



Best Practice

Evidence-based information sheets for health professionals

The experience and role of a companion during normal labor and childbirth

Recommendations*

- The active participation of fathers in labor and childbirth should be encouraged to improve the couple's relationship and bonding among family members. **(Grade A)**
- Fathers have a desire to be well prepared for their role as companion in childbirth, which should occur during the antenatal period. Preparation should include information about the labor process, support roles including both emotional and physical needs, and taking an active role during labor and childbirth. **(Grade A)**
- Health care providers also require preparation to assist them in including fathers in normal labor and childbirth, to improve the experience and role played as companions. **(Grade A)**
- Previous teaching of supportive activities such as non-pharmacological strategies to relieve laboring women's discomforts, including massage and touch, the opportunity to cut the umbilical cord and establish skin-to-skin contact with the baby are some issues that can be approached to prepare the companion. **(Grade B)**

*For a definition of JBI's 'Grades of Recommendation' please see the last page of this sheet

Information source

This Best Practice Information Sheet has been derived from a systematic review published in 2014 in the JBI Database of Systematic Reviews and Implementation Reports.¹ The systematic review report is available from the Joanna Briggs Institute (www.joannabriggs.org).

Background

Labor and childbirth is a highly meaningful experience for women and family members. The presence of a companion during labor and childbirth is an important aspect of quality care, providing support, comfort and encouragement to the woman. They receive physical help for discomfort and progress of labor, they are encouraged to communicate their wishes and needs to health care providers, and they feel motivated, safe and calm when supported by a chosen companion. Evidence demonstrates the benefits of a companion during labor and childbirth. The inclusion of a companion contributes to the improvement of safe maternity and health care outcomes for mothers and newborns. Continuous support reduces the use of medication for pain relief, operative vaginal delivery, cesarean delivery, and low Apgar scores.

Some companions may feel inadequate in providing this support to women, and evidence from this review will assist in developing strategies to provide adequate preparation during pregnancy for the role of companions. This systematic review considered the experiences of companions who were aged 18 years and over who have lived the experience and the role of a companion during labor and childbirth. Companions were excluded if they had experienced abnormal birth, such as miscarriage, malformation or prematurity that resulted in neonatal mortality.

Objectives

The purpose of this Best Practice Information Sheet is to present the best available evidence regarding the experience and role of a companion during normal labor and childbirth.

Phenomena of interest

This review considered studies which investigated companion's experiences and roles played during normal labor and/or in childbirth. Qualitative studies included, but were not limited to, designs such as ethnography, phenomenology, grounded theory, narrative analysis, action research and feminist research. The following qualitative outcomes were considered: role, social support and life experiences.

Quality of the research

Fifteen studies were included in this qualitative systematic review. All included papers were assessed by two independent reviewers, and were of good methodological quality, scoring from eight to a maximum of ten points on the critical appraisal checklist. All included studies undertook qualitative methodologies, such as phenomenology and ethnography, to accomplish the general aim of investigating the experience and role of companions in labor and childbirth. Data collection methods utilized were semi-structured interviews, participant observations, ethnographic interviews, and in-depth interviews.

Findings

The studies included in this review originated from seven different countries, including; Brazil (7), Sweden (3), Canada (1), England (1), France (1), South Africa (1) and the United Kingdom (1). Meta-synthesis of the 15 qualitative studies generated 61 findings, which were in turn aggregated into eight categories and three synthesized findings. The levels of credibility for all findings were unequivocal. A total of 223 people were identified from the 15 primary studies as having lived the experience and played the role as companion in labor. Fathers accounted for 92.3%, and others included mothers (10), aunts (3), sister (1), mother-in-law (1) and friend (1).

Meta-synthesis 1:

The experiences lived as a companion in childbirth improved the couple's relationship and bonding among family members. Overall, the majority of fathers who have had the opportunity to experience the role of companion in childbirth reported that this improved the couple's relationship, and also the bonding among family members. This intense experience of being at the birth of their child was mostly viewed as a favorable and positive experience, but for some fathers, it was difficult to witness the suffering and pain experienced by their partners, prompting feelings of powerlessness and helplessness. Some fathers felt unprepared, and did not have ideas on how to offer support to their partner. These findings demonstrate that fathers should be encouraged to accompany their partner, and participate actively in the birth of their child, as it reflected positively on the couple's relationship and improved the bonding among family members. It also highlights the importance of preparing fathers in their role of companion, giving adequate guidance about the whole birthing process. This meta-synthesis was based on 24 findings across three categories.

