

Feasibility and Acceptability of Labor Companionship at Mansoura University Hospital / Egypt

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Abstract:

The present study aimed to assess the feasibility and acceptability of labor companionship model at Mansoura University Hospital. **Study design:** A descriptive study was carried out in labor unit at Mansoura University Hospital. **Study sample** involved all health care providers and 50 parturient women using simple random sample for parturient women and convenient sample for health care providers.

Tools of data collection: Two tools were used for data collection; a structured interview questionnaire to assess woman's general characteristics and semi structured interview questionnaire to assess feasibility and acceptability of labor companionship model from women and health care provider's point of views.

Main results: All parturient women (100%) accepted companionship during labor in relation to 62.9% of health care providers. Mothers or sisters were the preferred companions for providing emotional and physical needs of women. **Conclusion:** Companionship during labor was acceptable and feasible at Mansoura University Hospital. **Recommendations:** Health care providers should be encouraged to apply companionship model during labor and allow women to select her companion according to her choice.

Keyword: Companionship ,Labor ,Feasibility, Acceptability.

1-Introduction

The day of giving birth is a time of unique and intense absorption and learning for every parturient woman because a variety of stressors are associated with childbirth such as pain, medical intervention and hospitalization which separate the woman from her family and friends (Bruggemann et al., 2010; Gibbs & Engebreston, 2013). Certainly ,women in labor have a profound need for companionship, empathy ,help and emotional support especially from family and friends to meet the needs of women that the midwife may not be able to address (Walsh & Downe, 2010; Iliadou, 2012 & McKinney et al., 2013).

The reduction of maternal mortality and morbidity is the focus of international efforts through programs targeting Millennium Development Goals (MDGs) related to maternal and child health (MDGs 4 and 5). Institutionalized birth and trained attendance at birth are believed to be the most effective interventions to reduce maternal mortality (Campbell & Graham, 2006). Labor companionship is a human interactive process which provides emotional, cognitive and physical support during labor and delivery (WHO, 2013). Labor companion is an adult individual who provides cognitive, emotional and physical support during labor and delivery process. This may be a husband, mother, aunt, sister, friend, midwife ,doctor or any person the woman feels comfortable with during labor and delivery (Kabakian et al . , 2015).

Cochrane Library reported that , companionship during labor should be the norm, rather than the exception (Hodnett et al., 2012). Many trails reported that companionship during labor decreases the need for pharmacological pain relief, operative vaginal delivery or caesarean section, and slightly decreases the length of labor. It also leads to an improved sense of maternal satisfaction with labor (Hodnett et al., 2010).

The evidence of effectiveness of companionship model has not been adopted in practice in the Arab countries, due to high work load or the fragmented organization of the services ,so relatives are not allowed as labor companions in governmental hospitals (wick et al ., 2005; Sweidan et al., 2008; Shaban et al ., 2011; Samia et al ., 2012 ; El-kurdy et al ., 2014 & Kabakian et al . , 2015). This is in contrast to women's preferences for the presence of a female relative during labour, reporting of feeling lonely and experiencing fear as well as being sometimes verbally abused by the staff (Kabakian-Khasholian et al., 2000; El Nemer et al., 2006).

Modern medicine is addicting in clinical interventions at the cost of ignoring the therapeutic benefits of emotional and social support . By doing this the parturient woman is treated as an unreliable machine ,likely to require mechanical interventions to achieve its purpose rather than human being following physiological process (Goldberg, 2001 & El-Nemer , 2003). Consequently, child birth has moved from the private area to public

domain ,in order to ensure safety for both the woman and her baby which may has adverse effect on progress of labor (**Downe&Beech,2001**).So, companion-ship during labor plays an important role in moving back to the private area of child birth and to achieve the positive role of woman during labor (**El-Nemer, 2003**).

Significance of the study

Women are supported by their female family members throughout pregnancy and after birth, this natural support is interrupted during labor for women giving birth in governmental hospitals. The practice of companionship is also an issue of social inequity, as it lacks in governmental hospitals however, women who come from higher socio-economic classes usually use private hospitals whose policy allows companionship during labor (**WHO, 2013**). Companionship during labor is very important because it has a significant reduction of caesarean section, operative delivery , intra partum analgesia, or anesthesia and length of labor, also women reported more satisfaction with their childbirth experiences (**Hodnett et al.,2012 & Kabakian et al. , 2015**). So, this study was conducted to assess the feasibility and acceptability of labor companionship model at Mansoura University Hospital.

Aim of the Study

This study aimed to assess the feasibility and acceptability of labor companionship model at Mansoura University Hospital.

