

Companion and Type of Delivery: Inequalities in Brazil Revealed by the National Health Survey – 2019

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Received February 2026; Revised and accepted March 2026

Abstract

Objective: Birth companion is a contributory factor for humanization of labor, influencing favorable maternal and perinatal outcomes. Objective: To describe maternal and perinatal aspects of pregnancies that ended either with or without the participation of a companion during the labor period.

Materials and methods: This cross-sectional descriptive study was conducted in Brazil using data collected from the National Health Survey (PNS-2019). Participants were Brazilian women aged 15 to 49 years who had experienced pregnancy at some point in their lives and whose most recent delivery occurred between July 2017 and July 2019. Prevalence and 95% confidence intervals (95% CI) were calculated to characterize maternal and perinatal aspects according to the participation of a companion.

Results: The target population was estimated at 5.3 million women who underwent either cesarean section (54.58%) or vaginal delivery (45.42%) between July 2017 and July 2019. The prevalence of companion support was high (84.98%), with similar rates observed for cesarean section (85.52%) and vaginal delivery (84.33%). Private health insurance coverage, the number of prenatal appointments, and the place of the last delivery were associated with differences in companion participation rates in both delivery methods. In cesarean deliveries, the presence of complications during delivery and the number of postpartum appointments also influenced companion participation rates. In vaginal deliveries, older maternal age, higher parity, and episiotomy were associated with companion participation rates.

Conclusion: The participation of a companion during labor is high and independent of the delivery method; however, socioeconomic inequalities and unequal access to quality health services persist. Initiatives to strengthen policies supporting the humanization of labor and childbirth, and to guarantee the right to a companion during delivery, particularly within Brazil's Unified Health System (SUS), are essential for expanding and making the support more equitable for women in labor.

Keywords: Prevalence; Companion; Humanizing Delivery; Vaginal Delivery; Cesarean; Health Surveys

Introduction

In healthcare facilities, the experience of labor,

delivery, and birth aims to enhance safety, improve quality, and expand the provision of care by technically competent personnel, with positive repercussions for maternal and perinatal outcomes (1). Initiatives grounded in respect and dignity incorporate

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psychosocial support through the presence of a companion during the birth process. This companion is understood as a person chosen by the woman in labor to be by her side during childbirth (2).

Brazilian law guarantees parturient women the right to a birth companion (3) and stipulates that this companion may be any person with whom they feel confident sharing their experience of childbirth. Conceptually, the birth companion represents a significant member of the hospitalized person's social network, who accompanies them during their stay in healthcare settings (4).

The participation of companions in the delivery environment faces numerous barriers that affect the magnitude of health policy implementation (2). For example, in Africa, the companion prevalence rate remained low (39%) across four countries, with Uganda demonstrating a higher participation rate (5). All four countries showed wide variations in participation rates during the pre-delivery, delivery, or both phases (5).

In Brazil, the literature evaluating companions of women in labor primarily focuses on of health services settings, with limited coverage of primary data collected from the general population (6). In the context where companionship is recognized as a differential factor for achieving favorable maternal and perinatal outcomes (7, 8), evaluating its participation is essential, particularly requiring consideration drawn from primary data collected from the general population and the specific context provided by nationwide coverage. Brazil is one of the few countries in Latin America with measures to support maternal companionship backed by legal regulations and ministerial norms, whose data and evidence can help reduce gaps in the involvement of this new team member during childbirth (9). This study aimed to describe maternal and perinatal aspects of pregnancies that ended either with or without the participation of a companion during childbirth.

Materials and methods

This descriptive cross-sectional study used data collected from the Brazilian National Health Survey-2019 (PNS-2019) (10) and sought to answer the following research question: "What is the frequency of factors influencing the presence of a birth companion when strata are based on type of delivery?" PNS-2019 is a Brazilian nationwide survey designed to capture information on the health conditions of the population living in private

households and to provide access to data not directly available in Brazil's health information systems (11). The original PNS-2019 research project was evaluated and approved by the National Research Ethics Commission (CONEP), with registration number 3,529,376 dated August 23, 2019.

Target population: The target population for PNS-2019 is segmented by age (≥ 15 years), type of residence (private dwelling), geographic location (urban or rural), and can be further disaggregated into (i) macro-regions, (ii) states, (iii) capitals, and (iv) metropolitan areas. The population composition for this study aims to estimate the target population of women of reproductive age (15 to 49 years) who have experienced pregnancy at some point in their lives, even if the pregnancy did not reach full term.

