

## EXPECTATIONS, PERCEPTIONS AND OPINIONS OF WOMEN ABOUT THE CARE PROVISION DURING CHILDBIRTH

EXPECTATIVAS, PERCEPÇÕES E OPINIÕES DE MULHERES SOBRE O ATENDIMENTO DURANTE O PARTO

EXPECTATIVAS, PERCEPCIONES Y OPINIONES DE MUJERES SOBRE LA ATENCIÓN EN EL PARTO

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### ABSTRACT

To verify, based on expectations and perceptions, the satisfaction of women in relation to the care received during the childbirth and to identify, according to women's opinion, alternative actions to improve the quality of labor and delivery care. Qualitative descriptive research developed in two teaching hospitals of Minas Gerais in 2015. A total of 104 women were interviewed, through interviews in prenatal and postpartum settings. The Collective Subject Discourse method was used. 68 interviewees were from hospital A and 36 from hospital B, the mean age was 27 years old. The questions related to the professionals' attitudes and practices were the most expressive, followed by the highlight to the companions with 18 key expressions. Women feel satisfied regarding the care received during labor and delivery, especially regarding the questions related to the interaction with health professionals. They report that these aspects contribute to the improvement of health services and indicate that satisfaction is intertwined with the quality of the health care received.

**Keywords:** Parturition; Patient Satisfaction; Health Evaluation; Public Health; Women's Health.

### RESUMO

Verificar, a partir das expectativas e das percepções, a satisfação de mulheres em relação ao atendimento recebido durante o parto e identificar, segundo a opinião das mulheres, ações alternativas para a melhoria da qualidade da assistência ao parto. Pesquisa qualitativa descritiva desenvolvida em dois hospitais de ensino de Minas Gerais em 2015. Entrevistaram-se 104 mulheres no pré-natal e no pós-parto. Utilizou-se método do discurso do sujeito coletivo. Das entrevistadas, 68 eram do hospital A e 36 do hospital B, idade média de 27 anos. As questões relacionadas às atitudes e práticas dos profissionais foram as mais expressivas, seguidas pelo destaque aos acompanhantes, com 18 expressões-chave. As mulheres sentem-se satisfeitas em relação ao atendimento recebido durante o parto, principalmente as questões relacionadas à interação com os profissionais de saúde. Elas relatam que esses aspectos contribuem para melhoria dos serviços de saúde e afirmam que a satisfação está interligada à qualidade da assistência à saúde recebida.

**Palavras-chave:** Parto; Satisfação do Paciente; Avaliação em Saúde; Saúde Pública; Saúde da Mulher.

### RESUMEN

Comprobar, desde sus expectativas y percepciones, la satisfacción de las mujeres con la atención recibida durante el parto e identificar las acciones que, según ellas, podrían mejorarla. Investigación cualitativa descriptiva llevadas a cabo en 2015 en dos hospitales escuela de Minas Gerais. Se realizaron entrevistas a 104 mujeres en el prenatal y posparto. Se utilizó el método del discurso del sujeto colectivo. De las mujeres entrevistadas 68 eran del hospital A y 36 del hospital B, con edad promedio de 27 años. Las cuestiones relacionadas con las actitudes y prácticas de los profesionales fueron las más significativas, seguidas por la importancia dada a los acompañantes, con 18 expresiones clave. Las mujeres se sienten satisfechas con la atención recibida durante el parto, principalmente en lo que se refiere a la interacción con los profesionales de salud. Ellas informan que estos aspectos contribuyen a mejorar los servicios de salud y afirman que la satisfacción está estrechamente vinculada a la calidad de la atención recibida.

**Palabras clave:** Parto; Satisfacción del Paciente; Evaluación en Salud; Salud Pública; Salud de la Mujer.

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## INTRODUCTION

The labor and delivery is an event full of feelings and emotions, since the positive or negative meaning comes from individual experiences or are influenced by external events. Therefore, it is important to know its meaning for pregnant women, as well as the social universe where they live.<sup>1</sup>

In order to provide quality care, it is necessary to understand what the pregnant women feel about the care provided, to exercise the embracement, to develop links and to provide the necessary guidance so that they can understand this information.<sup>2</sup> The customer/client satisfaction is the positive feedback they give to the hospital's health service when it is the subject of quality care not exclusively associated to the professionals, but also to the structural and physical facilities of the unit, the quality of the meal offered, staff, organization of the system, as well as the actions/services offered from admission to hospital discharge. Thus, quality care is considered a marketing tool, since it is a way of generating satisfaction.<sup>3</sup>

