Original Article

Female birth companion for labor support: Perception and experience of health care providers

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Abstract

Background: The International Childbirth Initiatives aims to provide a respectful, evidence-based, and positive birthing experience to women. So, it is important that the women are counseled well before, during the antenatal period, and during labor and are given a choice of companion, doctor, hospital, and choice of her alternative birthing position. The aim was to assess the perceptions and experience of healthcare providers with the presence of a female Birth Companion (BC) for labor support. **Method:** A mixed-method observational study was conducted. The laboring women included in the study were mostly from rural areas, as the tertiary care hospital is situated in a rural area. Perceptions and experiences of health providers about 213 BCs were collected. The validated questionnaire was used to assess the perceptions of health providers through Google form. The information was downloaded as a Comma Separated Values (CSV) file. Data was analysed using Microsoft Excel. **Result**: On evaluating the responses to each BC, 92.95% senior nurses were highly beneficial, 4.6% were somewhat beneficial, and 2.34% were not beneficial. The junior nurses were of the opinion that 79.81% were highly beneficial, 16.9% were somewhat beneficial, and 3.28% were not beneficial. Junior resident doctors said that 77.46% were highly beneficial, 19.71% were somewhat beneficial, and 2.81% were not beneficial. The senior resident doctors said that they were highly beneficial 86.38%, 11.73% were somewhat beneficial, and 1.87% were not beneficial. Most healthcare providers' perceived that BC gave physical, emotional support and confidence to laboring women. Some health providers had challenges like rude behavior, inattentiveness, and disturbing behavior of BCs. **Conclusion:** Most of the BCs during continuous laboring support were highly beneficial as per the perceptions and experience of the health care providers.

Keywords: birth companion, labor support, health care provider, perceptions.

Introduction

In this era of Respectful Maternity Care (RMC) and International Childbirth Initiative (ICI), the aim is to provide a dignified, humane, appropriate, evidence-based, and positive birthing experience to women. The World Health Organization (WHO) 2014, in evidence-to-action short report, stated that in labor and childbirth, many women need to have a spouse/partner, friend, own circle of relative's member, or another network members. Indeed, research has proven that having a labor companion improves results for women[(1-3)]. The WHO defines the quality of care as both the provision of technically competent care (i.e., use of evidence-based practices for routine care and management of complications, as well as actionable health management information systems and functional referral systems), the enhancement of women's experience of care (i.e., informative and comprehensible communications, care delivered with respect for women's dignity, choices and autonomy in decision-making, and availability of social, emotional and practical support)[(4)]. This care has to be added in any respect level of the health system, with the aid of medical examiners knowledge, capability, and abilities to address complications. In 2016, the Health Ministry of India let in Birth Companion (BC) for the delivery duration in public health centers in a progressive flow. The Ministry of Health and Family Welfare (MoHFW) has made this significant decision aimed towards reducing the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR)[(5)]. MMR, in turn, has fallen in India by 55%, from 103 per 1,00,000 live births in 2017-2019 to 97 per 1,00,000 live births in 2018-2020[(6)].

Preference of companion during labor needs to be the choice of the woman. Supportive care for the duration of labor and childbirth consists of the presence of a companion who can advise the female about the progress of labor and coping techniques, assist her in making choices and expressing her desires concerning techniques that she could want to be undertaken. The companion focuses on individualized support before, during, and after birth; while nurses frequently attend to various women in labor. A trained BC contributes to decreased anxiety and shortened labor, increased mother's emotions of control, and reduced interventions and cesareans. It additionally enhances the partner's participation, improves outcomes for the newborn, facilitates parent/infant bonding, and decreases postpartum depression at the same time as increasing positive feelings about the birth experience[(7,8)].

Healthcare providers were largely unaware of the concept of a BC, WHO's recommendation, and the Government of India's (GOI) guiding principle on the presence of a BC. A finding with large public health implications is especially relevant in the face of COVID-19, which has caused a setback to maternal and child health and led to an acute shortage of health care staff. Barriers to the introduction of BC need to be identified and overcome[9].

Addressing the shortage of healthcare providers as well as drugs and supplies within maternity units make the companion move from the pregnant woman to get these medicines. Thus this will reduce the perceived position of the companion as an aide to providers and increase emphasis on their emotional support position[10]. The professional or companion that provides continuous support for women must be able to inform, relieve tension, meet the parturient needs and facilitate the interplay amongst this woman, her family, and the health care staff[11]. The kind of care a woman receives is as important as the medical outcomes. Pregnancy, childbirth, and parenting are all a part of the life continuum, and the way support is provided for every of these is perhaps a mark of any culture's advancement[12].

