nacimiento: deseos, expectativas y experiencias de las mujeres

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ABSTRACT: The presence of a companion of choice during childbirth is a humanized practice perceived positively by women who experience it. This article analyzed the desires, expectations and experiences of women in the gravidic-puerperal period regarding the presence of a free choice companion during childbirth. We carried out a qualitative research in a University Hospital of a capital city in the northeast of Brazil, based on interviews during prenatal and postpartum periods, observation at the time of delivery, and consultation of medical records. The data was analyzed using Content Analysis, in the thematic mode. Eighteen women were interviewed in the prenatal period and twelve in the puerperium. Participant observation was

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carried out with four women. The categories, organized considering desires, expectations and experiences regarding the presence of a companion were: “The desire to have a companion”; “The uncertainty of the possibility of having a companion of choice” and “The presence of a companion as a right under construction”. Most of the women reported a desire for their partner to be present as a companion. Their expectations showed uncertainty about this presence. The experiences of the women interviewed in the puerperium, showed that all had a companion, mostly other women, but not during the entire delivery. Although there is a law that guarantees the presence of a companion of free choice, it is still a challenge and its implementation is under construction. Commitments from health institutions and teams need to be made so that the presence of a companion is a reality for women.
Keywords: Pregnant Women; Humanizing Delivery; Term Birth; Postpartum Period; Formal Patient Companion.

RESUMO: A presença de acompanhante de livre escolha durante o parto é uma prática humanizada percebida de forma positiva pelas mulheres que a vivenciam. Este artigo analisou os desejos, expectativas e experiências de mulheres no período gravídico-puerperal em relação à presença de acompanhante de livre escolha durante o parto. Realizamos pesquisa qualitativa em Hospital Universitário de capital do nordeste brasileiro a partir entrevistas no pré-natal e no pós-parto, observação no momento do parto e consulta em prontuário. Os dados foram analisados através da Análise de Conteúdo, na modalidade temática. 18 mulheres foram entrevistadas do pré-natal e doze no puerpério. A observação participante foi realizada com quatro mulheres. As categorias, organizadas considerando desejos, expectativas e experiências em relação à presença do acompanhante foram: “O desejo de ter um acompanhante”; “A incerteza da possibilidade de ter um acompanhante de livre escolha” e “A presença de acompanhante como um direito em construção”. A maioria das mulheres relataram desejo da presença de seu companheiro como acompanhante. Suas expectativas demonstraram incerteza quanto à essa presença. As experiências das mulheres entrevistadas no puerpério, demonstraram que todas tiveram acompanhante, na maioria outras mulheres, porém não em todos os momentos do parto. Apesar de haver uma lei que garante a presença de acompanhante de livre escolha em tempo integral ainda é um desafio e sua implementação está em construção. Compromissos das instituições e equipes de saúde precisam ser assumidos para que a presença de acompanhante seja uma realidade para as mulheres.
Palavras-chave: Gestantes; Parto Humanizado; Nascimento a Termo; Período Pós-Parto; Acompanhante Formal do Paciente.

RESUMEN: La presencia de un acompañante de libre elección durante el parto es una práctica humanizada percibida positivamente por las mujeres que la experimentan. Este estudio analizó los deseos, expectativas y experiencias de las mujeres en el período embarazo-puerperio en relación a presencia de um acompañante de libre elección durante el parto. Realizamos una investigación cualitativa en un Hospital Universitario en la capital del noreste de Brasil a

partir de entrevistas en los períodos prenatal y posparto, observación en el momento del parto y consulta en la historia clínica. Los datos fueron analizados a través de Análisis de Contenido, en la modalidad temática. En las entrevistas prenatales participaron 18 mujeres y, de ellas, doce en las entrevistas de puerperio. La observación participante se realizó con cuatro mujeres. Las categorías se organizaron considerando deseos, expectativas y experiencias en relación a la presencia del acompañante. Las categorías identificadas fueron: "El deseo de tener un compañero"; el segundo, "La incertidumbre de la posibilidad de tener un acompañante de libre elección" y el tercero, "La presencia de un acompañante como derecho en construcción". Las mujeres manifestaron un deseo por la presencia de un compañero, la mayoría de los cuales era su pareja. Sus expectativas mostraban incertidumbre con respecto a esta presencia. Las experiencias de las mujeres entrevistadas en el puerperio mostraron que todas tenían acompañante, pero no en todo momento del parto y que la mayoría iban acompañadas de otras mujeres. Si bien existe una ley que defiende la práctica estudiada, la garantía de la presencia de un acompañante de libre elección a tiempo completo sigue siendo un desafío y su implementación está en construcción. Se necesitan compromisos de las instituciones y equipos de salud para que la presencia de un acompañante sea una realidad para las mujeres.

