World Health Organization

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

Evidence-to-action brief, 2020

Supporting women to have a chosen companion during labour and childbirth is a low-cost and effective intervention to improve the quality of maternity care, including women's experience of childbirth.

photo: J. DANIELS

During labour and childbirth, many women want to be accompanied by a spouse/ partner, family, community member or friend. Studies have shown that having a companion improves outcomes for women and newborns (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 known or respected (1).

Background

Efforts to reduce maternal mortality and morbidity have focused on improving the availability of, and access to, facility-based childbirth. As a result, facility-based births are increasing globally. With this increase, the emphasis is shifting to improving the quality of care at facilities. This quality improvement includes improving women's experiences of care, which is also an integral component of better maternal and newborn health.

The World Health Organization (WHO) defines quality of care as both *(2)*:

1. *provision of technically competent care* (use of evidence-based practices for the routine care and management of complications, as well as actionable health management information systems and functional referral systems)
2. *enhancement of women's experience of care* (informative and comprehensible communications, care delivered with respect for women's dignity, choices and their autonomy in decision-making, and the availability of social, emotional and practical support).

This care needs to be delivered at all levels of the health system, by health professionals with the knowledge, capacity and skills to manage complications.

Supporting the presence of a companion of choice during labour and childbirth is an effective intervention that promotes respectful care, including but not limited to enabling women's autonomy and agency, and improves maternal and perinatal outcomes *(3)*. A woman's experience of childbirth can also improve with a labour companion of her choice, by facilitating access to trusted emotional, psychological and practical support.

Why is a chosen companion during labour and childbirth important?

Research has consistently shown that women greatly value and benefit from the presence of someone they trust during labour and childbirth *(1)*. Women who have labour companions feel that their support helps them to feel safe, strong, confident and secure *(4)*. Some women preferred their husband or partner as a companion and viewed this as a bonding experience;

other women preferred a female relative or friend *(4)*. Male partners who accompanied women often felt that their presence made a positive impact on their relationship with the woman and new baby, although some felt anxious or scared witnessing partners in pain *(4)*.

Labour companions give support in several ways. They can bridge communication gaps between health workers and women by providing information about childbirth, and facilitating clear and respectful labour and childbirth communication. A labour companion can articulate the woman's wishes to health workers and others, and may act as an advocate, speaking up on her behalf *(4)*. Labour companions provide practical help, too, including to facilitate non-pharmacological pain relief, encourage women to move around, and offer massage or hand-holding *(4)*. Labour companions also give emotional support, using praise and reassurance to help women feel in control; they offer a continuous physical presence *(4)*. Another important aspect of the role is the potential prevention of mistreatment. As an advocate for the woman, a labour companion can witness and safeguard against mistreatment or neglect *(5, 6)*.

There is evidence that labour companionship improves maternal and perinatal outcomes, including enhancing the physiological process of labour. Research has shown clinically meaningful benefits of the support, including shorter duration of labour, increased rates of spontaneous vaginal birth, decreased caesarean section and intrapartum analgesia, and increased satisfaction with childbirth experiences. Women have also reported less fear and distress during labour. For the babies of women given continuous support, they are less likely to have low 5th-minute Apgar scores *(1)*. There is also no evidence of harms related to labour companionship *(1)*.

A companion of choice during labour and childbirth is recommended in three sets of WHO guidelines (see Box 1). The 2015 recommendations by WHO on health promotion interventions for maternal and newborn health also include the identification of a labour and childbirth companion in birth preparedness and complication readiness plans – so that women can consider and choose, during pregnancy, whom they would like to be present *(7)*. The use of lay health workers to promote labour companionship is also recommended in the 2012 guidance for optimizing health worker roles through task shifting *(8)*.

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

WHO recommends labour companionship under three topics of guidance *(7, 9, 10)*:

- intrapartum care for a positive childbirth experience (2018)
- health promotion interventions for maternal and newborn health (2015)
- augmentation of labour (2014).

Guiding principles

Interventions to promote and accommodate labour companions should be based on the following guiding principles, which are grounded in human rights, including the rights of women and the right to the highest attainable standard of health:

- **Ensure autonomy, agency and choice for all women** so that their decisions on whether to have labour companionship, and on their choices of companion, are made freely. Women should receive information, education and a means to make and implement choices.
- **Facilitate participatory implementation** to ensure that women, communities and health workers are engaged to develop and implement sustainable labour companionship solutions.
- **Improve the responsiveness of health systems** to facilitate respect, protection and the fulfilment of women's sexual and reproductive health and rights. This includes providing privacy and confidentiality, and respecting women's decisions about labour companionship.

