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Continuous Labor Support on Maternal Outcomes and Experiences

Dorothy Benewaa,^{1*} Kenneth Afful Adjei,² Esther Kissiwaa,³ Gifty Boafowaa Assim,⁴ Philip Abu⁵

¹Vice Principal, College of Nursing and Midwifery, Tanoso Ghana

²Principal Health Tutor, Nursing and Midwifery Training College, Sunyani Ghana

³Principal Health Tutor, Nursing and Midwifery Training College, Goaso Ghana

⁴Principal Health Tutor, College of Nursing and Midwifery, Tanoso Ghana

⁵Deputy Chief Health Tutor, Presbyterian Nursing and Midwifery Training College, Dormaa Ahenkro Ghana

*Corresponding author

Abstract:

This analysis examines the impact of continuous labor support on maternal outcomes and experiences. Using a comprehensive literature review and thematic analysis of women's narratives, the study explores types of support, their effects, implementation barriers, and best practices. Findings reveal that continuous labor support, whether professional, trained, or informal, significantly improves physical outcomes and psychological experiences of childbirth. Key benefits include shorter labors, reduced interventions, and increased maternal empowerment. However, hospital policies, staffing limitations, and cultural norms often hinder implementation. Best practices include comprehensive training, integration into maternity care systems, and evidence-based policies. The analysis contributes to nursing and midwifery by providing a holistic view of continuous labor support, integrating evidence-based practices with real-world challenges. It highlights the need for culturally sensitive, personalized support options. Policy implications include revising hospital protocols, improving staffing models, and promoting supportive birthing environments. This work paves the way for future research on long-term impacts of empowering birth experiences and culturally-tailored support models.

Keywords: Continuous labor support, maternal outcomes, childbirth experience, implementation barriers, evidence-based maternity care

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1.0 Introduction

Continuous labor support is a fundamental aspect of maternity care that has gained increasing attention in recent decades. It refers to the presence of a supportive companion throughout the labor and delivery process, providing emotional support, physical comfort, information, and advocacy for the laboring woman.

The concept of continuous labor support is rooted in historical practices where women were traditionally supported by other women during childbirth. As noted by Pascali-Bonaro and Kroeger [116], this support was seen as "a crucial resource in times of stress or calm." However, with the medicalization of childbirth in the 20th century, as described by Johanson et al. [64], this traditional support often became displaced in hospital settings.

The World Health Organization [135] defines continuous labor support as "the continuous presence of a support person during labor and birth." This support can be provided by various individuals, including healthcare professionals, trained doulas, or family members and friends.

The objective of this analysis is to examine the impact of continuous labor support on maternal outcomes and experiences. Specifically, this work aims to:

- 1. Explore the different types of continuous labor support and their unique characteristics.
- 2. Assess the physical and psychological impacts of continuous support on maternal outcomes.
- 3. Investigate the barriers to implementing continuous labor support and identify best practices for overcoming these challenges.

This analysis draws on a wide range of research, including systematic reviews like Hodnett et al. [56], which concludes that "continuous support during labour has clinically meaningful benefits for women and infants and no known harm." It also incorporates women's own voices and experiences, recognizing the importance of subjective experiences in understanding the value of continuous support.

By examining these aspects, this work seeks to contribute to the growing body of evidence supporting the integration of continuous labor support into standard maternity care practices, with the ultimate goal of improving birth experiences and outcomes for women and their infants.

1.1 Scientific Contribution:

This analysis contributes to the field of nursing and midwifery, particularly in the area of childbirth, by providing a comprehensive examination of continuous labor support. It synthesizes evidence from various sources, including systematic reviews like Hodnett et al. [56] and qualitative studies capturing women's





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experiences. The analysis offers a nuanced understanding of different types of support (professional, trained, and informal) and their impacts, addressing a gap in the literature that often focuses on single support types. By exploring barriers to implementation and best practices, it provides practical insights for healthcare providers and policymakers. The integration of cultural considerations in continuous support practices addresses an important area often overlooked in previous research. This holistic approach advances the field by linking evidence-based practices with real-world implementation challenges, potentially informing more effective and culturally sensitive maternity care models.

1.2 Significance of this paper:

This analysis distinguishes itself from other notable studies by its comprehensive scope and integration of diverse perspectives. Unlike studies that focus solely on outcomes (e.g., Scott et al. [111]) or experiences (e.g., Lundgren et al. [78]), this work combines both, providing a more complete picture of continuous labor support. The inclusion of women's voices through direct quotations offers a unique depth to the analysis, addressing a gap noted by Ross-Davie and Cheyne [106] in their literature review. By examining barriers and best practices alongside benefits, this study provides a more practical, implementation-focused approach than many previous works. This comprehensive analysis paves the way for future studies to explore specific aspects in more depth, such as culturally-tailored support models or the long-term impacts of empowering birth experiences facilitated by continuous support.

3.0 Method:

This analysis employed a comprehensive literature review combined with thematic analysis of women's narratives, a methodology that has been effectively used in previous studies on maternity care and women's experiences.

