

O CUIDADO PRESTADO POR DOULAS EM UMA MATERNIDADE PÚBLICA: O OLHAR DAS PUÉRPERAS

CARE PROVIDED BY DOULAS AT A PUBLIC MATERNITY HOSPITAL: PARTURIENT WOMEN'S VIEW

LA ATENCIÓN OFRECIDA POR DOULAS EN EL HOSPITAL PÚBLICO: LA MIRADA DE LAS MADRES RECIENTES

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RESUMO

Objetivo: Analisar a percepção das mulheres sobre o cuidado prestado por doulas durante o trabalho de parto, o parto e pós-parto imediato em uma maternidade pública de João Pessoa - PB. **Método:** Estudo exploratório, descritivo, com abordagem qualitativa, realizado com oito puérperas, aprovado pelo Comitê de Ética em Pesquisa do CCS/UFPB, sob parecer 808.256. O material empírico foi produzido por meio de entrevistas semiestruturadas e analisado pela técnica de análise do discurso de Fiorin. **Resultados:** As puérperas compreendem o trabalho da doula como adjuvante para diminuição da dor e desconforto no trabalho de parto e no parto. Enunciaram que o vínculo estabelecido contribuiu para tornar o parto um momento positivo e afetivo. **Conclusão:** O cuidado prestado pela doula promoveu experiências exitosas no trabalho de parto, no parto e no pós-parto, favorecendo o protagonismo da parturiente e contribuindo para que fosse uma experiência satisfatória.

Descritores: Doulas; Parto humanizado; Trabalho de parto; Enfermagem obstétrica.

ABSTRACT

Objective: To analyze women's perception about care provided by doulas during labor, delivery and immediate postpartum at a public maternity hospital in João Pessoa - PB. **Method:** A descriptive, exploratory study with a qualitative approach, carried out with eight puerperal, approved by the Research Ethics Committee of the CCS / UFPB, under 808.256 opinion. We produced the empirical material through semi-structured interviews and analyzed it by Fiorin's speech analysis technique. **Results:** The puerperal women understand the doula's work as an adjuvant to reduce pain and discomfort in labor and delivery. They stated that the established bond contributed to making delivery a positive and affectionate moment. **Conclusion:** The care provided by the doula promoted successful experiences in labor, delivery and postpartum, favoring the parturient role and contributing to a satisfactory experience.

Keywords: Doulas; Humanizing Delivery; Labor; Obstetric Nursing.

RESUMEN

Objetivo: analizar la percepción de las mujeres sobre la atención recibida por doulas durante el trabajo de parto, parto e inmediatamente después del parto en una maternidad pública en João Pessoa - PB. **Método:** estudio exploratorio, descriptivo, con enfoque cualitativo realizado con 8 madres recientes, aprobado por el Comité de Ética en Investigación de la CCS/UFPB, bajo opinión 808.256. Los datos empíricos fueron obtenidos a través de entrevistas semiestruturadas y analizados por la técnica de análisis de discurso de Fiorin. **Resultados:** las madres recientes entienden el trabajo de la doula como un complemento para disminuir el dolor y el malestar en el trabajo de parto y parto. Enunciaron que la conexión establecida con la doula ayudó a hacer el parto un momento positivo y hermoso. **Conclusión:** la atención recibida por la doula promovió experiencias exitosas en el trabajo de parto, parto y después del parto, promoviendo el papel de la madre en el parto y contribuyendo para que fuera una experiencia satisfactoria.

Descriptores: Doulas; Parto humanizado; Trabajo de parto; Enfermería obstétrica.

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INTRODUCTION

Childbirth care has particular characteristics when comes to health, since it goes beyond the process of becoming ill and dying. When women look for support, in addition to concern for their and their child's health, they need a broader and more comprehensive understanding of their context, as for them and their families, pregnancy and birth, in particular, is unique in life and involve with strong emotions. This experience may leave positive or negative marks for the rest of their lives⁽¹⁾.

