

UNIVERSITY OF GHANA
COLLEGE OF HEALTH SCIENCES



**BIRTH COMPANIONSHIP EXPERIENCES OF POSTNATAL MOTHERS
DURING LABOUR AT THE GA EAST MUNICIPAL HOSPITAL**

BY

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DECLARATION

I Lawrencia Sefakor Agbemade attest that this thesis is a sole result of my personal effort to attain Master of Philosophy Degree in Midwifery at the School of Nursing and Midwifery, University of Ghana. This work has never been presented in parts or whole to any institution for the award of any degree. However, the works of authors and publishers that have been presented in this work have been duly acknowledged in the text and reference section.

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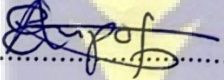
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DEDICATION

This work is dedicated to my husband Togbui Abletenu IX, privately called Nathaniel Kweku Anibra who's unwavering belief in my abilities made this journey possible. To my supervisor Dr Evelyn Asamoah Ampofo for her invaluable guidance and support. Also, to my lovely children, Fafali, Clara, Dela and Tania for their understanding and sacrifices.



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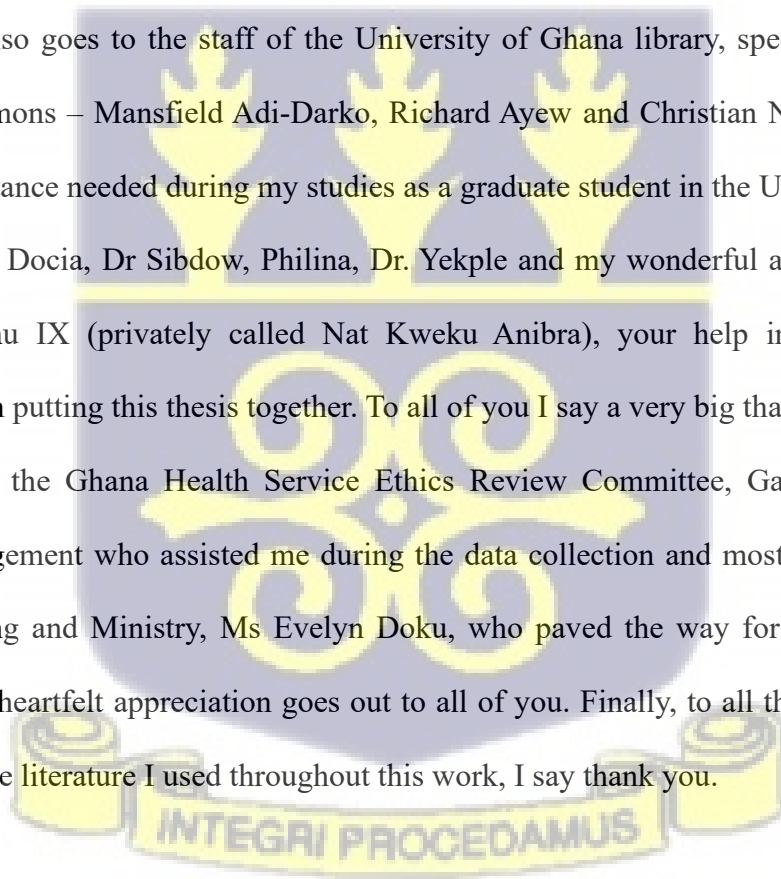


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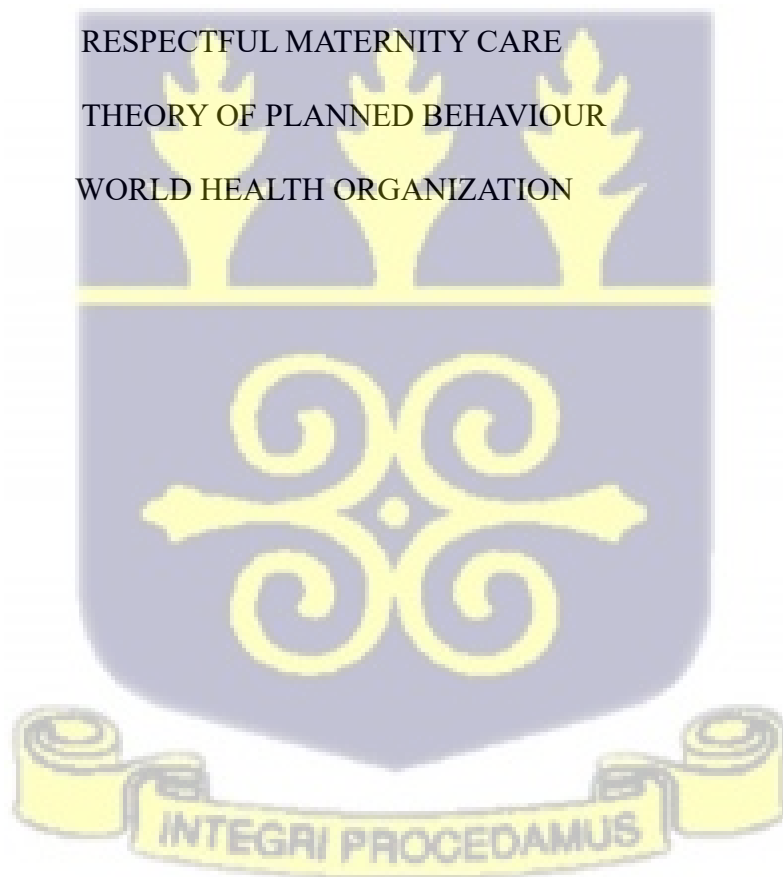
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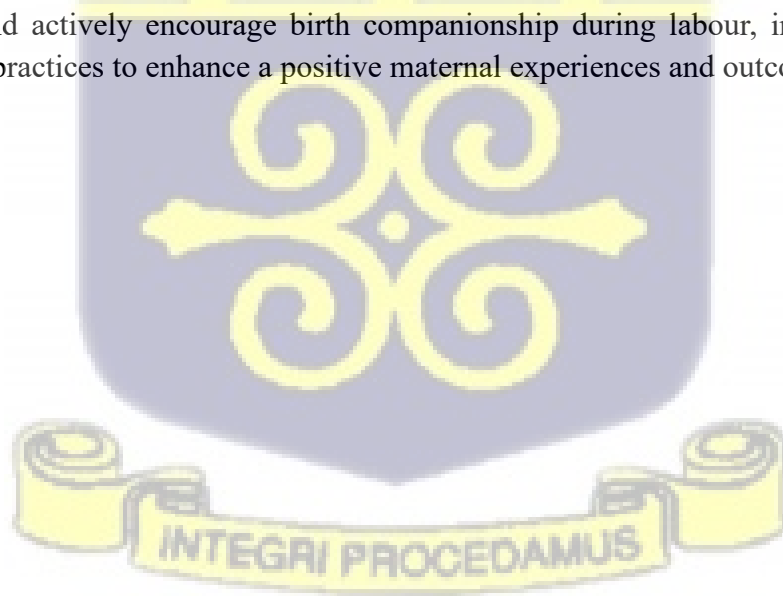
LIST OF ABBREVIATIONS

BC	-	BIRTH COMPANION
BST	-	BIO-ECOLOGICAL SYSTEMS THEORY
CHPS	-	COMMUNITY-BASED HEALTH PLANNING AND SERVICES
CTDC	-	CREDIBILITY, TRANSFERABILITY, DEPENDABILITY AND CONFIRMABILITY
GEMH	-	GA EAST MUNICIPAL HOSPITAL
HIC	-	HIGH-INCOME COUNTRIES
LIC	-	LOW-INCOME COUNTRIES
LMIC	-	LOW-AND-MIDDLE-INCOME-COUNTRIES
RMC	-	RESPECTFUL MATERNITY CARE
TPB	-	THEORY OF PLANNED BEHAVIOUR
WHO	-	WORLD HEALTH ORGANIZATION



ABSTRACT

Birth companionship, globally, is associated with the presence of a trained professional or layperson, or family members at the bedside of a parturient woman, to coach, empathise with, give practical aid to, and encourage the expectant mother throughout the birthing process. However, customs and ideas from the past continue to affect labour experiences. Therefore, this study aims to explore the experiences of postnatal mothers who had birth companions during labour and delivery at Ga East Municipal Hospital. The study employed a qualitative exploratory descriptive design which was guided by social support during delivery framework by Alexander et al. (2013). Ten postnatal women who had birth companion during labour at Ga East Municipal Hospital were purposively selected and interviewed. Data was gathered using a semi structured interview guide to conduct individual face-to-face audio recorded in-depth interviews. Data was analysed using thematic analysis. Four main themes and ten sub-themes were generated from the data. The main themes are: desire for birth companion, source of desired support, desired type of support, and cultural and practical considerations. The study highlighted how the presence of a birth companion can positively influence the experience of a parturient woman. The findings revealed that the presence of a birth companion during labour was appreciated by the postnatal women who expressed feeling of support emotionally, physically and practically. The support provided by the birth companions made the women less anxious and better able to cope with the demands of childbirth. Participants expressed preference for a trusted companion often a partner, relative or a close friend whose presence provided reassurance and a sense of security. These findings emphasise how birth companionship is integral to a supportive birthing environment, reflecting both universal and context specific maternal care needs. Therefore, the study recommended that healthcare providers should actively encourage birth companionship during labour, integrating it into maternity care practices to enhance a positive maternal experiences and outcomes.



CHAPTER ONE

1.0 INTRODUCTION

This chapter focuses on the background of the study, problem statement, purpose of the study, research objectives, research questions, significance of the study, and operational definition of terms.

1.1 Background of the Study

Birth companionship is defined as the presence of a trained professional or lay person, or family members at the bedside of a parturient woman, to coach, empathise with, give practical aid to, and inform the expectant mother about birthing (Simkin, 2002). Childbirth practices differ greatly between cultures and geographical areas (Bohren, Vogel, Hunter, Lutsiv, Makh, Souza, et al., 2015). Over the past few decade there has been an increase in global trend towards facility based deliveries rather than home births (Henry et al., 2019; Montagu et al., 2017; mir-ud-Din & Abbas, 2020). This shift has led to an increase in the recorded number of births that take place in health facilities (Mason et al., 2015). Nonetheless, customs and ideas from the past continue to affect labour experiences.

Childbirth, a life-changing experience for women is associated with several life threatening consequences, including haemorrhage, sepsis, asphyxia and physical and psychological stress (Wanyenze et al., 2022). The World Health Organization (2018) recognizes the importance of Respectful Maternity Care (RMC), emphasizing the need for labour companionship (Bohren et al., 2017).

The provision of childbirth support by a birth companion includes emotional, physical, and informational aid throughout labour and delivery. This form of support is widely acknowledged as essential to the health of mothers and the quality of birth outcomes (Hodnett et al., 2013; Bohren et al., 2017; Linyama, 2020). Empirical studies reveal that consistent

assistance during childbirth diminishes the probability of interventions like caesarean sections and epidurals, while simultaneously fostering favourable childbirth experiences (Ruiz, 2019; American College of Obstetricians and Gynecologists [ACOG], 2019; Nenko et al., 2023; Oliveira et al., 2022). A supportive companion, like a doula or a dependable family member, can reduce stress, offer comfort, and improve communication between the client and medical professionals during childbirth (Bharti et al., 2021).

