



BIRTH COMPANION AND RESPECTFUL MATERNAL CARE – AN EXPERIENCE AT TERTIARY CARE CENTRE

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ABSTRACT **Background:** The promotion of facility based delivery has been at the forefront of the international efforts to reduce maternal mortality, promoting respectful maternal care being recognized as critical element to improve the quality of maternal care.

Aim-To explore the contribution of a birth companion during labor and child birth to promote respectful maternal care.

Method: This is a descriptive study with qualitative approach involving the experience of 489 women who delivered during November 2019 to February 2020.

Results: Mean age was 25.58 years, 48.67% participants were primigravida, in 52.35% cohort birth companion was given by mother-in-law followed by mother (25.56%). Most common reason for companion was to build their confidence (50.5%) followed by better emotional support (46.83%). All participants felt sense of newborn security due to companion.

Conclusion: Birth companion generates positive feelings for women and contributes to humanization of delivery thus bringing a respectful and zero defect maternal care.

KEYWORDS : birth companion, respectful maternal care, quality of maternal care.

INTRODUCTION-

Over the past decade, the promotion of facility based delivery has been at the forefront of international efforts to reduce maternal mortality. Retention, equity, dignity, quality of care along with the continuum of maternal health care remains a challenge.^{1,2,3} Even when services are available care may be compromised by mistreatment during childbirth, including abusive, neglectful or disrespectful care^{4,5}. Several studies have identified that even if the provider is skilled in managing complications, woman may refuse to seek care when they have had previously experienced disrespectful care and may also discourage others from seeking care.^{6,7} Promoting respectful maternal care is being increasingly recognized as a critical element of strategies to improve the utilization and quality of maternity care.⁸ and that all women need and deserves respectful care⁹.

Respectful maternal care can be defined as an approach to care that emphasizes the fundamental rights of women, newborns and families and that promotes equitable access to evidence based care while recognizing the unique needs and preferences of both women and newborns¹⁰. The WHO(World health organization) quality of care framework for maternal and newborn health outlines access to emotional and social support of women's choice as core to the experience of care and to achieve positive person-centered health outcomes¹¹. Thus WHO recommends that every woman is offered the option to experience labor and childbirth with a companion of her choice.¹² Different terms have been used for this recommendation, including companion of choice at birth , labor companion, birth companion, emotional support during birth , social and continuous support during childbirth and delivery , supportive companionship and continuous support during childbirth¹³⁻¹⁸. WHO recommendations for intrapartum care for a positive childbirth experience clearly suggested that the companion may increase the spontaneous vaginal births, may reduce instrumental vaginal delivery, negative ratings and child birth experience, postpartum depression and a reduced low Apgar score at 5 minutes¹⁹.

The companion in this context can be any person chosen by the woman to provide her with continuous support during labor and childbirth. This may be someone from the woman's family or social network such as spouse, a female friend or relative, a community member (community leader, health worker or traditional birth attendant) or doula (woman who has been trained in labor support but is not a part of the health care facility's professional staff).(who) Common elements

of support provided by birth companion include, emotional support(eg. Continuous presence and giving reassurance and praise), informational support (eg. Giving information about labor and coping techniques), comfort measures (eg. Comforting touch, massage, warm baths/ showers, encourage mobility and promoting adequate fluid intake and output), advocacy (eg. Helping woman articulate their wishes to providers) and instrumental support (providing assistance with needs)^{14,15,20}

OBJECTIVE-

To explore the contribution of birth companion during labor and childbirth to promote respectful maternal care.

METHOD-

This is a prospective , descriptive study with a qualitative approach, since it was intended to describe the characteristics of a given population in relation to the addressed theme. This study was conducted in the department of obstetrics and gynecology, New Medical College Hospital, Government Medical College Kota, Rajasthan. The average delivery load of the working unit is 4500 deliveries per year. 500 Women admitted for safe confinement between Nov. 2019 to Feb. 2020 were included in this study.

Inclusion Criteria:

All pregnant women with >18 years of age admitted in labor or for induction of labor were included.

Exclusion Criteria-

women who were planned for elective cesarean section, associated high risk like eclampsia, antepartum hemorrhage, women with mental disorders or cognitive dysfunction were excluded.

The achievement of information occurred through the questionnaire. The questionnaire was filled after explanation of the research to the parturient women and their agreement to participate in it.The accomplishment of filling questionnaire done in a side room away from the nursing station and other puerperal women so that the woman could feel more comfortable and confident to answer the questions. 11 questionnaire were incompletely filled hence the data available with 489 women were analyzed and summarized as below.

Statistical Analysis:

Data was collected and entered in Microsoft excel sheet to prepare master chart.

Linear variables were summarized as mean and standard deviations. Nominal and categorical data was presented as Proportions (%).

Medcalc 12.2 .1.0 version software was used for all statistical calculations.

RESULTS-

The age group of the studied participants was between 20 years to 35 years with mean age 25.58 years. Maximum patients were in the age group of 20-25 years , regarding the parity ; maximum patients were primigravida.