However, the care provided to women does not always promote good memories. In contrast, we see traumatic practices, since childbirth is still understood as a painful process and, commonly, full of interventions and punishment. Although childbirth is a physiological and natural event, it is necessary to consider the unique relevance of the moment, which brings emotional, affective, cultural and religious content, constituting a web of interconnected elements⁽²⁾.

This is due to the medicalized model of obstetric care in Brazil, which prioritizes institutionalization of care, exacerbated use of technologies, unnecessary interventions and impersonality, to the detriment, above all, of women's role in labor and delivery⁽²⁾. While, on the one hand, the advance of modern obstetrics has contributed to improve the indicators of maternal and perinatal morbidity and mortality, even though it is still far from the ideal rates, on the other hand, it has made possible a model that considers pregnancy, childbirth and birth as diseases and not as expressions of health. This exposes women and newborns to high rates of interventions, which should be used sparingly and only in situations of need rather than routine⁽¹⁾. This obstetric profile is evident in the high cesarean rates that exist in our country, whose percentage reaches 84% in supplementary health and about 40% in the public network, making Brazil a world champion in caesarean deliveries⁽³⁾. Interventions without scientific evidence, episiotomy⁽⁴⁾, for example, is performed in 54% of normal deliveries assisted in the country.

This pitiful reality has been built over the last few centuries at the cost of capitalist, misleading and mercenary propaganda that cesarean is best for the woman and the baby. In Brazil, recent research on the decision-making process of delivery choice reveals that, of the women interviewed, 66% preferred vaginal

delivery at the beginning of the gestation, 27.6% reported they prefer cesarean delivery, and 6.1% did not have a preference defined. At the end of the gestation, a third of the women wanted to have a cesarean delivery and a quarter did not have a decision as to the type of delivery; 51.5% of the women had a cesarean as their final delivery route and 65.7% of them were cesarean without labor⁽⁵⁾.

Data from this research show how much women have been influenced on their opinions and future decisions about their body. Among others, they are afraid of putting their and the baby's life at risk. The fear of childbirth and all that comes from it comes from the model of production guided by the biomedical system, where close and respectful dialogue between the professional and the woman is compromised, which certainly contributes to their vulnerability, which is at the mercy of the patterns propagated by common sense. From this perspective, their mothers', aunts, friends' and neighbors' advice who had negative experiences become a catastrophic contribution to the childbirth time.

Women become afraid to choose normal birth, which is considered the worst situation to experience. The pain, the procedures and the baby suffering are among the main fears of the future mother. In contrast, they do not fear the risk of death that is tenfold higher in cesarean deliveries⁽⁶⁾. A strategy that may contribute to the demystification of punitive childbirth is the promotion of evidence-based health education during prenatal care⁽⁷⁾, when women should be well oriented so that they can experience positive childbirth, decreasing complications in the puerperium and being more likely to be successful in breastfeeding.

Faced with this reality, new possibilities of care emerged to promote humanized care, such as the reduction of unnecessary obstetric interventions, free choice of position at the time of delivery, freedom of movement, among others. There is scientific evidence that these practices during pregnancy and delivery support promote better obstetric outcomes and are effective in reducing negative perinatal outcomes. Maternal health factors that affect the gestational period influence pregnancy outcomes, and good quality prenatal care contributes to reducing damage to pregnant women and newborns⁽⁸⁾.

Like these practices, the care that the doula offers has also been linked to the birth scenario

to contribute for changing the system. This is an important step towards the humanization of childbirth and birth. The implementation of these women work, trained in the Brazilian obstetric system not only to give physical, emotional and affective support, but to reaffirm the potential of evolution that this action carries, is of great value to reinforce the autonomy and the empowerment of the woman who gives birth. The institution we studied is a maternity hospital, which is the source of the pioneering study on the importance of the doula's role in the conception of assisted women in the state of Paraíba, which makes even more instigating to understand this new experience.