PNS-2019 modules and study variables: Study variables were extracted from the following PNS-2019 modules:

Module C – General characteristics: C006 [gender]; C008 [age in years]; C009 [skin color or race] and C01001 [cohabiting with spouse or partner].

Module D – Educational characteristics: D001 [reading and writing].

Module I – Health insurance coverage: I00102 [possession of private health insurance].

Module S – Prenatal care questions:

a) Questions from Module S were used to establish the study population: S065 [have you ever been pregnant, even if the pregnancy did not reach full term?] + S066 [how many births have you had?] + S067 [when was the date of your last birth?], considering the day [S06701], month [S06702] and year [S06703].

b) The question from Module S was used to divide the population into two subgroups based on whether individuals had 'a companion' or 'no companion' during childbirth: S123 [were you with someone you knew during childbirth (pre-delivery, delivery, and post-delivery)]

c) The question from Module S was used to stratify the population based on type of delivery: S115 [what type of delivery did you have?].

d) Questions from Module S described the prevalence of factors related to the participation of a companion during childbirth across different delivery type strata: S068 [did you attend any prenatal appointments during your pregnancy?]; S070 [how many prenatal appointments did you attend during your pregnancy?]; S11001 [what was the baby's weight at birth?]; S114 [was the delivery

performed through the Unified Health System (SUS)?]; S116 [did you experience labor during this pregnancy?]; S117 [what was the main reason for having a cesarean section?]; S119 [was an episiotomy (vaginal incision) performed during this delivery?]; S120 [were you offered any form of pain relief during labor?]; S121 [did you use any form of pain relief during labor?]; S122 [What type of pain relief did you use?]; S124 [was this companion the child's father at any point?]; S125 [were there any complications during delivery?]; S126 [were there any complications after delivery?]; S127 [Did you require hospitalization due to this complication?]; S134 [Did you have a postpartum checkup?].

Statistical Analysis: Access to PNS-2019 microdata followed IBGE guidelines for complex samples (12). All procedures were performed using the online options and get-pns function of the PNSIBGE package (12). Statistical analyses were also conducted online using the functions and arguments of the Survey package (13) and the R program. Prevalence and 95% confidence intervals (CI) were calculated for the presence or absence of companion strata (Question S123). Coefficients of variation (CV) were estimated, with values below 30% considered adequate (10). Results were presented separately according to mode of delivery (vaginal delivery or cesarean section) (Question S115). Chi-square tests were used to compare maternal and perinatal factors, with statistical significance defined as $p < 0.05$.

Ethical Considerations: This study follows the Helsinki Declaration of 1975 and was developed in accordance to the Brazilian Ethical Recommendations for research involving human beings.

Results

Prevalence rates were based on a target population of 5,317,411 (95% CI: 5,004,615 to 5,630,206; CV: 3.00%) of reproductive-age women (15 to 49 years) who were presumed to have been pregnant at some point in their lives and whose last delivery occurred between July 28, 2017, and July 28, 2019, the period investigated by PNS-2019.

The demographic summary of the target population showed the distribution by age group as follows: 15 to 24 years (32.65%), 25 to 34 years (44.56%), and 35 to 49 years (22.79%); by skin color: white (34.91%), black (11.83%), Asian (0.99%), brown (51.67%), and indigenous (0.59%); by reading and writing ability (98.34%); by residence in urban (84.31%) or rural (15.69%) areas; by cohabitation

with a spouse or partner (yes: 77.86% versus no: 22.14%); and by having private health insurance (yes: 25.94% versus no: 74.06%).

Over half of pregnancies ended in cesarean section (54.58% versus 45.42%). The overall prevalence of a companion present during delivery was 84.98% (95% CI: 82.82% to 87.14%; CV: 3.27%), with similar proportions for cesarean delivery (85.52%; 95% CI: 82.45% to 88.59%; CV: 4.67%) compared to vaginal delivery (84.33%; 95% CI: 81.29% to 87.37%; CV: 4.91%). During cesarean deliveries, the child's father was the main person chosen by women to be present at delivery (1,627,190/2,481,421), but this was not the case during vaginal delivery (988,592/2,035,906). The composition of the study population is summarized in the flowchart (Figure 1).