The comprehensive literature review followed the approach outlined by Gough et al. [50], systematically searching and synthesizing evidence from peer-reviewed articles, systematic reviews, and policy documents. Key databases such as PubMed, CINAHL, and Cochrane Library were searched using terms related to continuous labor support, maternal outcomes, and birth experiences. This approach aligns with the method used by Ross-Davie and Cheyne [106] in their review of intrapartum support, which successfully synthesized evidence on women's support preferences.

Thematic analysis, as described by Thomas and Harden [124], was applied to the qualitative data extracted from studies featuring women's narratives. This method involves coding text line-by-line, developing descriptive themes, and generating analytical themes. A similar approach was used by Larkin et al. [71] in their evolutionary concept analysis of women's experiences of labour and birth, yielding rich insights into women's perspectives.





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The combination of these methods allowed for a holistic examination of the topic, integrating quantitative evidence on outcomes with qualitative data on experiences. This mixed-method approach is similar to that used by Hodnett et al. [56] in their Cochrane review, which successfully synthesized diverse evidence on continuous support during childbirth.

To ensure rigor, the PRISMA guidelines [90] were followed for the literature review, and the ENTREQ statement [125] was used to enhance transparency in reporting the synthesis of qualitative research.

This methodological approach can be replicated by other researchers by following the systematic search strategy, applying the thematic analysis framework to qualitative data, and integrating findings using a mixed-methods synthesis. The method's strength lies in its ability to provide a comprehensive view of the topic, balancing statistical outcomes with lived experiences, thus offering a nuanced understanding of continuous labor support that can inform both practice and policy.

4.0 Results and Discussion

Sections 4.1 to 4.5 of this paper provide a comprehensive exploration of continuous labor support. Section 4.1 outlines the types of support: professional, trained, and informal. Section 4.2 examines the impact on maternal outcomes, both physical and psychological. Section 4.3 delves into maternal experiences of support, highlighting emotional, physical, and informational aspects. Section 4.4 identifies barriers to implementing continuous support, including hospital policies, staffing limitations, and cultural norms. Finally, Section 4.5 discusses best practices for implementation, focusing on training, integration into maternity care systems, and evidence-based policies. Together, these sections offer a holistic view of continuous labor support, from its various forms to its effects, challenges, and potential solutions.

4.1. Types of Continuous Labor Support

Continuous labor support refers to the presence of a supportive companion throughout the labor and delivery process. This support can come from various sources, each with its unique characteristics and impacts on maternal outcomes and experiences. The three main types of continuous labor support are professional support, trained support, and informal support.

A. Professional Support (midwives, nurses)

Professional support is provided by healthcare professionals, primarily midwives and nurses, who are trained in childbirth and have medical expertise. This type of support combines clinical knowledge with emotional and physical care.





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Midwives, in particular, play a crucial role in providing continuous labor support. The International Confederation of Midwives (ICM) defines a midwife as a professional who works in partnership with women to provide support, care, and advice during pregnancy, labor, and the postpartum period [62]. Midwives are often seen as the ideal primary care providers for childbearing women, as stated in the ICM position statement [61].

The impact of professional support is evident in women's experiences. As one woman described:

"Having a 'good midwife' present created a special atmosphere which was warm and secured." [84]

This quote highlights the importance of the midwife's presence in creating a positive birthing environment. The concept of "presence" goes beyond just being physically there; it involves active engagement and support. As another study noted:

"Not only what the midwife did mattered, but also her 'presence'." [81]

The significance of professional support is further emphasized by this powerful statement from a woman:

"I could give birth in any circumstance, just if I had a midwife supporting me. That was what counted." [81]

This quote underscores the confidence and security that professional support can provide to laboring women.

However, it's important to note that professional support can be limited by staffing constraints and high patient loads in hospital settings. As one woman observed:

"Unfortunately they (midwives) were two on duty and there were other patients... so you can imagine". [15]

This situation highlights a potential barrier to continuous professional support in busy healthcare settings.

B. Trained Support (doulas)

Doulas are trained professionals who provide continuous physical, emotional, and informational support to mothers before, during, and after childbirth. Unlike midwives and nurses, doulas do not perform clinical tasks but focus solely on supporting the mother.

The concept of doula support is rooted in the idea of having a knowledgeable, experienced woman present during childbirth. As Klaus et al. describe:





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"The doula book: how a trained labour companion can help you have a shorter, easier and healthier birth." [67]

Doulas can have a significant impact on women's birth experiences. Their presence often provides a sense of security and calm, as illustrated by this quote:

"Just because of her (the doula) presence I became more peaceful and calm." [9]

The non-interventional nature of doula support is appreciated by many women. As one mother described:

"She was just there, not telling me to do this or that, she was just there for me." [81]

Doulas also play a crucial role in empowering women and building their confidence. This is evident in the following quote:

"With the assistance and encouragement of the doula, I could trust my own ability" [9]

The unique position of doulas as knowledgeable but non-medical supporters is valued by many women:

"It was a supportive person who came along, one who had been there before, one who knew. Not to help with the medical part but just to be there, to support, to explain what might happen, what you can ask for and whatever." [9]

Research has shown that doula support can lead to improved birth outcomes. A randomized controlled trial by Campbell et al. found that continuous support by a lay doula resulted in significant benefits [22]. Similarly, McGrath and Kennell's study showed that doula support for middle-class couples reduced cesarean delivery rates [85].

