

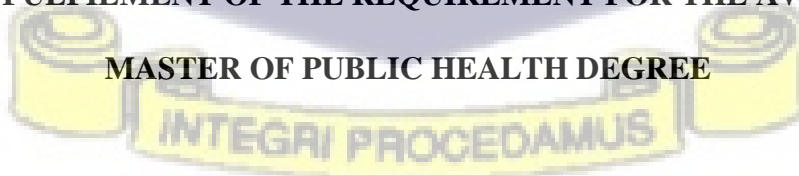
**SCHOOL OF PUBLIC HEALTH  
COLLEGE OF HEALTH SCIENCES  
UNIVERSITY OF GHANA**



**THE PERSPECTIVE OF MIDWIVES ON BIRTH COMPANIONS DURING DELIVERY  
IN NSAWAM ADOAGYIRI MUNICIPALITY**

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**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON  
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MASTER OF PUBLIC HEALTH DEGREE**



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## DECLARATION

I, Patience Terkie Dorhjie, do hereby authenticate that this project work is the result of my own independent investigation and that with the exception of adequately referenced references to literature, this dissertation has not been presented in whole or in part in this University or elsewhere.

  
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## **DEDICATION**

This work is dedicated to my loving and devoted family, my supervisors, my peers, my friends, and the University of Ghana's School of Public Health. This monumental milestone would not have materialized without your encouragement, support, love and commitment.



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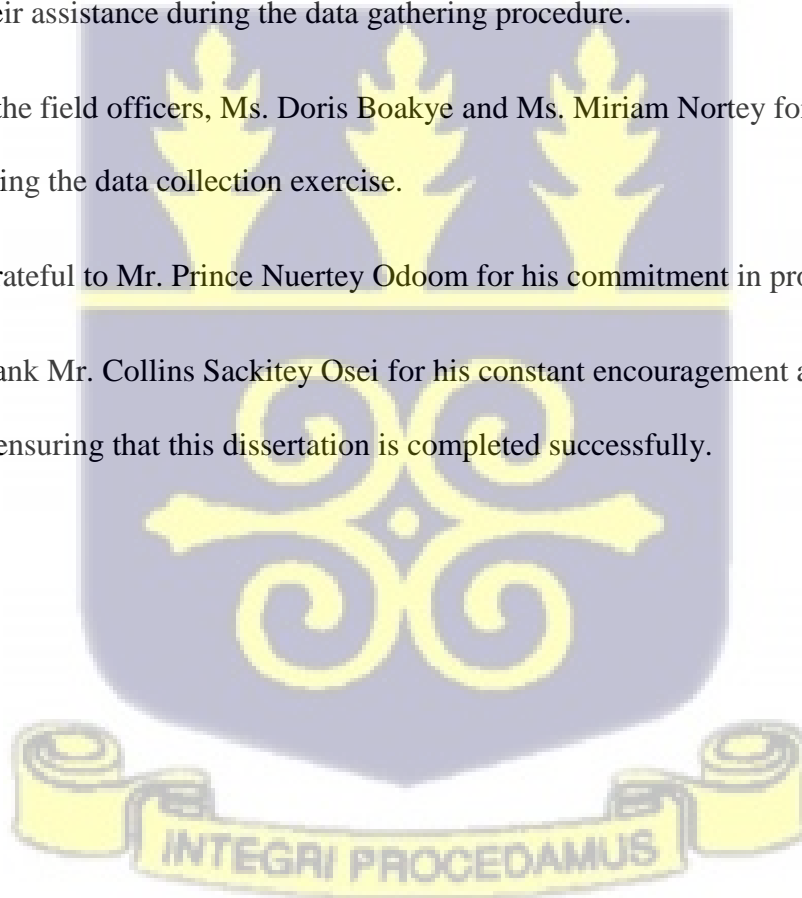
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### LIST OF ABBREVIATIONS

ANC	-	Antenatal Care
BCs	-	Birth Companions
C/S	-	Caesarean Section
EMMaCare	-	Enhanced Midwifery Maternity Care
FANC	-	Focused Antenatal Care
FIGO	-	International Federation of Gynecology and Obstetrics
ICM	-	International Confederation of Midwife
MO	-	Midwifery Officer
SM	-	Staff Midwife
SMO	-	Senior Midwifery Officer
MDG	-	Millennium Development Goal
SDG	-	Sustainable Development Goal
SSM	-	Senior Staff Midwife
UNICEF	-	United Nations Children's Fund
WHO	-	World Health Organization



## ABSTRACT

**Background:** Birth companion use has been recommended by the World Health Organization and previous research done has revealed that, expectant mothers will like to have the presence of a birth companion during their birthing process as a form of support. Given the anxiety that first-time labor and delivery experiences create in women, labor and delivery experiences rank among the most important events in a woman's life. Primigravid women require practical assistance, company, and compassion because they have little to no knowledge of the labor and delivery process. Family and friend assistance may help to fulfill the first-time mother's laboring demands that the healthcare professional may not be able to solve, promoting a happy delivery experience for primiparous woman.

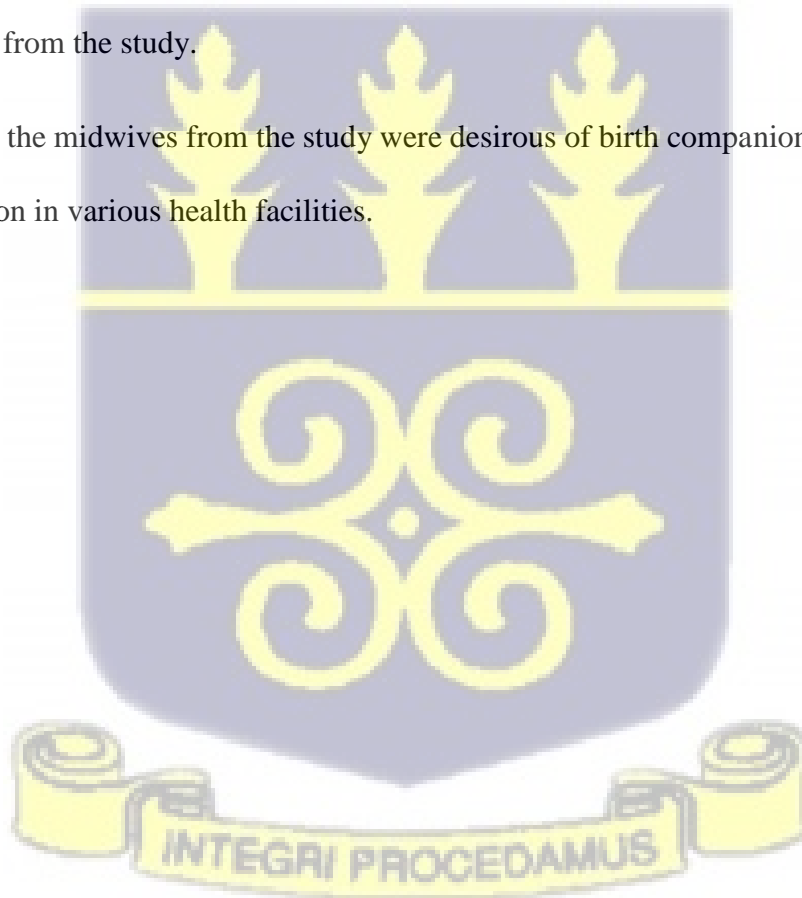
This study was to explore the views of midwives on birth companion during delivery since clients prefer to have them. The study looked at their knowledge, perceived benefits, barriers to birth companion use and the facility practice of birth companion.

**Aim-** This study sought to explore the perspectives of midwives on birth companion; assess their knowledge, benefits, barriers and facility practice of birth companion during labour and delivery.

**Methodology:** Qualitative exploratory design was employed for this study. Participants who met the inclusion criteria for the study were purposively selected. The study population was practicing midwives of the Nsawam Government Hospital who are currently at post. An interview guide was administered for data collection after consent form filled. Participant socio-demographic data was taken, knowledge on birth companion, benefits of birth companion, barriers to birth companion use and facility practice of birth companion. A total of 20 midwives participated in the study. Data was then analyzed using MAXQDA analysis software to thematically analyze the data.

**Results:** The participants were mainly staff midwives (50%), Diploma holders (90%) with less than 5years working experience (50%). Majority of them were Christians (90%) and married (65%). Their ages ranges from 26 to 42 years with most of them between the ages of 30-39 (55%). All the midwives understood what birth companionship is and understood roles such as provision of emotional, psychological, financial and physical support during labour. Majority of the midwives mentioned that preferred birth companion for labouring women were their mothers. To the midwives, presence of birth companions made their work easy since they assist and provide essential items they require and on time. Lack of holistic national policies on birth companionship, lack of education and lack of space at the health facilities are some of the setbacks to birth companionships from the study.

**Conclusion:** All the midwives from the study were desirous of birth companions and recommend its implementation in various health facilities.



## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 Background of the Study

Women everywhere enjoyed support from family and close friends during childbirth before the turn of the 20th century (Hofmeyr *et al.*, 1991; Bruggemann *et al.*, 2007; Hodnett *et al.*, 2013). Recent research from systematic studies by Hodnett *et al.* (2013) and randomized control trials has shown the advantages of social support for women during birth.

The World Health Organization has advised using a birth companion during facility-based labor as an intervention to help women have a pleasant birthing experience and outcome (Kathuria *et al.*, 2020).

