

Supporting women in labour

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ABSTRACT

Background: Descriptive studies of women's childbirth experience have suggested four dimensions to the support that women want in labour: emotional support, informational support, physical support, and advocacy.

Aim : The aim of this review was to identify practical points for supporting women in labour.

Methods: A thorough literature search was performed in different nursing and medical databases, which included searches in PubMed, Cochrane Reviews, Cinhal and also Google, using relevant with this review key words.

Results: Women in labor have a profound need for companionship, empathy and help. Continuous support appears to have a greater beneficial impact than intermittent support. Women's expectations of labour as a whole appear to be of more importance to their overall satisfaction with their labour experience than the perceived effectiveness of pain management. Health care providers are in a unique position to educate prospective parents about the importance of social support around the time of childbirth and may play a critical role in mobilizing support systems for new mothers.

Conclusions: Emotional, physical, and informational support is positively related to mother's mental and physical health around the time of childbirth.

Key words: Support, labour, health-care professionals.

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INTRODUCTION

The childbirth experience is multidimensional, and therefore difficult to describe and explain. Studies of it have produced inconsistent findings, and the phenomenon is often

confused with satisfaction with the care provided.¹

Labor support is a term used to describe the presence of an empathic person who offers advice, information, comfort

measures, and other forms of tangible assistance to help a woman cope with the stress of labor and birth.² Women in labor have a profound need for companionship, empathy and help.^{3,4} Emotional support in the form of encouragement, praise, reassurance, listening and a continuous physical presence have all been recognized as key components of intrapartum care. Support in labour is a crucial component of sensitive and responsive woman-centred care; however this aspect of core midwifery input equally applies to the needs of the woman's birth partner. In particular, the support needs of fathers-to-be, whose own emotional, psychological and physical needs can so easily be overlooked, neglected or dismissed.⁵

Methods

A systematic review was carried out in different nursing and medical databases, such as PubMed, Cochrane Reviews, Cinhal and also Google. The key words that were used were: support, labour and health-care professionals.

Results-Discussion

The beneficial continuous support

Descriptive studies of women's childbirth experience have suggested four dimensions to the support that

women want in labour: emotional support, informational support, physical support, and advocacy.⁶ A Cochrane Review, first published in 1995, currently includes 14 trials involving over 5000 women, conducted in a wide range of settings in 10 countries.² Support was provided by a variety of women: midwives, student midwives, nurses, doulas, lay women, or female relatives. Continuous labour support was associated with significant reductions in the likelihood of cesarean delivery (relative risk [RR], 0.80; 95% confidence interval [CI], 0.68-0.93), operative vaginal delivery (RR, 0.81; 95% CI, 0.72-0.92), use of intrapartum analgesia or anesthesia (RR, 0.87; 95% CI, 0.83-0.92), and a 5- minute Apgar score of less than 7 (RR, 0.50; 95% CI, 0.29-0.89). The results of the Cochrane Review have been widely disseminated in practice guidelines in the United States, Canada, and the United Kingdom, which recommend continuous caregiver support for all women during labor.⁷⁻⁹ Continuous support appears to have a greater beneficial impact than intermittent support.¹⁰

A review of the research by the Cochrane Pregnancy and Childbirth Group shows that continuous support for women during labour and childbirth is clearly beneficial.¹¹ According to the review,

compared with women who do not have continuous labor support, women with continuous, one-to-one support are less likely to have a cesarean section; give birth with vacuum or forceps; have regional analgesia (e.g., an epidural); have any analgesia (pain medication); and report negative feelings about their childbirth experience.¹¹ Two other reviews of the research on continuous support had similar findings.^{12,13}

The role of pain at labour

Pain levels reported by laboring women vary widely. Pain levels seem to be influenced by fear and anxiety levels, experience with prior childbirth, cultural ideas of childbirth and pain,^{14,15} mobility during labor and the support given during labor. One study found that middle-eastern women, especially those with a low educational background, had more painful experiences during childbirth.¹⁶ Pain is only one factor of many influencing women's experience with the process of childbirth. A systematic review of 137 studies found that personal expectations, the amount of support from caregivers, quality of the caregiver-patient relationship, and involvement in decision-making are more important in women's overall satisfaction with the experience of

childbirth than are other factors such as age, socioeconomic status, ethnicity, preparation, physical environment, pain, immobility, or medical interventions.¹⁷

