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RESEARCH

CHALLENGES AND POSSIBILITIES OF CO-PARTICIPATION OF THE PUERPERAL WOMAN AND THE COMPANION IN SAFE CARE

DESAFIOS E POSSIBILIDADES DE COPARTICIPAÇÃO DA PUÉRPERA E DO ACOMPANHANTE NO CUIDADO SEGURO

RETOS Y POSIBILIDADES DE LA COPARTICIPACIÓN DE LA PUÉRPERA Y EL ACOMPAÑANTE PARA EL CUIDADO SEGURO

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ABSTRACT

Objective: to identify the challenges and possibilities of co-participation of puerperal women and companions in safe maternity care. **Materials and Methods**: qualitative study carried out with 23 mothers and 11 companions in a maternity hospital in Belo Horizonte, between March and July 2019. Data were collected through interviews with semi-structured scripts and submitted to thematic content analysis, according to the theoretical framework of patient safety. **Results**: two categories emerged: contribution of the puerperal woman and the companion for safe care; and challenges and contributions to achieving co-participation of puerperal women and companions in patient safety. **Conclusions**: companions and puerperal women recognize themselves as co-participants in promoting patient safety, however, a lack of knowledge and encouragement regarding the participation of these actors was observed. The importance of using educational technologies to include them as active partners in patient safety is highlighted.

Keywords: Patient Safety; Patient Participation; Maternity; Family; Medical Chaperones.

RESUMO

***Objetivo**: identificar os desafios e as possibilidades de coparticipação das puérperas e dos acompanhantes no cuidado seguro na maternidade. **Materiais e Métodos**: estudo qualitativo realizado com 23 puérperas e 11 acompanhantes em uma maternidade de Belo Horizonte, entre março e julho de 2019. Os dados foram coletados por meio de entrevistas com roteiros semiestruturados e submetidos à análise de conteúdo temática, segundo o referencial teórico da segurança do paciente. **Resultados**: emergiram duas categorias: contribuição da puérpera e do acompanhante para o cuidado seguro; e desafios e contribuições para o alcance da coparticipação das puérperas e dos acompanhantes na segurança do paciente. **Conclusões**: acompanhantes e puérperas se reconhecem como coparticipantes na promoção da segurança do paciente, porém foi observada a falta de conhecimento e estímulo em relação à participação desses atores. Salienta-se a importância de utilizar tecnologias educativas para incluí-los como parceiros ativos na segurança do paciente.*

***Palavras-chave**: Segurança do Paciente; Participação do Paciente; Maternidades; Família; Acompanhantes Formais em Exames Físicos.*

RESUMEN

***Objetivo**: identificar los desafíos y posibilidades de la coparticipación de puérperas y acompañantes en la atención a la maternidad segura. **Materiales y Métodos**: estudio cualitativo realizado con 23 puérperas y 11 acompañantes en una maternidad de Belo Horizonte, entre marzo y julio de 2019. Los datos fueron recogidos a través de entrevistas con guiones semiestructurados y sometidos a análisis de contenido temático de acuerdo con el marco teórico de la seguridad del paciente. **Resultados**: surgieron dos categorías: Contribución de la puérpera y del acompañante para el cuidado seguro; Desafíos y aportes para lograr la coparticipación de las puérperas y acompañantes en la seguridad del paciente. **Conclusiones**: los acompañantes y puérperas se reconocen como copartícipes en la promoción de la seguridad del paciente, pero falta conocimiento y estímulo en cuanto a la participación de estos actores. Se destaca la importancia de utilizar tecnologías educativas para incluirlos como socios activos en la seguridad del paciente.*

Palabras clave: Seguridad del Paciente; Participación del Paciente; Maternidades; Familia; Chaperones Médicos.