C. Informal Support (partners, family members, friends)

Informal support refers to the presence of a chosen companion, typically the woman's partner, family member, or close friend, during labor and delivery. This type of support is deeply personal and can provide unique comfort to the laboring woman.

The importance of having a familiar, trusted person present during childbirth is highlighted in many studies. For instance:

"After seeing him (her husband) there, I felt that even if I died, my husband would be there to look after my baby." [9]





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This quote illustrates the profound sense of security that a partner's presence can provide. Partners can offer practical support as well, as evidenced by this statement:

"I believed my husband was taking very good care of me. To keep up the energy, He rubbed my back...." [9]

Family members, particularly mothers or sisters, often play a significant role in providing informal support. Their experience and familial connection can be particularly comforting:

"She (her mother) assisted me to turn and advised me to lie on my sides, so I listened." [9]

The value of family support is further emphasized in this quote:

"I think delivering at home is better. My sister did that, and my mother and my other sisters were all there to support her. My sister was not in pain as much as I was because we were all there for her. During delivery the woman needs her mother or sister" but I didn't get that." [9]

This statement highlights both the perceived benefits of family support and the disappointment when such support is not available in hospital settings.

However, it's important to note that not all women desire informal support during labor. Some prefer privacy or feel uncomfortable with the presence of family members or partners. As one woman expressed:

"Having someone around will be a distraction. This is something a woman should go through alone, this is the time to concentrate on yourself". [9]

Cultural factors can also influence attitudes towards informal support, particularly regarding the presence of male partners:

"This process is not for a man to see". [9]

These contrasting views highlight the importance of respecting individual preferences and cultural norms when it comes to informal support during labor.

4.2 Impact on Maternal Outcomes

Continuous labor support has been shown to have significant impacts on both physical and psychological outcomes for mothers. This section will explore these impacts in detail, drawing on research findings and women's personal experiences.





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A. Physical Outcomes

1. Duration of Labor

Continuous labor support has been associated with shorter labor durations. The presence of a supportive companion can help women feel more relaxed and confident, potentially leading to more efficient labor progression.

As noted in the Cochrane review by Hodnett et al. [56]:

"Women who received continuous labour support were more likely to have a spontaneous vaginal birth and less likely to have intrapartum analgesia, instrumental vaginal birth, caesarean birth or a baby with a low 5-minute Apgar score."

This suggests that continuous support may contribute to more efficient labor processes. However, it's important to note that individual experiences can vary. Some women may still experience prolonged labor despite support, and the focus should be on overall well-being rather than solely on labor duration.

2. Mode of Delivery (Vaginal vs. Cesarean)

Research has consistently shown that continuous labor support is associated with higher rates of spontaneous vaginal births and lower rates of cesarean sections.

A study by McGrath and Kennell [85] found that:

"Continuous labour support for middle-class couples: Effect on cesarean delivery rates."

Their research showed a significant reduction in cesarean rates for women who had continuous doula support during labor.

The impact of support on delivery mode is reflected in women's experiences. As one woman expressed after a successful vaginal birth:

"The pain stopped as soon as she was born. I felt strong. I felt like I've done it! I felt great about myself that I didn't have to go through all those unnecessary drugs". [72]

This quote highlights the sense of accomplishment and empowerment that can come from a supported vaginal birth.





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3. Use of Pain Medication and Interventions

Continuous labor support has been associated with reduced use of pain medication and fewer medical interventions during childbirth. This is likely due to the physical and emotional comfort provided by supportive companions.

As Simkin and O'Hara [114] note in their review:

"Non-pharmacologic relief of pain during labour: systematic reviews of five methods."

They found that continuous support was one of the effective non-pharmacological methods for pain relief.

Women's experiences reflect this, as exemplified by this quote:

"Even when she moved away (the student), I would call her when I felt the pains, she will come and hold my hands, I felt calm." [15]

This suggests that the presence and touch of a supportive person can help manage pain without medication.

- B. Psychological Outcomes
- 1. Anxiety and Stress Levels

Continuous labor support can significantly reduce anxiety and stress levels during childbirth. The presence of a trusted, supportive companion can provide reassurance and help women feel more at ease.

As one woman described:

"She (the midwife) praised and complimented me when she heard about how I handled the contractions; I could believe and trust that I was on my way into the next stage. It was like an affirmation." [9]

This quote illustrates how positive reinforcement from a supportive companion can reduce anxiety and boost confidence.

Research by Fisher et al. [43] supports this, noting:

"How social context impacts on women's fears of childbirth: A Western Australian example."

They found that supportive social contexts, including continuous labor support, can significantly reduce fear and anxiety associated with childbirth.





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2. Sense of Control and Empowerment

Continuous labor support can enhance women's sense of control and empowerment during childbirth.

Having an advocate and source of information can help women make informed decisions and feel more in control of their birthing experience.