Verification of general characteristics among women who had their last delivery via cesarean section ($N=2,901,395$) revealed no differences based on the strata categorizing the presence or absence of a companion. The sole exception was whether the parturient mother possessed private health insurance. The prevalence of this benefit was almost double among women in labor with a companion (40.82%; 95% CI: 36.04%; 45.60%) compared to those without a companion (21.62%; 95% CI: 11.43%; 31.80%) ($p 0.003$) (Table 1).

Regarding cesarean sections and analysis of maternal and perinatal factors, this study revealed statistically significant propensities related to the presence or absence of companions during certain aspects of the pre-delivery period , such as (i) the number of prenatal appointments ($p 0.012$) and (ii) the place of the last delivery ($p = 0.001$); aspects manifested during delivery, such as (iii) complications during labor ($p = 0.013$); and aspects manifested after delivery, such as (iv) having a postpartum appointment ($p = 0.010$). Women in labor with a companion were less likely to have undergone their last delivery in the SUS (51.04% versus 79.92%); less likely to have experienced complications during delivery (12.27% versus 23.41%); and more likely to have attended a postpartum appointment (80.97% versus 69.47%) (Table 2).

The analysis of pregnancies ending in vaginal delivery ($n=2,414,100$) based on the presence or absence of a companion revealed differences in overall characteristics among women in labor determined by the age group (35 to 49 years), with results indicating a higher proportion of deliveries without a companion (25,74%) compared to those with a companion (12,85%).