Promoting the active listening of users, clarifying their expectations and experiences regarding health quality, can also be a way of suggesting possibilities of social control in this sub-sector. The social control used in the evaluation of health services can provide better measures to be adopted in health practices that serve legitimate public interests.<sup>2</sup>

The woman in the gestation period behaves as an unique user, due to the social, physiological and psychological changes that surround this moment, so it is relevant to identify the expectations and perceptions of women regarding the care received during labor and delivery. Therefore, the objectives of the study were: to verify, based on expectations and perceptions, the satisfaction of women in relation to the care received during labor and delivery in hospitals accredited by the *Sistema Único de Saúde* (SUS) and identify, according to the women's opinion, alternative actions to improve the quality of labor and delivery care.

## METHODS

This is a descriptive qualitative study. The research was carried out in two hospital institutions of a municipality of the interior of Minas Gerais. Hospital A is a federal teaching public facility and hospital B is maintained by a private institution, which has a contract with the SUS.

To determine the group of subjects, it was established to interview all pregnant women attending prenatal appointments, in hospital A, on Tuesdays and Wednesdays, and in hospital B, on Mondays and Thursdays.

It is appropriate to clarify that the present study was developed concomitantly to another research with the same theme, but with a quantitative approach. Therefore, it was de-

cidated to alternate the days of data collection, in order to avoid that the questions of the quantitative study could influence the responses obtained in the qualitative research, and also for each participant to be approached only once.

115 users were approached, but three refused to participate in the study, three were excluded (two resulted in fetal death and one was not hemodynamically stable) and five were not found in the postpartum. Thus, 104 pregnant/puerperal women participated in the study, from July to October 2015.

The data collection was performed through individual interviews divided into two moments. The first moment occurred in the prenatal period, and for this approach a comic story was elaborated in order to obtain the expectations of the woman regarding the labor and delivery. The second moment happened in the joint lodging, being applied an interview script with questions pertinent to the perception of the care received during labor and delivery, a sociodemographic characterization questionnaire, adopting the criterion of socioeconomic classification of Brazil, provided by the *Associação Brasileira de Empresas de Pesquisa*, and gynecological and obstetric history. This stage of the research was attended by a team of seven previously trained interviewers.

The reports obtained through the inquiry of the comics and the open questions were subjected to an exhaustive reading, which sought to extract the relevant contents of each speech, the central ideas or anchorages and their corresponding key expressions.<sup>4</sup>

Subsequently, we proceeded to the analysis according to the collective subject discourse (CSD) method, which consists of a technique of tabulation and organization of qualitative data, elaborated by Lefevre and Lefevre in the 1990's. This modality of analysis is based on the theory of social representations.

The processing of these data resulted in the elaboration of the collective subject discourses, which consists of a discourse-synthesis written in the first person singular, composed by the aggregation of similar individual reports.<sup>4</sup> For the systematization of this analysis process, the QualiQuantSoft® software was used, based on the theory of the collective subject discourse. For the analysis of the collected material, a joint work was carried out involving the principal researcher and two assistants, in order to assure the reliability of the study and to avoid the subjectivity of the researcher. All the interviewees signed the Free and Informed Consent Term. The research was approved by the Research Ethics Committee of a Federal University, under the protocol No. 1,085,432.

## RESULTS AND DISCUSSION

A total of 104 women were interviewed during prenatal and postpartum visits, being 68 from hospital A and 36 from hospital B. The mean age was 27 years old, the minimum age 15 years old and the maximum age 42 years old.

Regarding the marital situation, 80 (73%) claimed to have a partner and 24 (23%) did not. A research conducted with women in the joint housing of a hospital in the state of Ceará also identified that most of the women reported having a partner,<sup>5</sup> according to other studies.<sup>6,7</sup>

Regarding the schooling level, the majority of women reported having studied until completing high school, 53 (51%); 26 (25%) had incomplete high school; 13 (12.5%) had complete elementary school; seven (6.7%) had incomplete high school and three incomplete higher education; only one had complete higher education.

Regarding the socioeconomic classification, there was little predominance of the class A (only two - 1.92%), in classes B1 and B2 there were three (2.88%) and six (5.77%), respectively; in classes C1 and C2, 44 women (42.31%) and 32 women (30.77%) were found; and in class D-E 17 (16.35%) were found. Among the women interviewed, 65 (62.5%) attended between six and seven prenatal consultations.