Table 1: Characteristics Of Study Participants (N=489)

Age (years)	No.	%
20-25	233	47.65
26-30	216	44.17
>30	40	8.18
Gravida		
Primigravida	238	48.67
2-3	220	44.99
>3	31	6.34
Provided birth companion		
Mother in law	256	52.35
Mother	125	25.56
Sister in law	82	16.77
Sister	24	4.91
Aunt	1	0.20
Husband	1	0.20

When being questioned about the birth companion, most of the women preferred a female companion like mother, mother –in-law, sister, sister-in-law or friend. 52.35% of women opted for mother –in-law as in our region there is usual trend of getting delivered at in-laws home. 25.56% of women preferred their mother as companion. This reflects that the study participants opted for more experienced companion who have already gone through the event of delivery and child birth, which gave them a sense of security and confidence.(Table no. 1)

Although presence of partner as companion increases the bonding between the couple and the newborn, it shares the responsibilities and experience at the time of delivery. Definitely the participation of husband is significant, but in our study only 0.2% opted her husband. Since she had not accompanied with any female companion. Usually male companions are not allowed in the ward because of limited space and overcrowding hence privacy concerns for other women in labor and delivery wards.

Table 2: Previous Delivery Supported By Birth Companion (N=489)

Supported by birth companion	No.	%
No	290	59.30
Yes	199	40.70
Total	489	100.00

Table 3: Reasons Better Delivery Experience Among Who Didn't Have Birth Companion In Previous Delivery (N=290)

Reasons	No.	%
Primigravida	238	82.07
Better emotional support	25	8.62
Controlled labor anxiety	15	5.17
Physical support	8	2.76
Encourage positive birthing	3	1.03
Build their confidence	1	0.34

In our study cohort 59.30% women had no prior experience of birth companion, although 82.07% of them delivered their child for the first time and due to companion they were confident by having a known person close by and thus unknown fear of first delivery was calmed. When rest of the cohort questioned about their experience of this pregnancy in comparison with their previous pregnancy without companionship, 8.62% women had better emotional support and 5.17 % women had experienced controlled labor anxiety in this pregnancy, 2.76% had physical support and 1.03% women had perceived a positive birthing due to companionship.(table no.2/3)

The most common reason for the need of companion was to build their confidence during delivery was cited by 50.51% of cohort followed by the better emotional support due to companion . 9.61% women had

opted companion for positive birthing and the remaining questioned population got reassurance due to labor companion. .(Figure no. 1)

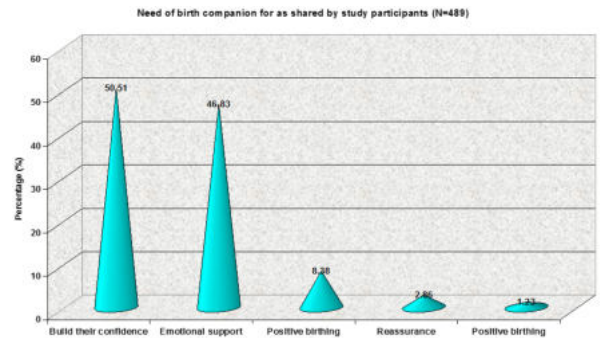


Figure 1. Need Of The Birth Companion For As Shared By Study Participants.

When we highlighted other experiences, 40.70% women agreed that the informational support was provided by the companion and remaining women thought that companion brought them to the hospital and thus the doctor provided them more information than the accompanied person. 90.50 % women in the study were encouraged by the companion in her care and ambulation during labor and child birth giving them assurance that they had someone readily available to help them if they needed help for things. 90.39% women didn't find any breach in their privacy due to companion however remaining participants felt that there was no need for a relative to be there to see their nakedness. 68.10% of women felt that the anxiety, stress at the time of child birth was conveyed to the health workers by their respective companions.

When we asked them about any unnecessary advise / interference in the treatment done by the companion, 80% answered 'NO' however 20% women thought that hospital staff is skilled enough and had more knowledge about the process of delivery than their relatives, there was nothing they will do except looking at them hence any advice given by them was interference in her treatment. Some companions used to feed some herbs, oil or put some ashes over the body of the women as a part of their ritual or superstitiously which they considered as unnecessary.