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INTRODUCTION

health care to an acceptable minimum, being one of the pillars of support for the quality of care at a national and international level. On the international scene, the World Alliance for Patient Safety proposes guidelines for dealing with emerging problems with patient safety[1]. In the national context, the Ministry of Health published Ordinance No. 529/2013, which established the National Patient Safety Program (PNSP - *Programa Nacional de Segurança do Paciente*), and the National Health Surveillance Agency (ANVISA - *Agência Nacional de Vigilância Sanitária*) published Collegiate Board Resolution No. 36/ 2013. Both constitute regulatory standards that allow the incorporation of pro-safety actions in Brazilian health into pragmatics and encourage debate on the subject[2,3].

With regard to PS in the context of maternity hospitals, an average of three million births occur annually in Brazil, with reckless obstetric procedures and suffering from dysfunctions in the perinatal period being the third cause of new hospital admissions and death[4,5]. A study carried out in Brazil identified 114 incidents related to obstetric care, most of which were related to health care procedures (48.3%) and infections related to health care (20.1%)[6]. Among the outcomes, 61.0% of the patients were discharged, 21.1% were transferred and 8.8% died. Of the 10 deaths identified, five were related to reported incidents[6].

Thus, the development of mechanisms for maternal and neonatal protection is important and a multidisciplinary responsibility, since it involves structural aspects, designs and analysis of work processes, organizational culture for PS, professional commitment, and manager, in addition to requiring the participation of the puerperal woman and her family[7].

In order to promote safe and quality obstetric and neonatal care, ANVISA published the manual "Maternal and Neonatal Care Services: Safety and Quality" in 2014 to reduce maternal and neonatal morbidity and mortality rates through care free of harm and safer for women and newborns (NB)[7]. In this direction, to contribute to the prevention of harm, the World Health Organization instituted the "Patient for Patient Safety Program" with a view to improving health care, directly involving patients and companions in care, and helping to control incidents[8].

The patient's participation in PS is understood as their integration in decision-making in all actions that may influence their health, being able to actively collaborate in many activities, ranging from the formulation of treatment plans to the decision on safety policies[9,10]. In this context, it is extremely important to encourage the effective participation of the patient and companion in the maternity ward so that they become barriers to adverse events (AEs)[11].

It is noteworthy that the nurse is perceived as the professional who recognizes and is sensitized by the problems of patients and families, mediating the relationship with the Nursing team and developing a care plan involving these actors[11]. When patients and their families are heard and instructed, they actively participate in care and treatment, leaving the position of passivity in health care and becoming co-participants in the prevention of failures and damage, which contributes to safer care in the promotion from SP[8,11].

It is noticed that the participation of the family and the patient has been more discussed in other care scenarios, such as in pediatrics and neonatology[11,12]. However, no studies were found that explored this theme in the context of motherhood. In view of these findings, the guiding question arises: what are the challenges and possibilities for co-participation of puerperal women and companions in safe care in the maternity ward?

This study can offer subsidies for the improvement of work processes in the maternity ward, aiming at safer care for puerperal women and newborns. Furthermore, it can help the multidisciplinary team to rethink its practice and health education about stimulating the involvement of puerperal women and their families in the context of safety in maternity. Thus, the objective was to identify the challenges and possibilities of co-participation of puerperal women and companions in safe care in the maternity ward.

MATERIALS AND METHODS

The study complied with Resolution No. 466/2012 of the National Health Council and the participants had previously signed the Free and Informed Consent Form (ICF). The present study was approved by the Research Ethics Committee for Research Involving Human Beings, under Opinion Report No. 1862502 and CAAE 54459216200005149.

This is a descriptive and exploratory research of a qualitative nature, guided by the Consolidated Criteria for Reporting Research (COREQ) tool, a checklist related to the essential items that must be described in a qualitative study. This type of study uses the universe of meanings, aspirations, beliefs, values and attitudes[13].

The research took place in the city of *Belo Horizonte* in *Minas Gerais* state-Brazil, in a maternity hospital located in a large public hospital. The maternity has an average of 219 births per month, with an average occupancy

rate of 90% and a proportion of 60% of vaginal deliveries. The unit has a multidisciplinary team, mainly composed of specialists in obstetrics and neonatology, and the hospital is part of the Ministry of Health's program on the qualification of safe practices, which aims to involve the companion and the patient in the search for PS.