Ninety-two percent (92%) of the women interviewed in a Nigerian study on women's preferences for birth companions said they would want to have a birth companion during labor and delivery, and the majority of them said they would prefer to have their husbands as birth companions (Asogwa *et al.*, 2019). The companion's responsibility is to offer the laboring mother assistance on a physical, emotional, and spiritual level. They provide support such as back massages, fetching water, sharing knowledge of what to expect during the stages of labor, calling the midwives' attention when the woman needs it, chatting with them and complimenting them when things are going well, and relieving the woman's anxiety (Kungwimba *et al.*, 2013).

Labour pain and the need for infant intensive care are lessened by birth companionship (Hodnett *et al.*, 2007; Mosallam *et al.*, 2004). Other benefits include accelerating labor, increasing the mother's confidence to breastfeed, putting her at ease during delivery, and raising the possibility

of a spontaneous vaginal delivery (de Lacerda *et al.*, 2014; Ntombana *et al.*, 2014; Hodnett *et al.*, 2013). Social support gives laboring women a sense of connection and reduces anxiety and fear (Ntombana *et al.*, 2014).

Despite the advantages of birth companionship, the practice is not very common, especially in Africa. The conception of labor as being supported medically, emotionally, and socially has been dissociated from the contemporary experience of childbirth and medicalized. (Kitzinger, 2012; Green & Hotelling, 2014). After years of advocacy by the World Health Organization (WHO), the International Confederation of Midwives (ICM), and the International Federation of Gynecology and Obstetrics (FIGO) (World Health Organization, 2004), it was gratifying to learn that the Millennium Development Goals (MDG) and now the Sustainable Development Goals (SDG) included measures to reduce maternal and infant mortality.

Providing quality care during birth is one way of enhancing the health and development of young infants and expectant mothers (World Health Organization, 2004). A licensed medical professional with access to the necessary tools and the backing of a functional healthcare system, such as transport and funds for emergency obstetric care, is considered to be providing skilled care when they assist a woman as well as her unborn baby during the pregnancy, delivery, and the period immediately following the birth (WHO, 2004).

Allowing women to pick a partner of their choice to be there alongside with them in the labor room will enhance maternal health, a birth partner of one's choice increases the chance of vaginal births, which reduces the need for caesarean sections and the use of forceps and suction during vaginal birth, as well as decreases the need for analgesics, speeds up labor, and eases anxiety (Kabakian-Khasholian & Portela, 2017).

According to a Cochrane systematic review published in 2013, involving studies from several high, middle, and low-income countries, having a partner during labour helps to improve health and happiness during childbirth and lower maternal mortality (Hodnett *et al.*, 2013).

Many women who gave birth in hospitals reportedly respected their husbands' assistance, but others reportedly valued it more from their mothers, best friends, or sisters (Hodnett *et al.*, 2007).

A study conducted in Russia to examine women's opinions on companionship during labor actually found a divergent viewpoint of social assistance during childbirth, according to the study's findings, giving birth is solely a medical procedure that requires no social interaction (Bakhta & Lee, 2010).

Due to the significant advantages of social support during labor, countries like Singapore and Brazil have implemented public and social policies and initiatives to guarantee that women delivering in healthcare facilities have company from friends or relatives (Diniz *et al.*, 2014). For example, Singapore created the Enhanced Midwifery Maternity Care (EMMaC treatment) program in 2011 to improve basic obstetric care. This effort introduces a midwife-led holistic approach to treatment beginning with pregnancy care and continuing long after delivery (Fox *et al.*, 2013). Since 2005, Brazil has also had a policy in place allowing women to choose a labor companion of their choice, giving them continuous support while giving birth (Diniz *et al.*, 2014). A policy requiring company for all women giving birth was also enacted by the Uruguayan Congress in 2001 (Hodnett *et al.*, 2013). Since it provides desirable advantages to both the patient receiving care and the caregivers in Malawi, women and health workers have both received companionship in their places of work (Banda *et al.*, 2010).

Pregnant women in South Africa and Nigeria prefer physical, emotional, and social care (Ntombana *et al.*, 2014; Oyetunde & Ojerinde, 2013). According to Ntombana *et al.* (2014), South

African expectant mothers attribute their comfort, pleasure, and shortened labor duration to having a companion. Labor companionship has been cited by the Better Birth Initiative as a critical component in improving mother's health in numerous low and middle-income African countries, including Tanzania, South Africa, and Zimbabwe. Many low-income countries ban women from having a companion during labor despite this effort by reducing the body's endogenous synthesis of catecholamines, social support can increase uterine contractility, hasten birth, and minimize discomfort in the fetus, according to study by Hodnett et al. (2007, 2013) (Rosen, 2004). According to older and more recent assessments of social support during labor, social support acts as a cushion between an individual who is stressed and the stressful event (Hofmeyr *et al.*, 1991; Sosa et al., 1980; Alexander *et al.*, 2014; Hodnett *et al.*, 2013).

Focused Antenatal Care (FANC) was launched in Ghana in 2002 after being adopted by the WHO, among other things to provide pregnant women with ongoing, individualized care and birth preparedness (Baffour-Awuah *et al.*, 2015). The program is a project of the WHO that aims to lower maternal mortality by offering expert delivery care to women, especially in areas with limited resources. Ghana does not have a birth companionship practice, and there is no law requiring it to be used in hospitals hence, there are constraints on midwives that might reduce their efficacy. Despite having a responsibility for the well-being of women and their infants, midwives are frequently found in medical settings where routine midwifery duties such as documentation, assessment of foetal heart rate, vaginal dilatation and the application of other services take precedence over social assistance services. The social support conceptual model has an impact on this study in order to understand midwives' opinions on birth companionship.

## 1.2 Problem Statement

Maternal health is a major issue of concern globally, hence a lot of attention has been given to improve maternal health worldwide. Every woman has a chance in her lifetime to experience the wonderful event of childbirth and most women describe the birthing experience as challenging, agonizing, forceful, and a time of parental change (Devereaux & Sullivan, 2013). In Ghana, most childbirths are handled by medical experts which have grown increasingly and in most instances, the mother is left to give birth in an environment that is new to them (hospital setting) as well as health staff that are unknown to them (Khresheh, 2010). This makes most women uncomfortable through the birthing process. The presence of a companion of choice may help ease the woman's anxiety and make them comfortable during the process.

The companion's responsibility is to offer the laboring mother assistance physically, emotionally, and spiritually. They provide support such as back massages, fetching water, sharing knowledge of what to expect during the stages of labor, calling the midwives' attention when the woman needs it, chatting with them and complimenting them when things are going well (Kungwimba *et al.*, 2013). Despite the known benefits of support during child birth, most hospitals do not allow birth companionship during labour which can be due to many factors.

There had been research on birth companionship and preferences among Ghanaian pregnant women and little is known about how Ghanaian midwives see birth companionship.

This study aimed at examining midwives' perspectives on birth companions during delivery by assessing their knowledge, barriers, benefits and facility policy of birth companionship in the Nsawam Adoagyiri Municipality using the social support conceptual framework as a guide.

### **1.3 General Objective**

The purpose of this study is to explore the perspective of midwives on birth companions during labour and delivery in Nsawam Adoagyiri Municipality.

### **1.4 Specific Objectives**

The specific research objectives of the study are:

1. To explore the knowledge of midwives on birth companions during childbirth.
2. To identify the benefit of birth companionship during labour and delivery.
3. To identify the barriers to birth companion use during labour and delivery.
4. To explore the facility practice of birth companionship during labour and delivery.

### **1.5 Research Questions**

1. What is the knowledge of midwives on birth companions during labour and delivery?
2. What are the perceived benefits of birth companions during labour and delivery?
3. What are the barriers to birth companion use during labour and delivery?
4. What is the facility practice of birth companionship during labour and delivery?

### **1.6 Significance of the Study**

By offering valuable information, the findings of this study may aid future research and raise the bar for the care given to women during childbirth. The findings may encourage hospital administrators to take companionship into account during facility births and may inspire the creation as well as coordination of initiatives targeted at enhancing the care that midwives and nurses provide to mothers. Furthermore, the research's conclusions would add to the body of knowledge on birth companionship and its suggestions may serve as a roadmap for future study.

## CHAPTER TWO

### LITERATURE REVIEW

This chapter draws attention to papers that explore social assistance provided to women giving birth in medical settings. The next section of the chapter describes the social support conceptual framework and why it is appropriate for this study, before moving on to a review of the empirical research on the topic at hand.

#### 2.1 Conceptual Framework

The Rogers et al. (2011) systems of support model was also reviewed when deciding on a framework for this study. However, the paradigm does not permit the investigation of social support roles; rather, it emphasizes social support networks (sources of support). The current study's direction was deemed insufficient by the model. Social interaction networks (sources of support) and functions (types of support) are both described by a different model developed by Alexander and colleagues in 2014. The model and the phenomenon under research have good relationships. According to theory, the laboring mother's stress can be reduced by having the delivery partner she wants and having access to the assistance she wants (appraisal, emotional, informational, physical/instrumental) (Alexander *et al.*, 2014). As a result, the study's direction was determined to be appropriate using the conceptual framework for social support published by Alexander and colleagues (2014).

##### 2.1.1 Conceptual Framework (Social Support Conceptual Framework)

Alexander et al. (2014) is credited with developing the conceptual foundation for social assistance during delivery and the principles of social support served as the foundation for the framework.

