ORIGINAL ARTICLE

# Women's Experience of Birth Companion in Facility Based Birth Setting

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## ABSTRACT

**Introduction:** Improving maternal and newborn care is a priority globally and in Nepal, where maternal mortality remains high. Women's experiences play a crucial role in the utilization of health facilities, and engagement with maternity services.

**Methods:** This phenomenological study used in-depth interviews with eight postnatal women selected through purposive sampling. Data were collected via audio recordings and field notes. The content analysis yielded four themes from 12 categories.

**Results:** Four themes were identified: support person, type of support, staff interactions and positive birth experiences. Husbands were the preferred companions. Birth companions offer physical, emotional, and informational support that bridges care gaps caused by staff shortages. Their presence reduces fear, pain perception, and communication barriers while fostering respect and advocacy. Companions contribute to non-pharmacological pain management, reassurance, and stronger family bonds. Women with companions reported more positive birth experiences, enhanced self-esteem, and motivation for future vaginal births, women ask for woman-centered care that respects their autonomy in choosing birth companions.

**Conclusion:** Companions during childbirth significantly enhance maternal well-being by addressing physical, psychological, and emotional needs, fostering positive birth experiences. Prioritizing women's autonomy in companion choice and adopting a woman-centered approach can bridge care gaps and improve care quality.


**Keywords:** Birth companion, childbirth experiences, childbirth support, facility-based birth

## INTRODUCTION

Historically, childbirth occurred at home, with holistic support provided by female relatives or traditional midwives.[1] However, advancements in healthcare have shifted childbirth to facility-based settings, bringing challenges in retention, equity, dignity, and the quality of maternal healthcare services.[2] Recognizing these challenges, the White Ribbon Alliance and the World Health Organization (WHO) emphasize women's choice of a birth companion as a vital element of respectful and quality maternity care, benefitting minority groups offering culturally competent care.[3]

Although birth companions are not directly involved in delivery, their presence provides reassurance, control, and reduced anxiety, while improving satisfaction, reducing pain perception, and promoting family planning practices.[4] Evidence studies confirms that continuous support during labor shortens labor duration, reduces the need for analgesia, and decreases

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cesarean section rates. [1, 5, 6]

In South Asia, particularly Nepal, cultural and historical barriers, such as ritual impurity and social stigma, initially discouraged hospital births.[7] With decentralized birthing centers, the integration of birth companions into labor care has emerged as a strategy to deliver culturally appropriate, high-quality maternity care. However, health facilities in Nepal face significant challenges, including limited budgets, inadequate equipment, and a shortage of trained personnel, which hinder maternal and neonatal health improvements.[8,9] Strengthening labor companionship practices could address these gaps and enhance respectful and culturally congruent maternity care.

## METHODS

**Research Design**: A qualitative phenomenological research design.

**Study Setting**: Paropakar Maternity and Women's Hospital (PMWH) Post Natal ward. PMWH is a tertiary central hospital with 415 beds out of which 336 are allocated to in-door admission. Maternal and Neonatal Service Centre (MNSC) of PMWH serves 8 delivery beds.

**Study Population:** Women who delivered with a companion present during birth in the MNSC of PMWH.

**Sample size:** The sample size in qualitative research is based on data saturation. Creswell (1998)[10] recommends 5 – 25,and Polit and Beck (2013) [11] suggest ten or fewer participants who have experienced the phenomenon. The sample size was eight.

**Sampling:** Purposive sampling was done until data saturation (6), and an additional two samples were interviewed 1 week after the sixth sample to confirm the saturation. After drawing the first sample verbatim, it was transcribed, and major findings were highlighted,for missing information,a second interview session was conducted, and a second interview was conducted with two respondents. Similarly, samples were drawn in 3 to 4 days intervals; sampling wascompleted in 28 days.

**Measures:** In-depth interview guides with key questions were developed for the interview. The selection and development of the guiding questions were based on objectives. The in-depth interview was audio-recorded and a field note was taken to record nonverbal clues and environment. The interview schedule contains:

Part I: General Characteristic of Participants
Part II: Interview Guideline Related to Experience of Birth Companion.

