The Royal College of
Midwives

Evidence Based Guidelines *for Midwifery-Led Care in Labour*

Supporting and Involving Women's Birth Companions

Practice Points

For many women, the companion that they bring with them in labour may be the only truly familiar person available to them (Odent 1999).

Women should be encouraged to have support by birth partners of their choice (MIDIRS 2008; NICE 2007).

The majority of women in the UK are accompanied in labour by their partners (Singh and Newburn 2000; Somers-Smith 1999); however, this should not be assumed.

Interventions to support partners should include ensuring that they are involved in discussions about birth options and involving them in practical support tasks, as well as discussing their expectations (Hildingsson et al. 2010; Backsttrom and Wahn 2009; Wockel et al 2007; Beardshaw 2001).

Separate educational sessions could help men feel more confident in their role and enable them to provide better support (Wockel et al. 2007).

It has been reported that partners want information on coping strategies for women in labour, alternative forms of pain relief and what to expect in labour and moving around in labour (Singh and Newburn 2000).

Partners need support for their role as coach, particularly when labouring women are experiencing pain (Chandler and Field 1997).

Birth companions need acknowledgement and facilitation of their role (Spiby et al. 1999).

Even if a woman in labour is accompanied by her partner, she may benefit from the continuous presence of a second support person of her choice (MIDIRS 2008).

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Women in labour have need for companionship, empathy and help (DH 2004; Simkin 1992). Descriptive studies of women's childbirth experience have suggested four dimensions to the support that women want in labour. These are emotional support, informational support, physical support and advocacy (MIDIRS 2008).

The Cochrane review of continuous versus intermittent intrapartum support carried out a meta-analysis of twenty one randomised controlled trials carried out since 1980 involving over 15,000 women (Hodnett et al. 2011). The impact of continuous support includes a significant reduction in the number of caesarean sections and operative deliveries, an increase in the number of normal births, a reduction in the use of analgesia and a reduction in the length of labour. Surveys of women's perception of the quality of the support they receive during labour are limited.

The majority (approx 95%) of women in the UK are accompanied in labour by their partners (Singh and Newburn 2000; Somers-Smith 1999). There is a growing body of research into fathers' experiences of the maternity services. In the large study of over 800 fathers from a representative sample of national paternity trends during the antenatal period (Singh and Newburn 2000), over a third of the men said that they did not have adequate information about the birth. They wanted more information on:

- Coping strategies for women in labour;
- Other forms of pain relief;
- What to expect in labour;
- Moving around in labour.

In his review of the literature on the role of fathers around the time of birth, Beardshaw (2001) suggests that supporting fathers can be seen as an investment in the care of women and infants. Interventions to support them might include ensuring that they are involved in discussions about birth options and involving them in practical support tasks, as well as managing their expectations. The role of the midwife during birth is important to the father, and his individual needs should be considered in order to enhance a positive birth experience. Hildingsson's (2011) survey of 595 new father's experience identified the midwife's presence and receiving information about the progress of labour as important factors. Backstrom and Wahn's (2009) qualitative study of ten first time fathers had similar findings about the value reassurance from midwives that enabled them to feel 'involved' and not ' left out'. Longworth and Kingdon's (2010) study of 11 men found fathers perceiving themselves on the periphery of events in labour, but that good information from the midwife was significant in helping them to feel involved at the birth.

Chan and Paterson-Brown's (2002) survey with 121 couples found that fathers who chose to attend childbirth had very positive experiences overall. The small group of fathers who found it to be unrewarding and unenjoyable felt that there relationship with their partners had worsened. As the authors suggest, although most men gain from the experience, we should be sensitive to those few who are reluctant to accompany their partner in labour. Chandler and Field's (1997) ethnographic study of 14 fathers found that, although they expected to be treated as part of a labouring couple, they were relegated to a supporting role. The authors suggest that fathers should be included in labour management plans and need support for their role as coach, particularly when their partners experience pain. Kunjappy-Clifton's (2008) qualitative study of the experience of six first time fathers had similar findings of the difficulty of dealing with their partner's pain and feeling helpless in this context. Spiby et al.'s (1999) study of strategies for coping with labour found that birth companions needed more acknowledgement and facilitation of their role.

A small randomised controlled trial in Germany evaluated the effect of an extra training session by a male obstetrician for men taking part in birth preparation classes (Wockel 2007). The training session involved an invitation to express fears about being at the birth, a talk about psychological stress reactions, a presentation about normal birth and ways to support their partner, a theoretical demonstration of instrumental delivery of caesarean section, and discussion about the early postnatal period. In the intervention group the participants felt better prepared and judged the birth experience more positively than in the control group.

Where a women does not speak English, although her husband or partner may offer to act as interpreter, this does not remove the need for an independent interpreter (Commission for Racial Equality 2004). Professional interpretation services should be provided as these women continue to be ill-served by the use of close family members of their own local community as interpreters (CMACE 2011).

For many women who give birth in large hospitals in countries such as the UK, the companion that the women bring with them in labour may be the only truly familiar person available to them (Odent 1999).

Women should be encouraged to have support by birth partners of their choice (NICE 2007). As the NCT suggests (2012), it is important for women to remember that whoever they choose, it should be somebody with whom they feel really comfortable and relaxed. Even if a woman in labour is accompanied by her partner, she may benefit from the continuous presence of a second support person of her choice (MIDIRS 2008).

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The guidelines have been developed under the auspices of the RCM Guideline Advisory Group with final approval by the Director of Learning Research and Practice Development, Professional Midwifery Lead.

The guideline review process will commence in 2016 unless evidence requires earlier review.

Appendix A

Sources

The following electronic databases were searched: The Cochrane Database of Systematic Reviews, MEDLINE, Embase and MIDIRS. As this document is an update of research previously carried out, the publication time period was restricted to 2008 to March 2011. The search was undertaken by Mary Dharmachandran, Project Librarian (RCM Collection), The Royal College of Obstetricians and Gynaecologists.

Search Terms

Separate search strategies were developed for each section of the review. Initial search terms for each discrete area were identified by the authors. For each search, a combination of MeSH and keyword (free text) terms was used.

Journals hand-searched by the authors were as follows:

- Birth
- British Journal of Midwifery
- Midwifery
- Practising Midwife
- Evidence-based Midwifery