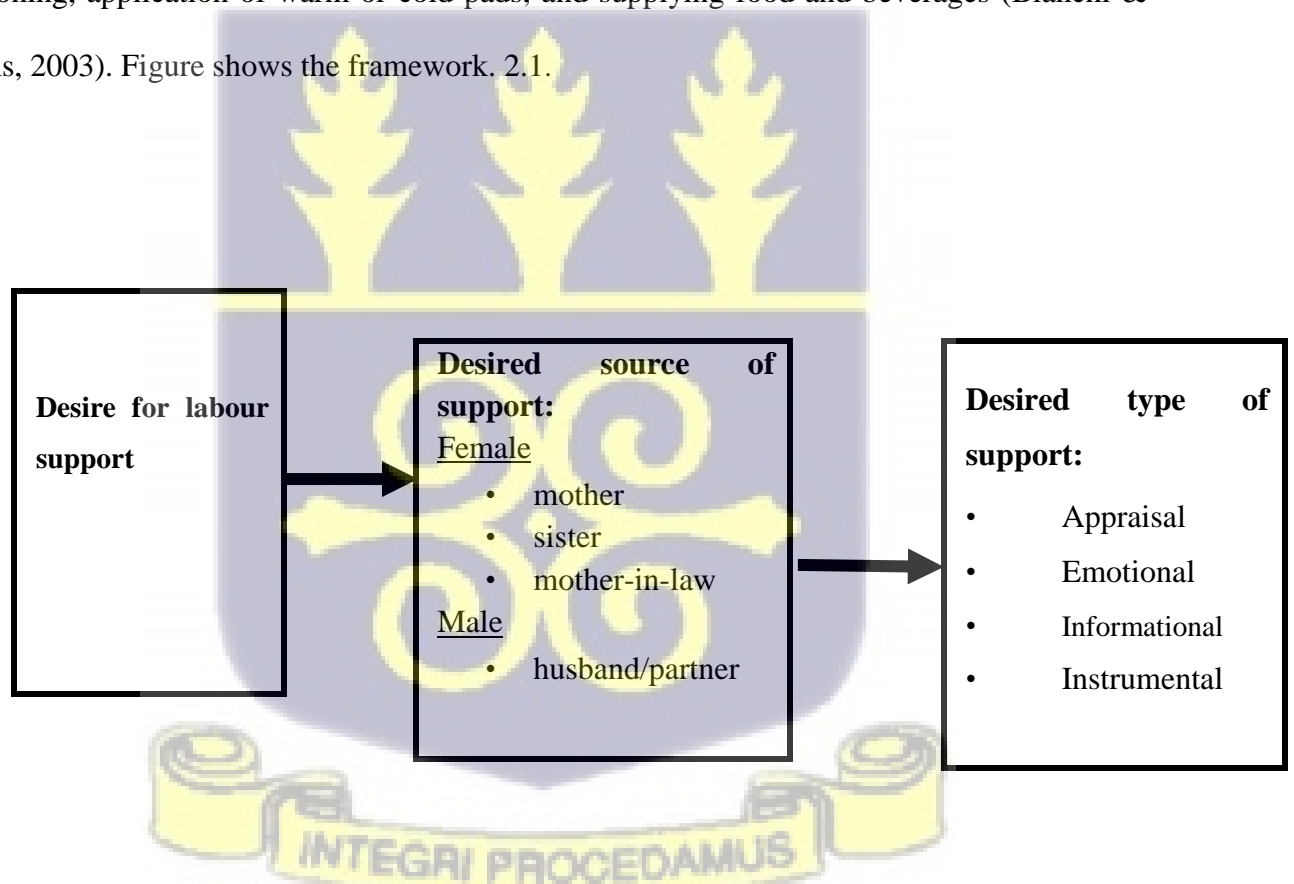
**Desire for labor support:** This phrase expresses a woman's need for assistance during childbirth. The lady might need help with the labor to meet her needs. People are currently not socially isolated, and depending on the situation, they are looking for and helping one another. Accordingly, people would ask for help from others depending on the circumstance. Through the use of the available tools (social networks and different sorts of support), this desire for support could result in the formation of a relationship. The problems of the tough labor process may be lessened with the essential companionship (Alexander *et al.*, 2014). The woman might not ask for help if the demanding situation is not too stressful.

**Desired source of support:** Once the need for help has been acknowledged, support can be found through both formal and informal networks, including family and friends and healthcare professionals (Heaney & Israel, 2008). Based on the source of the support, an individual's circle of members may offer various quantities and forms of support with variable degrees of efficacy (McLeroy *et al.*, 2001). This idea states that social networks are separated into sexes, with male sources being partners and spouses and female sources including mothers, sisters, and mothers-in-law'. As a result, the model gives unapproved social networks a lot of weight (Alexander *et al.*, 2014). These informal social networks are thought to provide the necessary assistance, which the recipient most likely values. Thoits (1995) asserted that individuals who share traits with the support receiver are more likely to offer supportive interventions that are sensitive to the recipient's needs and values.

Supporters are expected to carry out specific functional tasks in order to establish a rapport with the laboring mother. Physical, emotional, informational, and appraisal support are a few of the several types of assistance available (House, 1981; Alexander *et al.*, 2014). Each kind of assistance satisfies a certain demand the expectant mother had. Giving practical guidance or

details that encourage self-evaluation is a part of appraisal assistance, which also include appreciating the recipient's efforts (House, 1981; Alexander *et al.*, 2014).

Words of encouragement, love, trust, respect, and compassion are all components of emotional support. Suggestions, views, information, and the exchange of knowledge and advice between the midwife and the laboring woman serve as catalysts for informational assistance (Alexander *et al.*, 2014; House, 1981). Financial help, gripping hands, massages, and any other forms of comfort that a laboring woman might want are all examples of instrumental support. (Alexander *et al.*, 2014; House, 1981; Wills, 1985). Instrumental assistance includes things like ambulation, positioning, application of warm or cold pads, and supplying food and beverages (Bianchi & Adams, 2003). Figure shows the framework. 2.1.



**Figure 1: Social Support conceptual framework during delivery (Alexander *et al.*, 2014).**

### 2.1.2 Application of the Conceptual Framework to the Study

An atmosphere of social support acts as a stress reliever. It is intended to reduce the amount of stress a person experiences. Women go through a difficult process during labor or childbirth that may or may not make them want to want help. The inherent demands and difficulties arising from the physiological changes in a woman's body typically result in this stress. Furthermore, some women could find the labor ward environment unsettling and scary.

During labor and delivery, loved ones usually accompany women to the hospital. These accompanying individuals have often resided with the pregnant mother and helped her in various ways while she was at home. A known acquaintance would have been formed as a result of the development of this cooperative connection, making companionship healthy. According to Thoits (1995), friendship is more successful and appreciated when it happens between people who have comparable traits. The sources of support (spouse, mother, mother-in-law, sister) in this social support model setting echo the informal networks of the lady and provide justification for the contextual resemblance. Consequently, based on their informal support network structure, postnatal moms' preferred sources of assistance were investigated. A woman going through delivery could want certain kinds of assistance from the people there to help her, depending on the demands and difficulties of the process. These included evaluation, emotional, informational, and physical/instrumental, according to the paradigm. In addition, consideration is given to additional sorts of spiritual assistance that this model does not account for. This broadens the range of the laboring women's aspirations. In this study, midwives' views of birth companionship are examined using the social support conceptual framework.

## 2.2 Literature Review

Online databases such CINAHL full, Medline, PubMed, EBSCOhost, Scopus, JSTOR, and Science Direct were used to find articles on midwives' perspectives on birth companions during delivery. Additionally, Google Scholar was used as a search engine to make it easier to find relevant literature.

### 2.2.1 Birth Companions

Labor and delivery experiences rate among the most significant events in a woman's life, given the anxiety that first-time experiences in these processes cause in women (Kungwimba et al., 2013). Primigravid women need companionship, support, and compassion because they have little to no experience with modern medicine and the labor and delivery process. Assistance from family and friends may help the primiparous woman have a positive delivery experience by satisfying her laboring needs that the healthcare provider may not be able to address (Melender, 2006).

How satisfied she is with her delivery experience has a direct and indirect impact on her health as well as the welfare of her infant. The experience of delivery can be enhanced and improved by a number of factors, such as having more personal control over labor pain and other factors that can help manage it, making preparations for childbirth, having expectations met, and having the choice of company (Al-Mandeel et al., 2013).

A companion of choice during birth is a support person who is constantly available throughout labor and delivery (Hodnett et al., 2013). Birth companions are non-medical people who provide guidance, help, and support throughout labor and delivery (Kungwimba et al., 2013). In order to be a laboring woman's companion, you must be available to her, listen to her, understand how her circumstances are represented in her body, and share in the labor's responsibilities (Lundgren and

Dahlberg, 2002). It can also be viewed as a source of support that is available and provides the assistance needed while the lady is giving birth.

The intervention has been referred to by many other names, including continuous care during labor, labor companionship, and emotional support during delivery. The World Health Organization (WHO) has recommended the intervention in order to improve women's ability to find work and their satisfaction with treatment. By having birth companions present, it is ensured that a woman is not left alone during this incredibly stressful and terrifying time in her life (Bakhta and Lee, 2010). Numerous studies have highlighted the benefits of providing the mother and her baby with physical and psychological support during labor, including shorter labor times, fewer emergency cesarean deliveries, fewer deliveries using vaginal instruments, and a reduced need for labor induction (Al-Mandeel et al., 2013).