**Ethical Consideration:** Ethical approval was taken from the institutional research board (IRB) of the National Academy of Medical Science (NAMS), and the Institution Review Committee (IRC) of Paropakar Maternity and Women's Hospital. Written informed consent was received, Confidentiality was maintained by coding the name of the participant and using pseudo-names in reports.

**Data Collection :** Data were collected in June 2020 after the administrative approval of a research proposal. Participants from the postnatal ward were recruited, and written consent from the participants was taken. Data collection was done in the procedure room of PNC in the evening hour to escape the rush hour and disturbance during the interview period. Participants were briefed about the objectives and details of data collection including the use of an audio recorder and note-taking during the interview. To maintain confidentiality during the period of the interview, no other than the interviewer was allowed in the interview room. A study-specific, in-depth interview guide was used for about 35-50 minutes in each setting. After the first interview, the second interview was taken based on an in-depth interview guide and new findings from the previous interview. Second interviews were scheduled for two participants via phone, and a few women who were admitted for antibiotics and peri-care were reinterviewed from whom complete information was not received. Verbal and non-verbal expressions during the interview were observed and noted. No monetary compensation was given to the mother.

**Data Analysis:** An inductive content analysis

approach was used, and analysis was done manually, simultaneously, and with the data collection. Verbatim was transcribed by using audio records, memos, and field notes. Verbatim translated into English in MS Word with fictitious name files. Each transcript was read carefully to capture the whole of the content. After data collection, conventional content analysis, proposed by Graneheim and Lundman,[11] was adopted for data analysis. The eight-step process to extract codes and categories directly from the raw data. 51 codes, 33 sub-categories, 16 categories, and 4 themes were generated.

## RESULTS

The study examined the experience of a mother with a birth companion. The study participants, aged 20–35, were predominantly Adhiwasi/Janajati (5/8) and schooled (7/8). Most belonged to joint families (5/8). Half were primiparous, with others being multiparous(3/8) or grand multiparous (1/8). Only one multigravida had previously given birth at a birthing center. Labor companions were female (sister, mother, or mother-in-law), while more than half (5/8) of them received a husband as a birth companion, and also husband was the most preferred (6/8) companion at birth.

**Table 1.** General Information of the Participants

| Variables | n |
|---|---|
| Ethnicity | |
| Adivasi/ Janjati | 5 |
| Brahmin/Chhetri | 3 |
| Educational Status | |
| Unschooled | 1 |
| Schooled (secondary and above) | 7 |
| Family Type | |
| Joint | 6 |
| Single | 2 |
| Gravida | |
| Primigravida | 4 |
| Multigravida | 4 |
| Previous Delivery at birthing center | 1 |
| Companion During Latent and Active phase | |
| Mother and Mother in Law | 4 |
| Sister | 4 |
| Choice of companion at Birth | |
| Mother | 1 |
| Husband | 6 |
| None | 1 |
| Companion Received During Birth | |
| Mother | 2 |
| Husband | 5 |

**Table 2.** Finding of In-depth Interview

| S.N. | Sub-Categories | Categories | Emergent Theme |
|---|---|---|---|
| 1 | Mother<br>Sister in law | Female companion | Support Person |
| | Husband | Male companion | |
| | Decision of Staff<br>Decision of family<br>Self decision | Decision of companion of choice | |
| 2 | Counseling<br>Bridging<br>Messenger | Informational support | Type of support |
| | Nutritional support<br>General care<br>Pain relief measures<br>Maintain position for birth | Physical support | |
| | Emotional stability<br>Diversion of mind<br>Praising | Emotional support | |

| | | | |
|---|---|---|---|
| **3** | Busy staff/inadequate staff<br>Limited conversation<br>Instructions in pain | Timing for communication | Experience with staff in presence of companion |
| | Reduced perception of maltreatment | Improved birthing environment | |
| | Irritated staffs<br>Multiple procedure at a time<br>Less sensitive staff | | |
| **4** | Felt better in birthing room<br>Reduced feeling of pain | Reduce perception of pain | Positive birth experience |
| | Feeling close to husband<br>Birth spacing by husband<br>Concerned about mother and baby's health | Develop bonding | |
| | Help me calm down<br>High spirit<br>Could not mistreat<br>Free to show pain | Reduced fear of unknown | |
| | Reinforce companion based birth<br>Good memories | Encouragement for further vaginal birth | |