To know if this intrapartum follow-up is beneficial for women, we need to let them talk about their experiences. Studies with a qualitative approach about doulas and recognition of their role in parturient care are still incipient in Brazil. Therefore, they are important because they fill gaps in knowledge and identify the relevance of their work process in obstetrical teams⁽⁹⁾. Thus, investigating the women's perception of doulas's care may help to fill some of these gaps.

Aiming at analyzing how voluntary doula contributes to the labor and delivery of hospitalized women, this work is justified by understanding the potentialities and fragilities of the care provided in the perspective of puerperal women. To this end, we try to answer the following question: What are the relationships established in the work process of the doulas and the parturients during the assistance given?

From the foregoing, the overall objective of this study was to analyze the perception of women in relation to the care provided by doulas in a public maternity hospital in João Pessoa. Specifically, to identify the relationships that are established between doulas and parturients/puerperas in labor, childbirth and postpartum, according to the new mothers assisted.

METHOD

The research was an exploratory, descriptive study with a qualitative approach on the care provided by doulas in labor, delivery and puerperium, performed with women who received care at a maternity hospital in the municipality of João Pessoa. The maternity hospital, part of the Unified Health System, is a reference hospital in the State of Paraíba and

serves women from low to high risk. Since 2013, it has the Voluntary Community Doulas Program, being, until now, the only public maternity of the State to have doulas.

The study population were women assisted by doulas in the mentioned maternity hospital in the municipality of João Pessoa. The inclusion/exclusion criteria were: older than 18 years, low risk pregnancy, having been accompanied by voluntary doula in labor, delivery and immediate postpartum, living in the municipality of João Pessoa. The sample consisted of eight new mothers between 20 and 37 years old, with an average education level of schooling of incomplete higher education; of these, four are married, two live in a stable union, and two are single. As for parity, six were multiparous and two were nulliparous.

We produce the empirical material through a semistructured interview between October and December 2014, whose script enabled women to report on the care received by doulas during labor, delivery and the immediate puerperium. We carried out the interviews in the puerperal women participating in the study homes and lasted, on average, 40 minutes each. The study was approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, under opinion 808.256. The recommendations⁽¹⁰⁾ of the resolution 466/12 were strictly followed, especially with regard to preserving the identity of the participants, whose names were replaced by flower names chosen by them, and the right to withdraw from the study at any time.

The empirical material was analyzed through the discourse analysis technique proposed by Fiorin⁽¹¹⁾, for whom can be used as a tool for understanding and producing texts, as well as knowing objects of specific studies in the various fields of knowledge, including health, as the object of study of this research: the perception of women about the care provided by doulas in labor, delivery and postpartum. Based on the theoretical-methodological reference, the first moment of the analysis of the study included the transcription of interviews, printing, reading and re-reading the texts, in order to guarantee the authenticity of the testimony and not lose aspects relevant to interpretation and analysis. In the second moment, we identified the themes/figures in the answers of the different questions formulated for the interviewees. Afterwards, we grouped the themes by blocks of

meanings by thematic coincidence/divergence, when we identified those that referred to the perception of women in relation to the care provided by doulas, that is, the object of this research.

Following the methodological orientation proposed, we synthesized the central ideas in two empirical categories: "The role of doula: actions developed in the experience of childbirth" and "Doula-parturient relationship: the bond as a strategy to promote humanized labor".

RESULTS AND DISCUSSION

The themes that emerged from the testimonies were synthesized in two categories: "The role of doula: actions developed in the experience of childbirth" and "Doula-parturient relationship: the bond as a strategy to promote humanized labor", which refer to the women world perspective about the care provided by doulas during their labor, delivery and postpartum.

The role of doula: actions developed in the experience of childbirth

When analyzing the interviewees' statements, it was possible to identify that the emotional and the physical support contributed to the fact that the experience of the childbirth was a physiological event:

"She stayed with me all the time. She gave me a lot of massage, I always changed positions, I stayed on the ball, then I went to the little horse outside, she took me for a walk, then she took me to the shower. She kept me active so I would not stay still. I did not want to lie down; I could not do

it at all. She practically got the entire labor with me." (Dahlia)

"The most important thing for me was the way she asked me to breathe ... Do it, breathe like that, I felt better, I felt good ... The way she asked me to breathe, I breathed and I felt much better." (Daisy)

In the testimonies of the participants, the presence of the doula corresponds to a light technology, which contributed to the woman's focus on labor. Being at the service and available for the woman is the first objective of the doula. This presence made the women feeling better and staying active.

