



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 11, Issue, 06, pp. 47599-47602, June, 2021

<https://doi.org/10.37118/ijdr.22068.06.2021>



RESEARCH ARTICLE

OPEN ACCESS

"THE WORDS OF SUPPORT, THE WELCOMING GLANCES": WOMEN'S EXPERIENCES OF ASSISTANCE PROVIDED BY DOULAS

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ARTICLE INFO

Article History:

Received 16th March, 2021

Received in revised form

20th April, 2021

Accepted 26th May, 2021

Published online 20th June, 2021

Key Words:

Doulas. Humanized Childbirth.

Normal Childbirth. Humanization of Assistance.

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ABSTRACT

This study aims to describe the experience of women facing the support promoted by doula. Exploratory descriptive, qualitative research, using semi-structured interviews, initiated in a pioneer institution offering general care and maternity support, located in the municipality of Fortaleza- CE, in the period of August and September 2018, with 10 women selected through the snowball technique. The research took place through Bardin's content analysis. The women had an average age of 33 years and family income of 3 to 20 minimum wages. All of them had a college degree, and eight were married. Three thematic categories were established: doula-parturient relationship, good birth practices, and family birth. The role of doulas during maternity events expands the knowledge and development of women's role in society, ensuring that women gain more autonomy, becoming protagonists in power relations, and making conscious choices for themselves. It also increases women's adherence to natural childbirth, strengthening the humanization of birth in the face of the institutionalization of childbirth. Moreover, the presence of the doula restrained attitudes on the part of professionals regarding changes in the birth plan.

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Citation: Maria Rosani Rodrigues, Priscila França de Araújo, Alisson Salatiek Ferreira de Freitas and Deborah Pedrosa Moreira. 2021. "The words of support, the welcoming glances": women's experiences of assistance provided by doulas", *International Journal of Development Research*, 11, (05), 47599-47602.

INTRODUCTION

In Brazil, from the twentieth century on, a panorama of development of programs and public health policies aimed at the care of women and their reproductive period was glimpsed. In the obstetric scenario, a greater improvement was proposed with regard to the safety of the mother-child dyad during prenatal, childbirth, and immediate postpartum with the purpose of reducing perinatal and maternal morbidity and mortality (PEREIRA, 2016). Since 1985, the World Health Organization (WHO) has adopted a rate considered ideal for performing cesarean surgeries, which ranges from 10 to 15%. However, in Brazil, the percentage of this route of delivery is far beyond the expected, making the country considered a leader in adherence to this type of procedure (VASCONCELOS et al, 2014). The survey "Born in Brazil" gathered relevant data about the obstetric context and sought to better understand prenatal, delivery, birth, and puerperium care in Brazil. It states that 52% of deliveries are performed via the high way. When the amount of deliveries by health sector is evaluated, it appears that in the public sector, 46% of

deliveries are surgical and, in the private sector, 88% (VASCONCELOS et al, 2014). Given data so contrary to the WHO recommendation, measures are needed to encourage the choice of physiological birth by women and institutions, when it does not offer greater risks to the dyad, since there are numerous benefits arising from this birth route for both the woman/family and the fetus (DODOU, et al, 2014). In this context, the previous approximation between the woman who serves and the pregnant woman during prenatal care can be positive, since a bonding relationship becomes a key point to ensure support mediated by bonds of feelings that only previous coexistence can offer. Thus, the doulas' care can be seen as a grouping of techniques and knowledge, which, in turn, comprises respect, the nature of the facts, the integrity of the body and the psychic condition of women (FARIA et al, 2013). The company of a doula, in addition to emotional support, can offer some information, which, for the parturient, will guide her throughout the follow-up of labor and birth. It can also ensure autonomy in their decisions, especially in procedures and interventions to which it is submitted (SOUSA, DIAS, 2010). From this perspective, this study emphasizes that the support provided by doulas is of paramount importance for the experience of a healthy labor and delivery for both the

woman/family and the baby. Thus, it seeks to highlight the importance of this support during parturition as well as the challenges that can be overcome with the support obtained. Thus, the objective of this study is to describe the experience of women facing the support promoted by a doula.