When the gynecological history was established, the age of the first intercourse varied from 11 to 21 years old, with a mean age of 15.34 years old, and the age of the first pregnancy varied from 14 to 34 years old, with a mean age of 21.03 years old. When questioned about the current type of delivery, 73 (70.2%) women had a natural delivery and 31 (29.8%) had a cesarean delivery. The data on the type of delivery differ from that found in most publications.<sup>6,8</sup> Even though there is this dissonance, which can be highlighted as a positive finding, the percentage of cesareans found is still higher than that recommended by the WHO, which is from 10 to 15%.

The number of pregnancies varied from one to seven, and the majority had two pregnancies (32.69%) and one woman had seven (0.96%). The number of pregnancies was also consonant with data from the literature, in which was found variation from one to six pregnancies.<sup>5</sup>

Two categories emerged from the analysis process: a) labor and delivery care: expectations and perceptions; b) proposals to improve labor and delivery care, which will be disaggregated below.

### CATEGORY A: LABOR AND DELIVERY CARE: EXPECTATIONS AND PERCEPTIONS

This category encompasses the key expressions and central ideas that allude to the expectations and perceptions of women interviewed about labor and delivery care. In view of the diversity of aspects mentioned by the participants, it was chosen to present this category in three subcategories: a1) focus on professionals' attitudes and practices; a2) presence of accompanying people; and a3) focus on infrastructure and equipment.

#### SUBCATEGORY A.1: FOCUS ON PROFESSIONALS' ATTITUDES AND PRACTICES

This subcategory is composed of 102 key expressions, 68 of hospital A and 34 of hospital B. The central ideas and key expressions used focus on how professionals provide the care and the technical expertise of these professionals.

Table 1 - Focus on professionals' attitudes and practices in hospitals A and B: expectations and perceptions

• Hospital A	
Expectations	Positive perceptions
<p><i>I expect to be well-attended, welcomed, received. That the professionals are polite and attentive. Doctors, nurses treat me with attention and respect, treat me well and my baby too. To be treated with great efficiency, dedication and affection, with much patience. I hope there are well-trained and skilled professionals. That they clarify my doubts, give all the guidance and that they answer with clarity.</i></p>	<p><i>Yes, because all the professionals treated me very well, a lot of attention, dedication, affection and respect. I, my husband, my family were treated with respect. The staff are very polite, ranging from cleaners to doctors.</i></p> <p><i>The doctors knew what they were doing, they made me feel safe, they were very patient. The nurses are very attentive, they have patience towards us, they did everything for me, to make me feel comfortable, they gave me a lot of support</i></p>
	Negative perceptions
• Hospital B	
Expectations	Positive perceptions
<p><i>To be welcomed, with attention, care, affection, that is a good care. That there are great doctors and nurses, who know how to listen and answer my questions, for example, about breastfeeding. I also hope that they are prepared, competent, capable, really professional, that they know what they are doing, that they give the best of them, that they help me if I need something and that they do not hide anything from me.</i></p>	<p><i>I was well attended, treated, cared for with respect, attention and in a polite way and I was not left helpless at any time. The whole staff is very kind, they are very attentive and have a lot of patience.</i></p> <p><i>The nurses teach, guide us in everything. The hospital has great professionals who provide great care with kindness. It is being as I expected, a quality service, first class.</i></p>
	Negative perceptions

Source: elaborated by the author, 2016.

This subcategory was the one that presented more amplitude and intensity, fact that shows the importance attributed by the respondents to the way they are treated and to the

presence of a qualified professional capable of offering humanized care, based on the precepts of the embracement, empathy, resolubility and guidance.

Quality care is present when there is good interpersonal relationship between the team and the user, in which tools such as transdisciplinarity, in which knowledge is gathered and complemented with each other, seeking excellent care.<sup>9</sup>

In research carried out with parturients on the preparation for labor, most of the women mentioned that there were no conversations about the childbirth itself during medical appointments, being important to highlight that these women were a few weeks from the probable date of delivery.<sup>10</sup>

Reciprocity during the consultations and attention to labor and delivery, kindness, respect and politeness of the professionals in maternity hospitals are an important positive element for those who experience this moment.<sup>1</sup>

Another factor that was present in the interviews was that professionals should be skilled, trained and competent. In addition to the relationship between professional and user, the technical quality was also considered an element of satisfaction for the parturients, offering a positive expectation, proven by the information and guidance provided by the professionals.<sup>1</sup>

Another study also identified women's concerns about the ability of the professionals and lack of respect for their bodies, as well as fear of maltreatment by the professionals.<sup>10</sup> This discourse appears mainly in women who attended hospitals where there were students of health courses, whether in the private or public sphere. The presence of many people during the care provision and the number of excessive touches causes physical, psychological and emotional discomfort to these women.<sup>11</sup>

Satisfaction is the final result of a consumer experience. If the perception is above the expectation, it is inferred that the client had a positive experience; if the expectation is higher than the perception, it can be deduced that the user was not satisfied with the result obtained.