The idea of birth companionship stems from the understanding of the significant influence that social support has on the delivery experience. A birth companion is a person who assists labouring women during the birthing process. Due to the medicalization of labour, the importance of birth companion is minimised which in turn limit labouring women's access to such a conventional support system. Hence the function of birth companions has diminished in recent years (Gizachew et al., 2021).

The role of birth companion has evolved from traditionally being a female relative or traditional birth attendant to now including a wider range of individuals such as partners, friends, or certified doulas (Nguyen & Heelan-Fancher, 2022). Regardless of who fulfills the role, research confirms that birth companions play a crucial role in improving maternal well-being, satisfaction, and positive birth outcomes across both high and low-income settings (Bohren et al., 2023). The specific composition of this support network, however, can vary culturally. For instance, a study in Kenya found that the closest person from the woman's social milieu was the most common birth companion (88% of the time), while spousal support was less frequent (29%) (Afulani et al., 2018).

In high-income countries (HICs), where birth companionship is frequently integrated into standard maternity care, the benefits are well-documented. Consistent support from a companion—whether a spouse, family member, or trained doula—is associated with tangible clinical advantages. These include shorter labours, reduced rates of medical interventions such

as caesarean sections, fewer requests for pain medication, and improved neonatal outcomes (Jayasundara et al., 2024). Consequently, this practice significantly enhances the overall maternal experience (ASPE, 2022; Sharma et al., 2025).

However, it is important to note that developing countries encounter various problems in providing effective maternity care, including a lack of skilled birth attendants, poor healthcare infrastructure, and socioeconomic inequities. Despite these obstacles, research undertaken in developing countries, notably Ghana, has established the positive benefit of birth companionship on mother and neonatal health outcomes (Kyei-Nimakoh et al., 2017; Ayele et al., 2019; Amoakoh-Coleman et al., 2021; Adatara et al., 2021).

In Ghana, a country contending with a significantly high maternal mortality rate, birth companionship has been shown to be a beneficial practice. Evidence from the Ghanaian context links the presence of a birth companion during labour to reduced maternal complications, improved adherence to evidence-based care, and better communication between women and healthcare providers (Asamoah et al., 2019). The value of this support in enhancing maternal well-being, satisfaction, and safe delivery is recognized globally, applicable in both developed and developing countries like Ghana (Kyei-Nimakoh et al., 2017; Ayele et al., 2019; Amoakoh-Coleman et al., 2021; Adatara et al., 2021). Recognising this significance values, the critical need for a clear framework to ensure birth companions are consistently present. However, to effectively advocate for such a policy, more substantial evidence from the perspective of Ghanaian women themselves is required. It was this need that guided the present study, which aimed to explore the experiences of birth companionship during labour among postnatal mothers at the Ga East Municipal Hospital

1.2 Problem Statement

In Ghana, the practice of birth companionship remains limited within many healthcare facilities. This low uptake is anecdotally attributed to several interconnected factors, including infrastructural limitations of maternity wards and healthcare providers' concerns about companion behaviour. Such concerns involve birth companions potentially interfering with clinical care, for instance, by administering unauthorized herbal concoctions that can cause foetal distress or, from the midwives' perspective, "pampering" labouring women in ways that prolong labour (Dorhjie, 2023). This situation stands in stark contrast to the widespread acceptance and utilization of birth companionship in many developed countries (Afulani et al., 2018; Leslie et al., 2022). The absence of birth companions during labour has been identified to increase the use of medications, prolonged labour which leads to caesarean section and sometimes mistreatment of mothers during labour.

The positive impact of birth companionship on improving mother and newborn outcomes has been widely studied in the past in many countries (Kabakian-Khasholian & Portela, 2017; Bohren et al., 2019; Balde et al., 2020). These investigations have yielded important new information about the advantages of continuous support during childbirth. There is substantial research evidence to support the beneficial effects of birth companions in maternal satisfaction, lower rates of medical interventions, and better mother and newborn health outcomes (Bruggemann et al., 2018; Mburu et al., 2019).

Studies in both high income and low income settings often highlighted the need for more comprehensive and context-specific research to fully understand the benefits and dynamics of birth companionship across different healthcare systems and cultural backgrounds (Kyei-Nimakoh et al., 2017; Smith et al., 2019; Adatara et al., 2021). Also, previous studies frequently focus on quantitative indicators of labour support, such as time and interventions, overlooking the nuanced experiences and perspectives of postnatal mothers regarding the

presence of birth companions during labour (Jones & Brown, 2018; Smith, Johnson, et al., 2019; Garcia et al., 2020).

Furthermore, existing evidence frequently lacks extensive assessments of the mechanisms via which birth companionship affects mother and newborn outcomes, particularly in Ghanaian settings. Understanding these pathways is critical for developing targeted interventions and maximising the role of birth companions in enhancing delivery experiences and outcomes in Ghana (Bruggemann et al., 2018).

Despite the broader challenges to implementing birth companionship in Ghana, some facilities with adequate infrastructure have proactively begun to integrate companions before, during, and after labour. This is evident in certain antenatal care (ANC) services, where mothers accompanied by their partners—an approach often termed male involvement—are offered priority services or additional support (Atuahene et al., 2017; Morgan et al., 2022). Midwives utilize these encounters to educate and encourage pregnant women to bring a companion for their delivery. The Ga East Municipal Hospital is one such facility in the Greater Accra Region that has embraced this practice. Against this backdrop, this study sought to explore postnatal mothers' experiences of birth companionship during labour at the Ga East Municipal Hospital, using the Social Support During Delivery Framework.

1.3 Purpose of the Study

This study aimed to explore the experiences of postnatal mothers with birth companions during labour at the Ga East Municipal Hospital.

1.4 Research Objectives

1. To explore the desire for birth companions of postnatal mothers during their labour
2. To describe how postnatal mothers selected their birth companions during labour.
3. To explore the type of support postnatal mothers received from birth companions during labour

1.5 Research Questions

1. What is the desire of postnatal mothers regarding birth companions?
2. How do postnatal mothers select their birth companions during delivery?
3. What type of support do postnatal mothers receive from their birth companions during delivery?

1.6 Significance of the Study

Support during labour is universally accepted as critical to women's health and delivery experiences. However, while there is a recognised lack of qualitative research on this topic in developing countries due to resource constraints and other challenges, the scarcity of detailed qualitative studies on the effect of birth companions on postpartum experiences is a global issue.

The findings of this study will add to the existing body of knowledge by providing qualitative insights into the experiences and perceptions of postnatal mothers regarding birth companionship.

Also, the result of this study will serve as evidence and reference point for stakeholders involved in the management of maternal health services in the GA East Municipality. Again, this research provides evidence to support the formulation and implementation of policies that encourage and facilitate the presence of birth companions during labour. The insights gained from postnatal mothers can guide practitioners, particularly midwives and obstetricians, in creating a more supportive and empowering environment for labouring women. Finally, the findings of this study will serve as evidence and reference points for stakeholders involved in the management of maternal health services in the GA East Municipality with regards to initiatives on birth companionship.

1.7 Operational Definitions

Birth companion: A birth companion is someone present and supportive during the birth process, offering comfort, reassurance and advocacy.

Birth companionship: Birth companionship is the provision of continuous emotional and physical support by a birth companion, fostering a sense of trust, comfort, and empowerment for the woman during childbirth.

Experience: Experience is the woman's individual and subjective interpretation of her childbirth event, shaped by her unique circumstances, support and care received during the process.

Support: Support refers to the provision of emotional, informational, or tangible assistance by a birth companion (e.g., partner, family member, friend, or doula) to a woman during labour, aimed at enhancing her physical and emotional well-being, coping abilities and sense of control.



CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.0 Introduction

This section entails the theoretical framework and literature review for this study. The literature section sheds light on the overview of birth companionship, birth companionship in Ghana, the experience of postnatal mothers with birth companionship, the forms of support birth companions offer to women during childbirth, the influence of the presence of birth companions on the overall childbirth experience of postnatal women, barriers to the implementation of birth companionship and the strategies to solve those barriers. Articles used in this section were sourced from databases such as Google Scholar, PubMed, Hinari and Scopus.

2.1 Theoretical Framework

In research, theoretical and conceptual frameworks are vital instruments that offer a foundation for comprehending and evaluating evidence (Creswell & Poth, 2018). They support the interpretation of results, direct the study's design, and help to determine the correlations between variables (Polit & Beck, 2017). The researcher examined three theories which are, the Theory of Planned Behaviour, the Bio-ecological Systems Theory, and the Social Support During Delivery Framework to determine the theoretical foundation for this study. Social Support During Delivery Framework was the best framework to achieve the study's goals.

2.1.1 Theory of Planned Behaviour (TPB)

According to the Theory of Planned Behaviour (TPB), human behaviour is guided by attitudes, subjective norms, and perceived behavioural control (Ajzen, 1991). According to the theory, a person's intention to engage in a behaviour is determined by their perceptions of

behavioural control, subjective norms (or perceived social pressure), and attitudes toward the behaviour (self-efficacy) (Ajzen, 1991).

2.1.2 Constructs of TPB

Attitudes

An individual's positive or negative assessment of behaviour is their attitude (Ajzen, 1991). This construct is predicated on the notion that attitudes influence a person's intentions to engage in a behaviour. An individual's experiences, personal values, and ideas about their behaviour all influence their attitudes (Ajzen, 1988). According to TPB, attitudes play a significant role in determining behavioural intention (Ajzen, 1991).

Behavioural Intention

Behavioural intention refers to the motivational factors influencing behaviour (Ajzen, 1991). It is the deliberate act of carrying out behaviour, and it is impacted by beliefs, arbitrary standards, and perceived behavioural control (Ajzen, 1991). Since behavioural intention is thought to be a direct predictor of behaviour, it is a crucial concept in TPB (Ajzen, 1985).

Subjective Norms

Subjective norms refer to the belief about whether most people approve or disapprove of the behaviour (Ajzen, 1991). This construct considers the social pressure people may have to fit in with their social group's norms (Ajzen, 1988). A person's view of what others believe they should do shapes subjective norms, which can affect behavioural intention (Ajzen, 1991).

Perceived Behavioural Control

Perceived behavioural control refers to a person's perception of the ease or difficulty of performing the behaviour of interest (Ajzen, 1991). This construct is comparable to perceived power, although it concentrates on how people view the presence of a birth companion (Ajzen,

1988). Perceived behavioural control affects attitudes and subjective norms, which can affect behavioural intention (Ajzen, 1991).