Palabras clave: Gestantes; Parto Humanizado; Nacimiento a Término Completo; Período Postparto; Acompañante Formal de Pacientes.

INTRODUCTION

For a long time women's health care was reduced to actions based on the biological specificities of women as mothers. The Integral Women's Health Care Program (IWHCP), originated in 1984, sought to expand care towards the integrality of women's needs beyond maternity. It is with the Stork Network (SN), in 2011, that important actions aimed at qualifying women's and children's health care are more consistently implemented and recognized as a right[1].

The SN incorporates, in its formulations, the need for practices that effect a transition from the biomedical model to a humanized, interdisciplinary approach that considers women as participants in their care, whether during pregnancy, delivery or the puerperium[1]. One of the many actions recommended as a way to humanize labor and birth is to guarantee the right to a companion of choice[2,3,4,5], an evidence-based practice that enables safer and more positive experiences during labor, delivery, and birth[6].

Although this practice has been supported by Law 11,108 since 2005[7], it was only after the implementation of the Stork Network[8], in 2011, that it began to be encouraged and to have its effectiveness required in SUS (Brazilian Public Health System, in Portuguese acronym).

Although there is enough scientific evidence and the existence of a law that supports it in the context of a public health policy such as SN, there are still difficulties in enforcing the right to

companionship. Problems such as the lack of permission by services or professionals[2,8,9]; lack of information for women and/or companions; scarce physical, material and human resources structure of the hospitals[2,10]; non-recognition of the benefits by the professionals who decide on the practices[10,11]; lack of space and privacy[12,13] and the argument of health professionals about the unpreparedness of the accompanying person[3] still persist.

These difficulties in the implementation of this practice denote that this is a theme about which there is still much to discuss. We also emphasize that in the northeastern region of the country few women are accustomed to having a companion throughout labor, delivery, and the postpartum period, according to what is established by law[2]. More specifically, in a satisfaction report with puerperal women assisted in the SUS, the results pointed out that, in Maranhão, a northeast state, 67% of the puerperal women did not have a free choice companion during delivery[14].

The study is relevant in that, unlike most studies in the literature, it studied the experiences of women regarding the presence of a companion during different moments of pregnancy and childbirth: labor, delivery and postpartum. To do so, the desires, expectations and experiences of these women regarding the presence of a companion of free choice at these moments were analyzed, contributing to give visibility to this important practice of humanization.

METHODS

Qualitative research, conducted from May to November 2016, at a University Hospital in a capital city of northeastern Brazil, with women during pregnancy, delivery and puerperium.

The invitation to participate was made during prenatal care with the following inclusion criteria: pregnant women at usual risk; minimum age of 18 years and gestational age (GA) from 29 weeks, determined by ultrasonography. The GA of 29 weeks was used considering that from the last trimester of pregnancy on, women start to think more concretely about delivery and the real baby[15] which enables them to better verbalize their expectations.

The data collection techniques used were structured and semi-structured interviews, participant observation and chart analysis.

The interviews were conducted at the place of the women's choice (hospital or home), recorded and later transcribed. The instruments used were: i) structured questionnaire to collect the women's characteristics; ii) interview script for the prenatal period, with topics on the desires and expectations regarding the presence of a companion; iii) participant observation script, including questions related to the physical and relational environment, as well as the presence of a companion; iv) interview script for the puerperium, which raised the experiences

related to the presence of a companion.