The content analysis revealed 51 codes that reflect women's perceptions, preferences, and considerations. Four overlapping themes were developed from 34 subcategories, 12 categories.

Each theme is defined by its categories and subcategories, which are accompanied by interview quotations. Verbatim quotes are italicized from the data.

**Theme 1: Support Persons**

This theme encompasses female and male companions, as well as the decision-making process for choosing a companion. Companions included mothers, sisters-in-law, and husbands, with their selection influenced by staff, family, or personal choice.

**Category: Female Companion**
Female companions accompany women during the latent and active phases of labor, whereas 3 out of 8 have one during childbirth. Mothers were preferred for their trust and experience, as they could anticipate needs during labor. *"Women often provide better care than male family members."* – Gayatri *"My mother's presence reassured me, as she had experienced labor before and could take care of everything."* – Priti

**Category: Male Companion**
More than half (5/8) had husbands as companions, providing active support throughout labor, although most became passive during delivery. Husbands' presence reduced stress and provided both mental and physical support. *"He held me, which made me feel I could do this—it was comforting mentally and physically."* – Mukta However, one participant believed birth is a private process and preferred to birth without family members.

*"Why do we need someone there? Doctors and nurses are sufficient; we should experience the pain ourselves without judgment."* – Devaki

**Category: Decision of Companion of Choice**
The Companion of choice was influenced by staff (5/8), family, or personal preference. Staff often decided on companions.

*"My mother-in-law was with me initially, but the staff called my husband for delivery."* – Usha

Nevertheless, 4 out of 5 women still received their preferred choice. In some cases, staff-imposed decisions.

*"The nurse asked my husband to stay, but I would have preferred no one—I felt forced." – Devaki*

Family members' preferences sometimes overruled the mother's choice. *"The nurse wanted my husband, but my sister-in-law stayed instead, and I couldn't say anything."* – Gayatri

Only 2 out of 8 participants chose their companions, both preferring their mothers. Information about the availability of services influences decision-making as they will have time to think, decide, and communicate their feelings about the companion.

*«.....Knowing in advance about companion services would have allowed us to plan better." – Priti*

**Theme 2: Type of support**

This emerged theme has supporting categories: physical, emotional, and informational support. All the mothers experience some form of support throughout the birth.Lack of continuous presence, care, and support by nursing staff makes mothers feel neglected, but it can be overcome by the continuous presence of a companion.

*"...You will get support in everything that staff alone cannot provide,, staff are busy finishing their work so we have limited time for conversation but having companions makes it easy to communicate..." - Priti*

**Category: Informational support**

Multigravida mothers and primigravida mothers have different experiences of informational support during birth. Primigravida (4/8) mothers experienced support more about birth processes, positioning, and progress of labor.

*".....husband doesn't have too much knowledge, but yes at that time, he helped in giving every information to the doctor and nurses about what I was going through. Time-to-time he called the nurses. He was telling me to control and save the energy to push the baby." - Nita*

Companions are strong motivators to bridge the communication gap (6/8) between mother and staff. Multi-gravid (4/8) mothers experienced support in bridging the communication gap between them and health care staff.

*"This time, my husband was with me so he could observe and hear the instructions and help me follow whatever the sisters taught and helped me do the same." - Usha*

*".... he was praising me, asking nurses about labor conditions, pain relief, and helped me to kneel, also to move around the bed...he acted like a messenger (laughs)." Susila*

Heavy workload, personal attitude, emergencies, and language barriers are some of the hindrances to successful communication.