2.1.3 Why TPB is Not Suitable for this Study

TPB has been used in several domains, such as marketing, education, and health, to comprehend the mental processes that underlie human behaviour (Ajzen, 1991). TPB is not suitable for this study for several reasons. TPB focuses on predicting intentional behaviour using attitudes, subjective norms, and perceived behavioural control (Ajzen, 1991), however, the current study focuses on the qualitative experiences and dynamic support roles that birth companions play during labour. This emphasis on real-time interactions and emotional impacts is not adequately captured by TPB, which is better suited to discrete decision-making processes.

Furthermore, the complex and changing nature of support provided by birth companions (House et al., 1988) is not adequately addressed by TPB. Labour is highly situational and context-dependent, with real-time influences that TPB cannot fully capture. Also, the study's methodology seeks in-depth narratives and personal experiences, whereas TPB is commonly used in quantitative research (Creswell & Poth, 2018).

2.2 Bio-ecological Systems Theory (BST)

The Bio-ecological Systems Theory (BST), developed by Urie Bronfenbrenner, is a comprehensive theoretical framework that views human development as influenced by multiple levels of environmental systems (Bronfenbrenner, 1979). The theory identifies five systems microsystem, mesosystem, ecosystem, macro system, and chronosystem that interact and impact individual development (Bronfenbrenner, 1979).

2.2.1 Constructs of BST

Microsystem

The microsystem is the immediate environment, including family, peers, and school, which has the most direct and proximate influence on personal development (Bronfenbrenner, 1986). This concept relates to both direct and proximal environmental influences on development.

Mesosystem

The mesosystem comprises interactions between microsystems, such as home-school relationships, which can influence individual development (Bronfenbrenner, 1986). This construct emphasises the significance of interactions among many environmental factors.

Exosystem

The exosystem encompasses external influences, such as community and culture, that might indirectly influence human development (Bronfenbrenner, 1986). This concept recognises the influence of larger socioeconomic forces on growth.

Macrosystem

The macrosystem includes societal-level variables, such as policies and the economy, that can determine individual growth (Bronfenbrenner, 1979). This construct considers the role of cultural and societal factors in shaping development.

Chronosystem

The chronosystem refers to the temporal context, including the developmental stage and historical events, which can impact the development of the individual (Bronfenbrenner, 1979). This construct acknowledges the importance of temporal and historical settings in development.

BST has been used in different sectors, including education, psychology, and healthcare; to better comprehend the intricate relationships between people and their environments. The hypothesis has been used to explain how environmental influences affect child development, academic achievement, and mental health (Bronfenbrenner, 1992).

2.2.2 Why BST is Not Suitable for this Study

While BST provides a thorough framework for understanding the intricate relationships between environmental systems and human development, it may not be the most ideal theory for the study because it focuses on child development and the surrounding systems that influence it (Bronfenbrenner, 1992).

However, this study focuses on the role of birth companions during labour, a distinct event in an adult's life (Hodnett, 2002). Again, While BST acknowledges the importance of social support within the microsystem and mesosystem (Bronfenbrenner, 1992), it may not fully capture the nuances of social support during childbirth, which is a unique and intense experience (Hodnett, 2002). Social support during labour includes emotional, informational, and material support, which BST may not completely satisfy (Hodnett, 2002).

2.3 Social Support During Delivery Framework

Social Support During Delivery Framework by Alexander et al. (2013) provides a structured lens for understanding the nature of support experienced by women during labour and delivery. It posits that social support is not a singular entity, but rather a dynamic interplay of emotional, informational and instrumental assistance. The framework recognizes that these support dimensions by a network of individuals including partners, family members and doulas. Ultimately, the framework aims to illuminates how these various support components interact to influence the birthing experience, maternal and neonatal wellbeing.

Alexander et al. (2013) conducted a mixed-methods study to explore pregnant women's attitudes toward having a birth companion during facility-based labour and delivery. Their

framework sheds light on critical aspects of social support, providing valuable insights for healthcare practitioners, policymakers, and researchers.

2.3.1 Constructs of Social Support During Delivery Framework

Desire for a Birth Companion

This construct captures pregnant women's inclination toward having a birth companion present during labour and delivery. It goes beyond mere preference; it reflects the desire for emotional and practical support during a vulnerable and intense period. Age, educational background and antenatal care visits were reported to influence women's desire for a birth companion. Younger women may express different preferences than older women. This divergence is primarily driven by generational shifts in cultural expectations, which influence a woman's perception of childbirth, her support needs, and her willingness to advocate for her preferences. Also, education levels impact companion preferences. Educated women may seek companionship differently. Finally, women who attend antenatal care may have distinct preferences due to exposure to healthcare settings and information (Alexander et al., 2013).

Birth Companion Type Preferred

Women express preferences for specific types of birth companions. These may include male partners, female relatives, or other family members. Preferences vary based on cultural context, personal relationships, and perceived roles of different companions (Alexander et al., 2013).

Types of Social Support Desired

For this construct, 4 forms of support were identified:

Emotional Support: Emotional support encompasses comfort, reassurance, and encouragement during labour and delivery. A companion's presence can alleviate anxiety and provide a sense of security (Bohren et al., 2019).

Appraisal support: Appraisal support refers to emotional encouragement, validation, and feedback. Birth companions offer reassurance, positive affirmations, and empathetic listening during labour and childbirth. They help the mother feel understood, acknowledged, and emotionally supported. For example, saying, “You’re doing great!” or “You’re strong” provides appraisal support (Bohren et al., 2019).

Instrumental Support: Instrumental support involves practical assistance and tangible actions. Birth companions provide physical help, such as fetching water, adjusting pillows, or massaging the mother’s back. They address the woman’s immediate needs, ensuring her comfort and well-being during labour and childbirth (Bohren et al., 2019a).

Informational Support: Birth companions offer knowledge about the labour process, stages of childbirth, and what to expect. This helps women feel informed and prepared. They act as intermediaries between clinical staff and labouring women, ensuring effective communication. Birth companions help convey the woman’s preferences and concerns to healthcare providers. Companions share techniques for managing pain without medication, such as breathing exercises, positioning, and relaxation methods (Bohren et al., 2019; WHO, 2019).

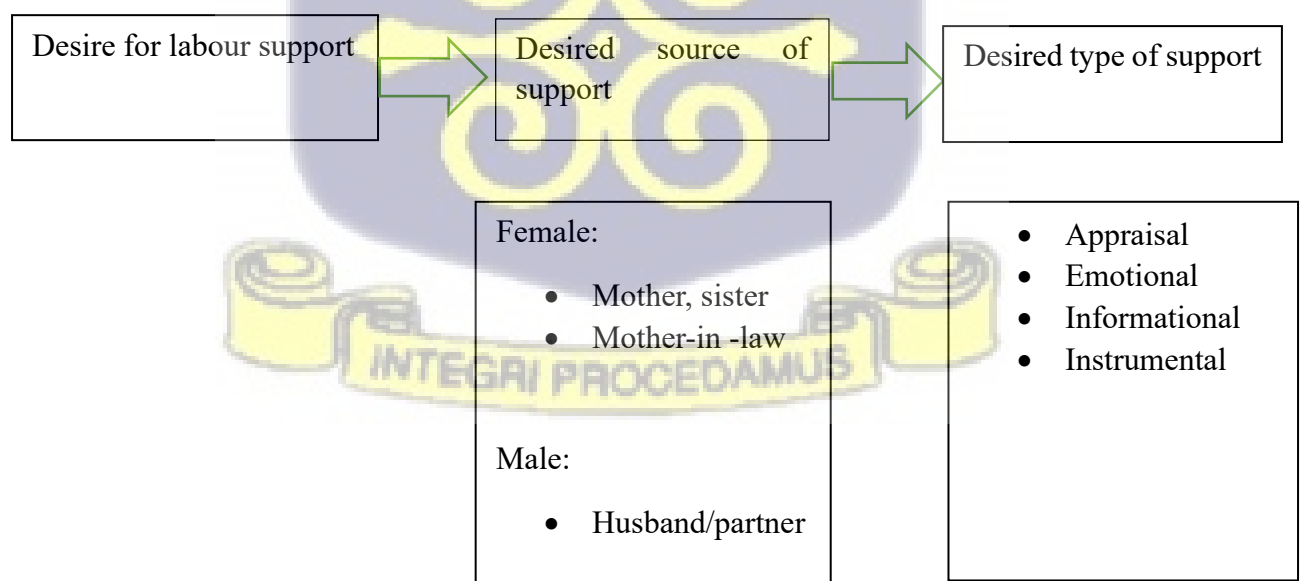


Figure 2. 1: Social Support During Delivery Framework. (Alexander et al., 2013).

2.3.2 Justification for Use in This Study

The social support during delivery framework by Alexander et al. (2013) is highly relevant as it provides a comprehensive understanding of how social support impacts women's experiences during labour and childbirth. This framework considers various dimensions of support, including emotional, informational, and instrumental support, which aligns well with the study's aim to explore effective and equitable support for women during labour. The framework is grounded in extensive research and has been validated in multiple contexts, ensuring its applicability and reliability in the study (Afulani et al., 2018; Bohren et al., 2019a; Kabakian-Khasholian & Portela, 2017; Nakphong et al., 2023). Utilising this framework helps in identifying key support mechanisms that can improve maternal and neonatal outcomes, making it a valuable tool for the study.

2.3.3 Social Support During Delivery Framework in This Study

In this study, the Social Support During Delivery Framework was used to explore the experiences of postnatal women regarding the support they received from their birth companions during labour. The framework guided the analysis of how well the birth companions fulfilled the mothers' desires for labour support, whether the sources of support were those preferred by the mothers, and how the types of support provided influence the overall childbirth experience. For instance, the study explored whether the emotional support provided by birth companions helped reduce the anxiety and stress associated with labour, whether the informational support provided was in line with the mothers' expectations, and whether the physical support offered was effective in managing labour pain. By applying this framework, the study contributed to a deeper understanding of the role of birth companions in enhancing maternal health outcomes in Ghana.

2.4 Empirical Review

To understand the current landscape of birth companionship, we must first examine its historical foundations. Throughout history, different societies have acknowledged the importance of providing emotional, physical, and informational assistance to women during childbirth. Ancient civilisations, such as the Egyptians and Greeks, used female companions or midwives to aid women during labour and delivery. (Davis-Floyd & Davis, 2017).

However, Kennedy et al. (2018) posit that it wasn't until the twentieth century that birth companionship received new attention in the setting of modern healthcare institutions. Several reasons contributed to the revival of interest in birth companionship, including the medicalisation of childbirth and the feminist movement pushing for women's rights in reproductive healthcare (Kennedy et al., 2018). The advent of obstetric interventions and hospital based deliveries caused a move away from traditional forms of support, culminating in a perceived need for trained birth companions to combat the impersonal nature of medicalised labour (Hodnett et al., 2017).

2.4.1 Global Perspectives on Birth Companionship

The use and acceptance of birth companionship varies greatly across the world, reflecting cultural norms, healthcare legislation, and socioeconomic circumstances. In high-income countries notably the United States and Canada, birth companionship, particularly in the form of doula accompaniment, has acquired widespread recognition as a beneficial addition to standard maternity care (Hodnett et al., 2017). Research in these circumstances has consistently established the positive influence of birth companionship on maternal outcomes, including lower rates of medical interventions, better satisfaction with the birth experience, and enhanced breastfeeding initiation and continuation (Kozhimannil et al., 2016).