Research question

- (i) Does labor companionship model feasible and acceptable at Mansoura University Hospital?

Subjects and Method

Study Design: A descriptive study design was utilized in this study.

Study Setting: The current study was conducted in labor unit at Mansoura University Hospital.

Subjects: All health care providers and 50 parturient women who were attended the predetermined study setting from September 2014 to February 2015 were contributed to this study. Convenient sample for health care providers and simple random sample for parturient women were applied.

Sample size: To obtain the required power with an alpha of 0.05 and a beta of 0.8, if the approximate feasibility and acceptability of labour companionship based on the findings of a previous study that reported that 45.3% of the interviewed women preferred the presence of a companion during childbirth (**Al-Mandee et al., 2013**), then 50 parturient women should be surveyed to achieve the study objective.

Tools of Data Collection

To achieve the aim of this study, two tools were used for data collection. Tools were revised by three specialists and their comments have been considered.

Tool I: Structured Interview Questionnaire is designed by the researcher based on reviewing the related literatures. It entails two parts as follow:

Part I : It is designed to assess the general characteristics of the parturient women (e.g., name, age, educational level, occupation, residence and family income) and obstetric data (e.g., gravidity, parity, number of abortion, number of living children and mode of previous delivery).

Part II : It is designed to assess the feasibility and acceptability of labor companionship model at Mansoura University Hospital from women point of views which included number of open questions related to acceptance of companionship during labor, preferred person for companionship during labor, role of companions and most stage of labor that woman need companionship.

Tool II: Semi Structured Interview Questionnaire is designed by the researcher and includes number of open questions regarding health care providers acceptance of companionship during labor , recommended person for companionship, role of companions during labor, most stage of labor that woman need companionship and causes of refusing companionship.

Ethical Considerations

- Ethical approval obtained from the Research Ethics Committee of the Faculty of Nursing Mansoura University.
- Written informed consent was obtained from the participants in the study sample .
- They were reassured about the privacy and confidentiality of the obtained information.

- They were informed about their rights to refuse participation and withdrawal from the study at any time .
- The study maneuvers could not entail any harm to participants.

Data collection

- The actual field work of this study was conducted for 6 months period started from the beginning of September 2014 to the end of February 2015 to collect the data needed for assessment the feasibility an acceptability of the labor companionship model at Mansoura University Hospital.
- The researcher attended at labor unit at Mansoura University Hospital after taking permission for 3 day/week which were Sunday ,Thursday and Tuesday ill the end of six months.
- An individual interview was conducted by the researcher, the women's were selected from the previous mentioned setting according the previous criteria by simple random sample technique. First, the aim of the study was explained to the women and all health care providers then, their consents were obtained.
- The researcher used a structured interviewing questionnaire (the first tool) to collect necessary data from parturient women.
- The researcher used a structured interviewing questionnaire (the second tool) to collect necessary data from health care providers
- Informed consent was obtained from each participant before enrollment in the study.
- Confidentiality of the obtained data was maintained.
 - Women had the right to withdraw from the study at any time.

Statistical analysis

-The statistical analysis of data was done by using SPSS program (statistical package for social science) version 20.0. The data was tabulated and presented. The description of the data was done in form of mean and standard deviation for quantitative data, frequency and proportion for qualitative data.

I. Results

Table (1) Distribution of parturient women general characteristics (n=50): It shows that, the mean age of parturient women was 23.5 ± 4.1 and 44% of them had primary level of education. The majority of women were house wives (88%) and came from rural areas (66%).In addition, women who reported enough income were more than those who reported not enough income (80%).

Table (2) Distribution of parturient women obstetric data (n=50):It illustrated that ,women who had one or two pregnancies were higher among parturient women (76%) and only 16% of them had abortion , also 66% of them were primipara. Regarding the mode of previous delivery 32% of women had normal vaginal delivery. The gestational age of 64% of parturient women were between 39 – 40 weeks and the number of antenatal visits for more than 4 times was highly distributed among parturient women (98%).

Table (3) Distribution of women's opinions regarding the acceptance of companionship model and preferred companion during labor : It shows that, all parturient women accepted companionship during labor and the majority of them preferred mother or sister as companions (94%).

Table (4) Distribution of health care providers' opinions regarding the acceptance of companionship model and recommended companion during labor at Mansoura University Hospital (n = 35) : It illustrated that 62.9 % of health care providers accepted companionship model during labor at MUH and all health care providers selected mother or sister to accompany woman during labor

Table (5) Distribution of stages of labor that need companions from health care provider's point of views (n=22): It was clear that all health care providers (100%) mentioned that the companions are important during fourth stage of labor followed by first stage (81.8%).

