





# Childbirth care under a trinomial obstetric model, its meaning from the couple's point of view

*Atención de parto bajo un modelo obstétrico de trinomio su significado en visión de parejas*

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## ABSTRACT

**Objective:** to interpret the meaning of accompaniment of the father during the perinatal care. **Method:** qualitative, descriptive research, supported by the theory of social representations; 34 couples participated, selected for having been cared for throughout the perinatal care; data collection through interview, data analysis was carried out under an interpretive framework, using a chromatic technique, the results are discussed based on Moscovici's social representations, conceptualizing the category; the empirical data is confronted with the theory, thus capturing the logical reasoning. **Results:** perception of the father's participation and meaning of his accompaniment in the care, type of experience obtained, awareness of the husband in the care of the newborn, highlight the role of the father in comprehensive perinatal care, demonstrate his intervention as part of the trinomial. **Conclusion:** the mother reveals about the meaning of the father's participation during the delivery period the relevance of her presence.

**Descriptors:** Nursing Services; Neonatal Nursing; Parturition; Obstetrics.

## RESUMEN

Objetivo: interpretar el significado de acompañamiento del padre durante la atención perinatal. Metodología: investigación cualitativa, descriptiva, sustentada por la teoría de representaciones sociales; participaron 34 parejas, seleccionadas por haber sido atendidas durante toda la etapa perinatal; colecta de datos mediante entrevista, se efectúa el análisis de datos bajo un marco interpretativo, mediante técnica cromática, los resultados se discuten con base en representaciones sociales de Moscovici, conceptualizando la categoría; se confronta el dato empírico con la teoría, así plasmar el razonamiento lógico. Resultados: percepción de participación del padre y significado del acompañamiento de este en la atención, tipo de experiencia obtenida, concientización del esposo en la atención del neonato, destacar el rol del padre en la atención perinatal integral, patentizar su intervención como parte del trinomio. Conclusión: el significado que la madre manifiesta de la participación del padre durante el periodo del parto es la relevancia de su presencia.

**Descriptores:** Servicios de Enfermería; Enfermería Neonatal; Parto; Obstetricia.

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## INTRODUCTION

The motherhood studied establishes an innovative nursing care model, which, among other aspects, offers quality participatory care for pregnant women with a perspective of mother-father trinomial and product. Maternity, being attended exclusively by nurses, has a current challenge to meet and an indicator selected to evaluate progress in reducing maternal mortality by offering comprehensive care with qualified personnel to attend childbirth and improve the quality of life of the population.

The services offered by the maternity are carried out in the outpatient area, including services such as the education course for reproduction –obstetric psychoprophylaxis–, where the father, along with prenatal surveillance, actively participates in the preparation for childbirth, an aspect that reflects health models in the obstetric field. Other services include the breastfeeding clinic, family planning, child growth and development monitoring, as well as early stimulation and preventive interventions.

In this case, motherhood was established with the aim of offering care according to a new care model, which influences the generation of modern health policies, consequently, this research allowed us to answer the leading question What does it mean for the pregnant woman to have the company of her partner during her delivery? Thus, to know the acceptance of couples related to their way of perceiving obstetric care, which will support the decisions to expand the model in other latitudes. The research project was implemented, whose objective was to interpret the social representation that, for couples, the accompaniment of the father during the perinatal care has. In addition, having as object of study to demarcate the vision and meaning that couples with pregnant women have in relation to childbirth in a trinomial obstetric model.

The research is based on the theory of Moscovici's social representations; becoming the driving axis for analysis and discussion, and thus obtain the representation of this social group, reflecting the meaning that the way in which they were treated in such an institution has for couples. The experiences are reported, not only of the women, but also of the participating husbands, in relation to the care model both in their reality and in the institutional environment, considering that a social representation is built from everyday thoughts whose contents are constructed and reconstructed in facts; beliefs are the component of these diverse forms according to cultures and social groups<sup>(1)</sup>. Consequently, social representation is eminently the space to interpret, understand and build the world in which they live; In addition, they act as an explanatory and evaluative element, in such a way that they can be considered at the same time. Likewise, the objective was to interpret the meaning of accompanying the father during the perinatal care.

## METHOD

Research with a qualitative methodological approach, focused on knowing the perception of couples cared for in the institution. The study took place in an institutional environment of the participants<sup>(2)</sup>. It has a descriptive feature, based on the theory of Moscovici's social representations. This theory considers, in a set of concepts, explanations of everyday life and interpersonal communications<sup>(3)</sup>, such an appreciation is based on the premise that the phenomena of social representation are in all places, at all times in the cultural, collective and individual environment<sup>(4)</sup>. Therefore, addressing the object under study: the care of the nursing staff offered to the trinomial during the reproductive process, is appropriate to obtain the representation and meanings of the participants.