Meta-synthesis 2:

Fathers desired to be prepared to play adequately the important role as a companion at childbirth.

Fathers attributed great importance to the role they played as companions, and the support and encouragement they gave to their partner during childbirth. They acknowledged the variety of roles they played as childbirth companion, including emotional, physical, hygiene and feeding support. These roles were diverse, and the support offered was provided throughout the whole birthing process. Fathers expressed their need to be prepared to play the role of companion, preferably during the antenatal care stage.

This preparation should include guidance about the clinical setting, the phases of labor and childbirth, resources available to relieve pain, and offering emotional and physical support to their partners. Fathers expressed that a lack of preparation gave rise to negative feelings about the companionship role. This meta-synthesis was based on 25 findings across three categories.

Meta-synthesis 3:

Fathers who were supported in their care needs as a companion in childbirth felt satisfied with health care providers. Many fathers reported their desire to receive support from health care providers, and that their needs also had to be identified and adequately met. They felt that when clinicians provided adequate support to them, their experiences and the role they played as a companion improved. Sometimes fathers reported that they were ignored or not informed by clinicians, feeling that they were interrupting the health care providers. These findings demonstrate that clinicians also need preparation in welcoming the companions, identifying their needs and providing support to them, not only the woman in labor. This meta-synthesis was based on 12 findings across two categories.

Conclusions

In summary, this qualitative systematic review explored the intense experiences fathers underwent as companions in labor and childbirth. They attribute importance to the roles they played as companions and emphasized the need to be prepared and the importance of support from health care providers. The experiences were positive for many fathers, but for some of them, the experiences were difficult. Regardless of its nature, the experience and role played as companion contributed to the improvement of the couple's relationship and bonding among family members.

Implications for practice

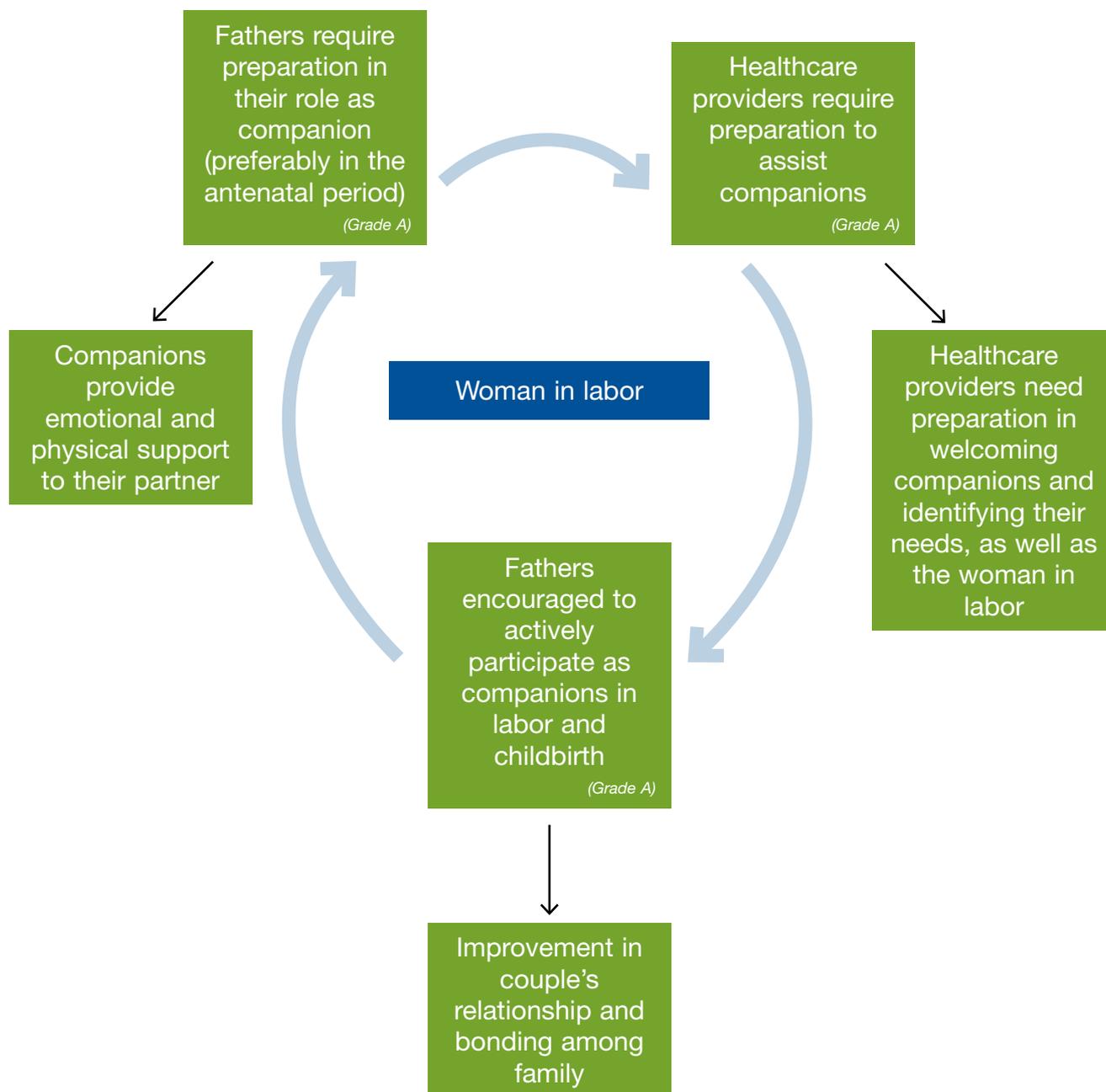
The active participation of fathers as companions in labor and childbirth should be encouraged to improve the couples' relationship and bonding among family members. Opportunities to discuss the importance of the companion role should be provided in antenatal care settings, with members of the health care team, and other parents as well. Discussion may include personal expectations regarding companions, areas of support for the women in labor, and continuous support to the companions.