This satisfaction is closely linked to the multidisciplinary team, with a focus on nursing. A research highlighted that pregnant women recognize as primary aspects during the care of the nursing team verbal and non-verbal communication, empathy, affection and respect, which shows that these women need more than just technical care, but also humanized care.<sup>12</sup> The statements of the women in this study indicate precisely this aspect, mainly in the expectations of how they would like to be cared for, with attention and not only with technique.

A study on the perception of pregnant women about the care provision of a normal delivery center also pointed out that these women have positive opinions about the service, once they are treated with respect and dignity, that their rights and their bodies are preserved, that they are embraced and guided,

and they feel especially safe to allow the care for themselves and their children.<sup>7</sup>

**SUBCATEGORY A.2:  
PRESENCE OF ACCOMPANYING PEOPLE**

This subcategory includes the key expressions and central ideas that relate to the presence of a companion at the time of labor and delivery. The speeches were composed of 18 key expressions (KEX). Regarding the expectations, the discourse consisted of seven KEX from Hospital A and five from Hospital B, while the perceptions added four KEX from Hospital A and two from Hospital B, in the construction of the speech.

Table 2 - Presence of accompanying people in hospitals A and B: expectations and perceptions

• Hospital A	
Expectations	Perceptions
<i>To have the best support I can have at the time, I want my mother, husband, sister, aunt, anyway, someone from my family with me, so I feel more confident. I expect support from my companion so that I will be more relaxed, to give me comfort.</i>	<i>I would recommend it. My family, my husband, my mother, my sister are with me, I'm not that lonely, it gives more safety, it helps us take care of the baby, especially after a cesarean, which is so difficult.</i>
• Hospital B	
Expectations	Perceptions
<i>I want to be accompanied by someone from the family to give me safety. If possible, to have a person in the room accompanying me, giving me all the possible guidelines, so that I will be safer, so that everything happens well during the childbirth, knowing that in other hospitals it does not happen.</i>	<i>I would recommend it. My husband and my mother were taking turns to stay with me. This helps a lot because we feel safer and more peaceful.</i>

Source: elaborated by the author, 2016.

The parturient's well-being should be allowed through the free access of a member of her family, which she may choose during labor and delivery. To respect the choice decision of the patient about her companion is classified as a useful conduct and should be encouraged.<sup>13</sup>

In the survey "Born in Brazil", 23,879 postpartum women were interviewed, evidencing that the women who had companions at some time of the hospitalization for the delivery (75.5%) showed more satisfaction with the care provided, they stated that they received more guidance, felt more respect from the professionals, and had fewer reports of any type of violence during hospitalization.<sup>14</sup>

A review article on research with women who experienced some kind of violence during labor showed that when the pregnant woman's right to have a companion during this period is denied, her experience is painful and lonely.<sup>11</sup>

It should be highlighted that although it is a law,<sup>14</sup> there are operational barriers that may hinder its compliance. The conditions of the hospital's physical structure, furniture, and work processes may interfere with the law enforcement, which generates the need to establish a clear institutional policy that favors the presence of a companion for all the women, in all the stages of the care.

### SUBCATEGORY A.3: FOCUS ON INFRASTRUCTURE AND EQUIPMENT

In this category, questions were raised about hospital infrastructure, equipment supply, and material resources that are used to provide good health care. It was obtained a total of eight key expressions related to the expectations, being five KEX from hospital A and three from hospital B. Regarding the perceptions, 15 key expressions were abstracted, being eight from hospital A and seven from hospital B.

Table 3 - Focus on infrastructure and equipment in hospitals A and B: expectations and perceptions

• Hospital A	
Expectations	Perceptions
<i>That the hospital has all the equipment to provide care for me and for all pregnant women. That there is a room in the standard of hygiene, which at least meets the requirements of the material that will be used. That the hospital is nice and cozy, equipped and that it has everything needed if anything happens to me or to my baby.</i>	<i>I would recommend it, because the hospital is well equipped and has the best equipment. The facilities are much better, we are left alone in the room, there is more privacy, the bathroom is much bigger too, it seems to be newer, cleaner, it looks like a hotel. The rooms are excellent, this bed is very good, very comfortable. It is a great hospital.</i>
• Hospital B	
Expectations	Perceptions
<i>That there is space for us to be properly accommodated, me and my baby, of course. A comfortable and clean room, at least with a fan, because it is very hot. Because it is our right to have good and quality health, we pay taxes for it.</i>	<i>I would recommend it. Because the hospital offers a good environment, it has good infrastructure, it is very comfortable, everything is new, well equipped, good facilities. In addition, the food is also good, everything is fresh and has quality, there is even dessert for the companion. The fact that there are more women in the room does not bother me.  It has everything that is necessary to take care of the baby, alcohol to take care of the belly button, gauze, it is very good.</i>

Source: elaborated by the author, 2016.