Research has shown that doula and laypeople including mothers, mothers-in-law, brothers, male partners, and friends can be delivery companions (Stein, 2004). According to Papagni and Buckner (2006), a doula is a skilled and experienced birthing expert who provides a woman with ongoing knowledge, as well as physical and emotional support, during labor, delivery, and the initial postpartum period. In western countries, it is customary for the husband to assist. In contrast, women prefer the aid of a female friend or relative while they are in undeveloped countries (Al-Mandeel et al., 2013).

### **2.2.2 Knowledge of midwives on birth companions during labour and delivery**

Participants in a study by Sarwal et al., (2021) were mostly aware of the WHO recommendation that every woman in labor and delivery should be accompanied by a companion of her choice and the notion of BC. The Government of India's requirement that BC be present in all of its

hospitals was known to two out of every three (68%) of the healthcare professionals who were interviewed. Although there was room for improvement, awareness of the WHO advice among those who were previously familiar with the notion of BC was high (61%, 56%, respectively). To educate them with the regulations and need for BC in the interests of high-quality care and the dignity of laboring women, information sessions for healthcare professionals should be held.

Despite the fact that the woman giving birth chooses her BC, according to a study by Sarwal, (Sarwal, 2021), mothers and husbands are the most popular BCs. These results are consistent with a study from Nigeria where the BC of choice was the husband (Akbarzadeh, Masoudi, Hadianfard, Kasraeian, & Zare, 2014). Policy and methods for enabling BC should take into account this preference by providing other women giving birth in the same ward with enough privacy from the presence of a male attendant.

Basic requirements for a BC include maintaining good cleanliness, being disease-free, and being available. The lady delivering and the neighbors will benefit from the concept's introduction, which should also include a communicable illness screening of the BCs and hygiene instruction. Over a third of respondents (midwives) stated that one must be a woman or have gone through labor in order to be a BC, demonstrating the readiness of the medical professionals to respect the wishes of the woman giving birth (Kungwimba et al.,2013).

Ninety-five percent of respondents agreed that BC had high levels of current understanding and that it will have benefits. Especially for high-risk pregnancies, expected advantages were thought to be slightly smaller, but a significant percentage of responders (85%) still believed this to be the case. The benefits of such scenarios were generally agreed upon by consultants who manage such projects. These results are in line with research done in Kenya, where BC was generally advised by healthcare professionals. The results are consistent with those of a survey conducted

in Sri Lanka, where the majority of the responding faculty members believed that the presence of BC would give women spiritual support (WHO, 2016).

### **2.2.3 Benefits of birth companions**

A study by Marzieh et al., 2014, showed that having a birth companion reduced the intense of labour pain. McGrath & Kennell (2019) discovered that middle-class women giving birth with continuous labor support of women required less epidural analgesia.

A study conducted in India involving 151 doctors and nurses in tertiary hospital looking at their perception of the presence of labour companion, almost all (95%) agreed that BC may boost a woman's self-esteem, offer physical, psychological, and emotional comfort, and promote communication. Again, over 90% of them believed that BC would lead to early breastfeeding start, which would have a substantial impact on the survival of the child and the recovery of the postpartum period. (Sarwal, Tyagi, & Sarwal, 2021).

### **2.2.4 Barriers to Birth companionship**

Barriers are hindrances or preventive factors to an activity. Most barriers to birth companionship practice are lack of space, health worker's unwillingness to allow a companion present while they provide care or the birth companions inability to stand some procedures been carried out.

Despite the recognized benefits of labor companionship, its implementation especially in low middle income countries remains suboptimal. Known barriers to the implementation of labor companionship include limited training for women, families, and health workers on the benefits of companionship, restrictive policies at the health facility level, and a lack of space or privacy in health facilities (Yaya Bocoum et al., 2023).

Additionally, in Sarwal, Tyagi, & Sarwal's (2021) study, the risk that patients might not comply when BCs are present or that BCs might affect clinical judgment was raised as a minor concern by midwives. By creating norms for BC conduct and providing BCs with previous training, these worries can be allayed.

### **2.2.5 Roles of Birth Companions**

Birth companions are essential to the delivery process. When postpartum women indicate a desire to have a companion during labor in the medical facility, they will be able to fulfill this function successfully. These helpers are supposed to fulfill certain functional duties in order to build a rapport with the laboring woman. From the time of admission until birth, they remain at the patient's bedside to comfort, touch, and encourage her while outlining the expected course of events. They offer help, including emotional support, physical support, informational support, and appraisal support (Munikhondya *et al.*, 2020; Alexander *et al.*, 2014).

Support that is tangible, physical, or instrumental includes financial aid, holding hands, supporting proper hydration intake and output, and other comfort measures that the laboring mother may find appealing (Emelonye *et al.*, 2015; Wills, 1985). Other physical assistance includes roles like providing for personal hygiene, moving around, positioning, using warm or cold pads, and supplying food and beverages. Emotional support may take many different forms. Constant presence, assurance, praise, words of motivation, affection, trust, respect, and affection are just a few (Asogwa *et al.*, 2019).

Suggestions, opinions, information liaisons between midwives and laboring women, updates on labor progress, advice, maintaining all records of staff interactions with patients, and, if required, translating, serve as the catalysts for informational assistance. Providing helpful information or

guidance that encourages self-evaluation is included in appraisal assistance, as is appreciating the recipient's efforts, assisting the lady in expressing her desire and need. Each sort of support satisfies a certain demand that the laboring mother had (Emelonye *et al.*, 2015; Alexander *et al.*, 2014).

### **2.3 Preference for Companion**

According to a study, the most helpful form of support comes from a stranger, someone with some experience or informal training who is not a part of the female's social network or a member of the hospital staff. But in the apparent lack of that person, a woman's satisfaction is increased by the support of her family or friends' (Kabakian-Khasholian and Portela, 2017).

However, there are a number of factors that affect the decision of which partner to choose. In wealthy nations, working women prefer their husbands as companions, while in developing countries, women prefer the help of a female friend or cousin; assistance from the spouse is neither recognized nor appreciated (Mosallam *et al.*, 2004). According to Al-Mandeel *et al.* (2013), this is probably brought on by factors like family structure, ties, relationships, ties, sociocultural practices, and religious views.

In a study conducted on Saudi women by Kabakian-Khasholian and Portela in 2017, 45% said they would rather have a companion throughout childbirth while 55% said they would rather not have a companion at all. About 60% of those who prefer company choose their husbands or mothers, while the remaining twenty percent choose their sisters, friends, or cousins. 91% of respondents said they would like a companion to offer physical support, 45% said they would want physical assistance, 34% said they would like educational assistance, and 34% said a companion would make it easier for them to make decisions during labor. 64% of people who do not desire birth companions do so because they do not wish for anyone to be present when they give birth,

36% believe that companions will not be of assistance, 36% believe that the companion will incur physiological harm by attending childbirth, and 3.2% say they have no one who can personally assist them.

In a different survey carried out in Nigeria by Asogwa et al. in 2019, 92% of the respondents expressed a desire for labor companionship. The majority of women (47%) prefer their partners or spouses as birth companions, followed by mothers (17%), hospital personnel (14%), and siblings, mother in laws, acquaintances, or cousins (the remaining 6%).

Another study conducted in Ghana has conflicting results to that conducted in Nigeria. In that study conducted by Alexander et al. (2014) in Ghana, while 42% of the women believed that the labor and delivery process should be handled by the nurses and midwives alone, 58% of the women wanted a lay companion present during facility-based labor and delivery. Ghanaian women that do not prefer birth companions attributed their decision to their concern that an evil-spirited companion could very well harm them or their unborn child. Some said they would be uncomfortable with a companion present during delivery, while others claimed that the nurses and midwives are responsible for all deliveries.

#### **2.4 Healthcare worker's perception on birth companions**

The health care professionals included in the intervention had occasionally favorable views because they thought the companion's presence helped to lessen the dependence of the women on the personnel (Doba et al., 2023). This was crucial in environments where there was a dearth of nursing and midwifery professionals. It was observed that the companion's presence had a favorable impact on how the employees treated women (Bruggemann *et al.*, 2007).

According to some studies, there is some reluctance to accept visitors in labor wards and some unfavorable attitudes. According to reports, either institutional regulation forbade family members' attendance during labor or the personnel disagreed. Nurses and midwives send family members away after they have received and admitted the accompanying lady in labor (Senanayake *et al.*, 2017).

Nurses and midwives expressed uncertainty about the companion's function and predicted that when a companion is present, women will cooperate with the staff less during labor and delivery.

They are concerned that the functions they play as midwives would be reduced (Kabakian-Khasholian *et al.*, 2015). Providers reported concerns about cross-infections in the labor and delivery department, non-hospital personnel companions interfering with medical decisions, and other difficulties. According to Maimbolwa *et al.* (2001), this can be a possible disturbance or a breach of hospital rules. Due to the shared and open layout of the labor area, privacy concerns were raised. Afulani *et al.* (2018) argue that having family members accompany you would be an invasion of your privacy and would even make other working women uncomfortable.

## **2.5 Effects of Birth Companions**

Both the laboring woman and the newborn infant benefit from birth companions in various ways. Positive birth prospects and more individual control during labor are benefits. As a result, it decreases the need for caesarean sections and the use of instruments or suction during vaginal deliveries by increasing the chance of vaginal births (Al-Mandeel *et al.*, 2013). Additionally, it results in less oxytocin augmentation and less usage of painkillers during labor. Additionally, the usage of intrapartum analgesia is declining, as is the length of labor. Additionally, there are fewer infants referred to neonatal critical care, and women are more satisfied with the treatment they get (Hodnett *et al.*, 2007).

