World Health Organization

hrp

Companion of choice during labour and childbirth for improved quality of care

Evidence-to-action brief

Allowing women to have a companion of choice during labour and childbirth can be a low-cost and effective intervention to improve the quality of maternity care.

photo: J. DANIELS

During labour and childbirth, many women want to be accompanied by a spouse/partner, friend, family member, or another community member. Indeed, studies have shown that having a labour companion improves outcomes for women (1). *Initiatives to increase the number of women giving birth in health-care facilities, however, do not necessarily take this into consideration; often women's preferences are not respected* (1).

Background

Efforts to reduce maternal mortality and morbidity have focused on improving provision of and access to facility-based childbirth and, as a result, institutional births are increasing throughout many low- and middle-income countries. With this increase, emphasis is shifting to improving the quality of care provided during facility-based childbirth, which is an integral component of improving maternal and newborn health.

The World Health Organization (WHO) defines quality of care as both (i) 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) and (ii) 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) *(2)*. This care needs to be delivered at all levels of the health system, by health workers with the knowledge, capacity and skills to manage complications.

Allowing and supporting the presence of a woman's companion of choice during labour and childbirth is an effective intervention that is respectful of women's autonomy and agency and which can, therefore, be an important aspect of improving quality of care during labour and childbirth *(3)*. Having her chosen companion with her during labour can improve a woman's experience of childbirth by facilitating her access to emotional and practical support from someone she trusts.

Why is a companion of choice during labour and childbirth important?

Research has consistently demonstrated that women greatly value and benefit from the presence of someone they trust during labour and childbirth to provide emotional, psychological and practical support and advice *(4)*. The supportive care may include having someone who is continuously present and who reassures and praises her, assists with measures for physical comfort (e.g. providing comforting touch, massage, warm baths or showers, and promoting adequate fluid intake and output) and undertakes any necessary advocacy on her behalf (e.g. helping

the woman articulate her wishes to health workers and others) *(1)*. Supportive care during labour and childbirth also includes the presence of a health worker who can advise the woman about the progress of labour and coping techniques, and support her in making decisions and expressing her wishes regarding procedures that may need to be undertaken.

There is evidence that continuous support during labour improves childbirth outcomes, including enhancing the physiological process of labour. Research has demonstrated that such continuous support has clinically meaningful benefits, including shorter labour with increased rates of spontaneous vaginal birth, decreased usage of intrapartum analgesia and caesarean section, and increased satisfaction with her childbirth experience. Women supported in this way have reported less fear and distress during labour, which also appeared to act as a buffer against adverse aspects of medical interventions. Finally, the babies of these women are less likely to have low five-minute Apgar scores *(1)*.

Based on this evidence, a companion of choice during labour and childbirth is recommended in two WHO guidelines (see Box 1). The promotion of a companion of choice is also recommended in the 2012 publication, *WHO recommendations: optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting (7)*. In the 2015 publication, *WHO recommendations on health promotion interventions for maternal and newborn health*, identifying a labour and childbirth companion is recommended as an element of the Birth Preparedness and Complication Readiness (BPCR) plan *(6)*.

Box 1: WHO guidelines recommending companion of choice during labour and childbirth

WHO recommendations for augmentation of labour (2014):

> "Continuous companionship during labour is recommended for improving labour outcomes" *(5)*.

WHO recommendations on health promotion interventions for maternal and newborn health (2015):

> "Continuous companionship during labour and birth is recommended for improving women's satisfaction with services" *(6)*.

Facilitating and ensuring clear and respectful communication between health-care providers and the woman in labour, especially in urgent situations, can be an important function of a labour companion. Another important aspect of the role is the prevention of mistreatment of the woman during childbirth, as the companion can act as an advocate for the woman, to witness and safeguard against mistreatment and neglect by health-care providers *(8, 9)*.

Guiding principles

Interventions to promote and accommodate companions of choice for women during labour and childbirth should be based on the following guiding principles:

- **Ensuring autonomy, agency and choice:** All women have the basic right to decide freely whether to have a childbirth companion and whom to choose, and they should be provided with the information, education and means to make and implement these choices.
- **Human rights:** Human rights, including those of women, girls and children, must be respected, protected and fulfilled in line with international human rights norms and standards, including the right to the highest attainable standard of health.
- **Community participation:** Participatory approaches should be used to assess the needs of communities, in particular the needs of women and girls, to ensure community ownership and engagement in developing and implementing sustainable solutions.
- **Responsiveness of health systems:** Health systems need to be organized and managed so that they facilitate respect, protection and fulfilment of women's sexual and reproductive health and rights. For example, there should be provisions for privacy and confidentiality, and respect for women's decision-making on whether to have a childbirth companion and whom to choose. All involved in the care-giving process also need to understand their corresponding obligations and the relevant standards of conduct.

Who can act as a companion during labour and childbirth?

The companion can be any person chosen by the woman to provide her with continuous support during labour and childbirth. This may be someone from the woman's family or social network, such as her spouse/partner, a female friend or relative, a community member (such as a female community leader, health worker or traditional birth attendant) or a doula (i.e. a woman who has specialty training in labour support but is not part of the health-care facility's professional staff). A Cochrane systematic review concluded that all types of labour companions are effective, but that the benefits of support are highest when it is offered by individuals who are not part of the facility's professional staff *(1)*. The potential functions of the companion of choice should be clearly stated at the facility level, and should be agreed upon between the woman, her companion and health-care providers. It may be beneficial for the facility to offer orientation sessions for the companion before the delivery on his or her role in supporting the woman during labour and childbirth.