34 patients participated, who were attended with their partner, were selected under an inclusive criterion: having received maternity care from the beginning of their pregnancy because the data collection was carried out until after the conclusion of their hospital care, considering the perinatal care model of the institution. The exclusion criteria were: couples who did not agree to sign the informed consent, couples who did not receive comprehensive prenatal care in the maternity unit, and those whose husband refused to give the interview.

**The setting** for this research was a space located in the outpatient area of the maternity unit in the State of Mexico. To carry it out, the corresponding authorization was requested from the Sanitary Jurisdiction, as well as from the Educational Regulatory Coordination, who granted it, and designated the place to carry it out. The investigation was carried out between April and June 2016.

## Research Instrument

From the objectives of the investigation, the leading questions were formulated and, from these, those that led to the construction of the instrument; to collect the information, an interview guide was prepared, which consisted of twelve open questions. The instrument was applied to three users, to validate it in terms of language compression; subsequently, adjustments were made to it.

To conduct the interviews, after the researchers introduced themselves, the patients were invited to participate, and the husbands who accompanied their partner agreed to participate, realizing that they were included at all times of care. The objective of the research was explained and that the interviews would be recorded, the informed consent was read and their authorization was requested through their signature, to comply with the ethical aspects of the research related to anonymity and secrecy. The responses of the participating couples were labeled: **E** for husbands and **P** for patients; and received a sequential numerical code (E-1, E-2-E-34; y P-1,

P-2-P-34). The interviews were subsequently transcribed and subjected to content analysis in the thematic modality, by using a code in each couple interviewed, the General Health Law in Research was complied with, as stipulated in the Regulations of this law<sup>(5)</sup>. The investigation at the protocol level was approved by a committee specifically formed at the Atlacomulco Maternity Hospital with number 217B200012/3269 of the local jurisdiction.

The data obtained from the study were fully transcribed, later they were analyzed to identify the most relevant. Everything was obtained through a chromatic technique, which made it possible to bring ideas together, and thus establish categories and subcategories.

The results were discussed based on the Moscovici's social representations theory, following the scientific discussion method. For this, the category was first conceptualized and then the empirical data is presented, to confront it with the theoretical reference, this makes it possible to capture the logical reasoning. Such discussion was developed through the perception that couples had about the care received, in order to obtain the representation of stimuli received during their stay in the maternity.

## RESULTS AND DISCUSSION

Participants in the research were a group of couples, all married, the majority say they are Catholic, a large part of the group indicates having had a previous experience of childbirth in institutions with the official institutional model and, having lived negative experiences, for this reason they went to this maternity. The educational level of the participants is of high school and higher education level, data that are quite striking. The results are presented by categories, which show the meaning of the accompaniment that the father provides to the mother.

### Perception of participation

Childbirth care became an event to attend to the trinomial (mother, father, child). In maternity, the care of pregnant women has been rescued, who receive optimal health care, based on a set of services and therapeutic diagnoses. In this sense, the perception of childbirth care is one of the aspects that couples project according to their social representation, because it forms social knowledge with a practical vision, which allows the construction of a common reality of a social group<sup>(6)</sup>. Perception can be evaluated by measuring important elements such as respect, a virtue by which the dignity is recognized and kept in mind on a regular basis. Also rights of people, according to their condition and circumstances; in addition, professionalism, understood as the attitude and high capacity to perform in an activity<sup>(7)</sup>. In the construction of

this reality, the patients point out, regarding the care received from the nurses during childbirth:

*For me, it is like a complete service, for everything they inform you and tell you, since your baby is in the womb, accompanying you and, the best thing, that you can be with your husband at the time of delivery... (P-10).*

*I feel that it is better here, at least they let you see your wife for a little while, because in the hospital it is very different (...) in other places, you don't have the opportunity and, with fear, you don't know what's going on, here they told me: if you want to see your patient and your son, then come in. (E-17).*

*It's very good here, because first they let the husband accompany the delivery and the nurses take good care of you, they check on you and, if they need something, they tell you or give you things (P-19).*

These expressions reflect the meaning of reproducing a retained perception, which expresses reality<sup>(6)</sup>, in which the couple and the nurse share a memory awakened due to the experience that carries the meaning of complete, pleasant care and, more importantly, in an environment of familiarity, where the couple has the freedom to accompany each other. Considering that all human beings have basic emotional needs, and when these are satisfied, there are feelings of extreme happiness and fulfillment.