In contrast, the availability and utilisation of birth companionship services in low- and middle-income countries (LMICs) continue to be limited due to several challenges, including

resource restrictions, inadequate infrastructure, and cultural attitudes (Sudhinaraset et al., 2017). Despite the World Health Organization's endorsement of continuous accompaniment during childbirth as a vital component of optimal mother care, inequalities remain in implementing birth companionship programmes across diverse worldwide contexts (World Health Organization [WHO], 2018). To overcome these disparities, efforts have focused on capacity building, community participation, and legislative lobbying to encourage the integration of birth companionship into existing maternal healthcare systems.

2.4.2 Effectiveness of Birth Companionship

A substantial body of research supports the efficacy of birth companionship in enhancing mother and neonatal health, independent of geographic location or socioeconomic level (Afulani et al., 2018; Kabakian-Khasholian & Portela, 2017). Meta-analyses and systematic reviews have repeatedly shown that the presence of a trained birth companion during labour and delivery is associated with shorter labour durations, lower rates of caesarean sections, and greater rates of spontaneous vaginal births (Bohren et al., 2017; Hodnett et al., 2017). Furthermore, birth companionship has been connected to lower rates of obstetric procedures, such as epidural analgesia and episiotomy, indicating its potential to support physiological birthing and reduce unnecessary medical interventions (Sosa et al., 2020).

2.4.3 Birth Companionship in Ghana

Ghana's rich cultural legacy includes traditional childbirth practices that were historically a communal responsibility, with support provided by family, elders, and experienced women (Aseidu et al., 2019). However, urbanization and the ascendancy of contemporary healthcare systems have significantly transformed the role of birth companions. This evolution has created a critical tension regarding the compatibility between these long-standing traditional support systems and modern biomedical models of labour care.

Despite the customary preference for communal assistance during labour, the use of formal birth accompaniment services in Ghana remains minimal. Limited access to trained birth companions, particularly in rural areas, coupled with socioeconomic inequities, poses substantial challenges to using these services (Ganle et al., 2016). Furthermore, myths and stigma surrounding delivery help offered by non-family members or healthcare professionals contribute to pregnant mothers' reluctance to join birth companionship programmes (Nkrumah, 2018). For instance, women may fear being stigmatized as weak or incapable of enduring labour "like their ancestors," or they may encounter suspicions from community members that a pregnancy complicated by a need for medical support is the result of infidelity or supernatural causes. This stigma, alongside structural barriers, significantly hinders the uptake of supportive services

Although Ghana's healthcare system is making progress in improving maternity and newborn health outcomes, infrastructure, human resources, and financial issues remain a potential problem (Asiedu et al., 2019). While the Community based Health Planning and Services (CHPS) programme has attempted to decentralise maternal healthcare and foster community involvement, the number of trained birth companions remains limited (Asiedu et al., 2019). While midwives are the primary providers for the vast majority of antenatal, labour, and postnatal care in Ghana, attending to normal deliveries and only escalating cases to doctors when risk is anticipated or occurs, the overarching healthcare structure remains hierarchical and physician-centric. This model, typified by ultimate decision-making authority residing with physicians, can significantly impair the role of birth companions as advocates (Yalley, 2024).

During routine care managed by midwives, companionship may be tolerated or encouraged. However, in high-stakes situations requiring a doctor's intervention—such as a decision for a caesarean section, the use of forceps, or managing a complication—the

hierarchical dynamic becomes most pronounced. In these critical moments, the birth companion's attempts to advocate for the woman's documented preferences or to seek clarification may be dismissed as a challenge to medical authority, effectively silencing a key support mechanism when the woman is most vulnerable. Thus, even within a system functionally run by midwives, the top-down chain of command can undermine the advocacy role of birth companions, particularly at the most decisive and impactful junctures of care.

The empirical evidence on the efficacy of birth companionship in enhancing mother and newborn health in Ghana is sparse but promising. Studies on the impact of doula assistance and continuous labour companionship have found good outcomes, including lower rates of medical interventions, better happiness with the birthing experience, and improved maternal-infant attachment (Ganle et al., 2016; Asiedu et al., 2019). However, the scalability and sustainability of these initiatives depend on solving systemic issues such as staffing shortages, training capacity, and governmental support (Dickson et al., 2015). While existing literature provides useful insights into Ghanaian birth accompaniment practises, some areas require further investigation. Tayebwa et al., (2020) suggest that future research should focus on understanding important stakeholders' opinions on the acceptability and viability of birth companionship models, such as pregnant women, healthcare practitioners, and community leaders. Furthermore, longitudinal studies investigating the long-term influence of birth companionship on mother and neonatal health outcomes are required to support evidence-based policy and programmatic initiatives.

In summary, birth companionship in Ghana is a complex combination of cultural customs, healthcare system dynamics, and socioeconomic considerations. While formal birth accompaniment programmes are underutilised, new data highlights their potential to improve mother and neonatal health outcomes. Addressing barriers to access, increasing community

engagement, and including birth companionship in maternal healthcare programmes are critical steps toward providing equitable and high-quality delivery experiences for women in Ghana.

2.4.4 Who is A Birth Companion

A birth companion, also known as a labour support person or doula, is a trained professional or a relative who gives emotional, material, and informational support to a mother and her partner during pregnancy, childbirth, and the postpartum period (McGrath & Kennell, 2008; Klaus et al., 2016). The birth companion's role is to empower and support the mother and her spouse, promoting a pleasant birth experience (Morton & Clift, 2018).

A birth companion might be a friend, family member, or partner trained in labour support techniques and understands the birth process (Klaus et al., 2016). They may also be a professional doula with formal training and certification in labour support (Morton & Clift, 2018). The birth companion's presence during childbirth has been demonstrated to have various benefits for the mother and her spouse, including decreased worry and stress, enhanced communication with healthcare personnel, and increased emotions of empowerment and control (McGrath & Kennell, 2008; Klaus et al., 2016).

The presence of a birth partner during childbirth has been linked to a variety of benefits for both the birthing person and their newborn. Research indicates that continuous support from a birth companion is linked to shorter labour durations, lower rates of medical interventions, and increased satisfaction with the childbirth experience (Nkrumah, 2018). Furthermore, birth companionship has been proven to minimise the frequency of obstetric problems, such as caesarean sections and instrumental deliveries, while encouraging normal birth and maternal-infant attachment (Sosa et al., 2020). These excellent outcomes highlight the critical role birth companions play in improving maternal and neonatal health outcomes.

2.4.5 Roles and Responsibilities of a Birth Companion

A birth companion's roles and responsibilities include a variety of functions geared at ensuring the birthing person has a happy delivery experience. These could include offering emotional support through reassurance, encouragement, and active listening, as well as physical help through comfort measures such as massage, posture, and relaxation techniques (Sosa et al., 2020). Furthermore, birth companions play an important role in facilitating communication between the birthing person, their spouse, and healthcare personnel, ensuring that the birthing person's choices and concerns are acknowledged and addressed (S. H. Nyarko & Cobblah, 2018). To add to the above, birth companions may provide evidence based information about labour and birth options, assisting the birthing person to make educated decisions regarding their care (Moyer et al., 2019).

2.4.6 Postnatal Mothers' Desire for Birth Companions During Labour

Labour is considerably a stressful event for many women that requires continuous involvement of the mind and the body. During this time a woman commonly feels secure when she is continuously cared for and supported. Therefore, giving birth must not be considered merely a biological event, but a social and emotional process (Mselle & Teyumwete, 2023).

A cross-sectional study was conducted to determine the perception of postpartum mothers on the involvement of birth companions during childbirth in Ethiopia. The study included 393 postpartum women. Findings from that study revealed that most postpartum women wanted a birth companion during their labouring period (Gizachew et al., 2022). Also, a health facility-based cross-sectional study was conducted in Southern Ethiopia from October to November 2019 to assess the utilisation of companionship during delivery and associated factors. 418 postpartum women were included in the study. The findings of the study showed that 13.8% of postnatal mothers utilised companionship during delivery and, they did so

because they desired to have companionship during delivery in the health facilities (Getahun et al., 2020).

Again, an institution-based cross-sectional study was conducted in Debre Markos City, Northwest Ethiopia by Assfaw et al. (2022). A total of 423 pregnant women were accessed. the findings of the study revealed that 57.45% of pregnant women desire birth companionship. Women who were the primary decision-makers for maternal health care services, women with planned pregnancy, women who have no bad obstetric history, and women whose 1st antenatal care visit started within the second trimester were statistically associated with the desire for birth companionship.

In India, a cross-sectional study was conducted in a tertiary care centre over 3 months in Karnal city of North India. A total of 423 antenatal women were accessed by systematic random sampling using a face-to-face interviewer-administered questionnaire. In this study, the prevalence of desire for birth companionship was 59.1%. Women with planned pregnancy, first or second gravida and between 18 and 25 years of age had a significant desire for birth companionship (Dahiya et al., 2023). A rapid review conducted by Lavender et al. (2020) showed that most women expect to have continuous support from their chosen birth companion throughout labour and perceive it to be an important component of care provision hence they want a birth companion who is compassionate and trustworthy.

A mixed methods study was conducted in rural County in Western Kenya by Afulani et al. (2018a) to assess the prevalence and determinants of birth companionship, women and providers perceptions of birth companionship in health facilities in Kenya. Quantitative and qualitative data were collected from 3 sources: surveys with 877 women, 8 focus group discussions with 58 women, and in-depth interviews with 49 maternity providers in the County. The study revealed that, 18% of postnatal mothers do not desire companionship during labour

and 63% do not desire it during delivery. Reasons for not desiring companions included embarrassment and fear of gossip and abuse.

2.4.6 How Postnatal mothers Select their Birth Companions During Labour

Childbirth is a transformative experience, and the presence of a trusted companion during labour can significantly influence a woman's journey. In this literature review, we explore the factors that postnatal mothers consider when selecting a birth companion. We draw from evidence-based research and qualitative insights to shed light on this important aspect of maternal care. Numerous studies emphasize the positive impact of labour companionship on both maternal experiences and health outcomes. Having a companion during labour and childbirth provides emotional support, reduces anxiety, and enhances a woman's overall experience (Bohren et al., 2019; WHO, 2020). But who do postnatal mothers choose as their birth companions?

Recent research conducted in the Kigoma region of Tanzania reveals several factors that influence birth companion selection. Close family members such as mothers, mothers-in-law, and sisters commonly provide care and support. These relationships significantly influence companion selection (Mselle & Teyumwete, 2023). Trust is paramount. Women choose companions they trust implicitly. Experience and wisdom matter, as women seek guidance from those who have firsthand knowledge of childbirth. Cultural norms play a crucial role. Factors like age, faithfulness, and the ability to inspire impact companion choices. Additionally, the birth setting (home, health centre, or hospital) influences decisions (Mselle & Teyumwete, 2023).