## 2.6 Policies on Birth Companionship

The technique has been recommended by the World Health Organization (WHO) to improve labor outcomes and care for women. It has also been emphasized as being a key element of the WHO's objective for providing high-quality care for expectant mothers and babies. All pregnant women should receive psychological support, per WHO recommendations, to increase their ability to give birth. Two WHO recommendations advocate a companion of the woman's choice to enhance labor outcomes and women's enjoyment during childbirth (WHO, 2015; WHO, 2016).

Due to the lack of a national policy in Ghana that supports birth accompaniment, nurses and midwives have been known to send away close relatives upon receiving and admitting an accompanied lady in labor. In Ghana, there is no such thing as birth companionship, and there is no law requiring it to be practiced in hospitals. This is similar to Saudi Arabia where a clear policy on allowing the involvement of a supporting partner during childbirth is lacking in the majority of government hospitals. In countries such as Brazil and other western countries, there is a policy allowing companionship in health facilities (Al-Mandeel et al., 2013)



## CHAPTER THREE

### METHODS

This section discusses the research's study area, study design, study, data gathering process, data collection instrument, data input and analysis, and ethical issues.

#### 3.1 Study design

The study design for this research was cross-sectional and it utilized the qualitative approach to explore the perspectives of midwives on birth companion during childbirth in the Nsawam Adoagyiri Municipality.

#### 3.2 Study Area

The study was conducted at the Nsawam Government Hospital in Ghana's Eastern Region's Nsawam-Adoagyiri Municipality. With a size of more than 175 square kilometers, it is one of the Region's thirty-three (33) districts. Ga West Municipal of the Greater Accra Region is its southern neighbor. Akuapim South District is its northern neighbor. Suhum Municipality and Upper West Akim District are its western and eastern neighbors, respectively. According to the most recent Census for Population and Housing, the municipality has a total population of 158,847 people, with 50.3% women and 49.7% males. There are major business and administrative activities located in Nsawam, and baking which primarily employs women, is the municipality's main source of income. Since the majority of residents buy and sell goods including food, clothing, and electrical equipment, petty commerce is also a frequent activity in the municipality.

The Government Hospital receives referrals from health centers, CHPS compounds, CHAG institutions, and private clinics within the Municipality and beyond. The hospital has a laboratory, ultra sound scan services and operating theaters and also provides daily antenatal services and

consultation except for weekends where clients are seen at the maternity ward when the need arises. The maternity ward has a bed capacity of 50 with an average of 295 antenatal clients monthly with 3540 yearly, 5944 deliveries in a year with an average of 990 every quarter and 330 monthly.

### **3.3 Study population**

The study population is practicing midwives at the Nsawam Government Hospital who worked at the labour ward and those at antenatal department who had worked in a labour ward with more than 1 year working experience.

#### **3.3.1 Inclusion criteria**

Midwives who were at post and on duty at the time of data collection.

#### **3.3.2 Exclusion criteria**

Midwives who were on leave (study leave, annual leave and maternity leave).

### **3.4 Sampling method**

The study employed purposeful sampling and made sure it selected midwives with different ages, different ranks, different number of years of practice.

The inclusion criteria was explained to the maternity in-charge who helped in selecting midwives on duty who had worked more than 1 year and were ready to respond to the interview.

Purposive sampling, according to Creswell (2007, p. 125), “means that the inquirer selects people and study locations because they can deliberately inform an understanding of the research topic and core phenomena in the study.” Polit and Beck (2010) and Kothari (2004) further argued that with purposive sampling, the investigator specifically selects people who would be most helpful in providing the research with the information it requires.

### **3.5 Data Collection Tool**

For data gathering, a semi-structured interview guide was employed. There were follow-up questions which enables the respondent to express themselves more about the study. There were two components in the semi-structured interview guide; the first section gathered demographic information about the respondents, while the second section, gathered specific information about the issue under study. The questions were created after a thorough assessment of the literature on the topic being studied, and they were then categorized according to the study's goals. At the Nsawam health center, the tool was pre-tested on two midwives in order to give data collectors a feel of what to expect during the data collection process.

### **3.6 Procedure for Data Collection**

Through qualitative face-to-face in-depth interviews, this study investigated the midwives' perspectives on birth companionship during childbirth in the Nsawam Government Hospital. Face-to-face interviews allow you to study nonverbal cues and gestures that gives a better understanding of what was said. The semi-structured interview guide was attached as appendix iii on page 67. The maternity in-charge helped in selecting midwives on duty who were ready to respond to the interview. The interview was done in the in-charges' office which was designated for the period of data collection to ensure privacy and an uninterrupted interview. The researcher welcomed them and explained the goal of the study, as well as the inclusion and exclusion criteria were discussed between the researcher and the midwives.

Prior to the personal interviews, midwives were given a consent form to sign that showed their willingness of taking part in the study and told that the interviews will be recorded. The interviews were done in English and some aspects in Akan. The interview location, the respondents' nonverbal clues, the dates, and the times of the interviews were all included in the field notes. The length of

each interview was between 20 and 30 minutes. Data saturation was reached by the twentieth respondent, yielding a sample size of twenty (20) midwives.

### **3.7 Ethical consideration**

Ethical clearance was sought from the Ghana Health Service Ethics Review Committee (GHSERC) with the number GHS-ERC:034/12/22 which is attached as appendix vi on page 72. Informed consent was sought from participants before data were collected and all ethical protocols were observed in the collection of data and attached as appendix ii on page 66. Confidentiality of all information received from the study were all guaranteed.

### **3.8 Consenting Process**

The Medical Superintendent of the Hospital was presented with the ethical clearance from the Ghana Health Service Ethics Review Board and an introduction letter from the School of Public Health of the University of Ghana to request permission for the recruitment of respondents for the study.

The interviewees were made aware of the audio recording and given the option to consent. Participants were all made aware of their right to refuse participation, to leave the study at any time after giving their consent, and to omit answering a specific question without facing any repercussions. Both the researcher and the respondent kept a copy of each signed consent form. Respondents were made aware that the study would only be used for research purpose only. Transcripts, audio recordings and field notes were kept confidential on the investigator's laptop with password protected which was only accessible to the researcher and their supervisor. The data will be deleted after five years. Their names were substituted with a unique identifier to ensure confidentiality.

### 3.9 Data Management and Analysis

Both manually input and technologically managed data were used to get information from respondents. To make it straightforward to verify the accuracy of the data, each participant was identified by a pseudonym as a distinctive identifying relating to their transcripts to ensure confidentiality. The dates, hours, and places of the interview sessions were all recorded along with any important remarks made by respondents during the interviews. Only the researcher and supervisors had access to the password-protected audio recordings stored on the investigator's PC. The transcripts and field notes were stored safely in folders in the investigator's office under lock and key.

To interpret the data, the researcher read over the transcripts several times then, in conjunction with data collection, significant statements and associated concepts codes were given based on the study's goals using MAXQDA analytical software pro 2020. The MAXQDA software is a qualitative data analysis software that was used in coding the transcripts which helped in organizing and storing the data for subsequent analysis.

The assigned codes and statements were collected to form sub-themes under a primary topic. The developing themes and sub-themes that were simultaneously altered during the analytic process were evaluated by the research supervisors. By doing this, it was ensured that the data had been properly classified to correspond with the themes and subthemes that had been chosen. Verbatim quotes from respondents were utilized to support the major themes and sub-themes that were categorized under the three main constructs of the conceptual framework and the study's objectives after field notes were examined to support the information from interviews.

### 3.9.1 Trustworthiness

Respondents were given summary of what they said at the end of the interview to be sure their responses captured were same as what they meant and three different data collectors were used for the interview and the findings compared were virtually similar. For dependability, a well described method of analysis was done showing thematic reviews. Based on the reflexivity stated in the findings, the principal investigator is not a midwife and does not work at the Nsawam Government Hospital hence does not have any conflict of interest with regards to the study.



## CHAPTER FOUR

### RESULTS

#### 4.0 Introduction

This chapter presents the result of data obtained from the study and were presented under themes derived from responses in line with the objectives of the study. Main issues covered included background characteristics of the participants, knowledge of participants, benefits of birth companion, barriers to birth companion practice and facility practice of birth companion.

#### 4.1. Background Characteristics of Respondents

Table 1 below shows the background characteristics of respondents who were all midwives of the Nsawam Government Hospital. A total of 20 midwives were recruited for this study. The ages of participants ranged from 26 to 42 years with majority of the study participants being between the ages of 30-39 (55%) (**Table 1**). With respect to highest educational qualification, a greater proportion of the respondents were diploma holders (18/20) with staff midwife rank/position being the highest among the study participants (55%) (**Table 1**). In terms of work experience, only 10% of the respondents had more than 10years working experience (**Table 1**). Christians were the dominant study participants (90%), with greater proportion of the respondents being married (**Table 1**).