According to the doula, she represents the professional in labor and delivery that best meets the needs of women, since their commitment is focused on emotional and physical support, without the direct concern of identifying pathologies and/or dystocias. In addition to proposing actions, the doula's sense of security in the work, translated into tranquility, was enunciated as an element for a positive birth, according to the following statement:

"There are people (women) who get very nervous, so the doula makes the person being calmer about it. The person is more relaxed knowing that there is a person who is there with us, who is calming us down, just for that." (Jasmine)

The simplicity of the practices proposed in labor and delivery clashes with the technology existing in maternities. Considering the actions enunciated by women cared for by doulas, we divided the actions into two categories, namely:

Figure 1 - Actions performed by doulas during labor, delivery and postpartum in the conception of puerperal women in a public maternity hospital - João Pessoa - PB, Oct. to Dec. 2014.

Physical support	Emotional support
Massage	Calming down, relaxing
Support in breastfeeding	Vocalize sounds of AAAAA
Exercise aid (horse, ball, squatting)	Provide information support to women
Assist in correct breathing	Being next
Walking aid	Singing
	Say words that encouraged them. Eg, you can, you're close, everything will be fine

Source: Field research, 2014.

These actions lead to the empowerment of women as protagonists of their births. In addition, the work of the doula is not limited to labor and delivery, since their relationship with

the parturients continues in the postpartum period. According to the statements, the doulas helped breastfeeding, guided with the newborn's care and the woman herself, which favors the

creation of a closer bond between the mother and the baby and more security for the mother and their partner.

“She advised me on breastfeeding, how the baby takes the breast, how to bathe too.” (Rosa)

Rosa, as a primiparous woman, had the support she needed in the postpartum period, especially in breastfeeding, which is a time when they need patience, calm and support. A cohort study⁽²⁾, developed in a multicenter hospital, found that breastfeeding and early-onset breastfeeding rates were significantly higher among women who received doula support.

Emotional support for women in the process of parturition is one of the recommendations of the WHO and the Ministry of Health. It is fundamental to implement a humanized delivery in health services, and doulas are trained and can offer both emotional and physical support⁽²⁾, placing the woman at the center of the process, helping her to assume the role of protagonist, making delivery more natural and less traumatic.

Doula-parturient relationship: the bond as a strategy to promote humanized labor

The doula⁽¹²⁾ communicates with the women through touch, attitudes, with the look and, mainly, through care. For this, she adequates to the moment, fully integrate to the feelings of the parturient and respecting their will. This doula-parturient relationship represents security and courage for her.

The humanized care, evidenced in the richness of the interactions, in the dialogues established with the parturients, is strongly marked by the emotional and physical support that they offer. They express the bond as affection and security according to Violeta's testimony, as follows:

“She (the doula) was very kind with me, as if she already knew me, I felt safe with her. I have it as a person in my family [...]

When the staff said the time had come, it's close, the baby's coming out, I did not believe what they said, I looked at the doula and she gave me support just by looking. Her support was fundamental; she was the person I trusted. (Dahlia)

If there were (doulas) in all maternity wards, for sure, all the women that were there would love, just like me, I loved!!! The best part, for me, were the doulas, because the rest I did

not like, not even the doctor, nurse or maternity ward.” (Daisy)

The work of the doulas is developed with the intention of welcoming the parturient and taking care of her, in addition to the technical and scientific care, establishing a bond that directly positively influences the experience of labor and delivery. Only in 2013, doulas were recognized as a labor occupation in Brazil in the CBO 322135. However, for years, they have been socially recognized for developing care activities in the various scenarios of labor, delivery and puerperium⁽¹³⁾. In this sense, although the doula is not part of the health team, she acts with specific knowledge and technique from their formation, without occupying the place of any professional category. The doulas use the reception as a meeting technique and dialogue as the main means of communication⁽¹²⁾. During the conversation, she knows the needs of women and then satisfy them:

Doulas contribute to the creation and establishment of bonds⁽¹²⁾, use active listening during their care, with attitudes of respect, acceptance, technical knowledge and love. All these relationships and the care that doulas manage to establish are translated in women's reports.

