



Barriers for Birth Companionship: A Narrative Review

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Abstract

Historically during home birth, the women in labour were always supported by the presence of a woman in the family or friends or neighbours but maternal morbidity and mortality was high. Institutionalization of deliveries has brought down mortality for the past few decades but what surfaced is "Disrespect and Abuse" which has been recognized as a barrier for utilizing the services to optimum. Recognizing this, various Organizations in most of the Nations adopted "Birth Companion Policy". But this is not implemented especially in Public sectors in India and other developing Countries. Some of the barriers include lack of infrastructure, not respecting women's choices, health care personal not aware of the women's reproductive rights and existence of Govt's policy regarding birth companions, fear of litigation, overcrowding, lack of privacy, lack of training for birth companion and lack of policies at the departmental and Institutional level etc. Removing the barriers and facilitating Birth companionship is the need of the hour to promote humanization of Child birth.

Keywords: Child Birth; Birth Companion; Barriers; Disrespect and Abuse; Humanization

Introduction

Support during labour has been recognized as an important intervention to achieve good maternal and perinatal outcomes in developed as well as developing Countries. Though there are recommendations and guidelines provided by the Health and Family Welfare, Govt of India, this practice is not implemented especially in Public Health Sector. This article presents some of the barriers for birth companionship reported in literature.

Literature Review Narration

Historically during home birth, the women in labour were always supported by the presence of women in the family or friends or neighbours and the dhai (trained or untrained) who ultimately conducts delivery. In Public hospital deliveries usually no person is allowed to give one to one support and all the non- medical

necessities of women were carried out by the health care workers especially nurses, doctors (in addition to providing medical care) and some ancillary health care workers. With overcrowding of public hospitals, women in labour are not able to receive adequate emotional and physical support and there is no time for health care workers to explain the whole process of labour, delivery and speak comfortable words to allay apprehension and anxiety.

Continuous support during labour was recognized as a necessity and one of the reproductive rights of the women in labour by various organizations after quality research in developing and developed world and the momentum in recent times started in US [1]. The benefits of birth companion was found to decrease the caesarean section rates and increase the vaginal delivery rates and positive experiences of women during Child birth by many authors

[2]. Various organizations have endorsed the presence of birth companion and incorporated the same in to the guidelines [3-8].

But this is not universally adopted and practiced in all health facilities due to some issues and research is on to recognize and overcome the barriers so as to effectively implement the Policy. A meta-synthesis of 12 studies on views of women found the support persons were female relatives, friends and husbands and sometimes Doulas. Experiences of women varied according to the nature of the companion and type of Birth companion support. Most of the women preferred female companion and emotional support was found to be inspiring [9]. Cochrane review 2017 which included 26 trials from 17 countries concluded that women satisfaction was high when birth companion was a relative from family and negative experiences were less when a doula acted as a birth companion but there was lot of bias in these studies which mostly included women without any pregnancy complications [10]. In resource limited settings Companion - Integrated Child birth Practice is found to be a promising intervention to decrease the fears associated with Child birth in Primigravid women [11].

Heather, *et al.* in a randomized controlled study to report on outcomes of having birth companion concluded that the abuse is significantly less in presence of birth companion but introduction of birth companion in to health care system was more difficult task than anticipated. They randomized 10 hospitals, 5 with childbirth companion intervention and the outcomes measured were allowing birth companionship, good obstetric care and humanity of care. They did not find any significant differences. The reasons for not allowing companionship were under resourced health care system and frequent change of staff [12].

The barriers for humanization of birth were found to be the presence of rules and regulations of not allowing birth companion during normal child birth, caesarean birth, postpartum period, common delivery room, common postpartum room, malpractice litigation etc. The type of hospitals in which women give birth is an important barrier in Japan as University-affiliated hospitals have trainees and the women are not attended by the same midwife who interacted/supported the woman during antenatal period and some of them do not allow birth companions. The other barriers women felt in this study were not allowing their parents and their

older child to visit them in the hospital and this increased their anxiety regarding their homefront. The Obstetricians opined that the demand at workplace of caring for a large number of women at a time as much as one Obstetrician seeing 30 women in an hour in labour which led to dissatisfaction of laboring women [13].