Who can act as a labour companion?

A labour companion can be any person chosen by a woman to accompany her during labour and childbirth. A companion can be someone from the

family or the social network, such as a spouse/partner, friend or relative, or a community member such as a community leader, community health worker, traditional birth attendant or doula (a woman who has 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 companion are effective, and that the support by these individuals is of greater benefit than if the companionship is given by professional staff from the facility *(1)*.

Factors affecting implementation

Many health-care facilities still do not permit women to have a companion during labour and childbirth, despite clear evidence and the emphasis on respectful care. Many countries do not yet have policies in favour of labour companionship (see Figure 1). In the cases where providers may not be aware of the policies or protocols that do exist in support of labour companions, women in turn will likely not be aware of their right to the support *(11)*.

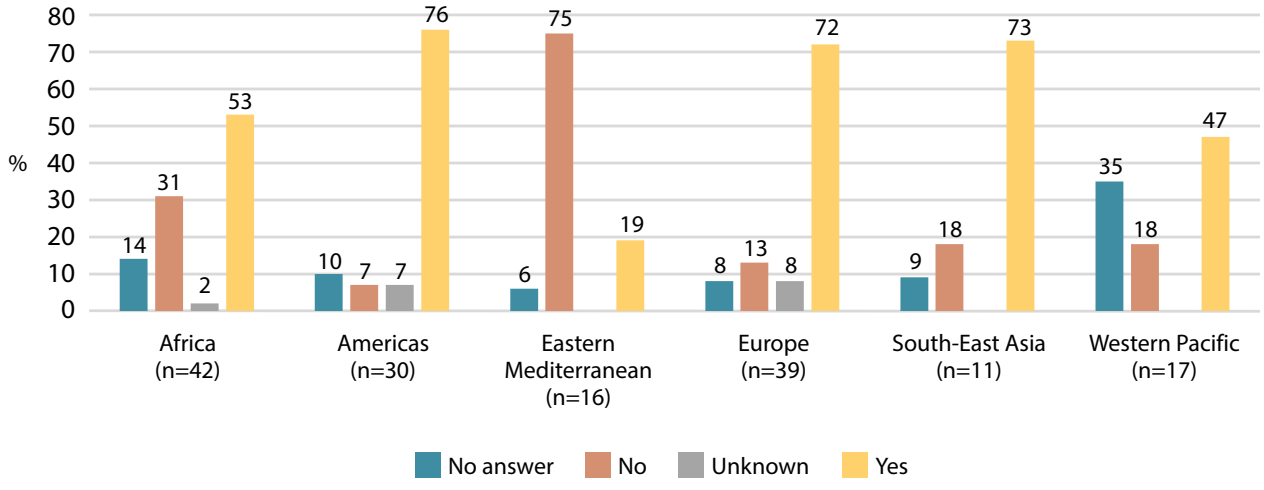
A clear first step is for health-care facilities to establish the policies. This includes training health-care workers and managers on the benefits of labour companionship – and ensuring the training includes how a companion can be integrated into the care offered by the team so that they understand their own roles and those of health workers. With a companionship policy in place, facilities should also give women information and the means to make informed decisions, ideally during antenatal care visits. Birth preparedness and complication readiness cards, for example, normally include a component encouraging women to consider who may accompany them to the facility *(7)*. Such opportunities for preparation would also ideally encourage potential companions and the women receiving antenatal care to discuss how best the support will be given during labour and childbirth.

For companionship interventions to be effective, women's rights to privacy and confidentiality at the facility must be respected. This may necessitate physical modifications such as purchasing curtains or partitions – and these measures must be applied consistently to ensure women being cared for have privacy. Other measures are also important to successfully enabling companionship, such as simply allowing companions to be comfortable through the provision of a chair.

Figure 1: National policies recommending labour companionship

"Does the national policy/guideline recommend the presence of a companion of choice during labour and birth?"

Percentage of countries in WHO region answering yes, no or unknown



Source: WHO reproductive, maternal, newborn, child and adolescent health policy survey 2018 *(12)*

The factors below have been identified as helpful to the implementation of policies that facilitate labour companions *(3,4,13,14)*.