It is also widely recognized that the pain relief and coping measures that focus on preventing 'suffering' rather than completely eliminating pain build a woman's self-confidence, help her to maintain a sense of control and well-being, and improve her perceptions of her birth experience.¹⁸ The experience of pain associated with labour, as with any other unknown experience, is closely linked to expectation. The element that best predicts a woman's experience of labour pain is her level of self-confidence in her ability to cope with labour.¹⁹ Where the laboring woman copes well, even when her labour pain is at its most intense, self-satisfaction, fulfillment, and a sense of accomplishment are most often reported, and the negative effects of 'suffering' with pain, are often felt to have been reduced.¹⁸ Women's expectations of labour as a whole (e.g. their involvement in decision making and care given) appear to be of more importance to their overall satisfaction with their labour experience than the perceived effectiveness of pain management.²⁰ Fulfilling women's expectations about childbirth can

increase women's satisfaction with their birth experiences.²¹

The contribution of caregivers at labour

In the United States, intrapartum nurses are present at 99% of births. These nurses have a unique opportunity to positively affect a laboring woman's comfort and labor progress through the use of labor support behaviors. These non-pharmacologic nursing strategies fall into four categories: physical, emotional, instructional/informational, and advocacy. Implementation of these strategies requires special knowledge and a commitment to the enhanced physical and emotional comfort of laboring women.²²

Health professionals and caregivers in contact with pregnant women can support them in achieving their choices by ensuring that laboring women are provided with up-to-date, objective, evidence-based information on the advantages and disadvantages associated with the various methods of pain relief available. In order to effect this, it is equally important that there is a wide choice of complementary therapies on offer, and that health professionals, where appropriate to their scope of practice²³, are accredited, knowledgeable and competent in their use.²⁴ Where this is achieved, practitioners are able to

offer assistance and support to the women who use them. This should also include helping women to access complementary therapists and to work alongside these practitioners as needed. Although policymakers have suggested that improving continuity of midwifery can increase women's satisfaction with care in childbirth, evidence based on randomized controlled trials is lacking. New models of care, such as birth centers and team midwife care, try to increase the continuity of care and caregiver. The objective of Waldenstrom's study was to evaluate the effect of a new team midwife care program in the standard clinic and hospital environment on satisfaction with antenatal, intrapartum, and postpartum care in low-risk women in early pregnancy. Women at Royal Women's Hospital in Melbourne, Australia, were randomly allocated to team midwife care or standard care at booking in early pregnancy. Doctors attended most women in standard care, and continuity of the caregiver was lacking. Satisfaction was measured by means of a postal questionnaire 2 months after the birth. Team midwife care was associated with increased satisfaction, and the differences between the groups were most noticeable for antenatal care, less noticeable for

intrapartum care, and least noticeable for postpartum care. The study found no differences between team midwife care and standard care in medical interventions or in women's emotional well-being 2 months after birth.²⁵

Moreover, antenatal education classes offer women information about labor and birth and ways of coping with pain and emotional distress. There is a need for caregivers to provide women with accurate information about the effects of coping strategies and to be alert to aspects of care that may disrupt women's use of strategies. The use of coping strategies in labour is associated with definite benefits in terms of women's' experience of pain and emotional distress. Coping strategies are easily disrupted by changing environment and after procedures such as monitoring or examinations; midwives need to be aware of this in order that continued use can be supported.²⁶

Conclusion

Emotional, tangible, and informational support are positively related to mother's mental and physical health around the time of childbirth. The importance of various types of support changes with the changing needs of women as they move from pregnancy to labor and

delivery, and then to the postpartum period. During pregnancy, emotional and tangible support provided by the spouse and others is related to the expectant mother's mental well-being. In addition, informational support in the form of prenatal classes is related to decreased maternal physical complications during labor and delivery, and to improved physical and mental health postpartum. Mothers who have the support of a companion during labor and delivery experience fewer childbirth complications and less postpartum depression. Mother's postpartum mental health is related to both the emotional support and practical help (e.g. housework and child care activities) provided by the husband and others. Health care providers are in a unique position to educate prospective parents about the importance of social support around the time of childbirth and may play a critical role in mobilizing support systems for new mothers.

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