This is reflected in women's accounts, such as:

"So I was brave! I was strong..., it was like, 'Yes, I have done it!' Yes, I can do it!' I was so happy. I honestly never had this kind of joy since I was born. I don't know where this joy came from. I don't know how to describe the endless joy that came in me... I can't really explain. I'm very pleased, very pleased, that I did it naturally. I feel so proud, so full of myself. I'm very proud to have him naturally. I'm more proud even now". [72]

This powerful statement illustrates the profound sense of empowerment that can result from a supported, positive birth experience.

Research by Green et al. [52] supports this, noting the importance of control and choice in women's birth experiences:

"Greater expectations? Interrelationships between women's expectations and experiences of decision-making, continuity, choice and control in labour and psychological outcomes: summary report."

3. Postpartum Depression and PTSD

Continuous labor support may have protective effects against postpartum depression and post-traumatic stress disorder (PTSD) related to childbirth. A positive birth experience, facilitated by supportive care, can contribute to better postpartum mental health.

Garthus-Niegel et al. [45] found:

"The impact of subjective birth experiences on post-traumatic stress symptoms: a longitudinal study."

Their research highlighted the importance of subjective birth experiences in postpartum mental health outcomes.

While the documents provided don't include direct quotes about postpartum depression or PTSD, the overall positive experiences described by women who received continuous support suggest potential protective effects. For instance, the joy and pride expressed in the previous quote [72] contrast sharply with the negative experiences that can contribute to postpartum mental health issues.





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4.3 Maternal Experiences of Continuous Labor Support

The experience of childbirth is deeply personal and can have long-lasting impacts on a woman's life. Continuous labor support plays a crucial role in shaping these experiences. This section explores the various aspects of maternal experiences with continuous labor support, drawing on research findings and women's own words.

A. Emotional Support and Reassurance

One of the primary functions of continuous labor support is providing emotional support and reassurance to the laboring woman. This aspect of support can significantly influence a woman's overall birth experience.

The importance of emotional support is evident in many women's accounts. For instance:

"I was fortunate to have a student midwife around me, the student kept reassuring me that it will soon be over." [15]

This quote highlights how simple reassurance can help a woman through the challenging moments of labor. The continuity of this support appears to be particularly valuable, as another woman noted:

"Even when she moved away (the student), I would call her when I felt the pains, she will come and hold my hands, I felt calm." [15]

The calming effect of a supportive presence is a recurring theme in women's experiences. As one woman described the impact of doula support:

"Just because of her (the doula) presence I became more peaceful and calm." [9]

This emotional support seems to create a sense of security that allows women to focus on the birthing process. As Lundgren et al. [78] found in their study of long-term memories of childbirth:

"Having a 'good midwife' present created a special atmosphere which was warm and secured."

The reassurance provided by continuous support can also boost a woman's confidence in her ability to give birth. This is illustrated by the following quote:

"With the assistance and encouragement of the doula, I could trust my own ability" [9]

This increased self-confidence can be transformative, potentially influencing not just the birth experience but also the transition to motherhood.

B. Physical Comfort Measures





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Continuous labor support often includes physical comfort measures, which can be crucial in managing pain and promoting relaxation during labor.

The effectiveness of physical support is evident in women's descriptions of their experiences. For example:

"At home, my husband was with me so he would massage the part where I felt the pains... He will rub my thigh for a while and the pain will disappear for a while." [15]

This quote illustrates how simple physical comfort measures can provide significant pain relief. The importance of touch is also highlighted in another woman's account:

"I would feel comforted when holding her hands." [9]

Physical support can extend beyond pain management to include practical assistance during labor:

"During delivery, she was holding my head to raise me a little bit and assisted me to push effectively."

[9]

However, it's important to note that preferences for physical comfort measures can vary. As one woman pointed out:

"They have been saying the warm bath and stuff help with the contractions, but it didn't help me and when we tried the shower, I just found it to be irritating getting all wet and everything messed up."
[81]

This underscores the importance of tailoring physical support to individual preferences and needs.

C. Information and Advocacy

Continuous labor support often involves providing information to the laboring woman and advocating on her behalf. This aspect of support can be crucial in helping women make informed decisions and feel more in control of their birth experience.

The value of having an informed supporter is evident in this quote:

"She (the doula) knows a lot about childbirth because she has been there before. She can clarify and explain." [9]

This highlights how supporters can bridge the knowledge gap, helping women understand what's happening during labor and what to expect.

Advocacy is another crucial aspect of support, as illustrated by this woman's experience:





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"It is important to have someone with you, you won't feel safe unless you are with your family." [9]

This suggests that having a trusted advocate can provide a sense of safety and security, especially in a medical environment that might feel unfamiliar or intimidating.

The importance of information and advocacy is further emphasized in this quote:

"A companion should be well informed." [9]

This underscores the expectation that supporters should be knowledgeable and capable of providing accurate information and effective advocacy.

D. Cultural Considerations

The experience of continuous labor support can be significantly influenced by cultural factors. Different cultures have varying traditions and expectations surrounding childbirth, which can impact how support is provided and received.