Health care consists of two attributes: putting knowledge and technology into practice and the team's interaction with the patient. It is interpreted by the author as the conditionally stable attributes of caregivers, the equipment and resources that are available, the organization and the place where they

work, introducing different factors. It is assumed that a good service structure is possibly the most significant way to protect and promote the quality of care.<sup>15</sup>

In the city of Cuiabá-MT (2011), a study investigated the structure of care offered to puerperal women, in which it was verified that adequate physical structure and materials available in the health services provide good performance of care activities and that inadequate infrastructure may have negative influence on the patient care process.<sup>16</sup>

Not only the physical structure alone is important, as highlighted in other research reports with pregnant women, but also the construction of a warm and humanized environment, that is, since the size of the rooms, their colors and their furniture.<sup>5</sup> This is reinforced in this research, in which women emphasize the importance of the bathroom size, privacy, bed quality and food.

An adequate structure is a favorable and essential condition for good quality health care and professional practices, allowing in the day to day of the services that the best health actions are based on practices based on evidence.<sup>15,17</sup>

### CATEGORY B: PROPOSALS FOR IMPROVING THE LABOR AND DELIVERY CARE

As a proposal to improve the labor and delivery care, 22 key expressions were obtained, which were organized into two subcategories.

#### SUBCATEGORY B.1: SUGGESTIONS FOR HEALTH PROFESSIONALS

The conditions and care provided are associated with the experience and satisfaction with the childbirth and, in this way, it is necessary to encourage the building of a bond of trust and respect between the parturients, the technical team and the health institution, with the final aim of providing a favorable delivery experience.<sup>18</sup>

Table 4 - Suggestions for health professionals in hospitals A and B

Hospital A	Hospital B
<i>I have a suggestion to give, that is to remove the students and leave only the doctors or leave only one of them, or two, because the woman is already in pain. In the private one there isn't that much of touch as there is here.  To have respect for the woman, if it is seen that she cannot have a normal delivery, she should have a cesarean, which is better than to leave us suffering. To have more respect for the patients, make a more careful assessment.</i>	<i>As a good care for pregnant women I would suggest that the prenatal consultations should not be so delayed, because there are a lot of women and a few doctors, we arrive early, take the file, they take time to arrive and every consultation is time consuming, then, maybe, I do not know, to have more doctors.  To hire more humane and polite doctors, who examine better, respect the pain of the person.</i>

Source: elaborated by the author, 2016.

Another issue raised by the puerperal women refers to the number of professionals during the care provision, mainly students, and the amount of vaginal touches performed by professionals, as in another study.<sup>11</sup> The Health Department clearly identifies inappropriate, harmful or ineffective actions, which should therefore be suspended or reduced.<sup>19</sup>

The main proposals made by the interviewed women focus on the reduced number of health professionals to meet the population's demand and the awareness of the professionals so that they are more committed to the times and days of the consultations, a fact also addressed in another research.<sup>7</sup>

Women value attitudes such as shorter waiting times, respect from professionals, intimacy during labor and delivery, transparency in guidelines, availability of time for questioning, and the right to participate in the decision-making, which shows satisfaction between the aspects of the professional-pregnant relationship with the labor and delivery care.<sup>14</sup>

In another study, women stated that some actions could provide a feeling of more safety and confidence during labor, such as providing more information about procedures, more individualized attention, psychological support during labor, that the delivery was performed by the same doctor instead of several students and doctors participating in the process.<sup>10</sup>

## SUBCATEGORY B.2: ADEQUACY OF PHYSICAL INFRASTRUCTURE, EQUIPMENT AND HOSPITAL STANDARDS

The interviewees of hospital A emphasized only aspects related to the physical structure; the participants of hospital B focused only on aspects related to hospital norms. Thus, this category consists of nine KEX from hospital A and two from hospital B.