**Table 1: Demographic Characteristics of Study Participants (N=20)**

<b>Demographic Characteristics</b>	<b>Number of participants</b>	<b>Frequency (%)</b>
<b>Age group:</b>		
20-29	8	40%
30-39	11	55%
40-49	1	5%
<b>Highest educational qualification:</b>		
Diploma	2	10%
First degree	18	90%
<b>Rank/Position:</b>		
Staff Midwife	11	55%
Senior Staff Midwife	6	30%
Midwifery Officer	2	10%
Senior Midwifery Officer	1	5%
<b>Number of years worked:</b>		
<5 years	10	50%
5-10 years	8	40%
>10 years	2	10%
<b>Religion:</b>		
Christian	18	90%
Muslim	2	2%
<b>Marital status:</b>		
Single	7	35%
Married	13	65%



**Table 2: Emerging Themes and Objectives**

Theme	Sub-theme	Objective
4.2. Knowledge on Birth companion	4.2.1. Roles of Companions 4.2.2. Labour Companion Education 4.2.3. Preferred Labour Companion	Objective 1
4.3. Benefits of labour companion	4.3.1. Benefits of labour companion to woman 4.3.2. Benefits of Birth Companion to Health Worker	Objective 2
4.4. Barriers of Birth companion	4.4.1. Facility Space 4.4.2. Facility Setting	Objective 3
4.5. Facility practice of birth companion	4.5.1 Facility practice of birth companion	Objective 4

#### **4.2. Knowledge on birth companion**

Most of the respondents knew what a birth companion was and they expressed the need to have one during labour and delivery process. The respondents were of the view that birth companions are individuals who accompany the labouring woman to the facility and gives them support throughout the process when they them.

Below are some quotes from the respondents that depict the above expression;

*“In my opinion, birth companion is a friend, family member or a colleague, the person’s choice who accompanies the person to the hospital. It could be from time of pregnancy through birth till when they are discharged and possibly it can be at the home.” (Senior Staff Midwife, 31).*

*“Birth companion is an assistant or relative to the laboring woman who comes to the hospital with to assist her during labour and delivery. They are able to provide the woman with emotional support as well as give them sacral massage when they are in pain” (Staff Midwife, 29).*

#### **4.2.1. Roles of Companions**

The respondents were of the view that the roles of birth companions were to run errands for the pregnant woman and also help health providers with things they may need to ensure safe delivery of the baby (ies). A few mentioned that birth companions provide beyond physical support thus, financial, psychological and emotional support. The following are some of the responses given by some participants.

*“If labour sets in, the companion needs to follow her to the labour ward and also if blood or anything is needed, he or she will have to arrange for that and support in anyway.” (Staff Midwife, 29)*

*“The birth companion will arrange for vehicle, birth preparedness, if there is anything we will call upon the person, support the person financially and emotionally”. (Senior Midwifery Officer, 39)*

*“They need physical and spiritual support, woman feel comfortable when the have support coming to help them during labour”. (Senior Staff Midwife, 35).*

*“The kind of support every laboring woman will need is emotional and financial support because it makes them feel relaxed knowing that there is someone available to provide them with that”.* (Staff Midwife, 31).

*“I expect the companion to be able to educate and convince the person through their experience and tell the person something that will calm her you know, we because it is our work, they think we don’t go through what they go through but when the mother is by their side they are able to assist them. They think we have not delivered before so we don’t feel for them”.* (Senior Staff Midwife, 35).

#### **4.2.2. Labour Companion Education**

Respondents said that the birth companions need to know about the stages of the pregnancy and what they can do to help. Others also said that, for the companions to perform their role effectively, they need to be orientated to the ward environment as well as the entire facility environment.

*“You have to educate the person on the outcome and the progress of the labour so that as they go through the process with less anxiety and fear of the unknown.”* (Senior Staff Midwife, 35)

*“For birth companions to assist effectively, they need to be educated about the stages of the pregnancy and the things they can do to help the woman prepare even before labour sets in”.* (Staff Midwife, 31)

*“They should be given orientation on the hospital environment for easy and smooth movement around like taking samples to the lab and others”.* (Staff Midwife, 27).

*“We educate on pain, labour is mostly pain, if you are able to educate the person on how to support with pain management, then that is fine”.* (Senior Staff Midwife, 35)

### 4.2.3. Preferred Labour Companion

Twelve out of the twenty respondent said that, most women will prefer their mothers as companions because they have gone through labour experience and will be able to assist them. Others said women will prefer their partners because of the emotional support they will get. Five out of twenty mentioned friends and neighbors as companion.

*“Most women will prefer their mothers as birth companions because of the experience they have so it will help them understand you as you go through the process”.* (Senior Staff Midwife, 27)

*“They will prefer their partners because they feel more comfortable around them”.* (Staff Midwife, 31).

*“It depends on the client whether the husband or a relative but most of the time they come with their mothers because the mothers have experience of labour so whatever they feel, they inform their mother and the mother can tell them what to do or what to expect. Sometimes the husband’s presence also keeps them relaxed emotionally”.* (Senior Staff Midwife, 35).

## 4.3. Benefits of labour companion

### 4.3.1. Benefits of labour companion to woman

Most of the respondents indicated that, it is beneficial to have a birth companion present when a woman is delivering in order to encourage them and also give them hope that they are not alone. Some stated that, they will wish to have a companion of their choice when they are in labour as well as during delivery. They considered comfort and assistance as the benefit of having a birth companion present when a woman is in labour and during the delivery process. Some quotes to support are;

*“A lot, so when I am going to deliver and I know that my husband is there to support me and my mother is there to support me, I feel good because I know I am not alone so whatever the case I have someone to share or know whatever I am going through”.* (Senior Staff Midwife, 31)

*“It was good because I realized if the women come, they are with their companion whatever you do for them they are there to see and they help them relax and are encouraged”.* (Staff Midwife, 29).

*“Yes, she feels relaxed that at least I have a support person, I have somebody around me is one major benefit to the woman”.* (Senior Midwifery Officer, 39).

*“There are some women it helps them especially the first time laboring women so they get the companion to guide and educate them and they help psych their mind”.* (Senior Staff Midwife, 35).

#### **4.3.2 Benefits of Birth Companion to Health Worker**

Respondents said birth companion gives the health worker the benefit of attending to other people and reduces workload. When there are a lot of clients with few midwives, the birth companion support is giving assistance emotionally, physically and psychologically. They also see the birth companion as assistants to run errands for them when the need be.

*“It makes the work easier, so the companion is around so if I am not able to do everything for the woman because of my workload, since the companion is there, we will do it together and it helps me take some of the load off my shoulder and then continue to inform the companion about a lot of things”.* (Senior Staff Midwife, 31).

*“Yes, the moment we need very important items like blood, they get it for us or arrange for so the health system need the birth companion around”.* (Senior Midwifery Officer, 39).

*“It makes our work easier, because when their mother or husband talks to them, they are cooperative and it makes our work easier”.* (Senior Staff Midwife, 35).

#### **4.4. Facility Space**

The participants said the main barrier to practicing effective birth companionship in the facility was lack of adequate space and privacy. Some stated that the facility setting will not allow another person to be present while the woman delivers. Some stated that, though they know the importance of birth companion support and practice, the facility setting and space will not allow them practice it effectively during labour and delivery. Most respondents stated that, the companions are only called when they are needed to assist in errands or others but not to stay with the laboring woman during labour and delivery.

*“They will have to go outside because of the space they cannot be with the woman while she labours. When we need them we will call them to come but they cannot be with the woman throughout the labour process”.* (Staff Midwife, 26).

*“In our facility, though we know the importance of having a companion during labour and delivery, the facility setting does not allow a companion to be with the woman through the laboring process as well as delivery”.* It is designed in a way that, only curtains are used to partition them so there is no privacy. (Staff Midwife, 27).

#### **4.5. Facility practice of birth companion**

Respondents mentioned that, birth companionship is not fully practiced in the facility. The same response as lack of space was given when asked about facility practice. Some stated that, though they know the importance of birth companionship support and practice, the facility setting and space will not allow them practice it effectively during labour and delivery. Most respondents stated that, the companions are only called when they are needed to assist in errands or others but

not to stay with the laboring woman during labour and delivery. Some stated that, it will be beneficial if the facility practice it as it is done in some facilities. Below are some quotes from respondents.

*“Usually when they come, they are informed that they cannot be with the woman throughout the laboring process but will be called to assist when they need something for the woman”.*  
(Senior Staff Midwife, 35).

*“The companion is called only when her service is needed. They are not allowed to stay with the woman during delivery because the space cannot accommodate that and privacy will not be ensured”.*  
(Staff Midwife, 31).

The delivery room should be innovated in a way that can allow a labour companion in

*“Like I said, the authorities should create space at the labour ward to allow another person to be present during the labour process. I think the space is the main issue so if that is created it will help to implement birth companionship at the facility”.* (Staff Midwife, 29).

### **Respondents Recommendations on birth companion practice**

Majority of the participants gave some recommendations on birth companion practice.

*“The leaders in the health setting should also take it up for its implementation”.* (Staff Midwife, 27).

*“There should be workshops for staff on the importance of birth companion”.* (Staff Midwife, 30).

*“Labour companionship should be added to the hospital policy and also start education on birth companion to the women from ANC and to bring a companion so that they will be educated as to what to do during the period of labour”.* (Staff Midwife, 29).

## CHAPTER FIVE

### DISCUSSION

#### 5.0 Introduction

The study explored the perspectives of midwives on birth companion during labour and delivery in the Nsawam Government Hospital. In general, the study found most of the respondents had adequate knowledge about birth companion and its practice yet, the setting and space does not permit its implementation in the facility. Most of them see the companion as persons who run errands for them when needed but does not stay with the labouring woman through the labour and delivery period where they are needed most. Others see the presence of the companion as an advantage to them because they support their labouring women while the health workers attend to other clients.