The research was conducted in three stages: prenatal (S1), delivery (S2), and puerperium (S3). All 31 women matriculated in outpatient clinic for pregnant women of habitual risk during the study period were individually approached. At this time the research protocol was presented and the initial invitation to participate in the three stages was made. Of these, 28 agreed to participate and their names, phone numbers, and GA were recorded on the date of the first meeting. As they completed 29 weeks of GA, a telephone contact was made to renew the invitation and schedule the interview. Of the initial 28 women, ten dropped out, claiming fatigue and lack of time with the proximity of the baby's arrival.

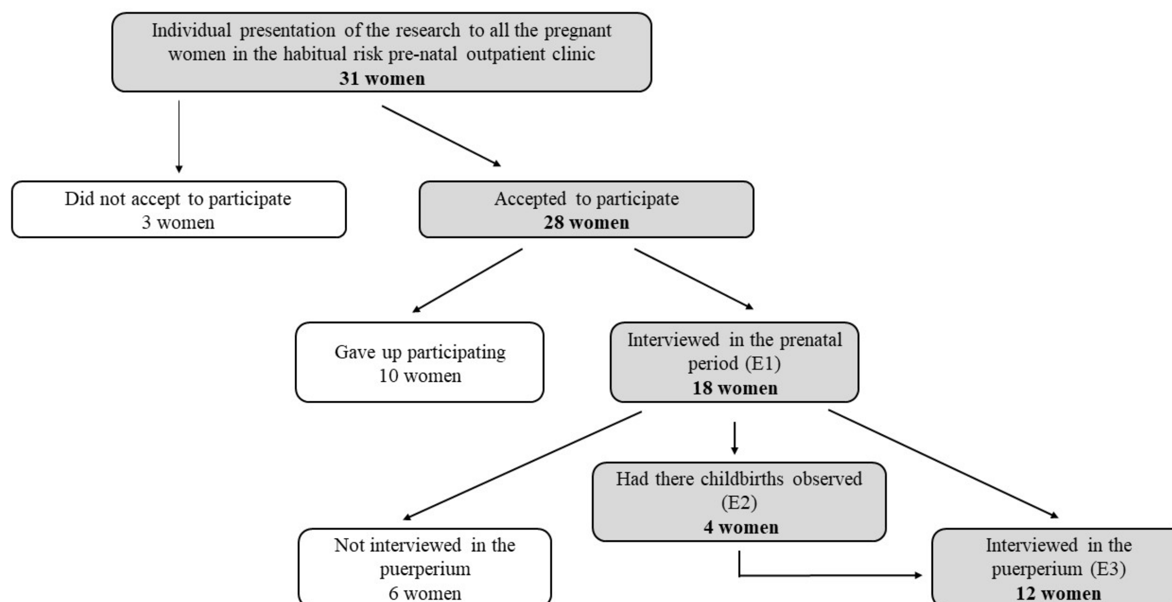
In the second meeting, a reading was made and the Free and Informed Consent Term (FICT) was signed. This document made clear the stages of the research, highlighting the option to authorize or not the participant observation (S2). Those who accepted labor observation (only one did not) were contacted by phone at 36 weeks of gestational age. On this occasion we made individual agreements as to how each woman would inform the researcher about the beginning of labor.

Participant observation was planned as a complementary technique to get closer to the labor and birth environment and to enable a better understanding of the speeches. It was not planned for all interviewees and happened in four situations.

The 18 women interviewed in the prenatal period (S1) were contacted after delivery to conduct interviews in the puerperium (S3). Nine were interviewed at the hospital, during their stay in the rooming facilities and three agreed to receive the interviewer at home after discharge. The other six women rescheduled the puerperium interview several times and then gave up, presenting as a justification the lack of time due to the new demands with the child.

All women enrolled in prenatal care were invited to participate in this research. The flowchart of the stages and the definition of the participants are shown in figure 1.

Figure 1 – Flowchart of the stages and definition of the participants



Content Analysis was used, in the thematic modality[16] which allows the discovery of the meanings present in the communication, from three steps: pre-analysis, exploration of the material, and treatment of the results[17].

The research was initiated after approval by the Research Ethics Committee with CAAE (Presentation Certificate for Ethical Evaluation, in Portuguese acronym) nº 53596316.2.0000.5086. To ensure confidentiality, the names of the interviewees were replaced by those of women whose names designate Brazilian maternity hospitals.