MATERIALS AND METHODS

This is a field, exploratory-descriptive research of a qualitative nature, in which it was possible to collect information regarding the perception of a certain social group about a specific subject (GERHARDT, SILVEIRA, 2009). The collection took place through the snowball technique and began in an institution that provides general maternity support care, located in the city of Fortaleza-CE. We interviewed ten women who had hired the services of a doula from the institution over the past seven years, the date of foundation of the entity, which occurred in 2011. The beginning of data collection occurred through the participation of the researcher in the groups of conversation wheels, lectures and meetings of guidance related to motherhood; thus, telephone contact was established with some of the participants for further clarification. Data were collected through semi-structured, face-to-face interviews, which were recorded with an electronic device and had an average duration of 15 minutes, in 2018. Data analysis followed the method proposed by Bardin, following the steps: pre-analysis, material exploration, and treatment of results, categorization, inference and interpretation (BARDIN, 2009). For the synthesis of the speeches, Units of Record (UR) were selected, which are defined as terms that portray a context mentioned by the participants. 119 UR were found, which were thematically divided into three categories: Doula-Parturient Relationship, with 93 UR; Good Parturient Practices, with 16 UR; and Family Birth, in which 10 UR were identified. The categories were discussed based on the literature, using papers published in the last seven years. The choice of papers from the last seven years is justified by the fact that, in previous years, doulas were practiced more as a voluntary act; however, nowadays, it has a profession design in the obstetric scenario. The principles of Resolution 466/2012 of the National Health Council (CNS) (2013) were followed, which outlines the guidelines for research involving human beings. The speeches were presented using the letter "M" associated with a numeral throughout the presentation of the results, ensuring anonymity to the participants. The agreement to participate in the study was given by signing the Informed Consent Form (ICF), and the research was approved by the Ethics and Research Committee with the consubstantiated opinion number 2,877,255.

RESULTS

Ten women with a mean age of 33 years and family income of 3 to 20 minimum wages participated in the research. All had a complete college education, eight were married, from Fortaleza-CE, declared some kind of religious belief, and five declared white skin color. The obstetric profile of the participants was evaluated. In all, there were 26 pregnancies, with an average of 2.6 deliveries per woman, and nine of these culminated in miscarriage. All of them experienced at least one pregnancy with the company of one or more doulas. It was observed that the companion's participation was present in all deliveries, of which ten occurred in the hospital unit. When considering only the last pregnancy of each participant, which resulted in a birth with the support of a doula, eight were planned. Next, a categorical analysis was made of the participants' speeches in which the doula's role was observed in several areas of the pregnant/parturient woman's life, from the moment of prenatal care to the family's period of adaptation to the new being, which will be presented and discussed within the categories derived from the registration units.

Doula-Parturient Relationship: The discovery of the doula for women occurred in several ways, either through participation in a group for pregnant women as observed in the speech of M1: *"I started attending the round of talks and getting to know the doulas*

who worked there", or through research on the Internet, *"[...]I watching videos, I came across some women saying about births accompanied with doula [...]"*- M2. As well as traumatic experiences, they favored the need to search for a doula, as evidenced by the following statement: *"When I got pregnant the second time I went after a place, a space that could help me have a normal birth, because the first one had been a C-section against my will"* - M3. For women, doulas have a scientific training, which contributes directly to the preparation for labor and birth, as observed in the following statement: *"Both in the issue of before I hired her, she makes a preparation of explaining the process, right? The phases of teaching, ways to ease the pain"* - M3. However, this scientific ability is accompanied by emotional support and strengthening of the bond between the doula and the woman, as demonstrated by M5: *"As we have a bond of friendship, so we went at various times, there were some meetings that she arranged, we went out to talk, to do yoga, then she was a yoga instructor"*. And in the following statements *"This welcoming touch with her was a very reassuring and fortifying thing"* - M1; *"So she was the emotional support together with my husband, and I was very secure precisely because I knew I had the team on my side, so it was essential"* - M9. It was evidenced that women recognize the importance of the doula in the process, however, it does not replace the health team that provides assistance at the time of delivery, as was expressed by M9: *"So I think that if I didn't have this help, I would have gone to the hospital much earlier, you know? This work does not replace his (doctor's) and his (doctor's) work was not to replace the doula's either [...]"*.

Best Practices in Partejo: The non-pharmacological treatment with the application of pain relief techniques, as well as the emotional support with words of comfort and help provided women with feelings of tranquility and confidence, as reported by M2: *"I believe that the emotional and physical support of having pain relief by non-pharmacological means was something I cherished, right? So the messages, the words of support, the welcoming looks, all this made my birth more and more loving, hot water baths"* and in the speech of M5: *"Many things related to pain, she did a lot of massages, she used aromatherapy, this helped me to be calmer and to face the moment in the best possible way"*.

It was evidenced that the presence of the doula at the time of delivery contributes to the promotion of women's autonomy, seeking to ensure their decision regarding the type of delivery, in addition to ensuring information regarding the birth process as observed in the following statements: *"My fear was in relation to hospitals that my wishes would not be respected because, being twins, everyone already understands, she's going to cesarean section. I wanted my doula, precisely, to inform me and assure me that I wouldn't be taken to a C-section unnecessarily"* - M3; *"I had a C-section, it's totally different, it was a C-section without information, without knowing what was happening"* - M4.