#### 5.1. Knowledge of midwives on birth companions during childbirth

According to the study, the majority of midwives were aware of birth companionship and its usage, in-depth conversations with the facility's midwives made this evident. The majority of health professionals were aware of birth companionship and the value of having a birth companion present during childbirth, according to earlier studies that supported the findings of the present study. Participants in a study by Sarwal et al., (2021), conducted in India, were largely aware of the WHO recommendation that every woman in labor and delivery should be accompanied by a companion of her choice and the notion of BC. The Government of India's requirement of BC present in all of its hospitals was known to be two out of every three (68%) of the healthcare professionals who were interviewed (Sarwal et al., 2021).

This survey found that the majority of respondents saw the companion's job as providing emotional support, financial support, physical support, and psychological support, while only a small percentage saw the companion as someone who could run errands for the ladies when necessary. They stay at the patient's bedside from the moment of admission until delivery, giving her reassurance, touching, and encouragement while detailing what to expect. According to Munkhondya et al. (2020) and Alexander et al. (2014), they provide assistance in the form of emotional support, physical support, informational support, and evaluation support.

Additionally, most women would rather be accompanied by their mothers or husbands than a sister or a neighbor. According to the study's findings, most women will either prefer their mothers as a companion due to their previous experience giving birth or their partners due to the comfort they will experience from them. Despite the fact that the woman giving birth chooses her BC, according to a study by Sarwal, Tyagi, & Sarwal (2021), mothers and husbands are the most popular BCs.

## **5.2. Benefit of birth companionship during labour and delivery**

The presence of a birth companion during a woman's delivery process had been shown to be useful with the responses that came from the interviews. Similar to other studies, most respondents stated that, the presence of the companion bring comfort to the woman, reduces labour pain, make them feel relaxed, encouraged and free from anxiety while other women mentioned that, the presence of the companion makes the labouring woman behave well or comport themselves (Sarwal, Tyagi, & Sarwal, 2021). A study conducted by Marzieh et al., 2014 showed that the presence of "doula" during labor significantly reduced intensity of labor pain compared to the control group, supporting the belief expressed by 70% of respondent service providers that the presence of BC would reduce the need for analgesia.

### **5.3. Barriers to birth companion use during labor and delivery**

Space and facility conditions were the key obstacles to birth companion practice. All respondents stated that there was not enough room in the labor ward or the delivery rooms for a second person to be present during delivery. This is comparable to the findings of another study by Patience et al. (2012), which found that health care respondents from all categories firmly agreed that the main obstacle to implementing BC in their hospital was the overcrowding and privacy issues for other women from Kenya. The biggest impediment was also mentioned as not having enough room.

The ward setting is not well partitioned to allow another person present while the woman labours and delivers. Most respondents mentioned that, to practice effective birth companion, they will need more space which will enable them partition the ward into smaller cubicles where each person gets a space and can allow another person present. Another study conducted on barriers to birth companionship practice pointed that, the practice is not possible only because of inadequate space and lack of privacy but the inability of the birth companion to stand the sight of blood or compromising the confidentiality of the woman's health information (Sarwal, Tyagi, & Sarwal, 2021).

### **5.4. Facility practice on birth companionship during labour and delivery**

The World Health Organization (WHO) has suggested practice of birth companionship to enhance care for women and labour outcomes. Additionally, it has been noted as a crucial component of the WHO's goal for high-quality care for expectant mothers and babies. According to WHO guidelines, all pregnant women should get psychological assistance to improve their capacity to give birth. To improve labour outcomes and women's pleasure during childbirth, the WHO recommendations suggest a companion of the woman's choice (WHO, 2016).

Due to the lack of a national policy in Ghana that supports birth companionship, nurses and midwives have been known to send away close relatives upon receiving and admitting an accompanied lady in labour. In Ghana, there is no such thing as birth companionship, and there is no law requiring it to be practiced in hospitals. This aligns to a study conducted by Saudi Arabia where a clear policy on allowing the involvement of a supporting partner during childbirth is lacking in the majority of government hospitals (Kabakian-Khasholian & Portela, 2017). In countries such as Brazil and other western countries, there is a policy allowing companionship in health facilities (Diniz *et al.*, 2014; Fox *et al.*, 2013).

In this study, birth companion is not fully practice in the facility as required though the respondents stated the benefits that the labouring woman receives when there is a presence of a labour companion. It has become a choice of a facility whether to practice birth companionship or not since there is no national policy for birth companionship practice. Most of the respondents suggested that, the facility should have a clear policy or practice for birth companionship.

### **5.5 Limitation of the study**

The study was focused on midwives specifically and not the entire team of the maternity unit thus the doctors and head of facility who may have shared their views as well. Hence the views of the midwives may not represent the entire responses.



## CHAPTER SIX

### CONCLUSION AND RECOMMENDATION

#### 6.1. Conclusion

The midwives had knowledge about birth companion practice, they usually use the individuals who accompany the pregnant women to the hospital as errand agents most of the time. This is because the space and setting will not allow them stay with the laboring woman throughout the laboring process.

Birth companionship is beneficial to both the labouring woman and the service provider. The midwives acknowledged that the birth companions provide physical, emotional and psychological support for the laboring woman and also help the health providers to undertake some of the activities that should have been done by health care workers such as arranging for blood and going for medications from the dispensary.

The major barrier to the practice of birth companionships in the facility is inadequate space since the labour ward is not spacious enough to be partitioned hence, cannot allow a companion to be present throughout the labour and delivery period.

The study revealed that, birth companionship is not routinely practiced because of the barriers outlined and no there is no outlined policy in the facility for birth companion practice hence, a clear hospital policy on birth companionship will enable them practice it fully as required.

#### 6.2. Recommendations

1. The policy will need to be worked on by the MOH and appropriate guidelines be issued to GHS to implement.
2. The facility should sensitize midwives on birth companionship.

3. Health facilities that can accommodate the companions should sensitize their midwives on the implementation.
4. There should be further studies on this important subject area with increased study respondents from selected health facilities to get a holistic view on the subject matter.
5. A study can be conducted among pregnant women in Nsawam Municipality on their views about birth companion and whether they will accept its practice.



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## APPENDIX I: PARTICIPANT'S INFORMATION SHEET

**Title of Study: The Perspective of Midwives on Birth Companions during Delivery in Nsawam Adoagyiri Municipality.**

**Introduction:** Patience Terkie Dorhjie (0248921678, pterkiedorhjie@gmail.com)

**Address:** Department of Population Family and Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana, Legon.

I am a MASTER OF PUBLIC HEALTH student from the University of Ghana, Legon, who seeks to conduct a study on The Perspective of Midwives on Birth Companions during Delivery in Nsawam Adoagyiri Municipality.

**Background and purpose of research:** Birth companion use has been recommended by the World Health Organization and previous research done has revealed that, expectant mothers will like to have the presence of a birth companion during their birthing process as a form of support. This study is to explore the views of midwives on birth companion during delivery since clients may prefer to have them. The study will look at their knowledge, perceived benefits, barriers to birth companion use and the facility practice of birth companion.

**Nature of research:** This study is about the perspectives of midwives on birth companion use, benefits, barriers, and facility practice of birth companion during labour and delivery. The study will be conducted in Nsawam Government Hospital which is the referral site for most facilities in the Municipal targeting about 20 midwives when data saturation is likely to be reached. An interview guide will be used to collect data which will be recorded.

**Confidentiality:** Information received from study participants will be used solely for academic purposes. No third parties, who are not involved in the study, will be privy to the responses received from the study. The interview sections will be recorded. Recordings will be discarded after final submission to the University of Ghana, UGSpace of the Balme Library; the libraries of the School of Public Health. Findings of this study will be shared with relevant institutions concerned with birth companion practice.

**Participant involvement:** You are required to provide answers to questions in line with your view about birth companion use. The interview will take approximately 20-30 minutes to complete.

**Potential risks:** There will be minimal risk for the study, any risk identified during the study will be addressed.

**Benefits:** This study may not directly benefit the participant however, results from this research will provide a reliable source of data to help birth companion practice in the facility and other facilities.

**Cost:** This study is being sponsored by the principal investigator. Participants will not bear any costs for participating in this research

**Voluntary participation and withdrawal:** Participants are free to withdraw from this study at any point in time without any consequences.

**Compensation:** Participants will be refreshed with snack to appreciate their time for participating in the interview.

**Sharing of participant's information/data:** The data generated from this study will be solely for the principal investigator and will only be shared with other individuals or organizations for studies concerning.

**Contacts for further clarifications/questions:** Any further questions or clarifications required concerning the research project can be directed to:

**Name:** Patience Terkie Dorhjie

**Address:** School of Public Health

**Mail:** pterkiedorhjie@gmail.com

**Contact:** 0248921678

**Name:** Dr. Ernest Tei-Maya,

**Address:** School of Public Health

**Mail:** maya\_ernest@yahoo.co.uk

**Contact:** 0508131270



**Name:** Nana Abena Apatu

**Address:** The Administrator, Ghana Health Service Ethics Review Committee

**Mail:** [ethics.research@ghs.gov.gh](mailto:ethics.research@ghs.gov.gh)

**Contact:** 0503539896

*Note however that, the Administrator of the GHS Ethics Review Committee should only be contacted on ethical issues.*



**APPENDIX II: CONSENT FORM**

**TITLE OF STUDY** The Perspective of Midwives on Birth Companions during Delivery in Nsawam Adoagyiri Municipality

**PARTICIPANTS' STATEMENT**

I acknowledge that I have read and understood the information provided on the Participants' Information Sheet and I understand that my participation is voluntary and that I am free to withdraw from the study at any point without any cost or consequences. I understand that I will be given a copy of this consent form. I hereby voluntarily agree to partake in this study.