### ADEQUACY OF PHYSICAL INFRASTRUCTURE AND EQUIPMENT – HOSPITAL A

*I found the place where I had my baby a little distant from the room (pre-delivery), passing by the corridors, full of people watching us scream in pain, they could put it closer to the rooms. That bed in the attendance room, the stretcher, they could put a bigger one there, an overweight patient cannot stand to stay up there much longer. There would be necessary to have more beds because there are so many more children to be born.*

### LABOR AND DELIVERY CARE: HOSPITAL NORMS – HOSPITAL B

*I found the visiting a bit bad, and the shift exchange too, it's complicated, they could extend the shift and din-*

*ner time a bit more, because my husband arrives from work to stay with me, then the time for dinner has already passed, because dinner here is early I think, he stays without it, gets hungry, it is difficult.*

In order to evaluate the quality of the health service, Donabedian presented a set of characteristics based on the triad structure, process and outcome. The structure deals with the most stable attributes of the services, from the provision of human, financial and material resources, to the way they are organized. Alone, the structure is not able to determine the quality of care, however, it has long been said that its insufficiencies can impair the results.<sup>15</sup>

The survey "Born in Brazil" evaluated the public or mixed health facilities as to their adequacy to the requisites of national regulations, and verified that only 34.5% of these establishments were adequate.<sup>20</sup> Thus, this study reinforces the lack of adequacy of these services, as reinforced by the women's speech identified in this study.

Other aspects raised by women were related to the problematic issue of the lack of beds and the time they took to be seen by a doctor.

The lack of material, human resources and equipment indicates one of the aspects that undermine the work of health-care providers, which reflects in the work process and, likewise, in the satisfaction of the client with the service rendered.<sup>21</sup> The women who lived this experience felt disrespected and dissatisfied about the care received.<sup>22</sup>

Studies indicate that the precarious infrastructure and organization of the health services, in any aspect, trigger a lack of humanization of care, hinder the work process and impose obstacles to the care provision and achievement of its objectives.<sup>23,24</sup>

Although it is not our goal to compare the two institutions, we would like to highlight some similarities between them. The puerperae praised the facilities of both hospitals. In Hospital A, the wards are individual, since the Gynecology and Obstetrics sector received as an annex a former private hospital and Hospital B, being newly built, has an obstetrical center in its infrastructure. On the other hand, some puerperae criticized the infrastructure, such as the distance from the preterm room to the surgical center at Hospital A, precisely because the institution does not have an obstetrical center yet, like Hospital B, using the hospital's surgical center.

The two institutions carry out teaching and research activities, having medical courses in Medicine and Nursing, however, both institutions received negative evaluations regarding the number of unnecessary procedures and lack of humanized care from some professionals. But they were also well evaluated in relation to the attendance and care provided.

## FINAL CONSIDERATIONS

When analyzing the expectations and perceptions of the pregnant women and puerperas about the care provided during the labor and delivery, it is possible to perceive that the interviewees expect to receive warm care based on attention, emotional support and affection, especially from health professionals. This is evidenced by the most shared social representation, which deals with aspects related to the care provided by professionals, ranging from the qualified listening of their expectations, going through the way this care, the guidelines and information are provided, to the concern with the qualification and competence of these professionals.

Good physical infrastructure, equipment in good conditions of use and maintenance, and available inputs positively influence health practices, which favors the accomplishment of a quality care, in addition to promoting comfort, good work actions and better quality of health care.

Lack in the availability of equipment, instruments and insufficient resources represent gaps and fragility of the health system, adversely affecting the service and negatively impacting the quality of the service and user satisfaction with the care provided.

It should be highlighted that there was coherence between the proposals made by the interviews with their expectations and perceptions, considering that the suggestions were related to the relationship with the professionals and the infrastructure of the hospitals and their routines, in which the users see that a quality health service is also expressed in equipment and technology.

Both hospitals were mentioned to guarantee the right of the parturient to a companion of their choice during the prenatal care, delivery and postpartum.

Finally, the puerperae were generally satisfied with the care received at both hospitals; in addition, this study shows that the location and characteristics of the care practices interfere with the health care quality.

The social representation is well characterized in the speeches, showing that the puerperae “speak the same language” without necessarily sharing the same principles, having in common the same degree of sharing of feelings, experiences and thoughts, allowing these ideas to be exchanged.

The social representations obtained from the discourses are also re-elaborations of information and previous knowledge that these women have about that unique moment that they are experiencing. Since the theory explains that such information is obtained from different forms of references and access (cinematographic images, television, photographs, written texts, spoken text, experiences and previous reports, for example). Thus, the CSD allows retaking and giving birth to the social representations based on the collective statements.