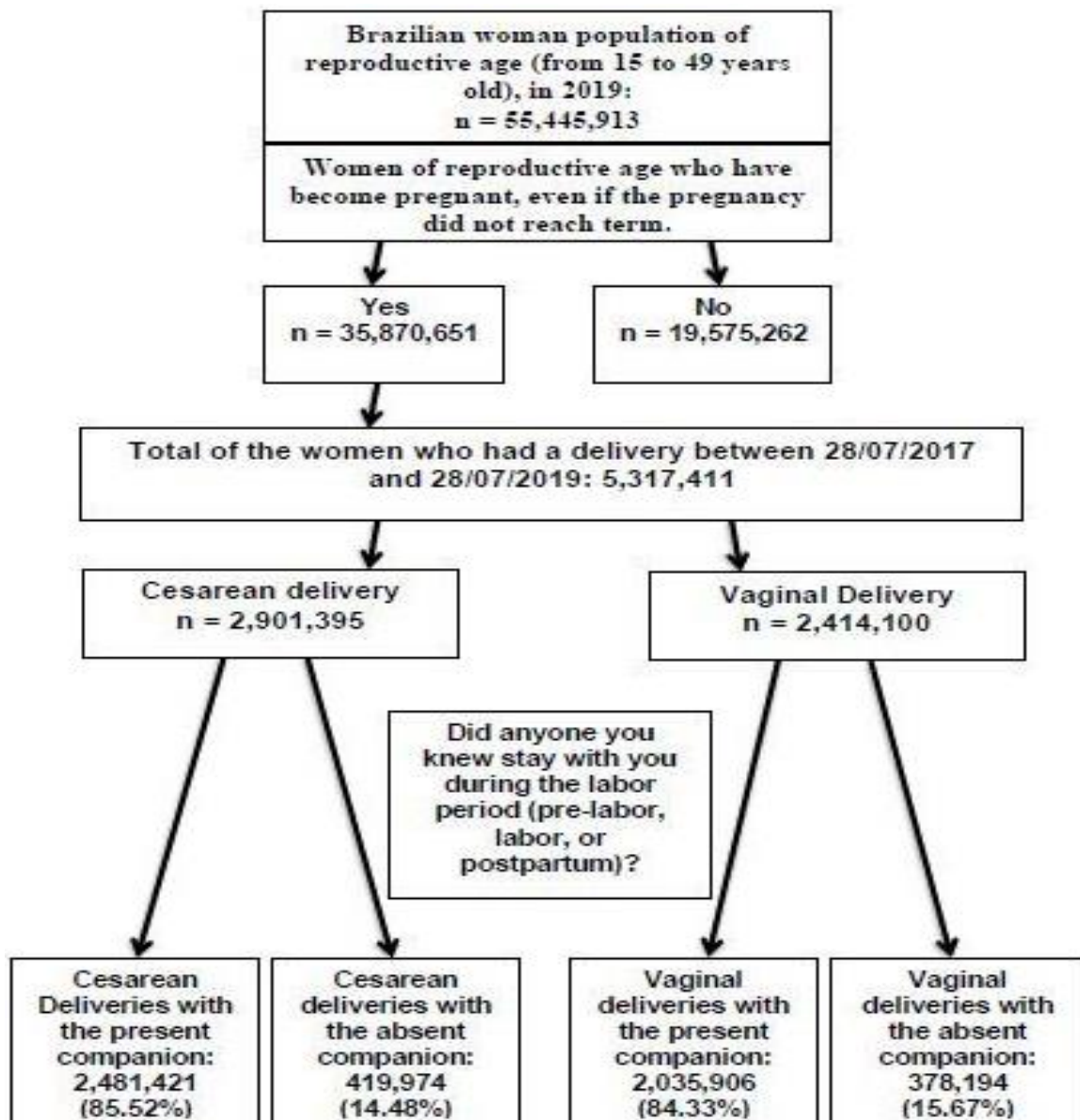


Figure 1: Composition of the study population according to the National Health Survey – 2019 data

Similar to cesarean deliveries, disparities existed regarding private health insurance coverage, with those who had companions during delivery being three times more likely to have private insurance (12.98%, 95% CI: 9.69%; 16.27%) compared to those without companions (3.00; 95% CI: 0.33%; 5.66%) ($p < 0.001$) (Table 3).

Checking for the presence or absence of a companion among women who had vaginal delivery revealed inequalities in variables related to the pre-delivery phase, such as (i) number of prenatal appointments ($p < 0.001$), (ii) number of deliveries ($p < 0.001$), and (iii) last delivery in the SUS

($p = 0.027$); the delivery phase, such as (iv) episiotomy ($p < 0.001$), but not event-level inequalities were observed in the postpartum phase (Table 4).

Discussion

This study used data from the National Health Survey-2019 (PNS-2019) to describe aspects related to pregnancies completed between July 28, 2017, and July 28, 2019, and conducted stratified analyses based on type of delivery (vaginal delivery or cesarean section) and whether the mother had a companion present during delivery.

Table 1: Distribution of sociodemographic characteristics of the woman population who had cesarean section between July 28, 2017, and July 28, 2019, according to the participation of a companion during labor, Brazil, National Health Survey (PNS-2019)

Characteristics	Cesarean section	Companion (Present)		Companion (Absent)		P-value
	n = 2,901,395 (%)	n=2,481,421 (85.52%)		n=419,974 (14.48%)		
	Total	(%)	95% CI	(%)	95% CI	
Age (Years)						0.780
15-24	714,371(24.62)	24.10	20.35; 27.84	27.70	17.68; 37.72	
25-34	1,331,250(45.88)	46.17	41.43; 50.89	44.20	34.02; 54.38	
35-49	855,774(29.50)	29.73	25.26; 34.20	28.09	17.97; 38.20	
Ethnic profile						0.359
White	1,133,326(39.06)	40.20	35.77; 44.61	32.36	21.22; 43.49	
Black	308,681(10.64)	11.06	8.12; 13.98	8.17	3.10; 13.24	
Asian	26,626(0.92)	0.88	0.23; 1.53	1.11	0.34; 2.56	
Brown	1,416,118(48.80)	47.35	42.64; 52.04	57.45	46.02; 68.87	
Indigenous	16,645(0.57)	0.52	0.07; 0.95	0.90	0.81; 2.62	
Literate						0.447
Urban	2,474,279(85.28)	86.27	83.80; 88.73	79.43	11.26; 16.19	
Rural	427,115(14.72)	13.73	11.26; 16.19	20.57	11.95; 29.18	
Residence zone						0.074
Urban	2,474,279(85.28)	86.27	83.80; 88.73	79.43	11.26; 16.19	
Rural	427,115(14.72)	13.73	11.26; 16.19	20.57	11.95; 29.18	
Cohabitation with the partner						0.347
Yes	2,343,251(80.76)	81.41	78.04; 84.77	76.94	67.28; 86.59	
No	558,143(19.24)	18.59	15.22; 21.95	23.06	13.40; 32.71	
Private health insurance						0.003
Yes	1,103,825(38.04)	40.82	36.04; 45.60	21.62	11.43; 31.80	
No	1,797,569(61.96)	59.18	54.39; 63.95	78.38	68.19; 88.56	

CI: Confidence Intervals

The findings indicate that regardless of delivery type, 85% of deliveries involved the presence of a companion chosen by the parturient woman. Factors influencing the presence or absence of a companion included having private health insurance, the number of prenatal appointments, and the location of the last delivery, irrespective of delivery type. Additionally, in pregnancies ending in cesarean section, differences were found regarding the number of postpartum appointments and the occurrence of complications during childbirth. In vaginal deliveries, differences were observed in the likelihood of requiring an episiotomy and the number of deliveries.