A recent study from North India found that Birth Companions of choice preferred by women in India were the mother (70%), husband (69%), sister (46%) or nurse (43%). Ninety five percent of Health care providers agreed that the presence of a Birth Companion during labour will be beneficial, as they would provide emotional support, boost the woman's confidence, humanize labour (83%), reduce need for analgesia (70%) and increase spontaneous vaginal births (69%). Practice of the policy of birth companionship was only was low (59%) in these hospitals because majority of Staff nurses (62%) had reservations with only 40% of them believed Birth Companion to be beneficial. Over-crowding in labour room and privacy concerns for other women were identified as key barriers in this study [14].

Barriers for husband being birth companion

In India, a qualitative study conducted in 2011 in one Public and one private hospital did not find many barriers for husband to be birth companion. The health care providers felt that there is space constraint and privacy of other women in labour gets affected as number of labour cots are more in a room. Further they felt that the husbands get sick and faint sometimes and they need prior knowledge of child birth and some training to give support for laboring woman. The women in labour felt encouraged to have husband as a birth companion and listed many advantages such as promoting contraception and receiving better attention at home and the only disadvantage they felt was that the other women's privacy may be affected in a Govt set up. In Private set up there were no issues and the practice was in place for more than a decade [15].

In Japan where husband is allowed as birth companion in some health facilities, the women stated that they could not afford husband to miss his work for family earning and also the facility allows the husband to be with his wife only for a short period of time which is again a dis-satisfying factor for women in labour¹³. A study which explored the experiences and perceptions of husband as

birth companion in low resource settings in Tanzania found 4 main areas or themes that were fulfilled by the men viz: demonstrating care, love and affection, men's adoption with modern life style, observing women's right and meeting socioeconomic difficulties during support. Men felt responsible for the promises they undertook while being married, providing physical and emotional support at the moment of stress, need and helping their wives recover fast and they felt that birth companionship strengthens their marital relationship. The obstacles they experienced at health facility were unpleasant welcome and their lack of knowledge regarding childbirth [16]. In USA the practice mostly allows companion of choice and it is a National Policy but barriers of not allowing birth companion in 2 countries still exist. Majority allow husband as birth companion and one of the barrier was midwife's unawareness regarding legislation [17].

Facilitating birth companionship

Doula Care is a trained programme of dedicated companionship in which the person is professionally certified to take care of the women in labour and postpartum [18] is existent in some countries like USA. But for this the lady needs to pay and fix the Doula much prior, during antenatal visit which is not favourable for middle and low income countries.

The effect of a trained birth companion using a manual for the same found that the birth companions performed more number of supportive actions in a better way which resulted in over all satisfaction of women and better child birth outcomes [19]. Hence training of birth companion is an essential component to achieve childbirth satisfaction with good maternal and fetal outcomes. In 2013, WHO has brought out a handbook for building skills "Counselling for maternal and Newborn health Care" which includes a structured programme for birth companions also [20].

The facilitating factors for birth companionship are the provision of Labour Delivery rooms (LDR) with homely atmosphere of having family with the woman with facilities for recreation such as TV and a separate laboring room. Respecting women's culture, beliefs in natural birth and allowing a longer hospital stay around the perinatal period [13]. Japan has introduced lot of initiatives for humanization of childbirth such as "Angel Plan" "Japan International C-operation Agency JICA" and programmes such as Bureau of "International Medical Centers in Japan (IMC)" with aim to reduce Caesarean section rate further [13].

WHO has again re-emphasised the presence of birth companion as one of the reproductive rights of Child bearing women even in the COVID Pandemic and raising awareness regarding the issue, providing infrastructure for presence of birth companion are important for facility based healthcare [21].

Conclusion

Though benefits of having continuous maternal support during labour have been well documented with evidence of reduction in maternal morbidity and mortality. There are barriers for birth companionship in developing as well as developed countries. The main barriers are rules of not allowing birth companionship not being lifted up, lack of infrastructure and negative attitudes of health care workers towards birth companion.

This calls for health education to raise awareness of the public as consumers of health care services regarding the rights of childbearing women in choosing the birth companion of choice to support her through labour and child birth. It is also essential to make the policy makers and administrators of various Govt health care facilities to adopt the universal recommendations of WHO and Govt. of India in a phased manner.

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