The research has as limitation the data collection, which was performed alternately on weekdays, to avoid that the same women were interviewed by the quantitative research, allowing to be influenced in the qualitative research. This event reduced the number of the sample, which could be larger if the collection had occurred in another period. Another limitation was the loss of patients, who were excluded from the sample because they did not fit the inclusion criteria, mainly in relation to the severity of their gestation, and those that were not found at the delivery.

A limitation found at Hospital B was the lack of a reserved room near the waiting room of the outpatient clinic during the prenatal interviews, which made it difficult for these women to move, causing some to refuse to participate, fearing that they would miss their appointment.

As it was not the aim of the study to compare the divergences and convergences between the institutions, there was limitation in relation to the data discussion.

As a suggestion of this study, it is recommended to promote investigations on undergraduate teaching programs, that take into account the contributions of science regarding the aspects of relational skills and how these tools favor the provision of efficient care practices and quality care, such as the issues related to the fulfillment of schedules by professionals and routines that affect the family.

## REFERENCES

1. Lamy GO, Moreno BS. Assistência pré-natal e preparo para o parto. Rev Omnia Saúde. 2014[cited 2015 Oct 20];10(2):19-35. Available from: <http://www.fai.com.br/portal/ojs/index.php/omniaSaude/article/viewFile/456/pdf>
2. Etges MR, Oliveira DLLC, Cordova FP. A atenção pré-natal na ótica de um grupo de mulheres usuárias do subsetor suplementar. Rev Gaúcha Enferm. 2011[cited 2015 Oct 20];32(1):15-22. Available from: <http://www.scielo.br/pdf/rge/v32n1/a02v32n1.pdf>
3. Pena MM, Melleiro MM. Grau de satisfação de usuários de um hospital privado. Acta Paul Enferm. 2012[cited 2015 Oct 20];25(2):197-203. Available from: <http://www.scielo.br/pdf/ape/v25n2/a07v25n2.pdf>
4. Lefevre F, Lefevre AMCM, Marques MCC. Discurso do sujeito coletivo, complexidade e auto-organização. Ciên Saúde Coletiva. 2009[cited 2015 Oct 20];14(4):1193-204. Available from: <http://www.scielo.br/pdf/csc/v14n4/a20v14n4.pdf>
5. Rocha FAA, Fontenele FMC, Carvalho IR, Rodrigues IDC, Sousa RA, Ferreira Júnior AR. Cuidado no parto e nascimento: percepção de puérperas. Rev Rede Enferm Nordeste. 2015[cited 2015 Oct 20];16(6):782-9. Available from: <http://www.redalyc.org/resumen.oa?id=324043261003>
6. Renner FW, Garcia EL, Renner JDP, Costa BP, Figueira FP, Ebert JP et al. Perfil epidemiológico das puérperas e dos recém-nascidos atendidos na maternidade de um hospital de referência do interior do Rio Grande do Sul no primeiro semestre de 2014. Bol Científico Pediatr. 2015[cited 2015 Oct 20];4(2):27-32. Available from: [http://www.sprs.com.br/sprs2013/bancoimg/160107101642bcped\\_v4\\_n2\\_a2.pdf](http://www.sprs.com.br/sprs2013/bancoimg/160107101642bcped_v4_n2_a2.pdf)
7. Ribeiro JF, Lima MR, Cunha SV, Luz VLES, Coêlho DM, Feitosa VC, et al. Percepção das puérperas sobre a assistência à saúde em um centro de parto normal. Rev Enferm UFSM. 2015[cited 2015 Oct 20];5(3):521-30. Available from: <https://periodicos.ufsm.br/reufsm/article/view/14471>