The high frequency of companions at the time of delivery indicates that health policies are being effectively implemented and should have an impact on healthcare quality indicators, ultimately reducing the incidence of adverse maternal and perinatal outcomes (6). The phenomenon observed in this study suggests that, in addition to healthcare professionals, support staff, parturients, and their babies, a new member has been added to the healthcare team, who is invariably

present in the obstetric procedure room. Unlike teams that typically rotate and replace each other in health service schedules, the companion always holds a unique position requiring special attention, welcome, care, and protection. From the perspective of the rational expansion of the healthcare team, consideration should be given to developing relevant guidelines/recommendations not only for those supporting pregnant women but also for managers, particularly healthcare professionals (14).

On the other hand, the inequalities revealed regarding companion participation point to certain imperfections that could be improved. For example, the fact that the prevalence of private health insurance is higher in cases with a companion, while the prevalence of giving birth in the SUS is higher in cases without a companion, demonstrates complementarity issues related to socioeconomic status that impact access to quality healthcare services. This situation suggests that private facilities may be more advanced than the SUS in integrating companions into their policies.

Table 2: Distribution of characteristics of pregnancies terminated by cesarean section between July 28, 2017, and July 28, 2019, according to the presence of a companion during labor, Brazil, National Health Survey (PNS-2019)

Variable	Cesarean section n = 2,901,395 (%)	Companion (Present) n=2,481,421 (85.52%)		Companion (Absent) n=419,974 (14.48%)		P-value
	Total	(%)	95% CI	(%)	95% CI	
Prenatal Care						0.137
Yes	2,866,851 (98.81)	98.69	97.80; 99.57	99.51	98.93; 100	
No	34,544 (1.19)	1.31	0.42; 2.19	0.49	0.08; 1.06	
Yes	2,866,851 (98.81)	98.69	97.80; 99.57	99.51	98.93; 100	
Prenatal care appointments						0.012
1 or 2	34,993 (1.24)	0.65	0.02; 1.27	4.70	2.39; 11.79	
3 or 4	92,342 (3.27)	2.77	1.68; 3.86	6.18	0.00; 12.37	
5 or 6	338,183 (11.98)	11.70	8.83; 14.56	13.63	7.65; 19.59	
≥ 7	2,356,769 (83.51)	84.88	81.77; 87.97	75.49	65.61; 85.36	
Deliveries						0.073
1	1,222,397 (42.13)	43.14	38.83; 47.43	36.18	25.28; 47.07	
2	1,120,509 (38.62)	39.04	34.67; 43.40	36.13	25.90; 46.36	
>2 to <5	497,062 (17.13)	16.13	12.99; 19.27	23.04	15.30; 30.76	
≥ 5	61,427 (2.12)	1.69	0.66; 2.71	4.65	1.44; 7.86	
Last birth in SUS ^c						0.001
Yes	1,602,080 (55.22)	51.04	46.57; 55.50	79.92	70.04; 89.78	
No	1,299,315 (44.78)	48.96	44.49; 53.42	20.08	10.21; 29.95	
Had an active labor						0.190
Yes	1,008,602 (34.76)	33.67	29.27; 38.06	41.21	30.31; 52.10	
No	1,892,792 (65.24)	66.33	61.93; 70.72	58.79	47.89; 69.68	
Reason for cesarean section						0.244
Reason 1	333,050 (11.48)	11.43	8.45; 14.39	11.79	5.99; 17.58	
Reason 2	156,843 (5.41)	5.09	3.27; 6.92	7.24	1.91; 12.56	
Reason 3	414,396 (14.28)	15.68	12.38; 18.98	6.00	0.88; 12.89	
Reason 4	288,745 (9.95)	9.72	6.99; 12.45	11.30	5.42; 17.18	
Reason 5	1,078,750 (37.18)	36.26	31.92; 40.60	42.59	31.24; 53.94	
Reason 6	439,795 (15.16)	14.75	11.74; 17.75	17.59	8.78; 26.38	
Reason 7	189,815 (6.54)	7.06	4.36; 9.76	3.49	0.77; 6.19	
Complication during the labor						0.013
Yes	402,850 (13.89)	12.27	9.71; 14.82	23.41	13.06; 33.75	
No	2,498,544 (86.11)	87.73	85.17; 90.28	76.59	66.24; 86.93	
Complication after the delivery						0.171
Yes	283,270 (9.76)	9.02	6.57; 11.46	14.17	5.87; 22.45	
No	2,618,125 (90.23)	90.98	88.53; 93.42	85.83	77.54; 94.12	
Had puerperium appointment						0.010
Yes	2,301,027 (79.31)	80.97	77.59; 84.35	69.47	60.33; 78.59	
No	600,368 (20.69)	19.03	15.64; 22.40	30.53	21.40; 39.66	
Birthweight (grams)						0.640
< 1,500	23,467 (0.86)	0.72	0.08; 1.36	1.69	0.34; 3.72	
1,500 to <2,500	254,479 (9.32)	9.08	6.32; 11.82	10.80	2.18; 19.41	
2,500 to <3,999	2,256,335 (82.61)	82.67	79.38; 85.95	82.24	72.95; 91.53	
> 4,000	197,090 (7.21)	7.53	5.37; 9.68	5.27	1.25; 9.27	