The study was carried out with 34 participants, of which 23 were postpartum women and 11 were their companions. Data collection was carried out through individual interviews with a semi-structured script, conducted by a trained study researcher, from March to July 2019, during the morning and afternoon shifts in the rooming-in environment. The selection of participants was intentional, and they were approached through a face-to-face invitation by the researchers. The inclusion criteria in the sample were: the participants were puerperal and had companions, both aged over 18 years. Postpartum women and companions with cognitive problems were excluded. The interview script consisted of six questions referring to the challenges and possibilities for the companions and mothers to contribute to safe care.

The theoretical saturation criterion was used for interrupting the inclusion of new participants in the research, which guides the closure of collection when the researcher does not find additional data that allow adding relevance to a category, becoming empirically aware of saturation[14]. Thus, the interviews were closed when they reached the redundancy criteria of the answers[14], suspending the inclusion of new participants in the 34th interview. It is noteworthy that some puerperal women and their companions refused to participate in the research, but there was no request to interrupt participation.

The interviews were carried out in private rooms at the maternity hospital, according to the availability of the interviewees, and recorded on a smartphone device with prior authorization. The interviews lasted an average of 15 minutes and then the interviewees' speeches were transcribed, proceeding with data analysis. To ensure anonymity and secrecy, the representation of the names of the members was coded by acronyms (P and C), followed by a numerical figure to represent the order of participation, that is, P1 represents the postpartum woman 1 and C1 the companion[1]. Any other data that could somehow identify them was kept confidential.

Data analysis was based on inductive content analysis, which encompasses reading and rereading supported by the theoretical framework and directs the establishment of categories from the three stages: preparation, organization and reporting of results. The preparation phase was the period of data collection for content analysis, considering the collection method, the sampling strategy, and the choice of an adequate unit of analysis. The organization phase comprises open coding, creating categories and abstracting. In this phase, the researcher is responsible for critically analyzing the data that are part of the analysis and categorization process. In the reporting phase, the results were exposed by the content of the categories that made up the research object[15]. The SP framework was used to support data analysis[2].

RESULTS

Thirty-four individuals participated in the research, of which 23 were postpartum women (67.6%) and 11 companions (32.4%). Regarding age group, it was identified that 20 individuals were between 20 and 30 years old (58.8%) and 14 were over 31 years old (41.1%). As for education, 22 (64.7%) said they had finished high school, seven had finished elementary school (20.6%) and five had completed higher education (14.7%). About previous experience in the maternity, six companions had already assisted patients in the maternity (54.5%) and 11 mothers had been hospitalized in the hospital in previous pregnancies (47.8%).

From the data analysis, two categories emerged: challenges and contributions to achieving the co-participation of puerperal women and companions in patient safety and contributions of puerperal women and companions to safe care.

Challenges and contributions to achieving co-participation of puerperal women and companions in patient safety

The limited meaning of PS from the participants' perspective was perceived as a challenge for the involvement of these actors in care actions. The PS concept was related to the infrastructure and adequate materials to meet the demands of the patient, in addition to having a health unit that includes a multidisciplinary team capable of providing comprehensive and quality care.

[...] *Trained doctors, trained nurses and assistants, a good safety structure to take care of the patient.* (C1).

[...] *There are a lot of things that involve security, from entering the lobby* [of the hospital], *medication, identification, hospital conditions... It's a joint effort, if there's a failure, everything collapses.* (C6).

It was observed that respondents with a higher level of education or previous experience in the hospitalization process had a broader understanding of PS actions.

> *These are the techniques in which the entire hospital is involved, right, for the patient not to fall, which calculates the patient's risk of falling, the risks of contamination.* (P18).

> [...] *Risk of falling, risk of contamination, risk of injury due to not changing position.* (P19).

> [...] *A patient with safety is not having any risk of error, such as the wrong medication or medication change or any error that is related to health, which is very likely to happen.* (C7).

Receiving support, information, and good service from healthcare professionals during hospitalization is also part of safety, as evidenced by the testimonies.

> *What I understand by security is when there was a nurse, a doctor, always there looking at me, looking at my little baby. That for me is safety!* (P5).