Table (6) Distribution of health care provider's opinions as regard the role of companions during labour (n=22): It illustrated that ,all health care providers (100%) stated that the role of companions during labour for providing emotional support and meeting physical needs of women ,followed by assisting health care providers in women care during labour (90.9%) and taking care of new born after delivery (68.2).

Figure (1): Figure 1 illustrates causes of refusing companionship by health care providers . Data revealed that crowedness at labor unit and frequent asking questions that can interfere with system, followed by companions can cause stress to parturient women were the causes of refusing companionship .

Table 1. Distribution of parturient women general characteristics

Variables	(n=50)	%
Age in years		
18:25 years	35	70
26:35 years	13	26
>35 years	2	4
Mean ±SD	23.5 ±4.1	
Level of education		
Primary education	22	44
Secondary education	16	32
University education	12	24
Working status		
Housewife	44	88
Work	6	12
Residence		
Rural	33	66
Urban	17	34
Income		
Not enough	10	20
Enough	40	80

Table 2. Distribution of parturient women obstetric data

Variables	(n=50)	%
Number of Pregnancy		
1:2	38	76
>2	12	24
Number of abortion		
No	42	84
1:2	8	16
Parity		
Primi	33	66
Multi	17	34
The mode of previous delivery		
Normal vaginal delivery	16	32
Caesarean section	1	2
Gestational age		
37-38 weeks	18	36
39-40 weeks	32	64
The number of antenatal visits		
2:4times	1	2
>4times	49	98

Table 3. Distribution of women's opinions regarding the acceptance of companionship model and preferred companion during labor

Variables	(n=50)	%
Women Acceptance of Companionship model during Labour		
Accept	50	100
Preferred Companions #		
Mother	47	94
Sister	47	94
Friend	1	2
Husband	2	4

multiple responses are allowed

Table 4. Distribution of health care providers' opinions regarding acceptance of companionship model and the recommended companion during labour at Mansoura University Hospital

Health care providers acceptance of companionship model during Labour	(n=35)	%
Accept	22	62.9
Not accept	13	37.1
The recommended companion#		
Mother	22	100
Sister	22	100
Friend	1	4.5
husband	2	9

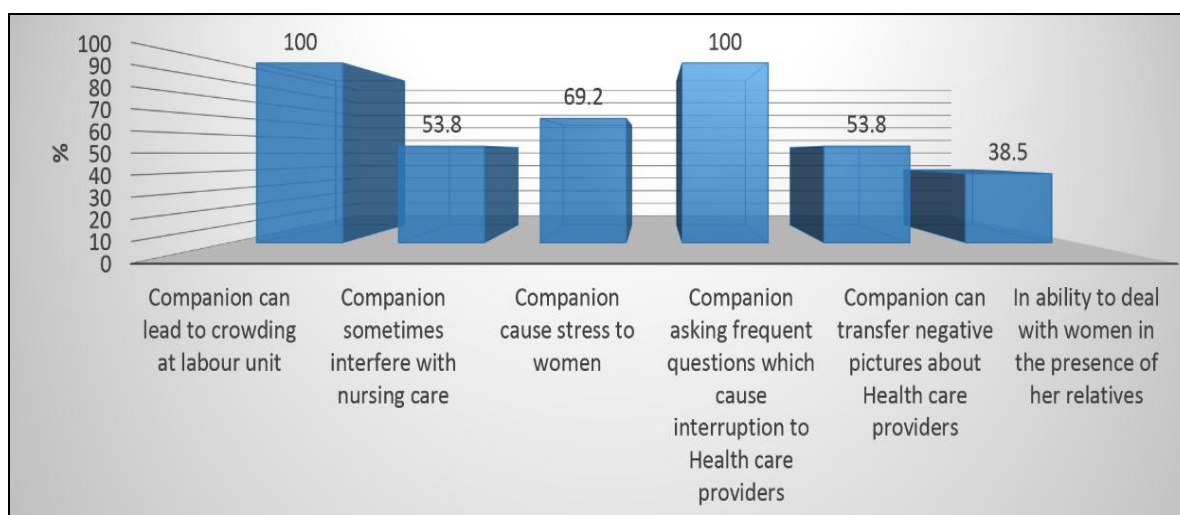
Table 5. Distribution of stages of labor that need companions from health care provider's point of views

The stage of Labor #	(n=22)	%
First	18	81.8
fourth	22	100

Table 6. Distribution of health care provider's opinions as regard the role of companions during labor