A study by Bohren et al. (2019) found that around 90% of partners are present when their child is born in the UK. Most partners say being there when their baby is born is one of the most moving moments of their life. However, some partners worry about being the only

supporter. Equally, some women don't want their partner to see them go through labour, while others are worried about how their partner will cope.

Women often choose female family members (such as their mothers) as birth companions. These women have first-hand experience of childbirth and understand what to expect during different stages of labour. Their insight helps them support the mother effectively. Some women opt for paid birth companions like independent midwives or doulas. Independent midwives provide antenatal and postnatal care and can deliver babies during home births. Doulas offer emotional support during labour and for the first few weeks after birth. While they don't directly deliver babies, their presence is valuable (McLeish & Redshaw, 2018)

In summary, allowing and supporting the presence of a woman's companion of choice during labour and childbirth is an effective intervention that is respectful of women's autonomy and agency and which can, therefore, be an important aspect of improving the quality of care during labour and childbirth. Having her chosen a birth companion with her during labour can improve a woman's experience of childbirth by facilitating her access to emotional and practical support from someone she trusts (WHO, 2020). By recognising the significance of labour companionship, we can create a more compassionate and empowering birthing experience for women worldwide.

2.4.7 Types of Support Postnatal Mothers Receive from Birth Companions During Labour

Birth companions, often known as doulas, play an important role in assisting postnatal mothers during childbirth and the postpartum period. Birth companions give complex support that can be divided into five categories: emotional support, physical support, informational support, advocacy support, and practical support.

2.4.7.1 Emotional Support

Postnatal mothers receive emotional support from birth companions, including reassurance, encouragement, and empathy, to help them cope with the challenges of labour and motherhood (Klaus et al., 2016). This emotional support is critical in assisting women with navigating the complicated emotions that develop during this time, such as anxiety, fear, and delight. Birth companions assist moms in transitioning into their new position by providing a listening ear and a reassuring presence.

Emotional support from birth companions is critical for minimising worry, fear, and stress during labour and childbirth. Birth companions foster relaxation and emotional well-being by actively listening, reassuring, and encouraging. McGrath et al. (2018) conducted a systematic review and found that emotional support during labour was associated with decreased perceptions of pain and increased satisfaction with the birth experience. Moreover, a qualitative study by Kennell et al. (2013) emphasise the significance of ongoing emotional support in lowering the likelihood of obstetric interventions and promoting maternal-infant bonding. Birth partners offer a steady source of empathy and understanding, enabling birthing people to face the hardships of labour with confidence and resilience.

2.4.7.2 Material Support

Physical assistance during labour and childbirth includes a variety of treatments designed to provide comfort and relieve pain. Birth partners use a variety of treatments, including massage, posture, and physical relaxation techniques, to help labour proceed and improve maternal well-being. Hodnett et al. (2013) conducted a meta-analysis of randomised controlled studies that revealed that continuous care throughout labour, including physical support from birth partners, was related to lower rates of caesarean births and analgesic use.

Furthermore, a qualitative study by Green et al. (2019) highlighted the importance of touch and physical presence in the birthing environment, stressing their calming influence on

labouring individuals. Having a supportive delivery partner has been demonstrated to decrease cortisol levels and boost oxytocin release, resulting in a more positive birth experience (Uvnäs-Moberg et al., 2019). The provision of physical support—including massage, assistance with posture, and other comfort measures—is a key function in helping mothers manage pain and the intense demands of childbirth and recovery (Morton & Clift, 2018). This assistance is critical for mitigating challenges such as fatigue and sleep deprivation. By promoting comfort and relaxation, these actions are instrumental in creating a more positive birth experience.

2.4.7.3 Informational Support

In addition to physical and emotional support, birth companions provide important information about labour, childbirth, and potential interventions. Birth companions encourage autonomy and self-advocacy during the childbirth process by assisting birthing people in making informed decisions and communicating successfully with healthcare personnel. Bohren et al. (2017) conducted a Cochrane analysis that revealed that continuous care during labour, including informative support from birth partners, was related to fewer instrumental vaginal deliveries and more spontaneous vaginal births. Furthermore, a qualitative study by Buckley et al. (2020) recognised the role of birth companions in supporting shared decision-making and generating a sense of control and empowerment among birthing people. Birth companions enable people to make decisions consistent with their values and preferences by encouraging open conversation and giving individualised information and resources.

Birth companions offer informative support, such as describing medical procedures and options, to enable postoperative mothers to make educated decisions regarding their care (Gagnon & Sandall, 2019). This informative support is crucial for moms to understand their options and make informed decisions regarding their treatment, such as pain management, labour induction, and infant care. Birth companions empower moms by giving accurate and unbiased information as they navigate the healthcare system.

2.4.7.4 Advocacy Support

Birth companions advocate for postnatal mothers' preferences and needs, ensuring that their voices are heard and respected (Hodnett et al., 2013). This advocacy support is critical in assisting moms to establish their autonomy and agency during labour and the postpartum period. Birth companions contribute to personalised care for women by advocating for their preferences and requirements.

2.4.7.5 Practical Support

Birth companions provide practical support, such as helping with breastfeeding, newborn care, and household tasks, to help postnatal mothers navigate the challenges of caring for a new baby (McGrath & Kennell, 2008). This practical support is critical in assisting women in managing the physical and emotional demands of caring for a new infant, such as nursing, diaper change, and sleep deprivation. Birth companions encourage and support women in feeling more secure and capable of caring for their new baby.

2.4.7.6 Cultural Considerations

The effective implementation of birth companionship requires a deep recognition of the profound cultural diversity surrounding childbirth, as the very definition and constitution of a support team vary significantly across Ghana's ethnic groups (Ansong et al., 2022). For instance, among the Akan, the model is female-elder centric, with a mother or mother-in-law serving as the primary companion and decision-maker, a role deeply tied to ancestral traditions (Nyarko, 2013). In contrast, for the Ga-Dangme, the process is community and spiritual-centered, where support from the extended lineage and specific spiritual rituals are paramount for a safe delivery (Ani-Amponsah et al., 2023).

Meanwhile, in many Northern groups, the model is paternal kin-oriented, where the husband's female relatives hold a prominent role, reflecting patrilineal social structures (Abdullah et al., 2019). These deeply ingrained traditional models can create tension within

modern, clinical environments where the role of a companion is often standardized (Ganle et al., 2016). Therefore, for birth companionship programs to be successful and respectful, they must be culturally competent and flexible enough to accommodate these diverse frameworks, rather than imposing a single, rigid model of support (Adatara et al., 2019; Rugumisa, 2024).

2.5 Summary of Literature Review

Theoretical frameworks are vital in research for understanding evidence and guiding study design. Three theories were considered: The Theory of Planned Behaviour (TPB), Bio-ecological Systems Theory (BST), and Social Support During Delivery Framework (SSDDF). SSDDF was chosen for its focus on social support mechanisms, relevant to studying the role of birth companions during labour. It emphasises emotional, informational, appraisal, and instrumental support. The framework will guide the analysis of how well the birth companions fulfilled the mothers' desires for labour support, whether the sources of support were those preferred by the mothers, and how the types of support provided impacted the overall childbirth experience.

Birth companionship, historically rooted in societal support during childbirth, has seen a resurgence in modern healthcare due to factors like medicalization of labour and feminist movements. Childbirth is a stressful event where continuous support from a trusted companion can greatly improve a woman's experience. Many postnatal mothers desire a birth companion during labour, often choosing close family members for their trust and experience.

However, some women avoid companionship due to embarrassment or fear. Overall, allowing a woman to choose her birth companion enhances her sense of autonomy and improves the quality of care during childbirth. Birth companions offer support to postnatal mothers during childbirth and the postpartum period. Their assistance encompasses emotional, physical, informational, advocacy, and practical help. Emotional support includes reassurance and empathy, while physical support involves comfort measures like massage. Birth

companions offer information to aid decision-making and advocate for mothers' preferences. Practical assistance includes breastfeeding support. However, socio-cultural norms, institutional policies, economic constraints, knowledge gaps, and logistical issues hinder effective implementation.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter introduces the research method that was used, the type of research design, the study setting, the study population, the inclusive and exclusive criteria, the sample size, the sampling method, consenting, the data collection method, and how it was analysed to help in disseminating the findings in conducting the study.

3.1 Research Design

This study employed a qualitative research approach, grounded in the interpretative premise that reality is socially constructed and best understood by exploring the meanings people ascribe to their experiences (Creswell & Poth, 2018; Lincoln & Guba, 1985). An exploratory descriptive design was specifically adopted to guide this inquiry. This design was deemed most appropriate as it is expressly suited for investigating phenomena that have not been extensively studied within a particular context, allowing for a rich, detailed description of the experiences as perceived by the participants themselves (Hunter et al., 2019; Sandelowski, 2000). The choice of this methodology was driven by the core objective of gaining deep, nuanced insight into the lived experiences of postnatal mothers regarding birth companionship. Unlike quantitative methods that quantify phenomena, this qualitative approach seeks to provide explanatory insights into the "why" and "how" of human behavior in natural settings (Denzin & Lincoln, 2018; Merriam & Tisdell, 2016). It was therefore crucial for capturing the subjective and emotional texture of mothers' experiences, examining the influential contextual factors such as family dynamics and hospital interactions, and allowing for the openness and flexibility needed to uncover emergent themes and fully understand the complexities of the social phenomenon under study (Braun & Clarke, 2021; Polit & Beck, 2021).

This study employed an exploratory-descriptive qualitative (EDQ) design. While numerous qualitative methodologies exist such as phenomenology, ethnography, and narrative inquiry among others, the EDQ design is specifically indicated for investigating areas within healthcare that have received limited attention in a particular context, with the aim of exploring and describing participants' experiences (Hunter et al., 2019). This approach is also applicable when prior research on a phenomenon exists but has not focused on the specific population under investigation. In this study, the EDQ design facilitated the exploration of postnatal mothers' subjective experiences with birth companionship during labour. The design enabled the identification of underlying motivations, social norms, and cultural practices that shape these perceptions. Such a depth of understanding is fundamental to developing a comprehensive conceptualization of the phenomenon and for informing subsequent interventions that are grounded in empirical evidence (Polit & Beck, 2021; Sandelowski, 2000).

3.2 Research Setting

This study was conducted at the Ga East Municipal Hospital (GEMH), a pivotal healthcare institution in the Ga East Municipality of the Greater Accra Region, Ghana. The municipality itself spans approximately 96 square kilometres, with its capital in Abokobi, and features an economically diverse population engaged in agriculture, industry, services, and commerce (DDHS Group, 2024; Ghanaian Times, 2019). Inauguration in November 2019, the 100-bed GEMH was established to enhance healthcare accessibility, serving as a major referral center for the municipality and surrounding districts. It operates within a network of twenty other health facilities in the area, which include a polyclinic, a health centre, quasi-government facilities, and private clinics, supplemented by Community-Based Health Planning and Services (CHPS) compounds and zones (Ghana Districts, 2024; Graphic Online, 2019).