> [...] *I think that the care for me and my son was good, because the professional is always here, being helpful, it makes me feel safe, you know, because one professional comes and says something, the other comes and confirms that, you see that it was correct* [...]. (P2).

> The quality of communication and orientation of the woman and companion from prenatal care to the hospitalization period was a significant aspect for PS.

> *So, I understand that security first provides information on where the maternity will be, explaining everything to you regarding which room you will be in, how the labor will be.* (P8).

> [...] *It's saying how the birth will be, what they're going to do with me and my baby. It's about explaining everything.* (P5).

The perception of a lack of communication between professionals and users of the health service was considered one of the challenges for achieving safety. The scarcity of information or language that is not accessible to the target audience generates anxiety and uncertainty regarding care:

> [...] *Nobody said to me anything about the procedure I was undergoing, they were just doing things to me. When they talked about the vital signs, I wanted to know what that means, they're not hearing the heartbeat, does that mean he's [the baby] in danger in my belly?* (P6).

> *In my point of view, they could improve in communication, as it is vague information that we receive, and the terms used are technical terms and not for lay people. I'm a layman, I don't know anything about Nursing.* (A4).

Participants highlighted the lack of guidance on the importance of actions performed by professionals, especially regarding safe identification and prevention of medication errors.

> [...] *The professional came and said only that it was an identification wristband of me and hers* [the baby]. *That I couldn't take it off, that it would be like it was* (pause), *I don't know how it would be. In their minds, she's my daughter, you know? But here, everyone has the same, it just changes the sex of the baby, from blue to pink* [impersonal]. (P20).

> *The wristband is only for identification and cannot be lost.* (P12).

> *For me, it could be great, sometimes there are professional failures, sometimes my baby or I go don't receive the medication on time, this is not ensuring health. (P4).*

Respondents pointed out the lack of encouragement from healthcare professionals to guide the puerperal woman and her family to engage in PS. According to the reports, the participants perceived a certain discomfort on the part of the team to see them actively involved in care.

> [...] *it seems that the professionals are bothered to see us asking. I don't see their interest in helping us regarding patient safety.* (P18).

> [...] *professionals want to do his/her job and nothing else. I think for them it makes no difference if we are there or not.* (A6).

Another difficult point for PS was the distance between professionals and puerperal women, due to the prioritization of bureaucratic tasks.

> *Follow up more closely, come closer, approach, interview, not just look at the reports on the computer, put aside filling out papers for a bit and come here more to see the patients in a personal manner.* (A3).

> *I think it is having the room more divided [more space] so as not to be too much closer to the other, because everyone in that*

> *room has a baby and a baby is very easy to have a hospital infection and these things impact safety.* (P8).

In addition, the interviewees suggested the need to develop resources or technologies to teach postpartum women and companions about PS.

> *I think professionals could teach us about patient safety. Who knows through acting in a sort of games or booklet?* (A2).

> *I think we need more information to protect ourselves. Professionals could be more concerned about this.* (P3).

Contributions of puerperal women and companions for safe care

The interviewees described some actions they carry out in search of the safety of the puerperal woman and the newborn, in addition to having highlighted the importance of this initiative for safe care.

> [...] *Do not leave the baby on the edge of the bed. Do not sleep with him, because I know that if I get a heavy sleep, I might crush him; when bathing, I need to be careful not to fall, walk, and do not lie down too long.* (P19).

> [...] *Eu posso tomar os cuidados com as infecções, lavar bem as mãos e perguntar sobre as medicações.* (P3).

It was possible to perceive, through the reports, the commitment of some puerperal women and their companions to carry out safe care, seeking co-participation in the SP with the professionals. They also recognized that they can be useful to the PS when questioning the team regarding the care to be taken and how they could help, in addition to paying attention to the identification of the puerperal woman, the tests performed and the process of safe medication.

> [...] *So, I think what we can do is pay attention. Looking at the person's name and at the professional's badge [...] As well as asking who the person is or why they are doing that, and I think this is my way of helping like that.* (P6).