8. Leal MC, Pereira APE, Domingues RMSM, Theme Filha MM, Dias MAB, Nakamura-Pereira M, et al. Obstetric interventions during labor and childbirth in Brazilian low-risk women. *Cad Saúde Pública*. 2014[cited 2015 Oct 20];30(S17):S32. Available from: [http://www.scielo.br/scielo.php?script=sci\\_abstract&pid=S0102-311X2014001300005&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_abstract&pid=S0102-311X2014001300005&lng=en&nrm=iso&tlng=pt)
9. Grandó T, Cardoso SMM, Fontana R, Rodrigues FCP. Consulta pré-natal: satisfação das usuárias do SUS. *Cogitare Enferm*. 2012[cited 2015 Oct 20];17(2):336-41. Available from: <http://revistas.ufpr.br/cogitare/article/view/25565/18551>
10. Tostes NA, Seidl EMF. Expectativas de gestantes sobre o parto e suas percepções acerca da preparação para o parto. *Temas Psicol*. 2016[cited 2015 Oct 20];24(2):681-93. Available from: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_abstract&pid=S1413-389X201600200015&lng=pt&nrm=iso&tlng=pt](http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S1413-389X201600200015&lng=pt&nrm=iso&tlng=pt)
11. Pérez BAG, Oliveira EV, Lago MS. Percepções de puérperas vítimas de violência institucional durante o trabalho de parto e parto: revisão integrativa. *Rev Enferm Contemp*. 2015[cited 2015 Oct 20];4(1). Available from: <https://www5.bahiana.edu.br/index.php/enfermagem/article/view/472>
12. Silva Ú, Fernandes BM, Paes MSL, Souza MD, Duque DAA. Nursing care experienced by women during the child-birth in the humanization perspective. *J Nurs UFPE online*. 2016[cited 2017 Aug 20];10(4):1273-9. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11113>
13. Ministério da Saúde (BR). Lei nº 11.108. Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde – SUS. Brasília: MS; 1990.
14. D'orsi E, Brüggemann OM, Diniz CSG, Aguiar JM, Gusman CR, Torres JA, et al. Desigualdades sociais e satisfação das mulheres com o atendimento ao parto no Brasil: estudo nacional de base hospitalar. *Cad Saúde Pública*. 2014[cited 2015 Oct 20];30(Suppl.1):S154-S168. Available from: <http://www.scielo.br/pdf/csp/v30s1/0102-311X-csp-30-s1-0154.pdf>
15. Donabedian A. Explorations in quality assessment and monitoring: the definition of quality and approaches to its assessment. Michigan (US): Health Administration Press; 1980.
16. Pedrosa ICF, Corrêa ÁCP, Mandú ENT. Influências da infraestrutura de centros de saúde nas práticas profissionais: percepções de enfermeiros. *Ciênc Cuid Saúde*. 2011[cited 2017 Sept 15];10(11):58-65. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/13288/pdf>
17. Pearson A, Jordan Z, Munn Z. Translational science and evidence-based healthcare: a clarification and reconceptualization of how knowledge is generated and used in healthcare. *Nurs Res Practice*. 2012[cited 2015 Oct 20]. Available from: <https://www.hindawi.com/journals/nrp/2012/792519/cta/>
18. Medeiros IA. Expectativas e grau de satisfação da grávida e puérpera com o tipo de parto [dissertação]. Covilhã (PT): Universidade da Beira Interior, Faculdade de ciências da Saúde; 2012.
19. Ministério da Saúde (BR). Secretaria de Políticas de Saúde. Área Técnica de Saúde da Mulher. Parto, aborto e puerpério: assistência humanizada à mulher. Brasília: MS; 2001.
20. Bittencourt SDA, Domingues RMSM, Reis LGC, Ramos MM, Leal MC. Adequacy of public maternal care services in Brazil. *Reprod Health*. 2016[cited 2017 Oct 20];13(Suppl. 3). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5073989/>
21. Rocha ACD, Sousa CPC, Queiroz D, Figueroa Pedraza D. Atenção básica à saúde: avaliação de estrutura e processo. *Rev Adm Saúde*. 2012[cited 2015 Oct 20];14(54):71-9. Available from: [file:///C:/Users/Nara/Desktop/RASv14n55\\_71-79.pdf](file:///C:/Users/Nara/Desktop/RASv14n55_71-79.pdf)
22. Jamas MT, Hoga LAK, Reberte LM. Narrativas de mulheres sobre a assistência recebida em um centro de parto normal. *Cad Saúde Pública*. 2013[cited 2015 Oct 20];29(12):2436-46. Available from: <http://www.scielo.br/pdf/csp/v29n12/v29n12a09.pdf>
23. Marqui ABT, Jahn AC, Resta DG, Colomé ICS, Rosa N, Zanon T. Caracterização das equipes da Saúde da Família e de seu processo de trabalho. *Rev Esc Enferm USP*. 2010[cited 2016 Aug 20];44(4):956-61. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342010000400014](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342010000400014)
24. Trad LAB, Rocha AARM. Condições e processo de trabalho no cotidiano do Programa Saúde da Família: coerência com princípios da humanização em saúde. *Ciênc Saúde Coletiva*. 2011[cited 2016 Oct 12];16(3):1969-80. Available from: <http://www.scielo.br/pdf/csc/v16n31>