The selection of GEMH as the research site was strategically grounded in several key attributes. First, its 100-bed capacity and referral status ensure a robust and diverse participant pool, which is essential for comprehensive data collection. Second, and most critically for this research, the hospital's well-established maternal and child health unit not only provides comprehensive care but is also known for its acceptance of birth companions. This policy creates a naturalistic setting where the phenomenon of birth companionship can be observed directly, avoiding the artificiality of a context where the practice is restricted. This combination of factors such as geographic relevance, institutional capacity, and a supportive policy environment makes GEMH a robust and ideal site for investigating birth companionship. The findings generated here are therefore positioned to be both empirically sound and directly applicable to informing maternal healthcare practices and policies within the municipality's broader healthcare landscape.

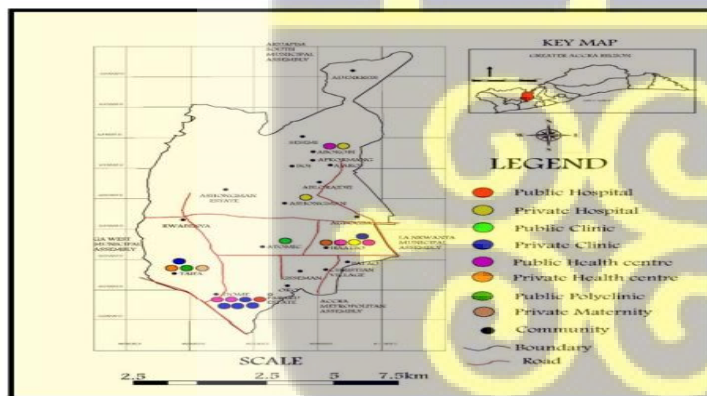


Figure 3. 1:Map of Ga East Municipality

Source: *Ga East Municipal Assembly (2018)*

3.3 Target Population

Target population refers to the entire group of people who share a common condition or characteristics the researcher is interested in studying (Capili, 2021). The target population for

this study comprised of all postnatal women who delivered at the Ga East Municipal Hospital (GEMH) in the Ga East Municipality of the Greater Accra Region.

3.4 Inclusion Criteria

Inclusion criteria are the specific characteristics that participants must possess to be eligible for a research study, ensuring the sample directly represents the population relevant to the research question. They include demographic, clinical and geographic characteristics (Connelly, 2020). For this study, the inclusion criteria were:

1. Postnatal woman who had a birth companion during delivery.
2. Postnatal women who experienced normal labour and spent at least 4 hours during the birthing process. This was to ensure that participants had adequate time with their birth companions.

3.5 Exclusion Criteria

1. Postnatal women who had birth companion during labour but had complication during the postnatal period.
2. Postnatal women with sick newborn were also excluded from the study.

3.6 Sample Size and Sampling Technique

This study employed a purposive sampling technique. According to Polit and Beck (2004), purposive or judgmental sampling is a method that relies on the researchers' understanding and expertise in selecting its participants. Purposive sampling method allowed the researcher to select postnatal mothers who had the right information to meet the research objectives.

A sample size of 10 was used based on data saturation (Polit & Beck 2004, Delost & Nadder, 2014). The concept of data saturation refers to the point at which no new information

or themes are seen in the data, even after doing additional interviews or cases. This concept is valuable when addressing sample size in qualitative research (Guest et al., 2006).

3.7 Data Collection Tool

Data collection is the process of gathering accurate data from various sources to find answers to research questions to evaluate possible outcomes. To obtain information to address new research issues, several linked activities are involved in data collection (Cypress, 2018). There are several methods of data collection used in qualitative research. The commonly used ones include interviews, focus group discussions, document analysis/study, observation, and audio-visual materials analysis (Busetto et al., 2020).

For this study, the researcher used in-depth interviews with the aid of a semi-structured interview guide developed by the researcher based on the constructs of the conceptual framework and the research objectives in consultation with her supervisors. The semi-structured interview guide was more appropriate for the study as it allowed the participants to express themselves freely and gave the researcher opportunity to probe into specific areas of the phenomenon under study. The interview was guided by a predetermined set of open-ended questions but the researcher and participant were free to pursue additional relevant topics as they arose (Ng et al., 2018).

The interview guide was divided into four sections: Section A of the interview guide included an introduction to the study and socio-demographic information of participants, to ensure a relaxed environment and understand their backgrounds and circumstances. Section B focused on eliciting a detailed description of their desire for birth companions. Section C of the interview guide was a description of how postnatal mothers selected their companions. Section D also helped to explore the type of support provided by birth companions to the postnatal women during delivery investigating the material, informational and emotional roles they fulfil, and perceptions of care received.

3.8 Pretesting of Data Collection Tool

Before the main data collection, the interview guide was pretested with two postnatal women at Ga West Municipal Hospital. This ensures that the participants selected were demographically similar to those in the main study, allowing the researcher to detect any issues with the guide. The pretest was evaluating the clarity, relevance, and flow of questions, refining any ambiguous or poorly sequenced items. Feedback from participants on question comprehension and their overall interview experience informed necessary revisions. Additionally, the pretest helped to identify challenges such as language barriers or sensitive topics, improving the guide's effectiveness for the main study at Ga East Municipal Hospital, thus ensuring the validity and reliability of the data collection.

3.9 Data Collection Procedure

Following ethical clearance from the Ghana Health Service Ethics Review Board, the researcher obtained permission to access the Ga East Municipal Hospital for data collection. A formal introductory letter, along with the ethical clearance, was submitted to the hospital administration. Upon approval the researcher coordinated with the maternity unit through the head of nursing at the facility to facilitate the data collection process. Participant were recruited during routine postnatal visits at the hospital. With the support of midwives, eligible women who met the study's inclusion criteria were identified and approached. The purpose and objectives of the study were clearly explained to each potential participant, including details of confidentiality, voluntary participation, and their right to withdraw at any stage without consequences.

Written informed consent was obtained from all the participants prior to the interviews. Each participant was given ample time to ask questions and review the consent form before signing. Once consent was obtained the researcher and the participant agreed on a suitable date,

time and private location within the facility to conduct the interview. Ensuring comfort with minimal disruption.

The interviews were conducted face to face by the PI using a semi structured interview guide. Also, the interviews were held in English and audio recorded with the participant permission to ensure accurate data capture (Poland, 1995). In addition to the recording, the researcher took field notes to document relevant nonverbal cues, contextual information, and observations that depth to the data (Phillippi & Lauderdale, 2018). Each interview lasted between 30 to 45 minutes. Participants were thanked for their time and cooperation, and confidentiality was reiterated at the end of each session. Although no monetary compensation was provided, light refreshments were offered due to the length of the interviews. Participants were also informed that the researcher might follow up for clarification if needed during data analysis. After each session the audio recordings were transcribed verbatim. Transcription was cross checked with field notes to enhance the accuracy and richness of the data through triangulation. These methodological steps ensured a rigorous and ethical sound approach to exploring the experiences of postnatal women regarding birth companionship during delivery at Ga East Municipal Hospital.

3.10 Data Management

In this study, stringent measures were implemented for the management and confidentiality of data collected from postnatal women regarding their experiences with birth companionship at Ga East Municipal Hospital. Transcripts of the interviews were stored securely on a stand-alone computer accessible only to the principal investigator. This computer was password-protected to ensure that the data remains confidential and protected from unauthorised access.

Each audio file was meticulously named using unique identifiers, such as the participant's initials, age, and the date of the interview. This naming convention ensures that

audio files are distinguishable from one another while maintaining the anonymity of participants. By using partial identifiers, the complete identity of participants is safeguarded throughout the data management process.

Furthermore, to enhance the comprehensiveness of the transcripts, field notes taken during the interviews were integrated with the audio files. These field notes capture non-verbal cues, contextual details, and researcher reflections that contribute to a more detailed understanding of the interview content. Combining field notes with transcription supports the accuracy and richness of the data analysis process. Strict adherence to these data management protocols is essential to uphold the ethical standards of confidentiality and participant anonymity. By maintaining secure storage and using anonymised identifiers, the study ensures that participants' privacy is respected while allowing for rigorous analysis of their experiences with birth companionship. This approach not only facilitates meticulous data management but also reinforces the trust and integrity of the research process, thereby contributing to the validity and reliability of the study's findings.

3.11 Data Analysis

The data collected from participants were analysed using thematic analysis, guided by the framework proposed by (Braun & Clarke, 2021). Thematic analysis is a flexible and systematic method for identifying, analysing, and reporting patterns (themes) within qualitative data. This approach allows for a nuanced exploration of participants' perspectives and experiences, ensuring a comprehensive understanding of the research topic. This data analysis has 6 steps. The researcher initially familiarised herself with the data by listening to the audio-taped recordings over and over, interviews were transcribed verbatim and field notes reviewed. This process aimed to gain a deep understanding of the breadth and depth of participants' narratives regarding birth companionship.

The next step which was coding the data systematically to identify meaningful units of information related to the research questions was done. Codes were applied to segments of text that capture key ideas, experiences, or sentiments expressed by participants. Codes were then organised and collated to identify potential themes within the dataset. Themes are patterns of meaning that emerged across multiple coded segments, reflecting commonalities or variations in participants' experiences with birth companionship.

Identified themes were reviewed and refined through iterative discussions and comparisons with the original data. This process ensures that themes accurately represent the data and capture the diversity of participant perspectives. Each theme was clearly defined and named to reflect its content and significance within the context of the study. Some themes were grouped under that of Alexander et al. (2013). This step involves creating a narrative that links thematic findings back to participants' experiences and the research objectives.

Finally, the findings of the thematic analysis were synthesized and integrated into a cohesive narrative that addresses the research questions. The analysis was supported by illustrative quotations and contextual details from the data to enhance transparency and credibility. Thematic analysis according to Braun and Clarke (2018, 2020) provides a structured yet flexible approach to exploring qualitative data, ensuring rigour and depth in uncovering the complexities of postnatal women's experiences with birth companionship. This methodological framework was instrumental in generating rich insights that contribute to understanding the significance of birth companionship in maternal healthcare settings.

3.12 Ethical Consideration

Ethical approval for the study was obtained from the Ghana Health Service Ethics Review Committee (GHS-ERC: 020/11/24). An introductory letter was taken from the School of Nursing and Midwifery of the University of Ghana and presented to the Medical Director of Ga East Municipal Hospital to seek permission for the conduct of the study. After the

permission was granted. The researcher contacted the Chief Nursing Officer who introduced the researcher to the Head of the maternity department. The researcher explained the purpose of the study to the head of the department. With the assistance of the Head of Department and the Unit Heads and matrons. The potential participants were contacted.

Participants were addressed in the language they best understand, and written consent was obtained prior to data collection. They were informed that participation is voluntary and that they had the right to refuse, or withdraw from the study at any time without facing any consequences. Participants were also provided with detailed information about the study and its objectives.

Although this study poses no major risks, there were minimal associated risks. Potential discomfort, or inconvenience when answering questions. There was no direct benefit to the participants, however, the study findings will be shared with relevant institutions to help improve maternal care and support services.