**Participants' consent (please tick the box if you consent) Date**.....

**Contact** ..... **or Email**.....

**INVESTIGATOR'S STATEMENT AND SIGNATURE**

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

Researcher's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR YOUR TIME!**



### **APPENDIX III: INTERVIEW GUIDE QUESTIONNAIRE**

A qualitative study to explore the perspectives of midwives on birth companion during labour and delivery in the Nsawam Adoagyiri Municipality.

Step 1: introduce yourself to the participant and describe the purpose of the interview and how the information will be used. Obtain verbal or written consent.

Step 2: complete the socio-demographic information about participant.

Step 3: conduct the interview. Please remember to record the interview.

#### **Introduction:**

**Welcome.** Thank you for taking the time to join in the interview about birth companionship. My name is Patience Terkie Dorhjie and I am the principal investigator for this study. I would like to know more about midwives' perspectives on birth companion, their role, benefits, barriers, experiences and facility practice during labour and delivery.

There are no right or wrong answers and we expect that you will have differing points of view. Please feel free to share your opinion. The discussion would be recorded because we do not want to miss or forget your comments. No names will be included in the final report, and your comments here will be kept confidential.

**Please do you have any questions before we begin?**

#### **QUESTIONS**

**DEMOGRAPHIC DATA** (To be taken on a separate participant's information sheet prior to interview)

1. What is your age in years?
2. What is your highest educational level?
3. What is your rank and position if any?
4. What is the number of years worked at current facility?

5. How many years have you practiced as a midwife?
6. What is your current religious affiliation?
7. What is your current marital status?

### **Birth companion knowledge**

#### **a. Labour and delivery support**

8. What do you know about labour companionship?
9. What are the roles of a labour companion?
10. What type of support do you think women need during labour and delivery?
11. Do you think women in your facility receive this kind of support you have described? Why or why not?
12. At what point during the care process should women and providers start talking about labour companionship and the role of the companion?
13. How do the labour companion's roles be communicated to them?

#### **b. Preferred labour companionship**

14. Who do you think women would prefer as a labour companion?  
Probe: A partner, why? A Mother, why? A sibling why?
15. Would you like to have a companion of your choice during your delivery experience?

#### **c. Labour companion education**

16. What type of information or education do you think a labour companion would need to be able to support the woman?

### **Birth companion benefits**

#### **a. Benefit to woman**

17. What are the benefits of a birth companion to the woman?

#### **b. Benefit to health providers**

18. What are the benefits of a birth companion to the health providers?

### **Birth Companion Barriers**

19. What are some of the barriers in implementing birth companionship for women?

Probe: How is your delivery setting?

Probe: Can it allow another person present while the woman delivers?

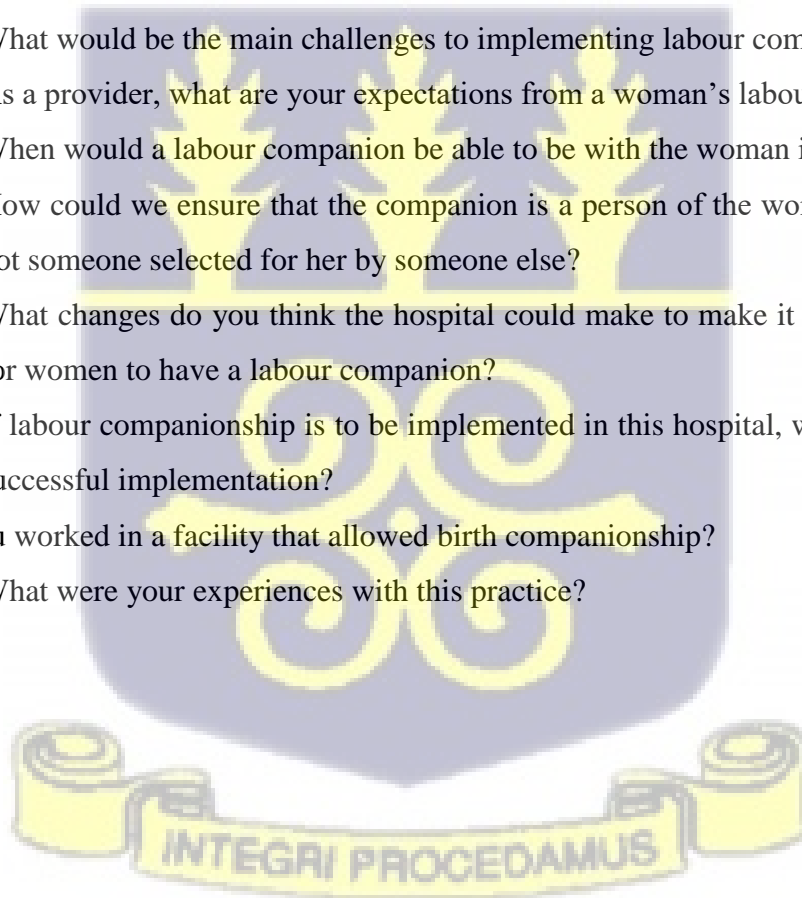
### **Facility Practice**

20. Does your facility allow birth companionship during labour and delivery?

21. Should the facility implement birth companionship as the part of the protocols, what will be your view?

22. How could labour companionship be implemented in your hospital or other hospitals like this?

- a. What would be the main challenges to implementing labour companionship?
  - b. As a provider, what are your expectations from a woman's labour companion?
  - c. When would a labour companion be able to be with the woman in the hospital?
  - d. How could we ensure that the companion is a person of the woman's choice, and not someone selected for her by someone else?
  - e. What changes do you think the hospital could make to make it more comfortable for women to have a labour companion?
  - f. If labour companionship is to be implemented in this hospital, what would ensure successful implementation?
23. Have you worked in a facility that allowed birth companionship?
- a. What were your experiences with this practice?



**APPENDIX IV: CODEBOOK**

**Code System**

Themes	Interpretation
<p><b>Birth Companion Knowledge</b></p> <ul style="list-style-type: none"> <li>• Roles of companions</li> <li>• Labour Companion Education</li> <li>• Preferred Labour Companion</li> <li>• Delivery</li> </ul>	<p>Refers to what the respondents knew about birth companionship.</p> <p>Refers to the birth companion is expected to do for the labouring woman during delivery.</p> <p>Birth companion education is the information given to the companion on what to expect and what is expected of them during the laboring and delivery.</p> <p>Who a labouring would want to be with her during her labouring process.</p> <p>The process of giving birth</p>
<p><b>Birth Companion Benefit</b></p> <ul style="list-style-type: none"> <li>• Benefit to health provider</li> <li>• Benefit to Woman</li> </ul>	<p>How helpful or important a birth companion is to the health worker and the labouring woman.</p>
<p><b>Barriers</b></p>	<p>Hindrances or things that prevents birth companion practice</p>
<p><b>Facility Practice</b></p> <ul style="list-style-type: none"> <li>• Experience</li> <li>• Labour Companion</li> <li>• Implementation</li> <li>• Providers' Expectation</li> </ul>	<p>What actually goes on in the facility with regards to birth companion practice.</p> <p>Refers to their encounter during a labouring process</p> <p>One who accompanies a pregnant woman to the facility and assist them physically, emotionally, financially during the labouring process.</p> <p>The facility putting the plan in place for birth companion practice.</p>

<ul style="list-style-type: none"><li>• Birth Companion as protocol</li></ul>	<p>What the midwives require of the birth companion to do.</p> <p>Birth companion as an outlined or documented practice of the facility.</p>
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#### **APPENDIX V: STATEMENT FOR REFLEXIVITY**

Though I am a Public Health Nurse, I have no conflict of interest in relation to the study because I do not work directly at the clinical department or the labour ward.

The note taker and other data collectors are national service personnel with no health professional background.

The transcript was compared with field notes and agreed on to be sure the transcripts were exactly what was recorded.



**APPENDIX VI: ETHICAL CLEARANCE FROM GHANA HEALTH SERVICES**

**GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE**

*In case of reply the number and date of this Letter should be quoted.*



Research & Development Division  
Ghana Health Service  
P. O. Box MB 190  
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Digital Address: GA-050-3303  
Mob: +233-50-3539896  
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Email: [ethics\\_research@ghs.gov.gh](mailto:ethics_research@ghs.gov.gh)  
11<sup>th</sup> January, 2023

My Ref. GHS/RDD/ERC/Admin/App/23/162  
Your Ref. No.

Patience Terkie Dorhjie  
C/O P. O. Box 260  
Nsawam

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	GHS-ERC: 034/12/22
Study Title	Perspectives of Midwives on Birth Companion During Delivery in Nsawam Adoagyiri Municipality
Approval Date	11 <sup>th</sup> January, 2023
Expiry Date	10 <sup>th</sup> January, 2024
GHS-ERC Decision	Approved

**This approval requires the following from the Principal Investigator**

- Submission of a yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months.
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

**You are kindly advised to adhere to the national guidelines or protocols on the prevention of COVID -19**

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....  
Dr. Naa-Korkor Allotey  
(Ag. Head, Ethics & Research Management Department)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

**INTEGRI PROCEDAMUS**