RESULTS AND DISCUSSION

Eighteen women participated in the prenatal interview (S1). Of these, 12 were interviewed again in the puerperium (S3), totaling 30 interviews. The participant observation (S2) occurred in four deliveries, totaling 16 hours and 40 minutes.

The ages of the 18 women ranged from 19 to 38 years. Most of them referred to themselves as black, had complete high school education, and were single. Regarding obstetric history, 12 reported having planned pregnancy and nine were *primi-gravidae*. Of the 12 who participated in the puerperium interview, all had had a full-term delivery and nine had a cesarean section.

The categories were organized considering, respectively, desires, expectations and experiences regarding the presence of a companion. The first category was entitled “The desire to have a companion”; the second, “The uncertainty of the possibility of having a companion of choice” and the third, “The presence of a companion as a right under construction”.

The desire to have a companion

This category refers to the wishes that were expressed during the prenatal interviews by women regarding the companion of choice for labor and childbirth.

In the interviews of S1 (prenatal), women brought desires related to pregnancy, delivery, and puerperium. Of the 18 women, 17 expressed the desire for the presence of a companion at the time of delivery, as the speeches below reveal:

I want someone with me, someone from my family [...] I think a family person would be the other eye of us. Even more so my husband who is very critical, I think he would be more detailed than me... He goes there to say that it is not right, and we who are on the other side have no notion of what is happening. (Balbina, S1)

I really want my mother to be with us. I feel much safer with her. She makes me calmer. She is much calmer about everything. Every appointment, she was the one who was here [...]. (Amparo, S1)

We noticed that most women in this research referred to the desire to have a companion of free choice during labor, delivery and postpartum, especially the partner and the mother, highlighting issues related to the bond and safety as important elements. These things were also highlighted by Gomes et al. (2017) as an important issue in the construction of this desire[18].

Expressing the desire for the presence of a companion and being able to point out who this person would be is an exercise of autonomy, which should be stimulated by professionals since the prenatal period. The building of bonds between the team and the women allows these wishes to be expressed to the caregivers. Listening is reinforced as a component of a qualified prenatal care[6] that contemplates women's choices regarding the processes involved in pregnancy, delivery, and the puerperium.

Uncertainty of the possibility of having a companion of choice

This category also presents the results of the interviews during prenatal care (S1), when women brought their expectations, doubts, and anxieties related to childbirth. Although they refer to the desire for the presence of a companion during childbirth, as discussed in the previous category, for many, there was uncertainty about this possibility, mainly because they were not clear that the companion of their free choice throughout the hospitalization for childbirth is a right:

I wish my mother had been with me...but I never asked. But I hope it's possible. (Nazaré, S1)

I don't know if it is allowed, if they allow someone to stay by my side [...] but if they allow it, and he [husband] wants, I don't give up of him being by my side... I don't give up at all, even because, for him to see how much a woman suffers to bring a child into the world [laughs]. (Conceição, S1)

Conceição, Nazaré and other women interviewed had prenatal care from the beginning of pregnancy and, even so, two important issues are evidenced from their speeches: lack of access to information and space for sharing their doubts. The waiting time for consultations could be used for the provision of information through groups, including the waiting room, as they allow the sharing of doubts, anxieties and other experiences in the experience of pregnancy and strengthen the bond with professionals[19].

Despite the desire, the expectations of some women were that this right would be denied at some point:

[...] from what I've already learned here, when they take me to the delivery room, my mother won't go in. But while I'm waiting, feeling the contractions, until the baby is born, she will be with me. (Bárbara, S1)

I think I'm going to be with someone. For sure, my mother. I think she will be there in the waiting room, right? (...) Now if she really accompanies me from the time I leave the operating room, the delivery room, I don't know. I don't know how the procedure is. (Mariana, S1)

The statements above reinforce that they had not been oriented and clarified about the right to have a companion during labor, delivery, and immediate postpartum. The finding confirms research that also highlighted the lack of knowledge of women about the companion as a right[2,10,11].

If women received information about this right they could claim it, making their expectations correspond to their wishes. The appropriation of information enables them to position themselves more actively as protagonists in decision-making regarding their own childbirth, which can increase their satisfaction[20].