This study was underpinned by ethical principles outlined in standard research ethics frameworks, including respect for human dignity, informed consent, confidentiality, honesty, social responsibility, and the protection of participants rights and welfare (Resnik, 2015). These principles ensured that the research process upheld the highest standards of ethical conduct.

To ensure anonymity, participants were given pseudonyms in place of their actual names. The researcher ensured no identifiers of participants, such as names, organizations, were used during data collection, analysis, and reporting of findings. Participants who appeared tense during the interviews were given time to relax before proceeding. Recorded interviews were securely stored, and only the researcher and the researcher's supervisors had access to them.

However, as the interview took a considerable amount of time, participants were compensated with snacks for the time spent. Participants were also assured of both confidentiality and anonymity, throughout the study and under no circumstance were personal

details linked to the data. Data management, storage, analysis, and reporting were conducted using codes to protect participants identity. Participants in the study offered no additional personal benefits.

3.13 Methodological Rigour

To ensure methodological rigour in qualitative research and to establish the reliability and credibility of study findings. The CTDC framework (Credibility, Transferability, Dependability, and Confirmability) developed by Lincoln & Guba, (1986) offers a methodological way to assess the calibre of qualitative research. These four criteria help researchers assess the trustworthiness and rigour of the research methods and findings.

Credibility

The degree to which research findings are accurate and believable from both the participant's and the researcher's perspectives is referred to as credibility. Credibility refers to the confidence in the truth of the research findings. It is the qualitative counterpart to internal validity in quantitative research where the researchers aim to demonstrate that their findings are accurate and truthful from the perspective of the participants. Credibility building is crucial to ensuring that the study's findings accurately reflect the experiences and viewpoints of its participants, producing results that are believable, or plausible and understandable to both the researchers and the study's readers (Lincoln & Guba, 1986). To ensure credibility in this study, the researcher ensured that only participants who met the inclusion criteria were recruited. In addition, the researcher had prolonged engagement with the participants and the same questions were asked using different wordings to see if the same responses will be elicited. Also, to ensure credibility of the study, methodological triangulation was employed by using multiple data sources and methods to cross check information. A reflective journal was maintained throughout the data collection process to document observations, emerging insights, and potential biases. Field notes were also taken during and after each interview to capture

nonverbal cues and contextual details. Member checking was conducted by sharing summaries of findings with participants to confirm the accuracy of interpretations.

Dependability

Dependability refers to the stability and consistency of the research process over time. It is similar to reliability in quantitative research. A dependable study is one where the research process is logical, traceable, and documented (Lincoln & Guba, 2015). This is essential to trustworthiness because it confirms that the research study's conclusions are reliable and consistent. The goal of this criterion is to ensure that the results align with the unprocessed data that was gathered. To make the research findings dependable, thorough documentation of all the research decisions, processes, and changes throughout the study were kept and re-coding of data and comparing results to check for consistency were ensured.

Transferability

Transferability is concerned with the extent to which the findings of a study can be applied or generalized to other contexts or groups. It is analogous to external validity in quantitative research (Lincoln & Guba, 1986). A study is said to meet this criterion when it yields the same results under different settings and circumstances. This was ensured by providing detailed and rich descriptions of the research context and participants so that others can determine if the findings are applicable in a different context.

Confirmability

Confirmability relates to the degree to which the findings of a study are shaped by the participants and not researcher bias, motivation, or interest (Lincoln & Guba, 1986). It is the qualitative counterpart to objectivity in quantitative research. Essentially, it focuses on making sure that the research is carried out in a way that minimises the effect of the researcher's subjectivity and biases, and that the interpretations and conclusions drawn from the data are

based on the data itself rather than on the researcher's preferences or preconceived notions. To achieve this, the researcher continuously reflected on their own biases and influences throughout the research process and ensures an external researcher examines the audit trail to verify the accuracy and neutrality of the research findings



CHAPTER FOUR

FINDINGS

4.0 Introduction

This chapter presents the results of the data collected from the study participants. The study sought to explore the experiences of postnatal mothers who had companionship during delivery. It outlines the demographic characteristics of the study participants in the first section. The subsequent sections discuss the four main themes with their corresponding ten (10) subthemes that emerged from the qualitative responses solicited from the participants. The main four themes and the sub themes were reinforced with exact quotations from the study participants. Alexander et al's (2013) Social Support During Delivery Framework was used as the organizing framework for the study.

4.1 Demographic Characteristics of Participants

The participants demonstrated a range of reproductive experiences, from first-time mothers to those with multiple children. One participant (10%) was a primigravida, experiencing her first pregnancy. Among the multigravida participants, three (30%) had two pregnancies, two (20%) had three pregnancies, and four (40%) had experienced four pregnancies. In terms of childbirth outcomes, three participants (30%) had one living child, five (50%) had two children, and two participants (20%) had four children each.

Concerning marital status, the majority of the participants (80%, n=8) were married, while two participants (20%) were single. This demographic profile represents a diverse group of mothers in terms of age, educational background, and reproductive history, providing a broad perspective on birth companionship experiences during labour as can be seen in Table 4.1 below.

Table 4.1: Demographic Characteristics of Participants

Pseudonyms	Age/ years	Religion	Educational level	Number of Pregnancies	Number of children	Marital status
Rebecca (R1)	29	Christian	Tertiary	3	1	Married
Sarah (R2)	28	Islamic	SHS	3	1	Married
Patricia (R3)	40	Christian	Tertiary	4	4	Married
Pearl (R4)	25	Christian	Not Specified	1	1	Married
Hagen (R5)	27	Christian	Not Specified	2	2	Married
Deby (R6)	32	Christian	Tertiary	2	2	Married
Ellie (R7)	34	Christian	Not Specified	4	4	Married
Joyce (R8)	35	Christian	Tertiary	4	2	Married
Tifia (R9)	27	Christian	Not Specified	2	2	Single
Bosan (R10)	29	Christian	Tertiary	4	2	Single

4.2 Organization of Themes and subthemes

Using thematic analysis, four (4) main themes, ten (10) subthemes emerged from the study. Three of the themes were derived from the constructs of Alexander et al. (2013) Social Support During Delivery framework that guided the study. However, a fourth theme was inductively generated from the data set. This section of the study presents the themes from the analyzed data. The four main themes are: *desire for birth companion*, *source of desired support*, *desired type of support*, and *cultural and practical considerations*. Table 4.2 presents the themes and sub-themes.

Table 4.2: Presentation of Themes and Sub-Themes

No.	Themes	Sub- Themes
1	Desire for birth companion	• Previous Experience • Supportive needs • Antennal recommendation
2	Source of desired support	• Criteria for choice • Preference for family members
3	Desired type of support	• Emotional support • Physical support • Practical support
4	Cultural and practical considerations	• Gender expectations and cultural norms in birthing roles • Logistical feasibility and family availability

4.3.1 Desire for Birth Companion

This theme describes the extent to which postnatal mothers desired birth companion during labour and the factors that influenced their decision. To answer the research question: What is the desire of postnatal mothers regarding birth companions during delivery? Three subthemes emerged from the data collected which include: Previous Experience, Supportive Needs and Antenatal Recommendation. Nine of the participants, who were multiparous, recounted that their experience in the previous labour compelled them to have a desire for birth companion. One, however, who was nulliparous, anticipated that labour can be unpredictable so there is the need for a birth companion.

4.3.2 Previous Experience

Participants who had a birth companion during a previous childbirth described how the supportive experience positively shaped their perception of labour support. In contrast, those who had previously given birth without a companion recounted their experiences, emphasizing the profound emotional stress they endured as a result. Emotional isolation during such a difficult time deepened the desire for psychological and physical support during labour. Mothers who had experienced labour without a companion in the past emphasized the emptiness and stress of childbirth, and how much more painful the contractions were without the presence of a birth companion. This increased their desire to have a birth companion with them at all costs during subsequent deliveries.

Two of the participants reflected on how lonely they felt during their previous labour, stating,

“During my first delivery, I was all alone. The nurses were occupied, and no one was by my side. The pain felt magnified because I had no one to hold my hand or reassure me. This time, I knew I didn’t want to go through it alone again.” (R3)

“The loneliness during my last labour made it unbearable; I wished someone was there to comfort me, especially when the nurses were attending to others.” (R9)

.On the contrary, other participants described her observations, stating how soothing it was to have a birth companion during labour. This was because they had observed others with birth companions during labour. For example, a participant explained that:

“I saw other women with family members by their side, and they seemed to handle the pain better. They had someone to lean on and communicate with, which made the whole process look less frightening.” (R2)

Similar sentiments were expressed by another participant who also mentioned that having a birth companion can make a difference during labour. She said:

“When I saw other mothers with their loved ones, it struck me how much I needed someone with me. It made me realise that I shouldn’t have to do it alone; having someone there makes a big difference”. (R1)

4.3.1.2 Supportive Needs

This sub-theme focuses on the postnatal mother's needs for emotional and physical support during labour. All the postnatal mothers instinctively desire for a birth companion capable of affording reassurance and assistance to counteract the psychological and physical stress of labour. All the participants expressed the need for emotional reassurance during labour, and desire for a birth companion to help manage labour pain.

The participants further stated that the intensity and unpredictability of labour generate feelings of anxiety, fear and self-doubt and so they need support and encouragement to go through it. The presence of a birth companion brings confidence and the reminder that they will get through the labour process smoothly.

One participant reflected on her desire for a birth companion, stating,

“Labour is such an intense experience, and sometimes, you feel like you just can’t do it. Having someone there who can tell you, ‘You’re strong, you can make it,’ really helps you to keep going.” (R4)

Another participant echoed the same sentiment, adding,

“The pain and fear come in waves, and without someone by your side, you start to lose confidence. My husband’s words kept me grounded and gave me strength, especially when I felt like giving up.” (R6)

Further illustrating the significance of emotional support, one mother shared,

“When you’re in labour, it’s easy to feel isolated, even with nurses around. My companion made me feel like I wasn’t alone. Just hearing someone say, ‘I’m here with you,’ made a huge difference” (R8)

R3, a 40-year-old multiparous participant also explained that physical support was crucial to her experience of labour. She stated:

“My companion was there to help me walk, hold my hand, and massage my back. Just having someone there to ease the pain made all the difference. I couldn’t have managed the contractions alone.”. (R7)

Another respondent highlighted the importance of hands-on support, stating,

“During contractions, my companion would rub my back and hold my hand. The pain would have been unbearable without that kind of relief. It made me feel less tense and more in control” (R2)

Participant(R5) also explained:

, “Just having someone to lean on or hold when the contractions are strong can be a lifesaver. It makes the pain feel manageable, and you’re not just enduring it alone

Another participant noted how her birth companion physically supported her. She noted:

“Without my birth companion, I don’t think I would have been able to manage the pain as well. It’s not just about the emotional part; sometimes you need someone to physically help you, like holding you up when you feel weak”. (R3)

4.3.3 Antenatal Recommendations

The data also revealed that some of the participants’ desire to have birth companions was influenced by the education they received from Midwives during the antenatal period.