CI: Confidence Intervals, Reason 1: Unified Health System, Reason 2: Have a previous Cesarean Section, Reason 3: Perform Tubal Ligation, Reason 4: Not feeling labor/childbirth pain/by convenience, Reason 5: Doctor's decision during prenatal care, Reason 6: Medical indication due to complication, Reason 7: Medical indication due to lack of active labor, Reason 8: Other service

Table 3: Distribution of sociodemographic characteristics of the woman population who had vaginal deliveries between July 28, 2017, and July 28, 2019, according to the participation of a companion during labor, Brazil, National Health Survey (PNS-2019)

Variable	Vaginal delivery n=2,414,100 (%)	Companion (Present) n=2,035,906 (84.33) (%)	95% CI	Companion (Absent) n= 378,194 (15.67) (%)	95% CI	P-value
Age (Years)						0.004
15-24	1,020,832 (42.28)	43.83	38.90; 48.76	33.96	24.56; 43.36	
25-34	1,038,331 (43.01)	43.52	38.79; 48.23	40.30	31.00; 49.58	
35-49	354,938 (14.70)	12.85	9.89; 15.41	25.74	15.95; 35.52	
Ethnic profile						0.911
White	722,799 (29.94)	30.12	25.21; 35.03	28.95	18.55; 39.35	
Black	320,332 (13.26)	12.62	8.82; 16.82	15.67	7.69; 23.64	
Asian	26,353 (1.09)	1.14	0.41; 1.87	0.81	-0.48; 2.11	
Brown	1,329,762 (55.08)	55.31	50.18; 60.43	53.89	43.79; 63.98	
Indigenous	14,854 (0.61)	0.61	0.14; 1.06	0.66	-0.20; 1.54	
Literate						0.124
Yes	2,369,191 (98.14)	98.45	97.69; 99.20	96.46	93.08; 99.83	
No	44,909 (1.86)	1.55	0.79; 2.30	3.54	0.16; 6.91	
Residence zone						0.568
Urban	2,006,930 (83.13)	83.42	80.78; 86.05	16.58	13.94; 19.21	
Rural	407,170 (16.87)	81.58	75.62; 87.54	18.42	12.45; 24.37	
Cohabitation with the partner						0.568
Yes	1,794,973 (74.35)	75.62	71.11; 80.12	67.51	58.03; 76.99	
No	619,127 (25.65)	24.38	19.87; 28.88	32.49	23.00; 41.96	
Private health insurance						< 0.001
Yes	275,680 (11.42)	12.98	9.69; 16.27	3.00	0.33; 5.66	
No	2,138,419 (88.58)	87.02	83.72; 90.30	97.60	94.33; 99.66	

CI: Confidence Intervals

This assumption aligns with the notion that private health facilities enforce user rights more rigorously and provide stronger safeguards (15). The survey research named “Nascer no Brasil II” (Born in Brazil II) revealed that in Rio de Janeiro, the prevalence of companions was 98.8% and 71.9% in private and public services, respectively (16).