Despite companionship being identified as an essential component of respectful maternity care and a potentially important component in facility delivery rates, a paucity of evidence exists at the elements that expect it. As evidence of the high-quality results of companionship builds, community-level programs may be applied to increase the client demand for companionship. Providers working in facilities with staff shortages and excessive workloads may be especially open to implementing companionship programs. Expanding the size and ability of professionals in the hospitals, and sensitizing providers and health managers regarding the importance and results of disrespect and abuse; could decrease the workload and probably promote more dignified and respectful maternity care, respectively[13,14]. Hence the present study was conducted to understand the perceptions of healthcare providers about the presence of BCs during labor in a rural tertiary care center.

Material and Methods

A mixed-method observational study was conducted in 2020-2021 for one year. A total of 213 pregnant women were counseled and then given the choice of selecting her BC. Once the woman was settled in labor, delivery, and recovery room with her BC, the health providers did the group counseling of the BCs, and their roles and responsibilities were explained. The labor process was followed as per the GOI guidelines.

The participants of this study were the healthcare providers to the 213 women in labor. Questionnaire was developed, validated, and used to assess health providers' perception of BCs (Table 1). The questionnaire was converted to Google form, and all healthcare providers (i.e., a junior nurse, senior nurse, junior resident doctor, and senior resident doctor) were informed to fill out the questionnaire for each BC.

Besides the questionnaire, two focus group discussions were conducted. Each focus group consisted of 10 participants: three laboring women, three BCs, two staff nurses, one resident doctor, and one consultant, and it lasted about 60 minutes. Participants were asked about their perceptions and experience of a BC during labor.

Table 1: Questionnaire for healthcare providers

Sr. No	Questions
1	Do you think the birth companions were appropriately selected?
2	Did they help the women for changing clothes, taking her to the toilet and giving her food?
3	Were they receptive?
4	Did they do anything as per their wish or asked the doctors or nurses?
5	Were they of help to the women in reducing her fear, crying and anxiety?
6	Did they help the health care workers in the time of crisis?
7	Were they of use in encouraging the women for normal birth?
8	Did they help by some process in relieving her pain?
9	Were they sympathetic towards her or were abusive?
10	During pushing the baby did they respectfully supported her?
11	Did they monitor her carefully and asked the healthcare workers about her?
12	Did they help her holding the baby carefully?
13	Did they notify any complication which happened post-delivery?
14	Did they cooperate in difficult situations as shifting her for caesarean section or instrumental delivery?
15	Did they help in initiation of early breast feeding?
16	Were they respectful towards health care workers?
17	Were they present continuously or not?
18	Were they on mobile all the time or slept while woman was in labour?
19	Did they create any other nuisance?
20	How was the experience overall with them?
21	Any aother as per the health providers experience

Data analysis

The information collected was entered in a Google form, and the results were downloaded as a Comma Separated Values (CSV) file. Data was converted to Microsoft Excel and analysed. Data was checked for consistency and completeness; data entry errors were spotted and corrected.

Themes and sub-themes were identified based on the responses. Proportions for each identified themes and sub-themes were calculated for all responses. Besides, the discussions were audio recorded and simultaneously transcribed, translated, and analysed. Selected verbatim are represented as quotes.

Ethical considerations

Approval of Institutional Ethics Committee of Mahatma Gandhi Institute of Medical Sciences, Sevagram, Maharashtra, India, was taken on 25/01/2020, and Reference No. MGIMS/IEC/OBGY/05/2020.

Results

The type of support persons varied in this study, including mother (67%), mother-in-law (17.84%), sister (6.5%), sister-in-law (1.87%), Accredited Social Health Activist (ASHA) worker (3.75%), and doulas (trained / skilled birth attendant) (1.8%). Most of the BCs during continuous laboring support were highly beneficial as per the perception and experience of the healthcare providers. Regarding the responses to each BC, as per the senior nurses, 198 (92.95%) were highly beneficial, 10 (4.6%) were somewhat beneficial, and 5 (2.34%) were not beneficial. The junior nurses were of the opinion that 170 (79.81%) were highly beneficial, 36 (16.9%) were somewhat beneficial, and 7 (3.28%) were not beneficial. Junior resident doctors reported that 165 (77.46%) were highly beneficial, 42 (19.71%) were somewhat beneficial, and 6 (2.81%) were not beneficial. The senior resident doctors reported that 184 (86.38%) were highly beneficial , 25 (11.73%) were somewhat beneficial, and 4 (1.87%) were not beneficial (Table 2).