Despite their desire for their partner's presence, some also considered that they might lack the courage and strength to be present, which influenced their expectations, as the reports emphasized:

Ah, I want his father to be with me. I don't know if he can handle it, because he is all nervous,

I don't know... (Balbina, S1)

I am already afraid, because he is more nervous than I am. If on the day he is born, he faints. He is very nervous. Then I keep imagining... (Regina, S1)

I wanted him [husband] to go, I wouldn't want someone else to go, because we don't have family. (...) I would prefer him to go, he says that he can't do it, that he can't stand it, things like that. But we will see, we are working on it. (Leila, S1)

Despite a perception of childbirth as a female experience, studies have highlighted the presence of the babies' fathers as positive for women[11]. The importance of prenatal care is a supportive space for the woman in the process of choosing a companion[2] and of welcoming the father to build this role, in order to prepare them for labor and delivery[5]. The birth plan can be an important tool in this process, because it has a legal character and the woman declares which procedures, according to good practices, she wants in her birth process[21]. It is worth mentioning that in this research, since the use of birth planning was not an institutionalized practice, the medical records did not inform about it and it was not mentioned by the women during the interviews.

For the interviewees, the presence of a companion would make it possible, besides the safety during labor and birth already mentioned, to offer emotional support and support in specific needs, to better guarantee the quality of care and accompany the baby in moments of separation:

You know that he will help you, you know that he will fix you. He will get you some water, take you to pee... It is different from a person that you don't have the security and intimacy. (Catarina, S1)

I am so afraid of stealing my baby, [...] at this time when it is time to [the father of the baby, companion] *I don't want to leave my son alone, leave me alone, [...] go after the boy.* (Regina, S1)

In those moments of procrastination, negligence, and neglect, the person in pain won't be able to have that strength... Having another person who is more agile, more skilled, to go after, helps: 'why haven't you done it yet?', 'what is the clinical picture?' (Sofia, S1)

The functions of the companions reported above, such as emotional and physical support and mediation with the care team, were also identified in a study related to these dimensions[22]. Labor and delivery are moments of vulnerability, in which the woman needs support, and the presence of another person with whom she feels safe to assume these roles is necessary.

The presence of a companion as a right that is under construction

Despite the uncertainties about the guarantee of the companion in the prepartum, labor and birth, all women interviewed in the puerperium had a companion. Data from the National Report of the Ministry of Health, 2012[14], indicate that only 35.9% of Brazilian women and 33% of women from Maranhão reported having a companion. In the *Nascer no Brasil* survey[2], with data collected in 2011 and 2012, the companion was present at some point in 56.7% of births and in 18.7% this presence was continuous, highlighting that black women had less access. In another study, Theophilo et al (2018) found that self-declared black or brown women are the least likely to have a companion at the time of delivery[23]. Births that occurred in a Baby Friendly Hospital (a Brazilian health program to enhance the breastfeeding practices) had better results regarding the presence of a companion[2].

The participant observation, conducted in the pre-partum and delivery periods, allowed us to understand the dynamics of the presence of the companion in the studied institution. The professionals' efforts to encourage the presence of the companion were identified, reinforcing, above all, his/her role in supporting breastfeeding. In relation to the ambience, it was evidenced that the studied institution guarantees the companion's accommodation both in the pre-delivery, delivery and post-delivery periods and in the Surgical Center, as recommended by the RDC (Resolution of Collegiate Board of Directors, in Portuguese acronym) 36[24] and even provides a changing room for changing clothes of the companion and a sofa. In a study conducted by Riegert et al. (2018), it was observed that the satisfaction of the parturient was related not only to the presence of the companion, but also to the physical conditions of the unit[13].

The presence of a companion of free choice was present in all deliveries, however, this occurred full time only for a small portion of women. The moment when he was most absent was at the beginning and at the end of a cesarean section. Despite the guarantee of the companion, it was observed that there is still a way to go until this right is, in fact, fully incorporated into the professionals' work process. Studies indicate that this is a challenge to be overcome and some emphasize this reality mainly at the Surgical Center[2,4]. Other research also indicates that, after childbirth, the presence of the companion did not occur fully[5,11].