Raising awareness

The benefits of labour companionship may not be recognized by women and their families or other support networks, and they may not know if a companion is allowed in a facility. To help address this, health workers may talk to women during pregnancy about whom they may want to bring as a companion. Information shared in communities about the potential benefits of companions may also help. Posters in pregnancy care and childbirth facilities that state these benefits along with clear information about the roles played by companions have been identified in studies as important.

Influencing the attitudes of health workers and managers

Health workers and managers often have concerns related to implementing labour companionship; these should be identified and addressed where possible. Holding discussions with health workers to help them understand the benefits of labour companions, to discuss their concerns and how to address these, and to raise the profile of labour companionship as an evidence-based intervention helps to counter views that companions are less important than other aspects of care.

Orientating women, companions and health workers

Orientation sessions help women and companions to prepare for effective companionship, but also help to outline roles and avoid any disturbance to care by the companion's presence. Health workers themselves also benefit from orientation, so that they may work with companions to ensure they are a key part of the care team.

Creating an enabling policy environment

An enabling environment may mean making formal changes to existing national or institutional policies to allow labour and childbirth companions of choice in facilities. There should also be no gaps between the policies or laws that allow companionship, and fair and effective implementation in practice.

Optimizing physical infrastructure

Health-care facilities need to ensure that privacy can be maintained for all women, including curtains or partitions where feasible. Measures should reduce the risk of overcrowding (e.g. limiting numbers to one companion each). Again, simple measures are important, including providing a chair near the woman for the companion to be in reasonable comfort.

Logic model to integrate labour companionship

Figure 2 proposes a model in support of programmes considering the different components of labour companionship, including the different factors that can facilitate or hinder implementation *(4)*. The logic model shows how the inclusion of labour companions can lead to numerous outcomes and how it achieves ultimate aims: with the key programme components in place, women have better access to labour companionship, feel more in control during the birth process and are more likely to have positive birth experiences *(4)*. Ultimately, this may also bring positive impact to longer-term health and well-being *(4)*.

The way forward

Global actors, including WHO, should continue to advocate the benefits of labour companions. International actors should also support policy, programme and research initiatives to implement labour companionship. Professional organizations – such as international and national associations of obstetricians and midwives – can also play important roles during all phases of implementing labour companionship programmes, and they can be critical in the sustainability of the practice at the facility level. At national and subnational levels, policy changes may be needed to recommend labour companionship. When labour companionship is introduced in a health facility, programmes should be monitored to capture successes and identify any persistent barriers.

All women have the right to high-quality, respectful maternity care, and supporting them to have a companion of choice during labour and childbirth can help to ensure this right and can improve health outcomes.

