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Review Article

Needs of laboring women: tools for training desired birth companion

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ABSTRACT

Presence of a birth companion through labour, childbirth and postpartum is one of the universal rights of child bearing women. Not only that, the choice of birth companion is also one of the components of respectful maternity care. The characteristics of the birth companion of women's choice [desired birth (DBC)] is well spelt by WHO as well as govt, of India. In practice it is observed that most of the DBC companions (DBC) who were relative, friends of the birthing women are unaware of their roles and responsibilities and are not well prepared to render the necessary maternal support. Trained birth companions or on call birth companions (OBC/Doulas) are not available in developing countries like India and all women cannot afford the costs of OBCs and the Govt hospitals do not encourage the participation of Doulas. Hence there is a need to train the DBC with resources in the health care system. This review is intended to search literature regarding the tools for training the DBCs. The literature search showed very few studies regarding the same and the workshops in training DBC are not implemented across the health care facilities.

Keywords: DBC companion, Maternal satisfaction, Labour outcomes, LaQshaya guidelines

INTRODUCTION

With the implementation of respectful maternity across India as per LaQshaya guidelines, the necessity of allowing Birth companion throughout labour and postpartum period is becoming a norm. The choice of birth companion lies with the laboring women but the guidelines vary in various countries and in India the guidelines are issued by the ministry of health and family welfare in 2017.¹ However the birth companions who are relatives, friends and nonmedical personnel do not know the process of labour and except their physical presence, do not have adequate knowledge regarding the support they need to render and their roles and responsibilities in the labour room and postpartum ward. Hence there is a need to impart knowledge and skills to them in the form of short onsite training or through a video. The need for training birth companions is also reported in other studies.^{2,3} This review is intended to explore the tools necessary for such a training.

EVIDENCE THAT PRESENCE OF A BIRTH COMPANION BENEFITS THE LABORING AND POSTPARTUM WOMEN

Evidence is essential for any intervention to be declared as effective or non-effective for practice or implementation. WHO's multinational study showed that more than one third of women in labour experience disrespect and abuse.⁴ Implementation of labour companionship across three public hospitals in Arab middle-income countries improved maternal satisfaction which was objectively measured by using Mackey childbirth satisfaction rating scale.² A qualitative study from India reported significant improvement in birthing experience when husband was allowed as bithcompanion.⁵ Apilot study undertaken in 2007 in South Africa among 10 hospitals (5 control sites and 5 intervention sites with birth companion) did not find significant difference regarding disrespect and abuse.⁶ An exploratory mixed method study across 18 public hospitals in India found that less than 50% of birthing women had

a birth companion and their presence was negatively associated with D&A and they concluded that birth companion is a low cost intervention to promote respectful maternity care.⁷ A facility based cross-sectional study involving 612 women found D and A to be 10 times more among women without birth companion.⁸ Cochrane review published in 2017 regarding continuous maternal support reported significant improvement of outcomes of labour such as increase in vaginal delivery rate and decrease in caesarean section rates.⁹ WHO evidence to action brief recommends birth companion of choice during labour as it is a low cost and effective intervention for improvement of quality maternity care.¹⁰

It is essential to know various needs of laboring and postpartum women for planning and developing tools to train the personnel who can take care of the women in labour and postpartum.

THE PSYCHOLOGICAL AND EMOTIONAL NEEDS OF LABORING AND POSTPARTUM WOMEN

Understanding the psychological and emotional needs of women is important to devise the necessary tools that can be incorporated in training the birth companion. The psychology of child birth is influenced by neurohormones, cultural and personal factors. The endogenous oxytocin with endorphins causes altered state of consciousness and they need support to tolerate perceived pain and adjust to new environment and new experience of childbirth. A meta synthesis on this aspect of psychological experiences from 8 studies found the following:

‘Maintaining self-confidence in early labour’, ‘withdrawing within as labour intensifies’ and ‘the uniqueness of the birth experience’.¹¹ Fear and desperation was experienced when the labour pain gets intensified. Exhaustion and fears of death are also expressed by some.¹² A systematic review on emotional and psychological experiences found shock, fear, grief, isolation, anger, sadness and mental health disorder.¹³ The emotions identified by Dixon, Sinner and Fouerur during the process of labour are excitement and anticipation at the beginning of labour, a period of calm, peace and confidence to go through the process, disconnect and feeling in a different place, space and time as the pain becomes intense, becoming tired, sleepy fearful overwhelmed, out of control during the last stage of labour and finally feelings of euphoria, joy, shock and disbelief after the birth of the baby.¹⁴

COMMUNICATION NEEDS

A cross-sectional study which explored the communication needs of women during labour and early postpartum concluded the following. Viz. 1. Verbal communication by medical staff is most helpful and satisfying. 2. Maintaining eye contact with the medical staff is the most satisfying non-verbal communication

during childbirth. 3. Communication during childbirth was more helpful than in the early postpartum period.¹⁵ As per WHO recommendation on effective communication between maternity care providers and women in labour, the following statements are to be implemented as they increase the satisfaction of birthing experience. “Offering the woman and her family the information they need in a clear and concise manner”. Interacting with the woman’s companion of choice to provide clear explanations on how the woman can be well supported during labour and childbirth”. Health systems should ensure that maternity care staff are trained to national standards for competency in interpersonal communication and counselling skills.”¹⁶

PHYSICAL NEEDS

Apart from informational/communication needs, women’s needs of interpretation of experience of pain is an important aspect. An observational study by Maputle and Maria in South Africa reported that only 25% of midwives provided physical care (touching, messaging/ rubbing) as they needed to take care of other labouring women.¹⁷ This shows that one-to-one care is necessary to increase maternal satisfaction.