*".... staff are busy to finish their work so we have limited conversation. Having a companion makes it easy to communicate everything."- Priti*

**Category: Physical Support**

Helping with positioning, holding during birth, hygiene, nourishment, and non-pharmacological pain treatment were all physical supports during childbirth. Helping with birthing postures (8/8) and non-pharmacological pain management with massage (8/8) were the most welcomed physical support provided by the companion to ease out the delivery process.

*"She gave me a drink, wiped my sweat, made my hair, massaged my legs and back, she called the doctor..... After birth, she held the baby and my legs in position for me to remove the placenta....."- Priti*

**Category: Emotional Support**

Emotional support aided most women in obtaining control of their discomfort and a sense of self-worth, as well as giving them bravery during labor and delivery. Reassurance, empathy, a sense of safety, sensitivity to fear, conversing, and praising are all examples of emotional support. During the birthing process, 6 out of 8 individuals received emotional support.

*"... I was always afraid of blood, hospital instruments and unknown people, having mother by my side gave me the*

*courage to give birth in that new place" - Priti*

Multiparous women compared their previous experiences with companion-based and expressed more emotional satisfaction and less challenging birth.

*"...there was no one I was lying alone.....the bed was too small and I could hardly move. I was scared I would fall...I was in severe pain...this time I didn't have to face difficulties like before I was not alone. The first experience was more difficult." – Sanchita*

**Theme 3: Experience with staff in the presence of a companion**

Staff support was primarily provided during the second and third stages of labor, which women found insufficient. Companions filled gaps by addressing staff shortages, improving communication, reducing mistreatment, and fostering a positive birth environment.

**Category: Improved Birthing Environment**

The presence of a companion improved emotional support and also positively influenced the overall atmosphere and care quality during childbirth. They felt more supported and valued, especially when facing challenges with staff behavior or communication.

*"At the time of my first baby, when I heard the woman being scolded while she was shouting in pain I was silent to avoid their bad behavior. This time, I was more confident that they probably couldn't scold me in front of my husband." - Usha*

*"Staff was busy working, every time we called them, they came and went back to work. As my husband was with me, I could talk about my concerns. If not him, who will listen..." - Mukta*

**Category: Timing for Communication**

The finding also highlights the timing of communication with the participants. 3 out of 8 women perceived communication as undesirable and less effective during contraction/pain.

*".... some said to push, some said to drink water, and everyone shouted together. I was in pain and I couldn't understand anything. I was irritated and scared too." - Usha*

**Theme 4: Positive birth experience**

A positive birth experience for mothers involves joy, reduced pain, better communication with partners, improved family bonding, and contentment. Nearly all participants (7/8) acknowledged the value of having a birth companion.

**Category: Develop Bonding**

Participants experienced an increase in bonding between husband and wife and also with the newborn.

*"... I have experienced both, with a companion and without a companion so I can say that having a husband during bithimpoves relation between us and newborn.. That is why, I will suggest keeping a birth companion." - Usha*

**Category: Reduce Perception of Pain**

Almost all women (7/8) women felt reduction of pain in presence of companion.

*"...the pain also felt less as he was there to support… This experience is totally rare.....I am glad that he was there for me in this very difficult time." - Mukta*

**Category: Reduce Fear of the Unknown**

Women who were primiparous expressed fear of an unknown environment during birth, which was reduced by the presence of companions. *"I was very happy to know one family member is allowed inside the birthing room. If I was alone I would have been more frightened, than the birthing itself...." – Gayatri*

**Category: Encouragement for Further Vaginal Birth**

Companion at birth enhances women's experience of birth and motivates (4/8) the normal childbirth process, especially for women who had their first birth

(4/4).