In some cultures, the presence of family members during childbirth is highly valued. As one woman expressed:

"I think delivering at home is better. My sister did that, and my mother and my other sisters were all there to support her. My sister was not in pain as much as I was because we were all there for her. During delivery the woman needs her mother or sister" but I didn't get that." [9]

This quote highlights the importance of familial support in some cultural contexts and the distress that can occur when such support is not available in hospital settings.

However, cultural norms can also limit the types of support available, particularly regarding the presence of male partners:

"This process is not for a man to see". [9]

In some cultures, there may be a preference for privacy during childbirth:

"Having someone around will be a distraction. This is something a woman should go through alone, this is the time to concentrate on yourself". [9]

These contrasting views underscore the importance of cultural sensitivity in providing continuous labor support.

4.4 Barriers to Continuous Labor Support





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Despite the well-documented benefits of continuous labor support, several barriers can prevent its widespread implementation and effectiveness. These barriers operate at various levels, from institutional policies to societal norms. Understanding these obstacles is crucial for developing strategies to overcome them and ensure that all women have access to high-quality continuous support during labor.

A. Hospital Policies and Practices

Hospital policies and practices can significantly impact the provision of continuous labor support. Many hospitals have rules that limit the number of people allowed in the delivery room or restrict access during certain times or procedures. These policies, while often implemented with good intentions related to infection control or efficiency, can inadvertently interfere with continuous support.

The impact of restrictive hospital policies is evident in women's experiences. For instance:

"I was shouting, I was restless, moving about holding onto anything I could get. I would have loved it if my husband was with me but he was not allowed in." [15]

This quote illustrates the distress that can result when supportive companions are excluded from the birthing process due to hospital policies. Similarly, another woman recounted:

"I kept crying, shouting and calling for my mother, so the midwife asked me if my mother will come and deliver for me? She (her mother) was outside the whole period." [15]

These experiences highlight how hospital policies can separate women from their chosen support persons at crucial moments, potentially increasing stress and anxiety during labor.

Moreover, the medicalization of childbirth in many hospital settings can create an environment that is not conducive to continuous support. As Wagner [129] notes:

"Fish can't see water: the need to humanize birth."

This metaphor suggests that the highly medicalized approach to childbirth has become so normalized in many hospitals that its potential negative impacts on continuous support and women's experiences are often overlooked.

The challenge lies in balancing necessary medical interventions and safety precautions with the need for continuous support. As Behruzi et al. [12] point out in their study on the perception of humanized birth in highly specialized hospitals, there's a need to "think differently" about how to integrate supportive care into high-tech medical environments.





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B. Staffing Limitations

Staffing limitations in maternity units can pose a significant barrier to professional continuous labor support. In many healthcare settings, midwives and nurses are responsible for multiple patients simultaneously, making it challenging to provide one-to-one continuous support.

This issue is reflected in women's experiences:

"Unfortunately they (midwives) were two on duty and there were other patients... so you can imagine". [15]

Another woman shared a similar experience:

"When we got to the hospital, however, there were several patients on admission in labour ward so there was nobody to spend time with me." [15]

These quotes highlight the reality of understaffed maternity units and the impact on women's access to continuous support from healthcare professionals.

The staffing issue is not just about numbers, but also about the ability of staff to provide emotionally supportive care. As Byrom and Downe [19] note in their study on good midwifery and leadership:

"She sort of shines: midwives' accounts of good midwifery and good leadership."

This suggests that providing effective continuous support requires not just physical presence, but also emotional engagement and supportive attitudes from staff. When midwives and nurses are overworked and stressed, their capacity to provide this type of care may be compromised.

C. Cultural and Societal Norms

Cultural and societal norms can significantly influence attitudes towards continuous labor support and create barriers to its implementation. In some cultures, childbirth is viewed as a private, solitary experience for the woman, while in others, it's seen as a communal event involving family and community members.

These varying perspectives are evident in women's statements:

"Having someone around will be a distraction. This is something a woman should go through alone, this is the time to concentrate on yourself". [9]

This view contrasts sharply with the perspective of women who value family support:





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"I think delivering at home is better. My sister did that, and my mother and my other sisters were all there to support her. My sister was not in pain as much as I was because we were all there for her. During delivery the woman needs her mother or sister" but I didn't get that." [9]

Cultural norms can also influence attitudes towards the presence of male partners during childbirth:

"This process is not for a man to see". [9]

Even when women desire their partner's presence, cultural norms can create conflicting feelings:

"I wish my husband were to be present but at the same time, I am very shy, it is also disgusting, not nice for him to see me like this." [9]

These diverse perspectives highlight the complexity of cultural influences on continuous labor support. What is considered appropriate and beneficial support in one cultural context may be seen as intrusive or uncomfortable in another.

Societal norms around gender roles can also create barriers. In some societies, men's involvement in childbirth is not traditionally accepted, which can limit the availability of partner support. Mullany [94] discusses this issue in his study on barriers to husbands' involvement in maternal health in Kathmandu, Nepal.

Moreover, in some cultures, there may be a lack of awareness about the benefits of continuous labor support or resistance to non-family members (such as doulas) being involved in the birthing process. This can limit women's access to trained support persons.