Table 2: Perception of health care providers regarding each birth companion (n=213)

Health providers	Responses to each birth companion		
	Highly beneficial n (%)	**Somewhat beneficial n (%)**	**Not beneficial n (%)**
Senior Nurses	198 (92.96)	10 (4.69)	5 (2.35)
Junior nurses	170 (79.81)	36 (16.90)	7 (3.29)
Junior Resident Doctors	165 (77.46)	42 (19.72)	6 (2.82)
Senior Resident doctors	184 (86.38)	25 (11.74)	4 (1.88)

Benefits of BC

Table 3 represents the identified themes and sub-themes about the perceived benefits of BCs.

During childbirth

Give confidence

The majority of the respondents reported that the women in labor felt confident (82%). One of BCs said "*I felt blessed being with my daughter-in-law when she gave birth, I was encouraging her to stay strong and hang in there.*"

Support woman

Physical support

The majority of the health care staff reported that the BC helped the nurse in changing clothes and keeping the woman in labor clean (78%), found the BC very helpful in ambulating the woman in labor (88%), and helped the woman in labor in taking different birthing positions (78%). One of the BCs said, "*I felt happy to see my child give birth. I saw the whole process. From the first pain, until birth and even helping to massage.*"

Emotional support

Emotional support was responded as pacifying the women in pain (74%). Many also reported that if any tear or episiotomy was given, BC helped in engaging the women by talking about something, and sutures could be given easily (88%).

Counseling

Respondents also informed that BC helped the woman in counseling if she was shouting a lot or was non-cooperative (84%), especially BC helped a lot during the second stage of labor to help encourage women to push (80%).

After childbirth

Support newborn

BC played a major role in supporting the newborn. When the baby was kept on the mother's abdomen after delivery, they helped her in holding the baby (77%).

Identify complications

The majority of the staff informed that number of times in a busy labor room and other deliveries were going on, BC helped in identifying some complications (84%).

Follow advice

Participants reported that BC helped in the Active Management of the Third Stage of Labour (AMTSL) by giving uterine massage as explained by nurse/doctor (92%).

Comfort to the woman

Participants informed that BC was very helpful in making the women feel comfortable post-delivery and helped her by giving her warm fluids (88%).

Support woman

It was reported that BC also helped a lot in the early initiation of breastfeeding (92%) and encouraged the women to pass urine as early as possible (88%).

Counseling

Some respondents also reported that some of the BCs counseled women for Postpartum Intrauterine Contraceptive Device (PPIUCD) (45%).

Indirect benefits

Indirect benefits reported included noticing complications. Excessive bleeding after delivery was generally noticed by BC, even though the women were monitored by the health care providers (76%). Also, BC appreciated doctors and nurses, which boosted the morale of providers (88%). One of BCs said that "*The service was good. They assisted us with love and respect.*"

Table 3: Themes and sub-themes identified about benefits of female birth companion

During childbirth	After childbirth	Indirect
Give confidence	Support newborn	Counseling
Physical support	Identify complications	Appreciation
Emotional support	Follow advice	
Counseling	Comfort to woman	
	Support woman	

Challenges

Table 4 mentions the identified themes and sub-themes about perceived challenges by health staff.

During childbirth

Rude behavior

This was a challenge reported by the health staff. Few of the BC were very rude and kept scolding the women (15%).

Ill health

Some also reported that few BCs fainted at the time of delivery (2%).

Poor support

Some respondents informed that few BCs went out at the time of delivery (2%), while some went out and sent someone else as they could not see delivery (7%), while few were repeatedly changing one after another (1%).

After childbirth

Inattentiveness

Respondents noticed that some BCs constantly used a telephone and talked in a loud voice (5%), and some were just ignorant and did nothing at all (12%).

Self-comfort

It was also noticed that some wanted their own comfort and did not care at all about the women (8%).

Refusal to advice

The health staff reported that some BCs refused to keep the baby on the mother's abdomen (7%).

Disturbing

Few BCs were very interfering and constantly disturbed the health providers (2%)

About birth companion

Lesser care of mother

It was noticed that few BCs took the baby and went out without informing, leaving the women behind (9%).