In a study carried out in a maternity hospital in São Paulo, the new mothers reported the feeling of great suffering during the expulsive period and the presence of the doula in the delivery room developed a favorable relationship process and made a difference in the care of the parturients who compared them with a “mother”, “angel” and “fairy”⁽⁹⁾:

“I asked God to send His angel to take care of me, because I was in great need at that moment. So she appeared and the rest was only joy ... Since I had my first daughter there twelve years ago, if I had a person of this kind to give me a hand. It was very painful, very striking. Today I can speak, because thanks God I was healed. It all happened after the doula appeared, she was the door.” (Violet)

For Violet, the care of the doula broke with fear and tension and relieved pain, transforming the experience of suffering into happiness, for she had suffered obstetric violence in her first birth and needed to “heal” herself of the acquired trauma and she achieved the so desired healing. Thus, she attributed this achievement to the help that the doula offered him.

We noticed that the work done by doulas could generate very positive results in the lives of these women. One of the questions asked during the interviews was: If the doula had not accompanied you, do you think your delivery would have been different? Unanimously, they all said that childbirth would be worse; it would not be the same:

“It would be worse. Because so, I shared with someone, she saw my suffering, my pain and she was there, I know that for her the emotional load was also very great. So, she shared with me.” (Dahlia)

“It makes a difference. I was already very nervous and if she wouldn't have been on my side, it would not have been the way it was ... it was very good to have her around.” (Rosa)

Women assisted by doulas, in this maternity hospital, realized that the bond established, that the care offered, every word of optimism said and every look of the doula, made the difference so that their births were remembered with joy and pleasure. No other member of the health team has the time and willingness of the doula to be fully on the parturient side. This factor is decisive so that the doula is often the most important person for that woman at the time of delivering. Dahlia's words confirm this assertion:

“It's a job, a service given that the doctor does not do, they can even do it, but it's very difficult, they don't have the availability that the doula has. It's very difficult for an obstetrician to stay 'douling', let's say like this, nursing a woman in a normal birth, it's very difficult to see it, doing massage, relieving all that, talking there all the time. The doctor is trained, they study to act and not to keep looking. Funny that the word obstetrician comes from observing, but the doctors do not observe, they want to act, they want to do something because they were educated for it. They are not there to look at the woman giving birth, if it is to look at it, what are they there for?” (Dahlia)

Humanized care is intrinsic to all professions, but unfortunately, this is not the reality. Social movements argue that the permanence of uncritical teaching of painful and sometimes unnecessary procedures reflects the teaching of values that give predominance to health professionals, while disempowering women. For example, in practice, it is taught to future professionals that the patient has no right to choice or informed refusal, and that the

students' educational needs are more important than the autonomy or bodily integrity of the parturients⁽¹⁴⁾.

Over the past three decades, the Evidence-Based Medicine movement has built “hard” evidence of clinical trials and systematic reviews in favor of less aggressive, more woman-child-friendly routines, protecting them from abuse. We highlight the benefits of attention to the physical and emotional comfort of the woman, the presence of companions and doulas, the freedom to move and choose the position of giving birth, the valorization of maternal genital integrity, skin-to-skin contact between the mother and baby in the first hour of life, late cord cut, among others⁽¹⁴⁾.

The birth scenario in Brazil has undergone intense changes in recent years, many of them produced by the expansion of movements for the humanization of childbirth and birth, institutionalized in recent years, receiving legal, financial and technical support aimed at implementing good practices in maternal and childcare. These incentives include the right of an accompanying person and the reduction of unnecessary interventions in labor. Such changes try to reduce cesarean numbers and maternal and infant mortality⁽¹⁵⁾.