Role of companionship during labour#	(n=22)	%
Meeting physical needs	22	100
providing emotional support	22	100
assisting health care providers	20	90.9
Taking care of new born after delivery	15	68.2

Figure 1: Distribution of the causes of refusing companionship by health care providers at Mansoura University Hospital (N=13)



II. Discussion

This study aimed to assess feasibility and acceptability of labor companionship model at Mansoura University Hospital. The results of the present study revealed that, all parturient women accepted the presence of companions during labor which may be due to two third of them were primiparous women ,their fear and anxiety from un familiar people and un familiar environment during labor were commonly obvious among primiparous women . Such findings are supported by **Banda et al., (2010)** who conducted two studies to assess the acceptability and experience of supportive companionship during labor, the first study was in Malawi at the tertiary hospital and reported that all parturient women accepted companionship during labor, while the second study was in Blantyre city which stated that half of women accepted supportive companionship during labor, also, **Hodnett et al., (2007)** reported that all parturient women accepted companionship during labor. As well as, **Alexander et al.,(2014)** reported that more than half of women preferred companionship during labor .

As regards the preferred person for companionship during labor ,the present study revealed that, the majority of parturient women preferred mother or sister as a companion during labor while, the minority preferred husband as a companion ,this may be due to presence of only one large room that shared between all women during labor and not allow them to accompany her husband in order to maintain privacy for other women. **Mosallam, (2004)** reported that , the mother was the most preferred non-professional labor companion that represent more than half of them (59.5%), followed by sister (31.2%), friend (7.2%), a close family relative (1.2%) and the husband (0.8%). This is in contrast with **Bruggemann et al.,(2007)** who reported that 47.6% of women selected husband as a companion, followed by mother or female relative (29.5%), while 22.8% of women selected friend for companionship during labor .In addition, **Back storm,(2009)** concluded that fathers involvement during labor as a birth companion was very important to provide support to their daughters in this critical time of their life.

The findings of the present study revealed that ,more than half of health care providers accepted the presence of companions during labor at MUH and more than one third of them refused companionship .This is in an agreement with **Banda et al., (2010)** who reported that more than two third of health care provider's accepted companionship during labor and about quarter of them not favor companionship during labor .This is in contrast with **Qian et al., (2001)**who reported that all providers agreed that companionship and social support during labor are good practice and should be encouraged.

Concerning health care provider's opinion as regards stages of labor that need companionship person, this study revealed that all the health care providers wanted companion during fourth stage of labor and more than two third wanted companion during first stage of labor. This is in agreement with **Hodnett et al., (2011)** who reported that companionship should be start early as possible during labor to achieve more positive outcome.

Regarding the role of companionship model, all healthcare providers agreed that companion can provide emotional support and meet woman physical needs and the majority of them agreed that companion can assist health care providers in women care. Also ,about two third of them stated that companions can take care of newborn after delivery. Consistent with the current study findings **Morhason-Bello et al., (2009)** reported that health professionals stated that companions can provide emotional and spiritual reassurance to parturient women during labor ,also, **Qian et al., (2001)** reported that women need companions to helping staff, promote comfort to women and to provide psychological support.

Concerning the causes of refusing companionship by more than one third of health care providers, it was due to crowedness at labor unit and interruption made by companions through asking frequent questions that represented 100% of their opinions and about two third of them refused companionship due to stress caused to women by companions ,more than half refused companionship because companions may transfer negative pictures about health care providers to others ,and more than one third refused companionship due to inability to deal with woman in the presence of her relatives .These findings are in line with **Banda et al., (2010)** who reported that 23% of healthcare providers refused companionship due to lack of experience of companions to deal with women ,another 23% refused due to women become stressed and unable to follow instructions in the presence of her relatives and 5% refused due to negative pictures transferred about them by companions.

III. Conclusion

Companionship during labor is acceptable and feasible at Mansoura University Hospital . All parturient women accepted companionship during labor while, more than half of health care providers accepted it. The mother or sister were the preferred companions selected by parturient women and health care providers. There were some causes that obstacle applying companionship model which are limited place at labor unit , interruption made by companions through asking frequent questions and inability to deal with woman in the presence of her relatives.

IV. Recommendations

Based on the findings of this study, the following recommendations are suggested:

1. Appropriate educational programs should be introduced to obstetricians and nurses at labor unit to increase their awareness about importance of companionship during labor.
2. Nurses should equip birth companions properly before introducing to women at labor unit to help them in determining what to do and what not to do to avoid any potential harm to parturient women .
3. There is need for further researches to find out other benefits from introducing companions during labor.

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