> [...] *Always being aware of what the doctors say, always attentive to the exams, always wanting to know more about the patient's and the child's condition and how the improvement evolves, in this way I think I can help.* (A7).

The companions reported dissatisfaction and insecurity for not having their wish fulfilled in relation to participating in the care during some periods of hospitalization alongside the puerperal woman. Thus, they could not actively contribute to the safety of the postpartum and newborn binomial.

> [...] *What made me worried was when they sent me to a side room during labor, because they had to have a cesarean section and then she* (wife) *stayed in the room for an hour and a half and I couldn't see them* (wife and child) [...] *I didn't know what was going on inside* [labor room]. (C7).

> [...] *After my wife had a cesarean section, the nurse told me that I couldn't stay with her, because she was going to stay in the hallway, there could only be a companion here in bed. I left but I wasn't happy about it.* (A8).

It should be noted that some interviewees recognized themselves as passive in the promotion of PS, emphasizing that actions are the duties of healthcare professionals only.

> [...] *The hospital and professionals must worry about patient safety. Now as a companion, I don't have much to do.* (A5).

> [...] *Look, I think the work that has been done is adequate, so there's no need to complain and then I can't have something to contribute.* (P9).

DISCUSSION

In view of the results, it was observed that the interviewees attributed different meanings to PS, differing in relation to perceptions, information content and the possibilities of seeing opportunities for safe care. These findings converge with data found in a survey conducted in England and another in Brazil, in which the perceptions and experiences of patients about PS were explored16. This study showed that the interviewees had partial ideas, focusing on specific aspects, and relating PS to the patient's well-being and the technical quality of care[16,17].

It is believed that the concept is still little explored among patients and caregivers, in addition to the low incentive on the part of professionals regarding the involvement of these actors in the care process in a safe way[16,17].

The fragility of communication between professional and patient was demonstrated from the prenatal follow-up, triggering doubts and concerns during the hospitalization process. Researchers claim that the transfer of information about PS to patients and companions should

start before the hospitalization period, since they can act proactively as holders of knowledge, significantly increasing the understanding of their role and their co-participation in health care[17].

The findings also revealed that some respondents actively participate in PS by questioning healthcare professionals regarding the care provided, attentive to information related to the patient's clinical condition. When patients are heard and invited to be involved in their care and treatment, they are no longer passive receivers and start to actively contribute to safer care. The involvement of family members is an essential component for quality care, since the family is a crucial element in providing important information for the anamnesis, in addition to acting as a critical source of care provided by healthcare professionals, forming barriers to AEs[8,12,19].

There are several moments during the patient's hospitalization period that the family could contribute to the detection of incidents, such as observing the application of drugs, hand hygiene, participation in monitoring the correct identification of the patient and providing correct information about health. of the assisted person, contributing to the prevention of unfavorable events in the health service[11]. The findings of the present study showed that the interviewees recognized themselves as co-participants in the care with the professionals.

It is suggested that, in order to encourage the active participation of patients and family members in health care, it is necessary for professionals to use strategies to educate patients about the importance of the role they play in their own care, encourage them to question, encourage them to report their concerns about safety and inform them that they have the right to understand the care received and to participate in decision-making. [7,19] To promote the participation of patients and companions in safety during care, one should invest in strategies to mobilize these people, so that they become involved in safe care, prevent incidents, and confirm relevant information about their condition[8].

Still, it was possible to apprehend the lack of knowledge regarding the rights of puerperal women and their companions. At some moments during the assistance, interviewees reported insecurity and concern for not having permission from the team to accompany the puerperal woman during certain procedures. A study points out that women who were informed about their rights and who had the opportunity to develop a birth plan with the team felt more secure and participated in decision-making[20]. These observations may justify the passivity assumed by some companions, who experienced the institutional routines without questioning them and without expressing their desire to actively participate in moments of care for women and newborns in the sector.