Fathers have a desire to be prepared to play adequately their role as companion in childbirth. The father's preparation to perform this role must include information about the labor process, support roles including both emotional and physical needs, and taking an active role during labor and childbirth. These strategies can help to familiarize the father with the childbirth process so they are more comfortable with the idea of participating in their child's birth.

Health care providers require preparation to assist them in including fathers in normal labor and childbirth, to improve their experience and role played as companions. Health professionals require education about the best evidence related to the participation of companions in childbirth, and the benefits this has for the woman.

Fathers need to feel welcomed as companions in the birthing process, and be provided with adequate support and infrastructure to play their role in childbirth. When fathers feel integrated in the process, they are empowered to be supportive towards their partner, and fully play their role as birth companion.

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Participants	A participant/actor e.g. specific health care professional, a patient group or carer. May include presentation	Action	A suggested action that can be taken as well as a grade of recommendation
Condition/Diagnosis or Presentation	A condition or diagnosis e.g. 'acute wound' or specific condition that has arisen e.g. 'infection'	Context	A specific context or situation e.g. 'emergency ward' or 'remote health clinic'

References

1. Hoga L, Gouveia L, Higashi A, Zamo-Roth F. The experience and role of a companion during normal labor and childbirth: a systematic review of qualitative evidence. *JBI Database of Systematic Reviews and Implementation Reports*. 2013;11(12):121-156.

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This Best Practice Information Sheet was developed by the Joanna Briggs Institute. In addition this Best Practice Information Sheet has been reviewed by nominees of International Joanna Briggs Collaborating Centres.

JBI Grades of Recommendation*

Grade A	A 'strong' recommendation for a certain health management strategy where (1) it is clear that desirable effects outweigh undesirable effects of the strategy; (2) where there is evidence of adequate quality supporting its use; (3) there is a benefit or no impact on resource use, and (4) values, preferences and the patient experience have been taken into account.
Grade B	A 'weak' recommendation for a certain health management strategy where (1) desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear; (2) where there is evidence supporting its use, although this may not be of high quality; (3) there is a benefit, no impact or minimal impact on resource use, and (4) values, preferences and the patient experience may or may not have been taken into account.

This Best Practice Information Sheet presents the best available evidence on this topic. Implications for practice are made with an expectation that health professionals will utilize this evidence with consideration of their context, their client's preference and their clinical judgement.[†]

"The procedures described in Best Practice must only be used by people who have appropriate expertise in the field to which the procedure relates. The applicability of any information must be established before relying on it. While care has been taken to ensure that this edition of Best Practice summarises available research and expert consensus, any loss, damage, cost, expense or liability suffered or incurred as a result of reliance on these procedures (whether arising in contract, negligence or otherwise) is, to the extent permitted by law, excluded".

* The Joanna Briggs Institute. The JBI approach: Grades of Recommendation. 2013 [cited 2013 Dec 3]. Available from: <http://joannabriggs.org/jbi-approach.html#tabbed-nav=Grades-of-Recommendation>

† Pearson A, Wiechula R, Court A, Lockwood C. The JBI Model of evidence-based healthcare. *Int J of Evid Based Healthc* 2005; 3(8):207-215.

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