Childbirth in the family: The presence of the doula often comes to supply the absence of family members for pregnant women, replacing the absent trusted female character at the time of delivery, transmitting the feeling of security and reducing the idea of invasive assistance, a fact provided by the previous bond that the professional built before the time of delivery, as reported by M9: *"The doula was essential, because all my family lives far away, so I did not have that family support right, of mother and sister, who are always closer, so she was all the emotional support along with my husband."* And M10: *"We hear very nice reports of nurses who are very caring and everything, but there is no way, a person who knows you, it's not just the work at the time of delivery, it's a whole relationship that you develop before."*

DISCUSSION

The participation of a skilled doula transcends science; her affectionate and constant presence during labor and delivery disposes of emotional, physical and educational phenomena to the woman,

making herself available to her in a friendly relationship, based on trust and respect in a safe manner, to ensure the protagonism of her own birth (DUARTE, SOUSA, 2018). In this sense, it is understood that the doula's assistance aims to offer support in a human and holistic context to women, providing assistance based on trust and respect, something that goes beyond advanced technologies in childbirth care, valuing the woman's autonomy to act safely in her own childbirth (SANTOS, NUNES, 2009).

In a study conducted by Herculano et al. (2018) with 24 health professionals, several barriers to the addition of doulas to the health team were identified, and this process is seen as a threat to professionals who compete for space to work in the health field. It also states that childbirth is still seen by many professionals as something restricted to the hospital environment, permeated with risks for the mother-child dyad and with the need for medical intervention as well as technical procedures so that it can be performed (HERCULANO et al, 2018). It is important to note that, currently, the practice of childbirth care has migrated from volunteerism to professionalization, which conjures up a remuneration for the services provided. Thus, women/families with high purchasing power enjoy these services (BARBOSA, et al, 2018), a fact that was evidenced by the present study, since all participants had family incomes above the Brazilian average, in addition to having completed university level. Such circumstances make us reflect about the quality of health care provided by women in services whose humanized practices are not respected or neglected. The activities promoted by doulas, in addition to providing encouragement, also enable tranquility for both the parturient woman, her partner and family, especially by clarifying the evolution of labor, advising possible positions more comfortable during contractions; in addition, they also promote breathing and visualization techniques, providing physical contact and also offering psychological support (BARBOSA et al, 2018).

Unpleasant situations as well as actions / interventions at the time of childbirth have generated fear to women, who are rejected as coadjutants in the processes of labor and birth, with the central figure being the medical performance, which excludes other health professionals, who by preparation and knowledge, would be qualified to attend the normal birth (ZANARDO et al, 2017). In view of this, it is notorious the fear of women when it comes to vulnerability in large obstetric centers. According to Sanfelice and Shimo's (2015) analysis, the autonomy deficit coupled with the fear of not being in control of the birth event intensifies in women the desire that it is necessary to devise new strategies to escape this reality. The psychological preparation and strengthening of women's autonomy are essential to break this paradigm. Regarding the performance of professionals, it is necessary to work towards maternal empowerment, which provides her with knowledge and support so that her female citizenship is strengthened (ZANARDO et al, 2017). Families who agree with the practice of home birth usually associate maternity wards or hospital institutions with cold environments, full of strangers and people who perform care routinely, without affective involvement. This strangeness makes childbirth become something unfamiliar (SANFELICE, SHIMO, 2015). The scientific evidence exposes that the family, during the midwifery process, contributes to an emotional well-being; moreover, it provides the support that this woman needs to experience this very important moment, because family support collaborates to reduce the stress, fear, insecurity, and discomfort of labor, and the assistance provided by known people minimizes the risks of postpartum depression (DUDOU et al, 2014).

Based on scientific evidence and on the recommendations of the Ministry of Health (MH), several health institutions with childbirth services have reformulated their procedures, authorizing the participation of a companion preferred by the mother, from hospital admission to discharge (BRUGGEMANN et al, 2013), which is already guaranteed by Law 11.108/2005 (BRASIL, 2005). However, the development of policies that govern the care practices depends on the initiative of professionals working in the area that often do not respect the rights of the parturient, because, even though there are

protocols, there are still cases of resistance to the presence of a companion at all times recommended (SOUSA, MUNHOZ, ANJOS, 2011). As for the acceptance of the doula by the health team in the hospital environment, no form of resistance was reported by the participants, which was readily explained by the participants because, in all cases, the health team had already been previously informed about the choice of the parturient woman for the presence of a doula. The same occurred in deliveries performed at home, where she was also an integral part of the obstetric health team. However, in some public services, poor infrastructure conditions hinder the implementation of some activities, allowing a lack of knowledge about the real welcoming and encouraging role of the doula from the perspective of the professional and the parturient woman (SILVA et al, 2016).

CONCLUSION

The role of doulas during maternity events expands the knowledge and development of women's role in society, ensuring that women gain more autonomy, making them protagonists in power relations and to exercise conscious choices for themselves; in addition, it broadens women's adherence to natural childbirth in prerogatives to rescue the humanization of birth in the face of the institutionalization of childbirth. The presence of the doula restrained attitudes on the part of professionals with regard to changes in the birth plan, the elaboration of biased and incorrect information ends up hindering the understanding and adherence to good birth practices. However, it is essential that each professional, within the scope of his professional activity, seeks to reflect on the benefits of quality care in health centers and in the various stages of maternity for the mother-child and family binomial.

Acknowledgements: To the Maternity Support Space, Mãe do Corpo, for their collaboration.

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