Among the challenges for achieving PS, there is the fragility of effective communication between professionals and users of the health service due to the use of technical terms, as well as the lack of information on the part of the team that provides care, which results in anxiety and doubts regarding the care provided. Communication failure contributes to unsafe care, which may result in incidents[19]. For effective communication to take place, it is necessary to use clear and objective language, avoid technical terminologies, provide complete information, and allow clarification of doubts[18]. In addition, open communication should be established, symmetrically and to minimize possible power relations[18].

One study suggested the implementation of a protocol that uses the English language program called acknowledge-introduce-duration-explain-thank (AIDET) to improve communication between patients, family members and professionals[20]. This strategy includes five steps: recognize the patient, introduce the professional who will provide care, state the duration of your care, explain what will be done and why, and thank you for the attention and opportunity to provide care on their behalf. of the institution[20]. The results of this program revealed that, when applying AIDET as a tool to improve communication, it favors SP, quality improvement and reduction of patient and family anxiety, increasing satisfaction[20].

The study also pointed out the dissatisfaction of puerperal women and companions regarding the lack of guidance regarding safe identification. Patient identification is an essential step that must precede each of the care provided[21]. Another study carried out with 260 NBs and 247 parents or guardians identified that 76.8% were not instructed about the use of the wristband[21]. In addition to being simple, identification through wristbands is an effective, financially accessible method that can avoid serious failures/AEs in the provision of Nursing care[21]. At the time of admission and throughout hospitalization, it is extremely important for professionals to instruct and support the family and the patient so that they feel safe[12]. Another point presented as a challenge was the need to receive closer assistance from the team of healthcare professionals, focused on the puerperal woman and not only on bureaucratic tasks. One study suggests that healthcare professionals should balance their care and management tasks, focusing on patients and leaving some administrative procedures, when possible, to other professionals[16].

The professionals' lack of incentive to engage the puerperal woman and her companion was also highlighted by the participants. Patients and caregivers should be considered an inseparable part of joint care production among professionals in a process called co-participation[10]. In this sense, authors suggest that the use of educational technologies be instituted for the strengthening and engagement of patients and family members in PS actions, such as videos, games, booklets and applications[12,22].

The literature reports that nurses who operate in a culture of strong safety prioritize and value the efficiency of work processes, with the inclusion of the family and the patient[10,22]. Nurses support the idea that, to ensure PS, it is of paramount importance that patients and families are informed about medications, allergies and abnormal signs or symptoms, in addition to encouraging them to ask questions to confirm their understanding[10,22]. It is known that the participation of puerperal women is affected by the knowledge, skills and attitude of healthcare professionals in relation to the participatory care environment, emphasizing the importance of the team in this process[10,22].

This research had as a limitation the fact that it was carried out in only one institution. However, the study reached important discussions about the participation of puerperal women and companions in PS in a maternity hospital, strengthening the culture of safety, making patients and companions reflect on the subject and sensitizing professionals to think about health education strategies.

It is noteworthy that the findings offer subsidies for the improvement of work processes in the maternity hospital, aiming at safer care. Furthermore, it can help the multidisciplinary team to rethink the practice in terms of encouraging the involvement and participation of puerperal women and their families in the context of safety in the maternity ward and within the PS, in search of qualified and safe care. It is suggested that more studies be carried out in the field of maternity, especially regarding strategies aimed at engaging postpartum women and companions in PS.

CONCLUSION

Companions and postpartum women recognize themselves as co-participants in promoting the safety of postpartum women and newborns, emphasizing the importance of producing care with healthcare professionals. On the other hand, there was a certain passivity and limited knowledge of the puerperal woman and the companions in relation to involvement in care safety. In view of this, the importance of carrying out educational strategies to include these actors as active partners in patient safety, understanding their role in this context, was highlighted.

The participants pointed out difficulties for the engagement of the puerperal woman and the companion, such as the lack of encouragement from the health team, ineffective communication, and the distancing of professionals from the family and the patient. These findings denoted that managers and professionals need to rethink and better plan their actions to overcome barriers. It is suggested the implementation of actions that transform the attitudes of those involved, reorganize their practices, provide greater engagement of puerperal women in the care processes, which can minimize weaknesses and improve the quality and safety in the care of puerperal women and newborns.

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