Barriers to implementation

Despite clear evidence and the growing emphasis on respectful maternity care, many health-care facilities still do not permit women to have a companion of choice during labour and childbirth. Several barriers have been identified *(4)*. These include:

- the absence of national or institutional policies allowing women to have a companion of choice during labour and childbirth;
- the physical infrastructure of health-care facilities, which limits privacy and contributes to overcrowding in the labour ward and difficulties in maintaining hygiene standards;
- limited knowledge among health-care providers and managers about the benefits of labour companionship;
- negative attitudes of health-care providers towards labour companionship.

The way forward

Simple measures can be taken to address concerns about labour companionship. A clear first step is for health-care facilities to establish supportive policies that allow and encourage women to have companions during labour and childbirth. Secondly, facilities should provide women with information and the means to make informed decisions in this regard, ideally during antenatal care visits, so each woman has sufficient time to prepare. For these interventions to be effective, it is important to respect women's rights to privacy and confidentially at the facility. This may necessitate physical modifications to the space provided for labour and delivery at the facility. When implemented, the programmes for ensuring that each woman in labour has the support of her companion of choice (if she wants one) should be evaluated in order to share successes and address any persisting barriers with administrators and health-care providers at the facility.

For implementation to be successful, it is crucial that health-care providers understand the benefits and potential caveats of labour companionship, as well as the importance of supporting pregnant women to decide whether they want a labour and childbirth companion, whom to choose and what role they want the companion to play on their behalf. A participatory approach is key to introducing labour companionship policies at the health-care facility. By establishing a committee comprising representatives of health-care providers, facility managers and women themselves (i.e. advocates or members of women's organizations), concerns from all sides can be considered and solutions can be identified that work for everyone. Professional organizations – such as international and national associations of obstetricians and midwives – can also play important roles during all phases of implementation of labour companionship programmes, and they can be critical for the sustainability of the practice at the facility level.

Incorporating training on the issue of labour and childbirth companionship, and on the importance of respecting women's autonomy in making decisions during labour and childbirth, into pre- and in-service training for health-care providers and managers could be one effective route towards achieving and sustaining this change. If it is presented as part of

the core curriculum, future health workers will view woman-centred labour companionship as the norm rather than as an exception. Teaching hospitals and other facilities would need to incorporate this practice in the labour wards and make any necessary adjustments to their facilities. Sensitization in communities and with women in particular is another important component of an implementation strategy for labour companionship, which will ensure that women are aware of their rights to select and have a companion and to make decisions related to their care during labour and childbirth. Developing materials on the role of labour companions is also important, both to assist the companions and to facilitate their acceptance by providers at the facility.

Perceptions of the quality of maternity care services influence a woman's decision to give birth at a health-care facility; these perceptions thus play a crucial part in the proportion of institutional births achieved in different locations *(2)*. A programme to allow women the support of a companion of choice during labour and childbirth can be implemented as a low-cost and effective intervention to improve the quality of care and ensure respectful maternity care.

References

1. Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. Cochrane Database Syst Rev. 2015;(7):CD003766.
2. Tunçalp Ö, Were WM, MacLennan C, Oladapo OT, Gülmezoglu AM, Bahl R et al. Quality of care for pregnant women and newborns – the WHO vision. BJOG. 2015;122(8):1045–9. doi:10.1111/1471-0528.13451.
3. Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organiztion; 2016 (http://apps.who.int/iris/bitstream/10665/249155/1/9789241511216-eng.pdf, accessed 30 September 2016).
4. Kabakian-Khasholian T, El-Nemer A, Bashour H. Perceptions about labour companionship at public teaching hospitals in three Arab countries. Int J Gynaecol Obstet. 2015;129(3):223–6. doi:10.1016/j.ijgo.2014.12.005.
5. WHO recommendations for augmentation of labour. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/112825/1/9789241507363_eng.pdf, accessed 16 August 2016).
6. WHO recommendations on health promotion interventions for maternal and newborn health. Geneva: World Health Organization; 2015 (http://apps.who.int//iris/bitstream/10665/172427/1/9789241508742_report_eng.pdf, accessed 16 August 2016).
7. WHO recommendations: optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77764/1/9789241504843_eng.pdf, accessed 16 August 2016).
8. Vogel JP, Bohren MA, Tunçalp Ö, Oladapo OT, Gülmezoglu AM. Promoting respect and preventing mistreatment during childbirth. BJOG. 2016;123(5):671–4. doi:10.1111/1471-0528.13750.
9. Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP et al. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. PLoS Med. 2015;12(6):e1001847. doi:10.1371/journal.pmed.1001847.

WHO/RHR/16.10 © World Health Organization 2016

All rights reserved. Publications of the World Health Organization are available on the WHO website (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for non-commercial distribution – should be addressed to WHO Press through the WHO website (www.who.int/about/licensing/copyright_form/en/index.html).

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

For more information, please contact: Department of Reproductive Health and Research, World Health Organization, Avenue Appia 20, CH-1211 Geneva 27, Switzerland

E-mail: reproductivehealth@who.int Website: www.who.int/reproductivehealth