Complaining

Some were extremely complaining and created issues for providers, and gave wrong information outside (3%). One of the BCs said to relatives, "*Once the baby was delivered and junior resident had to stitch where she had cut, the mother felt a lot of pain and they didn't care about pain .*"

Whereas, few BCs would repeatedly call the doctors for every minor thing (12%).

Aggressive

Respondents reported that few BCs fought with the nurses and doctors (6%), while few created a scene if any complication occurred (8%). Junior resident said, *"One of the birth companions fought with the nurse during postpartum hemorrhage and not let to examine the patient."*

Table 4: Themes and sub-themes identified about challenges faced by doctors and nurses with female birth companion

During childbirth	After childbirth	About birth companion
Rude behavior	Inattentiveness	Lesser care of the mother
Ill-health	Self-comfort	Complaining
Poor support	Refusal to advice	Aggressive
	Disturbing	

Discussion

RMC is one of the major motives of the government now, and the maternal health division is serious about it. There are various components of RMC in which one of the major components is the right of choice which means it should be women's right to choose the doctor, facility, and BC during childbirth. The international childbirth initiatives also aim at having a counseled BC of her choice throughout childbirth. WHO recommendation, too, are that every woman in labor and delivery should be accompanied by a companion of her choice. The guidelines of Labor Room quality Improvement Initiative (LaQshya) also recommend BCs in the interests of quality of care and dignity of the delivering women.

The findings indicated women's preference for the presence and support of a female relative during labor especially mother (about two-third). In North America, doulas, trained

as paraprofessionals, provide support, whereas, in Arabian and African countries, female relatives or friends with minimal or no training perform this function. Lunda et al. (2018) and Kabakian-Khasholian et al. (2015) identified labor support providers, excluding midwives, and including female relatives or friends, husbands/partners, and doulas[2,3].

This has been proven in a study by McGrath et al. (2008)[15], in which it was demonstrated that the presence of a doula during labor significantly reduced the intensity of labor pain compared to the control group. Most health care providers agreed to the suggestion that BC might offer emotional support, increase the woman's confidence, offer physical, mental, and emotional comfort, and improve communication signifying an understanding of the mechanism with the aid of using which BC can assist the woman in labor. Almost 92% of respondents opined that BC would lead to early initiation of breastfeeding, which has huge implications for child survival and post-natal recovery. On the whole, healthcare providers perceived all-round benefits of the presence of a BC.

Most of the BC during continuous laboring support was highly beneficial as per the perception and experience of the health care providers. BCs were reported to be highly beneficial by health providers, including senior nurses (92.95%), junior nurses (79.81%), junior resident doctors (77.46%), and senior resident doctors (86.38%). From their perspective, BC had the twin role of offering emotional support to women and offering help for the provider's job. Few BCs did not do the provider's job of making women more comfortable. However, healthcare providers were satisfied with BC, because they improved their ability to offer good-quality care. Similar findings were observed in Afulani et al. (2018)[10] study conducted in Kenya and Chaote et al. (2021)[16] study conducted in Tanzania.

In the present study, the inference is that it is important to have a BC of her choice as her right, but also to counsel the BC about their responsibilities and duties. If rightly trained, they can be extremely useful in supporting the women; at the same time, helping the provider in many ways. The study also proved that the presence of a BC gives a protected, safe, supported, and beneficial experience to laboring women and providers.

BC's utility is extensively mentioned for both providers and birthing women. BC is an important part of presenting respected maternal care worldwide. The providers expressed concern and reservations against the presence of BCs who aren't emotionally strong, uneducated, misbehaving with staff, or interfering with patient management substantiated in this study . Owing to the important link between the presence of BCs and disrespect and abuse in Indian facilities, the full implementation of national guidelines on permitting BCs in labor rooms is strongly recommended. At the facility level, hospitals should devise their own implementation plans to promote BCs. Conducive infrastructure has to be made available to promote birth companionship. Identification and training of BCs during antenatal durations will assist in mitigating some apprehensions of the providers[17].

Conclusion

The laboring women included in the study were mostly from rural areas, as the tertiary care hospital is situated in a rural area. Most of the BCs preferred by the women were the family members, mainly the mother. The study revealed that the presence of BCs during continuous laboring support is highly beneficial as per the perception and experience of the health care providers, and it impacts maternal and fetal outcomes.

Conflict of Interest: Nil

Source of Support: Nil

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