The barriers to accessing care within the SUS may also reflect resistance among some health professionals who are reluctant to adopt a humanization policy approach, and may even be related to institutional issues. This further reinforces the need to establish better structured and clearer protocols that comply with national laws (3) and WHO recommendations (17). The present study's assessment based on the presence or absence of companions highlights disparities in some modifiable factors, such as prenatal attendance, episiotomy practice, reduction of complications during childbirth, and postpartum appointments. Intervention studies focused on measures to enhance good practices may provide clues for addressing inequalities, thereby making the companion support a genuine right

regardless of the parturient's personal circumstances.

In Brazil, investigations to characterize the companion during the delivery period have primarily focused on regional and local data, with few studies evaluating the entire country. A study conducted at a public maternity hospital in Piauí reported prevalences in settings for high-risk vaginal deliveries and low-risk vaginal deliveries, indicating a higher frequency of minors accompanying women in the high-risk delivery group (85.5%) compared to the low-risk delivery group (98.0%) (18).

Data from a maternity hospital in the municipality of Belo Horizonte, classified as philanthropic with exclusive care by the Unified Health System (SUS), covered 978 parturients (excluding elective cesarean sections) (19). This study found that 97.8% of parturients had a companion, though the study population included the participation of doulas (19).

An assessment of the effectiveness of the Rede Cegonha strategy involved selecting a sample of public and private maternity hospitals representing 50% of all births in the country and 61.2% of SUS births in 2017 (20).

Table 4: Distribution of characteristics of pregnancies terminated by vaginal deliveries between July 28, 2017, and July 28, 2019, according to the participation of a companion during labor, Brazil, National Health Survey (PNS-2019)

Variable	Vaginal delivery n=2,414,100 (%)	Companion (Present) n=2,035,906 (84.33) (%)	95% CI	Companion (Absent) n= 378,194 (15.67) (%)	95% CI	P-value
Prenatal Care						0.082
Yes	2,354,315 (97.52)	97.98	97.16; 98.79	95.05	90.33; 99.75	
No	59,785 (2.48)	2.02	1.20; 2.83	4.95	0.24; 966	
Prenatal appointments						<0.001
1 or 2	34,328 (1.50)	1.29	0.48; 2.10	2.76	0.36; 5.16	
3 or 4	186,550 (8.17)	6.82	4.75; 8.89	16.22	8.21; 24.22	
5 or 6	508,067 (22.25)	20.60	16.16; 25.02	32.14	21.34; 42.93	
≥ 7	1,554,173 (68.07)	71.29	66.59; 75.98	48.88	38.36; 59.39	
Deliveries						0.001
1	943,295 (39.07)	40.61	35.67; 45.55	30.79	21.84; 39.73	
2	746,808 (30.94)	32.36	27.69; 37.01	23.28	15.53; 31.01	
>2 to <5	535,660 (22.19)	20.59	17.30; 23.87	30.80	21.28; 40.31	
≥ 5	188,337 (7.80)	6.44	4.45; 8.42	15.13	6.63; 23.63	
Last birth in SUS						0.027
Yes	2,135,304 (88.45)	87.51	84.45; 90.56	93.51	89.92; 97.09	
No	278,796 (11.55)	12.49	9.43; 15.54	6.49	2.90; 10.07	
Episiotomy						<0.001
Yes	851,365 (35.27)	34.50	29.80; 39.19	39.41	29.06; 49.76	
No	1,562,735 (64.73)	65.50	60.80; 70.20	60.59	50.23; 70.93	
Offering a pain relief method						0.346
Yes	888,029 (36.79)	35.94	31.16; 40.71	41.33	30.94; 51.71	
No	1,526,071 (63.21)	64.06	59.28; 68.83	58.67	48.28; 69.05	
Using a pain relief method						0.172
Yes	796,484 (32.99)	31.78	27.30; 36.25	39.52	28.97; 50.97	
No	1,617,616 (67.01)	68.22	63.74; 72.69	60.48	49.92; 71.02	
Pain relief method type used						0.341
Anesthesia	431,256 (54.14)	54.26	45.88; 62.62	53.67	33.99; 73.33	
Other drug	263,326 (33.06)	31.33	22.71; 39.94	40.55	20.95; 60.14	
Other method	55,933 (7.02)	8.45	5.10; 11.79	0.85	-0.82; 2.52	
Don't know	45,969 (5.78)	5.96	2.94; 8.99	4.93	-2.90; 12.76	
Complication during the labor						0.656
Yes	248,234 (10.28)	10.05	7.50; 12.60	11.52	5.27; 17.77	
No	2,165,865 (89.72)	89.95	87.40; 92.49	88.48	82.22; 94.72	
Complication after the delivery						0.399
Yes	185,654 (7.69)	7.38	5.37; 9.39	9.35	4.94; 13.74	
No	2,228,446 (92.31)	92.62	90.60; 94.62	90.65	86.25; 95.05	
Had puerperium appointment						0.531
Yes	1,640,396 (67.95)	67.49	63.11; 71.86	70.42	62.57; 78.26	
No	773,704 (32.05)	32.51	28.13; 36.88	29.58	21.73; 37.42	
Birthweight (grams)						0.193
< 1,500	41,208 (1.86)	2.01	0.32; 3.69	0.97	-0.44; 2.38	
1,500 to <2,500	170,998 (7.70)	7.33	4.92; 9.72	9.86	3.62; 16.09	
2,500 to <3,999	1,904,457 (85.78)	85.48	82.09; 88.86	87.51	80.98; 94.03	
≥ 4,000	103,503 (4.66)	5.18	3.26; 7.09	1.66	0.29; 3.01	