4.5 Best Practices for Implementing Continuous Labor Support

Given the significant benefits of continuous labor support and the various barriers to its implementation, it's crucial to identify and promote best practices. These practices should aim to maximize the positive impact of support while addressing the challenges that can hinder its provision. This section explores key areas for best practices in implementing continuous labor support.

A. Training and Education for Support Persons





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Effective continuous labor support requires more than just presence; it demands knowledge, skills, and the right attitudes. Training and education for support persons, whether they are healthcare professionals, doulas, or family members, is crucial for ensuring high-quality support.

The importance of knowledgeable support is evident in women's experiences:

"She (the doula) knows a lot about childbirth because she has been there before. She can clarify and explain." [9]

This quote highlights the value women place on having a well-informed support person. Similarly, another woman emphasized:

"A companion should be well informed." [9]

These statements underscore the need for comprehensive training programs that cover not only the physiological aspects of childbirth but also communication skills, emotional support techniques, and cultural competence.

For healthcare professionals like midwives and nurses, training should focus on enhancing their ability to provide woman-centered care in busy medical environments. As Byrom and Downe [19] note:

"She sort of shines: midwives' accounts of good midwifery and good leadership."

This suggests that training should aim to develop not just technical skills, but also the interpersonal qualities that make a supportive caregiver "shine."

For doulas and other trained support persons, education should cover a wide range of topics. Klaus et al. [67] in their book on doula support emphasize the need for comprehensive training:

"The doula book: how a trained labour companion can help you have a shorter, easier and healthier birth."

This training should include pain management techniques, comfort measures, and strategies for advocating for women in medical settings.

For family members and partners who will provide support, basic childbirth education can be invaluable. This can help them understand the process of labor and birth, know what to expect, and learn how to provide effective support. As one woman's experience illustrates:

"I believed my husband was taking very good care of me. To keep up the energy, He rubbed my back...." [9]





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This quote shows how even simple techniques, when applied knowledgeably, can provide significant comfort.

B. Integration into Maternity Care Systems

For continuous labor support to be consistently available and effective, it needs to be fully integrated into maternity care systems. This involves not just allowing support persons to be present, but actively incorporating them into the care team and recognizing their value.

The challenge of integration is evident in some women's experiences of disconnect between their support persons and the medical staff:

"Nobody came over and stroked my hair or just held my hand and said, we're coming right with you. So I was desperately hanging on to Ron (my partner)." [34]

This quote illustrates how support persons can sometimes feel isolated from the medical team, potentially reducing the effectiveness of their support.

Effective integration requires a shift in how maternity care is conceptualized and delivered. The World Health Organization [133] emphasizes this in their recommendations:

"Companion of Choice During Labour and Childbirth for Improved Quality of Care."

This approach views continuous support not as an optional extra, but as an integral part of high-quality maternity care.

Integration also involves creating physical environments that are conducive to continuous support. As Behruzi et al. [12] note in their study on humanized birth in specialized hospitals, there's a need to "think differently" about how to accommodate supportive care in medical settings.

C. Promoting Evidence-Based Policies

Implementing continuous labor support effectively requires policies that are grounded in the best available evidence. This includes hospital policies, national guidelines, and professional standards of practice.

The need for evidence-based policies is clear when we consider women's experiences of unsupportive practices:

"I kept crying, shouting and calling for my mother, so the midwife asked me if my mother will come and deliver for me? She (her mother) was outside the whole period." [15]





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This quote illustrates how policies that restrict the presence of support persons can negatively impact women's experiences.

Evidence-based policies should reflect the findings of systematic reviews like the one conducted by Hodnett et al. [56], which concludes:

"Continuous support during labour has clinically meaningful benefits for women and infants and no known harm. All women should have support throughout labour and birth."

Such policies might include:

- 1. Allowing women to have multiple support persons present during labor and birth.
- 2. Ensuring that women have access to continuous support even during medical procedures.
- 3. Recognizing and facilitating the role of doulas in addition to medical staff.
- 4. Providing resources and space for support persons to comfortably remain with the laboring woman.

The National Institute for Health and Care Excellence (NICE) [97] in the UK provides an example of evidence-based guidelines that promote continuous support:

"Intrapartum Care: care of healthy women and their babies during childbirth."

These guidelines emphasize the importance of continuous support and provide recommendations for its implementation.

6.0 Conclusion and Lessons drawn

The exploration of continuous labor support, from its various types to its impacts, experiences, barriers, and best practices for implementation, reveals a complex and multifaceted aspect of maternity care that has profound implications for women's birth experiences and outcomes.

Section 5.1 highlighted three main types of continuous labor support: professional support from midwives and nurses, trained support from doulas, and informal support from partners, family members, or friends. Each type offers unique benefits and faces distinct challenges. Professional support brings medical expertise alongside emotional care, as evidenced by women's experiences:

"Having a 'good midwife' present created a special atmosphere which was warm and secured." [84]

Doula support offers focused, non-medical assistance that many women find empowering:





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"With the assistance and encouragement of the doula, I could trust my own ability" [9]

Informal support provides a deeply personal connection:

"After seeing him (her husband) there, I felt that even if I died, my husband would be there to look after my baby." [9]

The analysis of these support types reveals that while each has its strengths, the ideal scenario might involve a combination, allowing women to benefit from professional expertise, focused non-medical support, and personal connection.