The present study showed the importance of guidelines and directions that doulas can give to women, helping them to cope with the discomforts that involve all labor and delivery, which implies breaking with the cycle of pain-fear-tension and to transform childbirth into a positive experience. More than simple actions, this work corresponds to a technology of subjective basis whose instruments of work are empathy and patience.

Corroborating this production, the research “Born in Brazil” showed that among the multiparous women, previous positive experience with vaginal delivery was cited by about one third of the women to justify their preference for another vaginal delivery. Previous negative experiences with this type of delivery have been pointed out as a factor strongly associated with the demand for a cesarean delivery. This means that the positive experience of a delivery will influence this woman in her choices in future deliveries⁽⁵⁾. In that sense, if the woman is cared for in a respectful manner, the number of cesareans may decrease, and the doula may be a light technology to achieve that goal.

Another study has shown that doula support for women is associated with a decrease in the chances of cesarean delivery by about 0.5104 (0.357-0.729), and the absence of doulas is associated with almost twice the number of caesareans. This result shows that the presence of doulas in the birthing process can be an excellent strategy to support the reduction of cesarean rates in the country, in view of the objective of reducing the number of cesarean deliveries, still very high in Brazil. Most likely, the emotional and physical support provided to women by doulas in the event of childbirth contributes to a satisfactory environment for vaginal delivery⁽¹⁵⁾.

The fact that the doula can calm the woman in the process of parturition reflects in the time that the labor will last, because when the circulating catecholamines (adrenaline and noradrenaline) are not produced intermittently, but constantly, they inhibit the production of oxytocin and endorphins, which can delay labor or prolong contractions. Thus, there is no active labor and, on the contrary, the woman will feel more acute pain⁽¹⁶⁾.

Scientific studies⁽²⁾, developed in several countries, have shown that doulas support in labor produces more positive psychosocial and obstetric effects. "Being with the woman" during labor and delivery alleviates the anxiety of parturients, improves their satisfaction, reduces the duration of labor and improves perinatal outcomes, as well as rescuing the sense of fraternity and help that in the not so distant past was common to women.

Massages lessens tension and relaxes the woman, making her calmer and more focused on labor. The aid in breathing helps the mother and baby to have an adequate oxygenation, besides providing tranquility and relief of the pains.

All the actions reported by the women interviewed can be identified in studies conducted in Guatemala, the United States, Botswana and Washington, where six types of support have been described: I. Physical - includes breathing techniques, positioning, walking, hot or cold compresses and body movements. II. Social - relates respect with the family and multiprofessional team, favors a quiet environment, maintains the focus and interest in the parturient, and demonstrates tranquility, security and affection. III. Emotional - reduces fear, anxiety, promotes encouragement, physical and visual contact, sincere and transparent

conversation, values attitudes and behaviors. IV. Information - provides guidance on obstetric interventions, adequate positioning, clarifies technical terms, explains doubts, and gives information to family members and the multiprofessional team. V. Decision Support - provides opportunities for questions, respect for choices, complaints, feelings, regrets and responds objectively. VI. Integrative and complementary practices - accepts the comfortable positions chosen by the woman in the parturient, provides comfort massages, pain relief techniques, helps to move the body with apparatus (ball, horse, ladder of Ling), promotes physical and mental relaxation, offers teas of medicinal herbs, homeopathy, music therapy, chromotherapy, hydrotherapy, meditation, prayers and blessing⁽⁹⁾.

Doula's knowledge of normal birth attendance ensures a climate of acceptance and respect for the parturient and promotes her empowerment, making her believe in herself and her ability, which results in humanized obstetric care⁽²⁾. The reception and the formation of bonds are part of the humanization strategy, which is fundamental in the act of caring⁽¹²⁾.

The attitude reported by the parturient Dália depicts the formation of the bond between the doula and the parturient, so that communication was established beyond verbal communication. The exchange of looks of trust and affection was significantly positive for this woman in the expulsive period. Moreover, the bond explains that the doula was able to establish during her follow-up, since it managed to reduce the fear and reassure the parturient.