100 % study participants felt the sense of newborn security in hands of the companion; they all were agreed that companion helped them to initiate early breast feeding, early ambulation postnatally.(Figure no. 2)

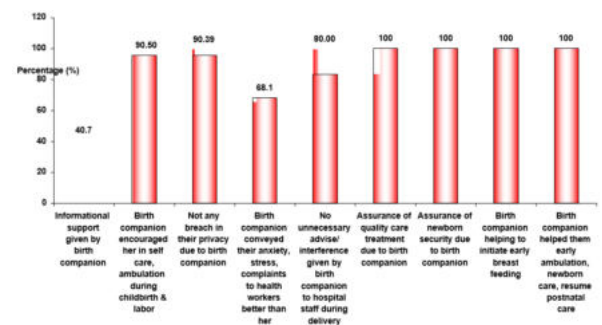


Figure 2. Experience With Birth Companion As Shared By Study Participants (N=489)

DISCUSSION-

Child birth is a complex but most welcomed event for any couple. Thus it is a responsibility of a healthcare professional to give both mother and newborn the possible safest care in the healthcare facility. We need to encourage women to give birth in a health care facility with access to skilled healthcare workers to ensure guaranteed good quality, dignified maternal care. Respectful maternal care is a topic of growing attention around the world. Several recent studies have aimed to develop tools and promote Respectful maternal care, through applying various forms of interventions.^{21,22,23} WHO sees a future in which “Every pregnant woman and newborn receives high quality care throughout pregnancy, childbirth and the postnatal period“. To realize this vision, WHO has defined 'Quality of care' and has prepared a framework for improving the quality of care for mothers and newborns around the time of childbirth. WHO is working towards realization of its vision in six

strategic areas - clinical guidance, standards of care, effective interventions, measures of quality of care, relevant research and capacity building. WHO recommends that every woman is offered the option to experience labor and childbirth with the companion of her choice²⁴.

Birth companion is increasingly being included in the maternal health guidelines of many countries including low and middle income countries of sub-saharan Africa and Asia. For improving the quality of care in labor room at public health facilities the Ministry of health and family welfare Government of India launched LaQshya in 2017. Presence of birth companion during delivery, respectful maternal care and enhancement of 'patients' satisfaction have been included under the Laqshya. Laqshya guidelines are intended for achieving improvements in the intra partum and immediate post partum care which take place at labor room and maternity operation theater. Implementation of these guidelines is expected to present into delivery of respectful and zero-defect care to all pregnant women and newborns.²⁵ For accreditation to ensure safe delivery, FOGSI (Federation of obstetrics and gynecology India) laid the clinical standards which includes the involvement of birth companion during labor. FOGSI clearly instructed to treat pregnant women and her companion cordially and respectfully to ensure respectful maternal care.

In our study we attempted to explore the impact of presence of the birth companion during labor and delivery by asking the experience of the enrolled parturient. Most of the studied women preferred mother-in-law followed by their mothers as a companion reflecting their trust, sense of security and confidence during labor and delivery in presence of these elder women from their family during those moments. Afulani et al performed a study over the role of companionship during facility based childbirth, they found that the most common reason for desiring a labor companionship was to have someone readily available to attend their needs like going to the bathroom, to call the provider if they had a problem. For other women birth companion helped to meet their informational needs by telling them what to do, helping them make decisions and advocating for their care along with emotional support. Author also revealed the providers perspective regarding birth companion and they found that most providers reported that companion were sometimes not allowed in the ward because of limited space and overcrowding, hence privacy concerns for other pregnant women in the labor and delivery wards²⁶.

In our study when we asked the reasons for the need of the companion, the most common reason was to build their confidence followed by better emotional support during delivery. Their needs clearly justified that the act of choosing a companion exceeds the meaning of merely presence of a person (husband/ partner); it showed the bond between woman in labor and the chosen person.

In a similar study conducted by Shakibzadeh et al²⁷, author found that women living in high-income countries tended to emphasize their rights to decision making and to active participation in their childbirths. Comparatively, women in lower-income countries were less likely to expect personal choice and decision making over their childbirth experience this may be attributable to differences in cultural norms around childbirth or it could be that women in low income countries were not empowered to make their own decisions. Respectful maternal care should not be considered as an isolated intervention but rather as a critical component for providing good quality care for mothers and newborns in a health care system.

The physical, emotional support that was provided by the companion was beneficial and helped pregnant woman to go through the labor successfully and confidentially. However sometimes the advice given by the companion may not be correct or some companions were unable to provide the required support due to illiteracy and lack of knowledge of their role. The woman at times expected too much from their birth companion that they didn't differentiate the role of birth companion and those of a midwife. Thus, there is a need to provide adequate information to pregnant women about companionship in antenatal care education and birth companion need to be properly trained on how to assist women in labor.

CONCLUSION-

It is essential for the provider to understand and respect women's preferences and desires. Providing them the person of their choice builds their confidence, calmness and comfort during labor and child

birth. Thus a birth companion generates positive feelings for a woman and thus contributes to humanization of delivery thereby bringing a respectful and zero defect maternal care to ensure a reduced non dignified and neglected care at child birth. However, the birth companion must be able to inform, relieve stress, meet the woman's need and facilitate the interaction among the women, her family and health care provider else it will be difficult to provide truly woman-centered care.

Limitations-

First, Our study is a single centre study, hence possibilities of selection biasness couldn't be denied.

Second, this study is a descriptive study, as birth companion is recommended by the national guidelines, hence a control group of women without birth companion couldn't be taken for comparison of results.

Conflict Of Interest-

The Authors declare that they have no conflict of interest.

Procedures performed in this study were in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent was obtained from all individual participants included in the study.

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