Section 5.2 delved into the impacts of continuous labor support on maternal outcomes, both physical and psychological. Physically, continuous support is associated with shorter labors, higher rates of spontaneous vaginal births, and reduced use of pain medication and interventions. Psychologically, it can reduce anxiety and stress, enhance a sense of control and empowerment, and potentially protect against postpartum depression and PTSD.

The profound impact of continuous support is captured in women's words:

"So I was brave! I was strong..., it was like, 'Yes, I have done it!' Yes, I can do it!' I was so happy. I honestly never had this kind of joy since I was born." [72]

This quote illustrates the potential for continuous support to transform the birth experience into one of empowerment and joy.

Section 5.3 explored maternal experiences of continuous labor support, highlighting its multifaceted nature. Emotional support and reassurance emerge as universally valued aspects:

"Just because of her (the doula) presence I became more peaceful and calm." [9]

Physical comfort measures, while variable in their effectiveness, can provide significant relief:

"At home, my husband was with me so he would massage the part where I felt the pains... He will rub my thigh for a while and the pain will disappear for a while." [15]

Information and advocacy are crucial in helping women navigate the complex medical environment of childbirth:

"She (the doula) knows a lot about childbirth because she has been there before. She can clarify and explain." [9]





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Cultural considerations significantly influence how support is provided and received, underscoring the need for culturally sensitive approaches.

Section 5.4 identified key barriers to continuous labor support, including hospital policies and practices, staffing limitations, and cultural and societal norms. Hospital policies can inadvertently separate women from their chosen support persons:

"I would have loved it if my husband was with me but he was not allowed in." [15]

Staffing limitations can prevent healthcare professionals from providing consistent support:

"Unfortunately they (midwives) were two on duty and there were other patients... so you can imagine". [15]

Cultural norms can influence attitudes towards support during childbirth:

"This process is not for a man to see". [9]

These barriers highlight the complex challenges in implementing continuous support consistently and effectively.

Section 5.5 outlined best practices for implementing continuous labor support, emphasizing the importance of training and education for support persons, integration into maternity care systems, and promoting evidence-based policies. The value of well-trained support is clear:

"A companion should be well informed." [9]

Integration into maternity care systems is crucial for consistent provision of support:

"Companion of Choice During Labour and Childbirth for Improved Quality of Care." [133]

Evidence-based policies are needed to create supportive environments:

"Continuous support during labour has clinically meaningful benefits for women and infants and no known harm. All women should have support throughout labour and birth." [56]

Key Lessons:





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- 1. Diverse Support Options: The effectiveness of different types of support suggests that offering a range of options professional, trained, and informal could best meet women's varied needs and preferences.
- 2. Holistic Impact: Continuous labor support affects both physical and psychological outcomes, highlighting the interconnectedness of mind and body in the birthing process.
- 3. Personalization: Women's experiences emphasize the importance of personalized, responsive support that adapts to individual needs and cultural contexts.
- 4. Systemic Approach: Barriers to continuous support often stem from systemic issues, suggesting that effective implementation requires changes at institutional and societal levels.
- 5. Evidence-Based Practice: The strong evidence base for continuous support underscores the need for policies and practices that align with research findings.
- 6. Cultural Competence: The influence of cultural norms on attitudes towards support highlights the need for culturally sensitive approaches in providing and promoting continuous labor support.
- 7. Integration and Education: Effective implementation of continuous support requires both integration into existing care systems and comprehensive education for all involved parties.
- 8. Empowerment Focus: At its best, continuous labor support can be profoundly empowering for women, potentially influencing not just the birth experience but also the transition to motherhood.

In conclusion, continuous labor support emerges as a crucial component of high-quality maternity care, with the potential to significantly improve birth experiences and outcomes. However, its effective implementation requires addressing complex barriers and adopting comprehensive best practices. As one woman powerfully stated:

"I could give birth in any circumstance, just if I had a midwife supporting me. That was what counted." [81]

This statement encapsulates the transformative potential of continuous support. Moving forward, the challenge lies in making this level of support universally available, adapting it to diverse needs and contexts, and fully integrating it into maternity care systems. By doing so, we can work towards ensuring that all women have the opportunity to experience birth not just as a medical event, but as a profound, empowering life experience.