### Father's involvement in childbirth

The intervention of the father during childbirth generated a climate where the couple had the freedom to express positive feelings related to this stage. In the same way, it allows the expression of concerns and fears of their own in transcendental experiences such as being parents. This reflected a value judgment in which nurses favor interaction during their work, assigning the transformation of a care model to a collaborative model, where not only women are considered, but the trinomial, in such a way that fathers become social actors or important protagonists, seeking their visibility in the stage of childbirth as a natural process<sup>(8)</sup>. This means a change in assistance for nursing care, being reflected in the following couples' reports:

*They told me, let's do the exercises with the ball and my husband was giving me a massage, because I felt good... (P-22).*

*It was very nice because the three of us worked together for our son to be born (E-21). My daughter was born and they told my husband that they had to cut the umbilical cord, we felt very nice (P-26).*

*For the delivery, which the parents were going to accompany and I did accompany, well, it was good because we had the opportunity to see how our son was born, (...) what I liked the most is that, since we arrived, there was no mistreatment or bad faces that would get angry... (E-24).*

Therefore, optimal care is shown with elements of freedom, which integrate a set of services and interventions that are directed towards satisfying the needs of couples, inherent in the role of parenthood, which makes it possible to carry it out safely, comfortably and meeting expectations<sup>(9)</sup>. That is, when the nurse carries out her work with care, she provides a strong emotional bond with the pregnant woman, an approximation is given that corresponds to her expectations. Good reception can be understood as an action of the work reorganization process, and a necessary posture/practice in health professionals, guaranteeing access, decisiveness and bonding ties<sup>(10)</sup>. According to social representations, a relationship of empathy is built where the patient can talk about intimate things and supposedly reveals the causal trauma of his/her situation. In this sense, the empathy that the maternity nurse cultivates extensively becomes comprehensive care.

## Experience of care

Maternal care is a priority, part of public policies, as a strategy for childbirth to take place in the best conditions of intimacy, respect, delicacy and freedom to give birth in an environment that is more comfortable for both the mother and the father. Considering that, according to Bandura's Self-Efficacy Theory, within the framework of the Lamaze philosophy, women in labor must be surrounded by health professionals and family members who help the pregnant woman to trust in her ability to have the child can move freely in a way that feels comfortable<sup>(11)</sup>. To know and share the experiences lived by the participants, they questioned how their experience was, having externalized their opinion:

*Yes, it was a good experience because I had the opportunity to see my son be born and the nurses told me to motivate my wife, since we arrived there was good treatment (E-20).*

*The attention I received here had an impact, that is, the fact that they were only nurses, because I thought there would be doctors or something like that, but no, they were just nurses, it was something new... (P-21).*

*One of them told me that if, I liked music, she played music for my delivery, we had a good time, it was nice (P-11).*

The result of the experiences lived by the couples in relation to their maternity stay is compared with that provided in other hospitals, where the difference is reflected as an

impacting care in maternity. Considering that, when users are questioned about the care received, the conception of pleasure and collaboration emerges, as a guarantee of assistance in care<sup>(11)</sup>, because by favoring an adequate support system of people who are valuable to them, and professionals of health, it can promote the perception of adequate childbirth care. Therefore, in this way, this will contribute to the reproduction of a more positive childbirth experience, building a common reality of life experiences between users and obstetric nurses.

## Husband Awareness

Awareness refers to someone being aware of something or becoming aware of a certain situation, this implies living in a conscious way, that is, contacting both the outside world and our inner world, thus developing our consciousness. It is essential to have a certain degree of maturity to explain the transformative process of men who actively participated in perinatal care. Its foundation reflects on social representations, considering that these constitute explanatory models that allow a group to interpret their own experiences and those of others<sup>(3)</sup>, to find the meaning of the feelings and actions of couples during the pregnancy stage and especially in childbirth. Because they help individuals to orient themselves in their social and material universe, as part of a learning process of living. We find the meaning of this life experience in the following expressions:

*My husband says that he saw and realized how women suffer and that men should treat women well... (P-26).*

*Because some are ignorant and don't know; for example, when they told me about the vasectomy, I told them no, on the other hand, someone ignorant gets carried away. That is why I have asked the nurses here, because it is different, then I told them to inform me; I think it is very important that they inform us, that gives us confidence... (E-17).*

*Because they know what their husband, fiancée or girlfriend feels; because they also know what it is to carry someone. Something that I would like is for this to be innovated in other places, at least not to be lost here... (P-5).*

In the previous stories, the ideas of social representations are projected, which form value judgments, which individuals endowed with the will possess, therefore, the conceptions about reality have their own dynamics of undoubted importance<sup>(12)</sup>. For this reason, the needs of couples according to their value judgments entail the responsibility of nurses to satisfy information and security needs. According to what was reported, the meaning of paternal participation in the perspective of social representations, this value judgment is projected as **awareness** on the part of the father, becoming

a positive aspect. This meaning is consistent with the response that generated in the parents a level of awareness due to the experience of the reproductive stage caused by the relationship during the intervention of the nurse. They also suggest that this attitude be preserved, which distinguishes the type of care for the mother-newborn-father trinomial.