CI: Confidence Intervals. SUS: Unified Health System

The study estimated that 72.1% of childbirth stages had a companion present, though it did not relate this to the type of delivery (20). The distinction between public and private sector data, restricted to vaginal deliveries, showed a prevalence of companions present at 83.9% and 96.8%, respectively (21).

The national survey called “Nascer no Brasil” considered health institutions with at least 500 births/year and included postpartum women who had live births at hospitals, defined as at 22 weeks of gestation or over 500 grams at birth (22). Using a sample of 2,070 participants, the study found that the prevalence of a companion present during cesarean delivery (34.8%) was lower than that during vaginal delivery (39.4%) (22).

Overall, the frequency of companion participation is primarily based on hospital samples, with some exceptions involving samples from the general population (23). A comparison of 2013 and 2019 versions of the PNS data shows a significant increase in the participation rate of companions during childbirth, with frequency rising from 59.8% to 85.1%, though other relevant factors were not included in the analysis (6).

The estimated figures encompass the entire national population, contributing to a deeper understanding of the birth companions chosen by parturient women across different types of delivery. Microdata were processed entirely online in strict accordance with the recommendations of IBGE, ensuring that robust estimates were obtained in line with the methodology recommended for the sampling process. The analyzed data were collected by the PNS-2019 immediately after the specified childbirth period concluded, thereby making the collected information less susceptible to memory bias.

However, this study has several limitations. First, the question about the participation of a companion was designed to cover the presence of the woman's chosen companion during the “childbirth period,” including pre-delivery, delivery, and postpartum. This format limits the possibility of more accurately measuring the companion's participation level in each specific phase. Additionally, while the data exhibits a certain degree of representativeness for the target population, the coefficients of variation for a few variable categories, such as race/color (Asian and indigenous categories), exceeded 30% in some instances.

Conclusion

The prevalence of companions during cesarean or

vaginal deliveries in Brazil is high, with approximately 85% of births involving such support. Despite this high rate of participation, access to support during childbirth from someone chosen by the woman in labor remains unequal. Furthermore, several modifiable factors continue to influence the realization of this benefit, regardless of the type of delivery. To reduce these inequalities, initiatives should prioritize promoting best practices offered in obstetric health services, ensuring adequate prenatal care, scheduling postpartum follow-up appointments, and providing high-quality care to reduce complications during childbirth.

Conflict of Interests

Authors declare no conflict of interests.

Acknowledgments

Our gratitude to the Brazilian Institute of Geography and Statistics for providing the data from the National Health Survey.

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Citation: dos Santos Camargo JC, Carvalho de Sousa AS, de Barros MF, do Nascimento MI. **Companion and Type of Delivery: Inequalities in Brazil Revealed by the National Health Survey – 2019.** *J Family Reprod Health* 2026; 20(1): 61-70.