It was identified, as a systematic practice, the transfer of the woman to the Surgical Center always without a companion, who only arrives in the operating room after anesthesia has been administered and, sometimes, even after the surgery has begun. The entrance of the woman into the Surgical Center was reported as a moment of tension and fear, especially for those who had strong expectations of a normal delivery. In some situations, the transfer of the woman to the Surgical Center occurred a few minutes after receiving the news of the indication of a cesarean section. In this situation, in particular, the presence of a companion for emotional support to the woman is essential.

This issue, identified not only in this institution but also in many other institutions in Brazil, needs to be problematized. It is necessary that the work process of the teams includes the recognition of the importance of the companion also at this moment. Data from the southern region of Brazil show that most women had a companion during labor (51.7%), but few stayed with them during labor (39.4%) or during cesarean sections (34.8%)[4].

Another moment in which the woman remained without a companion was after the birth of the baby in cases of cesarean section. The routine indication by the team for the companion to wait for the end of the surgery outside the Surgical Center, returning only in the recovery room, was witnessed in participant observation. It reinforces the finding that modern obstetrics has subjected women to institutional routines that are harmful to the quality of care in labor and childbirth[25].

Despite being a legal right since 2005, teams often impose restrictions on its implementation, claiming issues related to inadequate infrastructure or clinical conditions of the parturient woman, which suggests a possible fear of being evaluated by the companion at the time of care. Another justification for the restriction is the unpreparedness of the companion to accompany the labor, especially in situations of cesarean section[3]. The literature suggests that, except in emergency situations, it is possible to guide the companion about his role during labor[11]. This requires a repositioning of health professionals in the power relationship regarding the decision on the presence of a companion of free choice during labor and birth[3, 10, 11]. This power to restrict the presence of the accompanying person, exercised by the staff, especially by the physicians[9] and that has been taught and reproduced over the years, needs to be questioned, especially in teaching hospitals. In these hospitals, it is essential that educational practices aimed at professional training include themes related to respect for users' rights, such as the right to be accompanied.

Another result to be highlighted is that, of the 12 women interviewed in the puerperium, eight had the person they were expecting as a companion. Most mentioned in the prenatal interview, the desire to have their partners or mothers as companions. Only five mentioned that other women from their family or support networks could also be in this position, and one mentioned not wanting a companion.

This is a situation that deserves attention. What makes a woman express a desire not to have an escort? Although the reasons that lead to such a decision are not known, it is important to consider that this is a real possibility. This question leads to the understanding that having the right includes the choice of being unaccompanied. However, in the puerperium, this woman reported being accompanied by her sister and reported having experienced this presence in a positive way.

Regarding the other experiences, four women were accompanied by their mother, two by their sister, one was accompanied by a friend, another by her mother and a sister-in-law, one was accompanied by a niece and her sister, and another by her mother and a friend. It is noteworthy that in these last two cases, there was an exchange of companions, so that each woman had one companion at a time. Two women were accompanied by their partners. Data from Maranhão in a 2012 National Report already showed that few women had been accompanied by the father of the baby[14], unlike research conducted in Brazil that indicate the father as the most frequent companion at birth[2,5,22,26].

In some situations, the women's experience did not coincide with the desire expressed in the prenatal interviews. The main reason reported was that the partner did not have the emotional conditions to be present, which ended up confirming their own expectations:

When I started to feel pain, he was already nervous. I said: 'Hey, I'm going to the hospital because I'm already feeling pain. He was already nervous. I said: 'ah, then he won't go anymore, no,' because instead of helping me, he will be in my way. Then he stayed at home. (Regina, S3)

The experience reported by the women reaffirms the importance of the presence of the companion in the prenatal care, so that he/she can be oriented and receive their doubts, including doubts about labor, so that he/she feels more secure to help the parturient during this moment[5]. We emphasize, however, that not participating in prenatal care cannot be an excuse for the team to disqualify him as a companion, precisely because of the important functions he can perform.

In this research, several roles for the companion were identified from participant observation and reports, which will be reported below.

The women's speeches highlighted the companion's role in communicating with the team, as highlighted by Sofia:

Then my mother also started asking for help, right? To the doctors: 'Guys, let's see if we really can't have a normal surgery, if we can't have a c-section and everything. (Sofia, S3)

The literature points to the escort having the important role of explaining events to the woman that she does not know about[12,22,26]. The communication between the companion and the team was fundamental for the clarification of aspects unknown to the parturient.