*"...every hospital should allow family members, if I get a similar service to give birth with my husband then I can plan for the next baby otherwise I have to rethink about vaginal birth...." - Priti*

## DISCUSSION

The participant's desire for a support person during birth is a husband as the relationship is most trustworthy and intimate, husband helps in boosting confidence, provides a trustworthy environment, and also promotes rest and care. The women expressed the same in various studies; the importance of having emotionally attached persons and husbands is most important for most women, as this makes them secure and their belief strengthens self-confidence,[13] they are supposed to be gatekeepers of their perinatal care.[14]

Women's decision of choice of companion is mainly influenced by staff judgment and attitude and family support in decisions. The healthcare providers, as well as their managers and policymakers, held the common view that women in labor were unable to make the right decisions, and staff needed to decide what to do.[15]

The need for a companion at birth is not universal; grand multiparous women feared a companion being judgmental, and support from hospital staff is available when required. It is supported in a study where women stated companion of choice is not important during childbirth and it was positively associated with multi-parity and large family size of five or more members.[16]

In the study, the participants are satisfied with their companion for looking after their nutritional needs, maintaining hygiene, helping in positioning, and helping in bridging the communication gaps between the staff and the participants and with specific requirements of the birthing process. In support of the study finds, women experience encouragement in vaginal delivery and support in exercises and walking, motivating the women to avoid complications and minimize pain.[17] Companion bridges the communication gap between care providers and laboring women.[18]

In contrast to the study result, some women could not get proper support and assistance fromtheircompanions because both the mothers and companions lacked knowledge of birth companionship.[16]

Birthing women were more dependent on companions than healthcare providers for different emotional needs in fragile emotional times. Companion provided affection, care, motivation to tolerate pain, and empathic touch. Thus emotional support enhances maternal emotional well-being by being able to vent feelings and share tension and anxiety. The result is supported by few other studies where the importance of companion support before and after birth shows positive impact on maternal emotional well-being, by reducing anxiety, unhappiness, and stress, and increasing self-esteem and self-efficacy. [19, 14]

Women felt neglected when staff could not give sufficient time during labor and delivery. Women perceived staff as insensitive and lacking communication skills as they found staff skilled in only medical care, busy and irritated. The high-pitched voice during communication makes them feel disrespected, and multiple procedures/instructions at a time produce a sense of fear. Instruction and communication during pain are felt as misleading. Participants want their supporting staff to be trustworthy, sensitive, and able to communicate empathetically. In support of the findings, in a study participants expressed support from the staff member to be unsatisfactory because of lacking sensitivity and emotional support throughout the birth. It also highlights the impact of negative experiences in current childbirth that will make them afraid of possible subsequent deliveries.[20] Women requested privacy and confidentiality, effective communication and information, respect, empathy, and continuity of care they expect health professionals to be skilled, competent, sensitive, and kind in the delicate moment of childbirth.[21] Certain amount of hospital-inclusive fear of unknown and bitter experiences of multi-gravid women, related to the behavior of service providers acted as a motivating factor for pregnant women and their husbands to want to have a birth companion.[22]

From the study findings, participants experienced positive birth when they had their birth companion. The positive experience is defined in terms of when

women perceived a reduction in pain, felt improved understanding with their spouse, felt parent-child bonding, and they were motivated for birth spacing and planning of the next normal birth. The finding is also supported by the study, which shows the involvement of the companion not only exerts some medical effects but also promotes responsible parenthood and father-child bonding in the labor process providing a positive birth experience.[23] Women needa companion for experiencing better birth, the feeling of trust,and motivating normal vaginal birth was stressed.[24]

While the study provides novel information and rich detail, women who were eligible but did not participate are unknown and their versions may be different. This studywas conducted in a single setting with the majority of the same ethnicity and educational level, variability in demographic characteristics and different birth settings may yield different results.

## CONCLUSION

Birth companions significantly contribute to improving the physical, nutritional, psychological, and environmental well-being of mothers during labor and delivery. Among the companions, husbands were noted to be particularly effective in providing comprehensive support. Support during childbirth is highly valued and is most impactful when provided by a trusted individual chosen by the woman herself. It is crucial for healthcare systems and providers to adopt a woman-centered, non-judgmental approach that respects and encourages women's autonomy in choosing their birth companions, ultimately enhancing their overall childbirth experience and outcomes.

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### Declaration of Conflicting Interests

The author declares that there is no conflict of interest.

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