Example of labour companionship design and implementation in practice

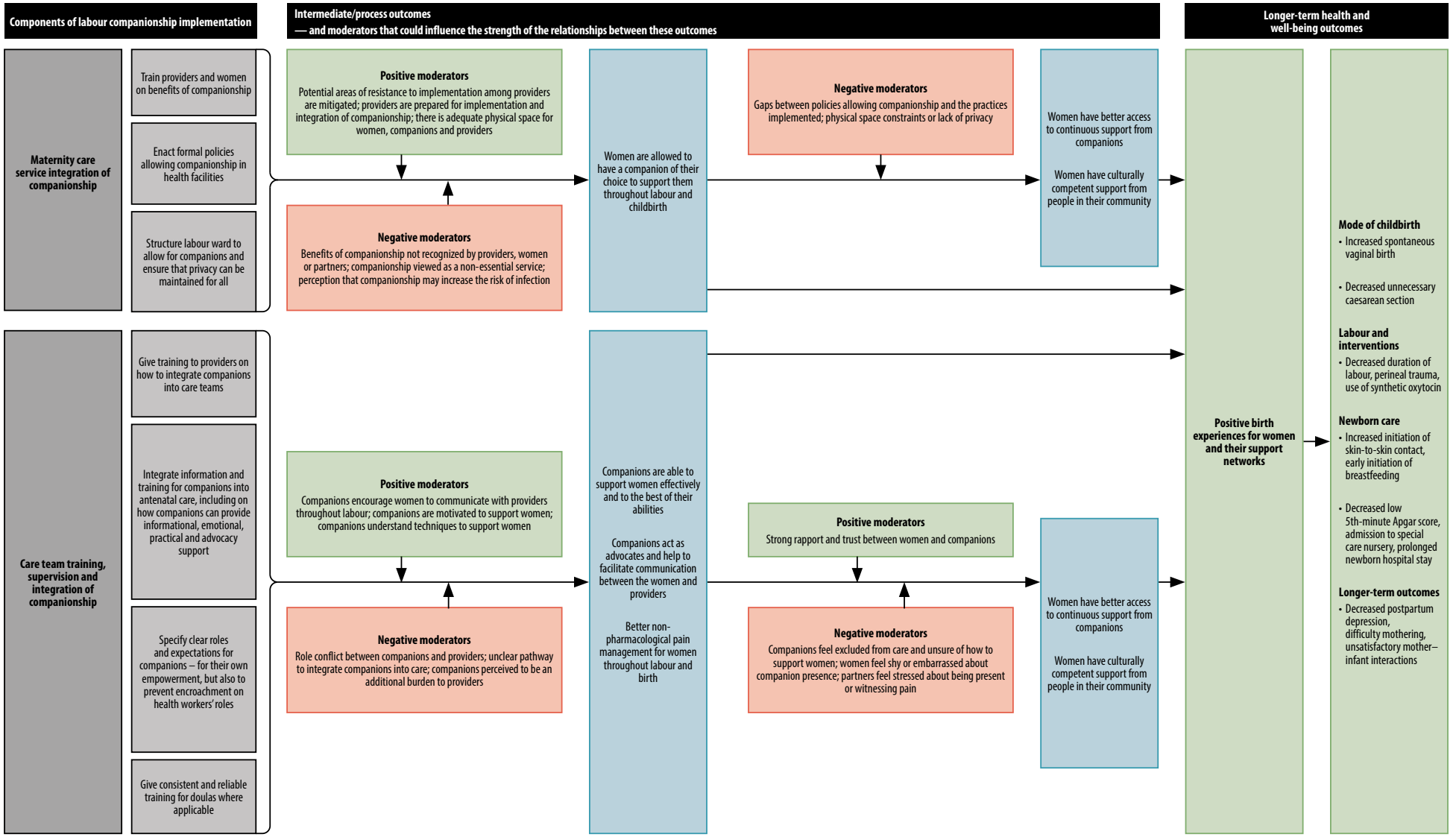
Research in three public tertiary hospitals in Egypt, Lebanon and the Syrian Arab Republic has been done to develop implementation models for labour companionship in each of these contexts *(13)*.

Given the importance of addressing health-care providers' concerns, and ensuring decisions by management, each hospital had a steering committee to oversee and facilitate implementation. Formative research ensured that women, families and supporters, and health workers and service managers could all express their perspectives and raise any concerns about labour companionship. Information, education and communication materials were developed for each site based on the findings of the formative research, and on-site visits and team meetings. Posters about labour companionship were placed in all labour rooms, waiting areas and nursing stations. Health-care providers were trained to use a flipchart to brief a woman and her companion on arrival, including about the role and regulations in the labour room. Posters and flyers in the labour rooms highlighted what the companion could do as support (and how not to interfere with staff duties). In Egypt and the Syrian Arab Republic, curtains were installed between beds, and chairs were placed for companions.

A mixed-methods, quasi-experimental design was used to evaluate the impact of the companionship implemented, with the following findings.

- **Acceptability**. The labour companion model was compatible with women's needs for support, and provided an opportunity for family engagement in maternity care. Health-care providers' scepticism towards labour companionship changed after experiencing the intervention, as they felt that companions reduced their workload and supported women well.
- **Feasibility**. The participatory approach fostered ownership and empowerment among junior health-care providers and midwives, addressing their needs throughout the design.
- **Effectiveness**. There was a decrease in caesarean births and in low Apgar scores – and an increase in women's satisfaction with childbirth care and perceptions of control.
- **Cost**. The cost–benefit ratio showed benefit in all three countries: for every US$ 1 spent on developing and implementing the labour companionship model, the benefits were as high as US$ 29.86 in Egypt, up to US$ 11.79 in Lebanon, and up to US$ 6.17 in the Syrian Arab Republic.

Figure 2: How labour companions can be integrated into care: a logic model of the beneficial process and health outcomes



Source: This logic model has been developed by WHO, and the evidence for the positive health outcomes listed in the final box (on mode of childbirth, labour and interventions, newborn care, and longer-term outcomes) is from a Cochrane systematic review *(4)*

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