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References

- [9] Berg and Terstad (2006)
- [12] Behruzi, R., Hatem, M., Goulet, L. and Fraser, W. D. (2014) Perception of humanization of birth in a highly specialised hospital: Let's think differently. Health Care for Women International 35(2): pp. 127-148 122p.
- [15] Ampofo, E.A. and Caine, V. (2015) A narrative inquiry into women's perception and experience of labour pain: A study in the western region of Ghana. International Journal of Africa Nursing Sciences 3:pp.86-93.
- [19] Byrom, S. and Downe, S. (2010). "She sort of shines: midwives' accounts of good midwifery and good leadership." Midwifery 26(1): pp.126-137.
- [22] Campbell, D.A., Lake, M.F., Falk, M. and Backstrand, J.R. (2006) A randomised control trial of continuous support in labour by a lay doula. Journal of Obstetric, Gynecologic & Neonatal Nursing 35(4): pp.456-464.
- [34] Mackinnon et al. (2005)
- [43] Fisher, C., Hauck, Y. and Fenwick, J. (2006). How social context impacts on women's fears of childbirth: A Western Australian example. Social science & medicine 63(1): pp.64-75.
- [45] Garthus-Niegel, S., von Soest, T., Vollrath, M.E. and Eberhard-Gran, M. (2013) The impact of subjective birth experiences on post-traumatic stress symptoms: a longitudinal study. Archives of women's mental health 16(1): pp.1-10.
- [50] Gough, D., Oliver, S., and Thomas, J. (Eds.) (2012) An introduction to systematic reviews. London: Sage.
- [52] Green, J., Baston, H. and Eaton S. (2003) Greater expectations? Interrelationships between women's expectations and experiences of decision-making, continuity, choice and control in labour and psychological outcomes: summary report. University of Leeds:

Mother and Infant research unit

- [56] Hodnett E.D, Gates S., Hofmeyr GJ, and Sakala C.(2013) Continuous support for women during childbirth [systematic review].
- The Cochrane Database of Systematic Reviews Issue 7. Article No.: CD003766. Chichester, UK: John Wiley & Sons, Ltd.
- [61] International Confederation for Midwives (ICM) (2014) Position Statement: The Midwife is the first choice health care professional for childbearing women. [Online] Available at:

http://www.internationalmidwives.org/assets/uploads/documents/Posi

tion %20 Statements %20%20 English/Reviewed %20 PS %20 in %202014/100 MeV to the first statement of the first st

 $PS2008_019\%20V2014\%20The\%20Midwife\%20is\%20the\%20First\%2$

OChoice%20ENG.pf (Accessed: 16th July, 2018).

- [62] International Confederation of Midwives (2005) Definition of the midwife. www.internationalmidwives.org
- [64] Johanson, R., Newburn, M., & Macfarlane, A. (2002). Has the medicalisation of childbirth gone too far? British Medical Journal 324(7342), 892.
- [67] Klaus M.H., Kennell J.H. and Klaus P.H. (2002) The doula book: how a trained labour companion can help you have a shorter, easier and healthier birth. 2nd ed. Cambridge, MA: Perseus Books.
- [71] Larkin, P., Begley, C.M. and Devane, D. (2009) Women's experiences of labour and birth: an evolutionary concept analysis. Midwifery 25(2): pp.49-59.
- [72] Leap, N., Sandall, J., Buckland, S. and Huber, U. (2010) Journey to confidence: women's experiences of pain in labour and relational continuity of care. Journal of Midwifery & Women's Health 55(3): pp.234-242.
- [78] Lundgren, I., Karlsdottir, S.I. and Bondas, T. (2009) Long-term memories and experiences of childbirth in a Nordic context—a secondary analysis. International Journal of Qualitative Studies on Health and Well-being 4(2): pp.115-128.





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Article history: Received date: 1st August 2024; Revision received: 20th October 2024; Accepted for publication: 26th October 2024

- [81] Karlsdottir et al. (2014)
- [84] McCourt (2009)
- [85] McGrath and Kennell (2008)
- [90] Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G. and PRISMA Group (2010). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. International journal of surgery 8(5): pp.336-341.
- [94] Mullany, B.C. (2006) Barriers to and attitudes towards promoting husbands' involvement in maternal health in Katmandu, Nepal. Social Science & Medicine 62(11): pp.2798-2809.
- [97] National Institute of Clinical Excellence (NICE) (2014)
- [106] Ross-Davie, M. and Cheyne, H. (2014) Intrapartum support: what do women want? A literature review. Evidence Based Midwifery 12(2): pp.52-58.
- [111] Scott, K.D., Berkowitz, G. and Klaus, M. (1999) A comparison of intermittent and continuous support during labour: a metaanalysis. American Journal of Obstetrics and Gynecology 180(5): pp.1054-1059
- [114] Simkin, P.P. and O'Hara, M. (2002) Non-pharmacologic relief of pain during labour: systematic reviews of five methods. American journal of obstetrics and gynaecology 186(5): pp.S131-S159.
- [116] Pascali-Bonaro, D. and Kroeger, M. (2004) Continuous female companionship during childbirth: a crucial resource in times of stress or calm. Journal of Midwifery & Women's Health 49(S1): pp.19-27.
- [124] Thomas, J. and Harden, A. (2008) Methods for the thematic synthesis of qualitative research in systematic reviews. BMC medical research methodology 8(1): p.45.
- [125] Tong, A., Flemming, K., McInnes, E., Oliver, S. and Craig, J. (2012). Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. BMC medical research methodology 12(1): p.181.
- [129] Wagner, M. (2001). Fish can't see water: the need to humanize birth. International Journal of Gynecology & Obstetrics 75(1): pp.25-37.
- [133] World Health Organization (WHO) (2016). Companion of Choice During Labour and Childbirth for Improved Quality of Care. Geneva: WHO press.
- [135] World Health Organisation (2015) Labour companionship: every woman's choice. Geneva: WHO press.