## Product care

When offering nursing care, there is an opportunity for the professional to communicate with users, evaluating the physical and psychological state, identifying possible anxieties and fears of the mother. As well as planning care individually, managing to build communication channels between individuals in a society. In this context, an active, attentive and perspective listening should be attempted, so that communication favors understanding and coping with negative feelings on the part of women<sup>(12)</sup>, which enables better maternal and neonatal outcomes. These experiences, information and knowledge were transmitted to future parents through the reproductive education program, individually or in groups, thus providing elements for product care, which is manifested in the following stories:

*The nurses told me how to breastfeed my daughter, because when I started to breastfeed, she did not want to latch on to the breast, they taught me how to do it... (P-20).*

*What the nurses told me about how to stimulate my daughter helped me... (P-20). Children are born, they continue to care for them and some avoid seeking help from one place to another... (E-30).*

The users express verbally and through feelings what the care received represents for them, where the nursing professional is an important agent of transformative actions aimed at promoting, encouraging and supporting maternal nutrition. In addition to providing care to the pregnant woman, the puerperal woman or the newborn, this visualizes the behavioral change of the woman and the supports<sup>(13)</sup>. Therefore, it is proposed to guarantee quality maternal and fetal health, reducing fetal and maternal morbidity and mortality rates<sup>(10)</sup>, thus resulting in comprehensive support, not only for women but also for the product.

## Meaning of accompaniment by the father

Emotional support is being able to offer emotional support necessary to perceive the situation in another person, expressing oneself cognitively and emotionally in an appropriate way. It is important that several factors related to the family experience, such as the quality of the relationship and the support, have a constant presence<sup>(14)</sup>. In these conditions, the meaning is reflected through expressions that

are described as a helping relationship that allows knowing and, in turn, having self-control; as well as the confidence that the accompaniment inspired in the pregnant woman during her delivery care. This aspect is described by users in this way:

*Well, I felt more confident, much more protected to have my husband there with me, he gave me his support, it was the best (...) (P-29).*

*Here they let you enter with your partner or with someone, so that you feel supported, that's why I knew that my husband was there, so that he would support me, something that is not allowed in other hospitals (P-22).*

*Well, he liked it, because he was with me, he was there during the delivery, he felt nervous, he told me, I don't want to see, I don't like to see the blood. So I told him, it's going to be the birth of your daughter, he stayed with me (P-9).*

One of the meanings that emerge from the representation of the husband's participation in childbirth is support, considering that the perception of pregnant women who requested maternity services expresses their experiences, because social representations are manifested in words, feelings and behaviors. Therefore, they can and should be analyzed from the understanding of social structures and behaviors. Consequently, when interpreting the couples' perception, they expressed their experiences, where protection was a determining factor<sup>(15)</sup>. Socially, the pregnant woman has a recognition represented as emotional support by the fact that the nursing staff has modified the way they act, orienting themselves towards communication in conditions of kindness, accompaniment and safety for the pregnant women.

## CONCLUSIONS

When analyzing the findings through the theory of social representations and organizing them around a central nucleus, these elements gave the representation in a structural approach perspective, making an association of ideas where the most representative for the users was: pleasure and emotional support of the couple and nurses during delivery care, reflecting a peculiar characteristic as a representation in memory, which was invariably validated by the performance of the nurses, as a technically transcendent element in childbirth care.

The active participation of the couple during the reproductive stage, makes this acquire transcendence, Thus, stating – I, as a father, am considered and I am part of the process –, – then I exist –, this is due to the fact that by receiving education for reproduction, the father with the pregnant woman, both are trained for the birth of their

child. In this way, it is perceived that the care model is highly satisfactory for the parents, consequently, this nursing intervention is highly accepted and valued by those who make use of maternity services.

The nursing staff has changed the way they act, orienting themselves towards communication in conditions of kindness, accompaniment and safety for pregnant women, considering this practice as a good experience of being a father. In addition, this experience distinguishes maternity from the services offered in other hospitals, becoming a favorable research space to explore the father role in greater depth.

The findings make it possible to suggest the formulation of a public health policy in the area of perinatal care. Which contemplates the participation of the father in this relevant aspect of human reproduction, favoring the humanization of childbirth and collaborating in the objective of improving maternal health established by the World Health Organization.

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