Conveying safety, confidence, and calm during labor and delivery were highlighted functions for the female attendants:

The security I was looking for, she [mother] gave me. (Leide, S3)

Having my sister was good, because I think that... She has already been through this, right? She is already experienced, she gave me so much confidence [...], she kept calming me down. (Regina, E3).

These functions of providing support and emotional support are also referred to in other studies[12,22]. In this research, it is noteworthy that such functions were assigned to female companions, which may point to a representation that female figures are better prepared for the scenes of labor and birth, thus being able to offer this support. This finding can also be related to the small number of men as companions and allows us to think about health actions that also encourage the presence of the father as a free choice companion. This is a presence much desired by women, but rarely present in the expectations and, even less, in the experiences.

Faced with limitations in moving around after surgery due to anesthesia, women who had undergone a cesarean section indicated that the role of the companion was to help with the baby's first feed:

There are all the limitations, because I couldn't hold her, I couldn't speak, so I just watched [...] because of the anesthesia. So, it happened that she suckled normally, but it was with the help of my companion. (Leide, S3)

This function was confirmed in the participant observations and leads to the reflection of the presence of the companion as a facilitator of other humanization practices, such as skin-to-skin contact and breastfeeding immediately after birth. This reinforces the importance of information about the rights and orientation about the benefits of these practices since the prenatal period, for the puerperal woman and the companion[27].

Another function was related to the mother's need for security in relation to her child: accompanying the baby in moments of separation from the mother and bringing news of him. Regina, Catarina, Esperança and Amparo reported:

I told her to go watch him there. Because I get scared, right? (Regina, S3)

Then he [husband] came and said 'everything is fine', when he came smiling, he didn't come with that worried face, you feel that everything is fine. You, just by the person's face, you feel 'ah no, everything is fine with her'. (Catarina, S3)

I told her [companion]*: 'Have you seen the baby? She said: 'Yes,' and 'is he okay? Then she said: 'no, he was only put on oxygen because he was born without air'.* (Esperança, S3)

When he was born, she said: 'he's already been born', and then they quickly brought him

back, only my mother took him quickly. I said: 'Mom, go and see what he has, what happened to my son's head. Then she said: 'I don't know, I'll go see. She went to see what had happened to him and I stayed there in the room alone. Before long she came back again: 'it's okay, it's okay'. (Amparo, S3)

These functions performed by the companion, also referred to in the literature, contribute to establishing a sense of safety and trust at the time of delivery[5, 11, 22] and facilitate the communication established with the team[20]. Such findings reaffirm the pertinence of the defense that this right should be informed since prenatal care and guaranteed from hospital admission until discharge. Compliance with the Caregiver's Law contributes to individualized care that translates into appreciation and respect for the singularities of pregnant women, also guaranteeing their physical and psychosocial well-being[28].

FINAL CONSIDERATIONS

In the results of the present research, women's desires and expectations related to the presence of a companion did not always coincide, since they mentioned a desire, but did not expect it to come true. There was also no expectation that this presence could be guaranteed at all times during labor, delivery, and postpartum.

Although the companion is guaranteed by law, encouraged by the Stork Network and by ministerial norms, its effective implementation is under construction. There are still many institutional barriers that hinder its continuous presence, from the beginning of hospitalization until hospital discharge. It is important, above all, because of the many functions it can perform during labor, delivery, and after delivery. Such functions need to be recognized and encouraged by health care teams, from those that accompany pregnant women during prenatal care to those that offer assistance during labor and childbirth.

Thus, commitments of institutions and health teams need to be assumed so that the presence of a companion can be a reality for women, whether white, black or indigenous. Changes in the daily practices are necessary so that they know the benefits of this presence, identify it as a right, and can claim it, enabling the construction of desires, expectations, and experiences according to the practices recommended for the humanization of labor and childbirth.

One of the study's limitations was the impossibility of continuing data collection with some women in the puerperium interview due, above all, to issues related to this moment of life, which created difficulties in the availability for the interviews.

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