Mobility and comfortable position

These are very important as women tend to restrict their mobility due to pain and they need support to encourage them to be in upright position and walk especially during the first stage of labour. Cocharane systematic review assessed the evidence from 25 randomised and quasi randomized trials and concluded that there is evidence that walking and upright positions in the first stage of labour reduces the duration of labour, the risk of caesarean birth, the need for epidural, and does not seem to be associated with increased intervention or negative effects on mothers’ and babies’ well-being.^{18,19}

Hygeine and support during emptying bladder: the woman should be encouraged to void every 2 hours if she is not on epidural analgesia and intermittent drainage every 4 hours prior to vaginal examination may be necessary if she is on epidural analgesia.¹⁹

Nutritional needs

Fasting predisposes to ketosis during labour. The process of labour requires increased oxygen and glucose utilisation for uterine muscle contractions and hence the nutritional requirements will increase and these should be attended to. Most women prefer liquid food during labour and scientifically there is delayed emptying of stomach predisposing to retention delayed emptying of gastric contents and increased risk of aspiration. Care is required to see to that women consume adequate water, juice etc. Only high risk women requiring caesarean section and those with signs of severe dehydration need intravenous fluids.^{20,21}

Support during breast feeding

Apart from information regarding childbirth, support regarding touching, holding and breastfeeding the newborn are also important especially for the first-time mothers.²² Various positions of holding the baby that are comfortable to mother viz; tummy-tummy, chest to chest, cradle position of holding, cross cradle position of holding, side lying position, clutch or football position etc are to be taught both to the companion and the mother. The importance of breast feeding with in the first hour of birth and the nutritional value of colostrum to be appraised.²³

THE ROLES AND RESPONSIBILITIES OF BIRTH COMPANION

It is obvious from the above narration that the birth companion chosen has to have knowledge regarding the process of childbirth, the psychological and emotional needs, nutritional and physical needs and also should acquire the skills in communication, counselling and delivering the physical support. A pilot study in Tanzania which undertook the implementation of birth companion in 15 govt hospitals reported that many women preferred the on call birth companion (OBC) than DBC companion. Both OBC and DBC received 2 orientation sessions and training in the following aspects. e.g., providing continuous emotional, informational and practical support, techniques to reduce women's stress and make them more comfortable (e.g., encouraging women with kind words, singing and praying, offering to hold their hands), infection prevention standards, and limitations to their role during labor and delivery (e.g., not managing the delivery, not administering medications). DBCs were also instructed to provide support to women at home during pregnancy and to the woman and her baby when they returned home. Advantages of a trained birth companion (Doula) include delivering more effective emotional, psychological and physical support which was evidenced by women experiences of more than 51% breastfeeding, and less women with postpartum depression and more number of women having high self esteem after child birth.^{24,25}

Tools for training birth companion

A randomized control study involving 60 birth companions was conducted to evaluate the effectiveness of an educational manual in the instrumentalization of birth companions, assessed the maternal satisfaction objectively. The manual consisted of 38 illustrations and 11 topics that deal sequentially from the preparation to go to the maternity until the puerperal period. The topics covered are as follows. Few days before delivery (changes in the woman's body that indicate the approach of delivery); Knowing the woman's body (anatomy of the reproductive organs); Signs and symptoms of labor (events that indicate the onset of labor); Arriving at the maternity hospital (documents that should be brought and professionals who can act in the delivery room, presenting

the duties of each one of them); Techniques of pain relief at childbirth (benefit of each of the methods and how the companion can offer them to the woman); How does normal delivery happen? (The physiological mechanism of vaginal delivery); Rights and duties of the woman and the companion; and Notions of citizenship (birth certificate and maternity and parental leave). Maternal satisfaction was assessed by questionnaire of experience and satisfaction with childbirth (QESC) adopted from a Brazilian study. The performance of support actions were assessed compared to a control group of birth companions who were not trained. It was concluded that women in the intervention group (who had trained Birth companion) had higher satisfaction scores.²⁶

Support during child birth and labour expected to be given by the companion and how to train the companion are given in the hand book for building skills, counselling for maternal and New born health care, WHO 2013, session, 10, 11 and 13 deal with the care for childbirth and breast feeding.¹⁹ But these are not practiced universally even in centres where birth companion is allowed. Birth companions do witness and experience disrespectful care and also positive experiences and their feedback should be incorporated in to the strategies to improve child birth experience.²⁷ Prospective qualitative research explored birth companion support actions in relation to women's needs of care. Three themes were identified, "Support actions aiding a good childbirth experience", "Support actions hindering coping with labor", and "Women's needs and expectations of care. The birth companions were linked to the midwife and carried out some of the actions as instructed by her. According to the findings of this study, birth companions were mainly emotionally helpful and attended to women's physical needs. Some actions like not giving fluids thinking it will harm the parturient, not allowing the comfortable position, crying in fear, using disrespectful words and physically abusing women however hindered women's coping with labor. The women expected their companions to know what they needed without voicing them. The authors concluded that more guidance for birth companions is necessary to boost their role and mitigate shortcomings of their presence during childbirth.²⁸ This highlights the importance of a dedicated process incorporating various needs of childbearing women as tools to train the DBC companion in each component. A simulation class or video of the expected roles and responsibilities prior to labour, preferably in the last week of expected date of delivery would be helpful.

CONCLUSION

Training programmes for DBC are necessary and the tools should include the process and outcomes of labour, psychological needs, communication needs and physical needs of labouring women. Development of training tools should be simple and easy to understand in local language even by an illiterate birth companion.

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