These established relationships create an environment of trust and confidence and help the parturients find the potential to withstand the discomforts of the birth and birth process, giving them empowerment, courage and hope, in addition to feeling valued and respected.

These reports of positive experience described by women reflect on how they will report their birth to other women who may go through the same process and how their children will see the natural childbirth. So, the care provided by the doulas causes a demystification that natural childbirth is synonymous with suffering, that public maternity does not have a humanized care and that natural childbirth is for "poor people", because "rich people" choose cesarean.

Negative discourses are often heard in the corridors of public maternity hospitals, consequence of a sad reality that was built up during the hospitalization of childbirth. However, this reality can be changed through the inclusion of good obstetrical practices and the presence of a doula. In the medium and long term, these positive experiences may influence the reduction of cesarean rates.

During the interviews, most puerperas used the word “angel” to describe what the doulas meant to them, and they considered the help they received to be fundamental, which resulted in a positive experience. The excitement was inevitable for some interviewees as they remembered the whole process they lived through and the way the doulas treated them.

Due to the medicalization and hospitalization of childbirth, the doctor should be the most important figure in the view of women, since for most of them it is they who “do it”. However, when they experience the care of a doula, they realize that the care model practiced not only by the doctors, but also by the whole team, does not value the emotional needs of the woman patient. They conclude that only with the participations of a doula labor and delivery can be less stressful and less solitary.

The care given by doulas during childbirth and delivery is a possibility of encounter, interaction and dialogue with each other. This bond enables a qualified listening, a differentiated look and a careful touch, that stimulate the woman to express her anguish, her fears and sufferings and to feel safe and confident. In this perspective, care is not only an act, but also an attitude that means acceptance, respect for different life histories⁽¹²⁾.

Thus, it is evident the importance of regulating the doulas’ work. Some states and cities have already approved the Law that guarantees the presence of the doula with the pregnant woman during pre-delivery, delivery and postpartum in any maternity hospital, such as: Blumenau/SC (Municipal Law 7,946/2014), São Paulo / SP (Municipal Law nº 250/2013), Santos/SP (Municipal Law nº 3134/2015), Sorocaba/SP (Municipal Law nº 11,128 / 2015), Distrito Federal/DF (District Law no. 5,534 / 2015), Rondônia (Municipal Law No. 8,065/2015), Rondonópolis/MT (Municipal Law No. 8,228/2014) and Amazonas State Law No. 3657/2015, Jundiaí/SP (Municipal Law No. 8490/2015), Poços de Caldas / AM (State Law No.

4072/2014). In João Pessoa - PB, on September 16, 2015, the law 907/2015 was approved, which allows the presence of doulas during the entire puerperal pregnancy cycle, follow-up of prenatal consultations and exams, childbirth and postpartum, which have been requested by the pregnant woman, with much struggle and support from civil society. And, on November 03 of the same year, Law 13,080/2015 was sanctioned, becoming a landmark for doulas in the state of Paraíba and a major advance in the search for a humanized obstetric and neonatal assistance, to improve health indicators for women and newborns in the municipality. The fight continued so that the Law became a state policy and, on February 18, 2016, it was approved unanimously, which provides for the presence of doulas during prenatal care, labor, delivery and postpartum, in maternity wards of the public and private network throughout the state, when parturient desires. Nevertheless, the great achievement came on March 18, 2016, when Law 10.648 was approved, making the Law of Doulas a State Law.

It is worth emphasizing that in all the municipalities/states that so far have obtained the approval of the Law, it is emphasized that Doulas does not replace the woman's choice companion, guaranteeing the right of the pregnant woman to have their partners and doula presence (Law 11,108 / 2005) throughout the parturition process. There is still resistance on the part of some professionals as to the presence of another person to accompany, assist and support during the process of giving birth⁽¹⁷⁾. These difficulties evidenced in the field of doula work relate to the lack of knowledge, not only of the professionals, but also of the parturients and relatives, about the work of the doula, resulting in the devaluation of the task performed by them. Some studies also point out the fear and negative preconceived ideas that health professionals have regarding the presence of companions in the context of birth⁽¹⁸⁾.

Given this scenario, we see the need to reorganize health practices; since the insertion and performance of doulas in the SUS strengthens the actions in maternal and child health at all levels of health care, due to the uniqueness in their performance. Their presence is intended to promote well-being and care for women who experience subjective aspects of the pregnancy-puerperal cycle in their bodies, in their

emotions, in their spirits and, primarily, in their essences⁽¹⁹⁾.

An important movement of the doula seems to be the sorority with the pregnant woman, since they are women who use their birth experiences, positive or negative, combining knowledge and sensitivity for a respectful birth. They focus on the women well-being and their empowerment during labor, and not on the realization of techniques and procedures focused only on the birth of a healthy concept⁽²⁰⁾.

CONCLUSION

Humanization, in relation to parturition assistance, aims to improve the conditions of care for women, the newborn and the family. The insertion of the doulas in the scenario of delivery aims to provide conditions for the woman and her family to experience the delivery as best as possible, as a healthy and pleasurable event.

Although some companions develop actions of physical and emotional comfort, the doula has more knowledge and skills to conduct the parturition process and is a trained person who can effectively give necessary support not only to the parturients, but also to their relatives. Therefore, they should not be replaced, because their work is associated with reductions: the use of drugs; the cesarean rate; and labor time.

According to what we exposed in the study, the performance of the doulas, in the perspective of the puerperas, stimulated the empowerment and the autonomy of the woman. In their speeches, the participants reported that the doulas promoted significant changes in relation to the assistance to the parturient and the health institution involved, which confirms that their action bases the idea of the humanization of childbirth.

The analysis of the empirical material showed positive reports regarding the care provided by the doulas, where the woman is again the protagonist of the process, in order to comply with WHO recommendations. There was reduction of pain, fear and anxiety; reduction of labor time and traumatic outcomes. This study also showed that the bond established between the participant parturients and their doulas favored a feeling of safety and protection for women, which directly influenced the calmer labor and delivery experience. There were no negative aspects regarding the care provided by the doulas, according to the women interviewed. Through the perception of the women

interviewed, the objectives of the present study were met.

As potentialities resulting from this study, it is believed that the expansion of a greater number of doulas in the birth scenario, and the expansion of this follow-up to other maternity units, not only in the state of Paraíba but throughout the country, may be more significant for a positive experience of labor and delivery by women. In this context, we should emphasize that the doula does not play the role of midwife or substitutes any other professional; she is one more member of the team to help the woman. In this study, we should highlight that the actions developed by doulas prioritized physical and emotional well-being, which are not related to technical actions of obstetrics. This emphasizes the understanding that the doula does not need to be trained in health because she does not develop technical actions in the respective area.

We can also consider that the presence of doulas in maternity wards produces positive results regarding the experience of women in labor, delivery and postpartum, which implies the transformation of care and the reversal of roles, placing women, again, as the protagonist of her birth. Thus, it is suggested to carry out new studies that investigate labor, delivery and postpartum without doulas and to make a comparative analysis with the studies done with them.

It is necessary to move forward with the discussion of State Law 10.648 (Paraíba), so that it is effectively fulfilled. The presence of this woman, trained to provide individualized care, can also contribute to reduce financial costs in labor and delivery.

Their assistance results in the promotion of tranquility, security, comfort and some guidelines converge to raise awareness, connect and decrease the woman's anxiety with her body, bringing, for the moment, the real meaning of childbirth, avoiding some procedures, often unnecessary and costly. In this perspective, initiatives such as the Voluntary Community Doula Program, which aims to promote a warm and humane care, should increasingly be expanded to the different regions of the country, since it is an action that brings benefits to the woman, the family and the community. Consequently, the process of delivery and birth will occur in an environment of harmony and fulfillment.

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