Participant(R8) said that:

“During antenatal classes, the midwives encouraged us to have someone with us during labour. They said it helps to have support, both emotionally and physically. That advice made me realise I didn’t have to go through it alone.”

Similarly, (R9) also explained how the information provided by midwives shaped her understanding of companionship during labour and stated that:

“The midwives explained how a birth companion can make labour less stressful. They shared stories of mothers who had good experiences because someone was there to encourage them.”

The data further revealed that some participants also decided to have birth companions because of the experiences shared by other clients during the antenatal period. Some of the participants explained how these experiences shared by other clients at the antenatal clinic influenced their desire to have birth companions.

(R8) stated:

“They talked about how having a companion can lower anxiety and make the labour go smoother. Knowing that a companion could make a difference really stuck with me”.

“A few of the women I met during antenatal sessions told me about how their companions helped them through the pain and fear. They said having someone to hold your hand can make all the difference.” (R7)

Another participant also explained how such information shared by other clients during the antenatal clinic influenced her decision to also have a birth companion during labour by stating:

“I hadn’t thought about needing a birth companion until I heard other mothers talking about it. They made me realise how much it could help, so I decided to have my sister with me.” (R3)

In the same vein, another participant also explained:

“One of the mothers told me how her companion helped with practical things like getting food and water and even talking to the nurses for her. That kind of help sounded invaluable.” (R1)

4.3.4 Source of Desired Support

One of the main themes identified was the participants’ desired source of support. This theme delves into how mothers selected their birth companions. This is related to the second research objective, which sought to explore how postnatal mothers selected their birth companions during labour. To achieve this objective, the participants were asked how they selected their birth companions during labour. Two subthemes emerged from the data. These were criteria for choice, and preference for family members.

4.3.2.1 Criteria for Choice

Some of the participants acknowledged that they looked out for specific attributes and qualities that they deemed essential in the individuals they selected as birth companions. These are the criteria a mother prefers when choosing a partner: a person who is knowledgeable about labour and delivery and strong emotionally. Participants further noted that their preference for choosing a birth companion who had previously gone through the childbirth process (their own mothers or close female relatives with firsthand personal labour experience) was important. This is a perceived advantage since the presence of a companion who understands the physical and emotional demands of a woman in labour will be better equipped to give informed support.

The participants indicated that a birth companion's previous experience with childbirth is a calming comfort for them, allowing them to rely on the birth companions to provide the appropriate instructions and encouragement based on real life knowledge.

One participant described her mother's prior experience as a key factor in her choice, stating,

"My mother has had five children, so I knew she would understand exactly what I was going through. Her advice was comforting because I knew she had been through it all herself" (R5)

Another participant recounted how her sister's childbirth experience made her an ideal companion, sharing,

"My sister had a difficult labour two years ago, and she told me how she managed her pain and stayed calm. That advice was incredibly helpful during my own contractions." (R4)

One mother elaborated on the importance of the childbirth experience, stating,

"When you're in labour, you need someone who understands the process. My mother's knowledge helped me stay calm because she explained each stage as it happened, so nothing came as a surprise" (R7)

4.3.2.3 Preference for Family Members

The data revealed that some participants prefer family members, especially mothers or spouses, to be their birth companions during delivery. The participants were convinced that childbirth is a personal experience and involving. Hence there is the need to have a birth companion who can be trusted to provide both emotional and practical support during the birthing process and not just anyone. This subtheme projects a corresponding mother or spouse as the ideal birth companion(s) to the postnatal mothers during labour because of the roles they play and their unique understanding of the birthing mother's needs.

The participants stressed that the personality, strengths and anxieties of the birthing mother are known to their own family members as birth companions in an intimate way that enables them to offer more personalised support. The choice for some is to have a birth companion who not only knows how to comfortably endure the birthing process, but who also has emotional empathy for what the postnatal mother must endure during labour.

Some participants preferred their mothers to be their birth companions during labour.

Participant (R3) stated why she preferred her mother as a companion by stating that:

"I chose my mother because she has been through it before. She knows exactly what to say and do, especially when the pain becomes unbearable. Her presence gave me confidence that I could get through it too."

Other participants also expressed their preferences for birth companions in the following ways:

"I knew my mother wouldn't judge me, no matter what happened. I could cry, scream, or even just lean on her without feeling embarrassed. That comfort was exactly what I needed during labour." (R8)

"There is a level of understanding and patience that only family can give. My mother knew when to encourage me and when to just be silent. It's a comfort that comes from a lifetime of love and connection." (R2)

Other participants prefer their husbands as birth companions, while indicating the reasons for their choices. the following ways:

“My husband has been my support from the beginning of the pregnancy. I knew he would want to be there, and I wanted him to experience the birth of our child with me.” (R10)

I love my husband, but he tends to get anxious, and I didn't want that energy in the room. My mother has been there before, and I knew she would stay calm and focused on me.” (R2)

“Having my husband with me made me feel safe. I knew he would be there for me, no matter how tough things got. Just having him hold my hand was a reminder that we were in it together.” (R1)

One of the participants prefers her sister to be her birth companion because of her trust

in her. She stated:

“My sister knows me better than anyone else. We've been through everything together, and I knew I could rely on her completely. She would understand even without me saying a word.” (R4)

4.3.3. The type of support postnatal mothers received from birth companions during labour

This theme describes the type of support the participants received from their birth companions during labour. The data revealed that the participants do receive emotional, physical, and practical support from their birth companions during labour. These types of support constitute the sub-themes under this theme.

4.3.3.1 Emotional Support

This sub-theme describes how the birth companions provide reassurance and encouragement to the women during labour. These make them feel calm and relaxed and thus make them feel confident to go through the process of labour and delivery. The companions themselves must therefore be emotionally stable and will remain calm in times of stress. The participants therefore explained that they chose birth companions based on who could stay calm and offer steady encouragement, which helps to calm them during the labour process.

For example, Participant(R2) articulated the need for emotional resilience in a birth companion, noting,

“I needed someone who wouldn’t panic or get overly emotional. My mother was perfect because she stayed calm the entire time, even when I was in pain. Her strength gave me strength.”

Another participant highlighted the calming influence of her husband, stating,

“My husband has always been a calm person, and I knew that during labour, he would help me stay grounded. Just having him beside me, steady and calm, made me feel like I could handle anything.” (R1)

Another participant also said:

“At one point, I was overwhelmed and wanted to give up. My sister stayed calm and reminded me to breathe and take it one contraction at a time. Her patience and steadiness were exactly what I needed to keep going.” (R4)

Similarly, one participant elaborated on the emotional aspect, sharing,

“Labour is already so intense and having someone who can keep calm when things get difficult makes a world of difference. My mother would hold my hand and tell me, ‘You’ve got this,’ in such a steady voice. It was like a lifeline.” (R6)

One participant emphasized the influence of verbal encouragement, saying,

“Just hearing my mother tell me, ‘You can do this’ every time I thought I couldn’t keep going, it was so powerful. Her words made me feel like I could handle anything.” (R7)

Another participant shared a similar experience with her spouse, noting,

“My husband kept telling me to take deep breaths and reminding me how strong I was. Knowing he believed in me helped me believe in myself.” (R1)

A participant also elaborated on the calming presence of her sister, stating,

“She didn’t have to say much, but just having her sit by my side and hold my hand was enough. Her calmness made me feel like everything was under control.” (R4)

Also, this subtheme describes how birth companions aid mothers in turning their attention away from discomfort, using stories, humour and lighthearted conversation. The emotional support in this form serves to stir the mother’s focus onto more calming uplifting

thoughts to help reduce stress and anxiety by taking her mind away from pain. Storytelling by birth companions provides a sense of normalcy and continuity to a labour which can feel unpredictable; something many mothers rely on in this experience.

One participant described how her mother's stories helped distract her, stating,

"My mother would start talking about funny things that happened when she was pregnant with me. It helped me laugh and forget the pain, even if only for a moment." (R5).

Another participant shared how her birth companion's storytelling created a reassuring atmosphere, explaining,

"My sister told me about her own birth experience, which made me feel connected and less scared. It felt like we were just sharing memories rather than going through something painful." (R4)

One mother noted how her companion's sense of humour provided comfort, saying,

"My husband would make little jokes here and there, and it made the pain seem a bit less serious. Laughing with him reminded me that we were in this together." (R1)

In another reflection, a participant highlighted the importance of positive stories during labour, sharing,

"My aunt kept telling me stories about strong women in our family who had gone through childbirth. Hearing those stories reminded me that I was capable too." (R6)

It was because of these reasons that R8 preferred her mother over her husband as a birth companion. She explained that:

"My husband tends to get anxious, and I didn't want that energy in the room. My mother was calm and reassuring, so I knew she would help me stay focused without adding any stress"

4.3.3.2 Physical Support

Physical support is a type of support that involves sacral massage, assistance with movement and changing of position, holding hands amongst others. The participants

emphasized that physical support is essential during labour as they mentioned that hand holding during contractions and sacral massages as well as assistance with movement and positioning made them feel relieved of labour pains. They expressed how touch served as a supportive role in managing labour pain and anxiety. As for physical discomfort, most of postnatal mothers said it helped having a birth companion. One participant shared her experience of sacral massage provided by her birth companion. She said:

“Whenever the contractions became unbearable, my mother would massage my lower back. It helped ease the pain and made me feel supported. I don’t think I could have managed the contractions without that.” (R6)

Another participant also shared similar sentiment of touch stating,

“Just feeling my husband’s hand in mine during contractions was a relief. It felt like he was absorbing some of the pain, and it reminded me that I wasn’t going through it alone.” (R1)

Another participant also emphasized the value of her birth companion’s calming presence through touch, explaining,

“My sister would press gently on my back every time a contraction started. It didn’t take the pain away completely, but it made it more bearable. Her touch was grounding, like she was there with me in every wave of pain.” (R4)

Some participants described how valuable assistance with movement in the delivery room by their birth companion helped alleviate their discomfort,

“Whenever I felt too stiff or tired, my mother would help me walk around the room. Moving around helped reduce the pain, but I wouldn’t have been able to get up on my own.” (R9)

Another participant further explained the importance of mobility support. Saying,

“At one point, I needed to stand up and lean forward to ease the pressure, and my sister helped hold me steady. That position helped with the pain and having her there to support me made it possible.” (R4)

Likewise, participant R1 spoke about how her companion adjusted her position during labour.

Starting the following,

“When the pain got too intense, my husband would help me change my position or sit up straighter. Even small adjustments made a big difference in how I felt.”

Another participant also highlighted the value of this physical aid, stating,

“When I was too exhausted to move, my companion would lift me up and help me get comfortable. I don’t think I could have managed without that kind of support.”
(R7)

4.3.3.3 Practical Support

Practical support elaborates tangible, logistical support such as running errands, provision of food and drink to meet their immediate needs during labour.

A participant recounted her experience with her birth companion’s assistance, stating,

“There were so many things I needed at the last minute, and my husband would quickly run to get them. He got extra blankets when I was cold, and he was there to fetch anything I needed. It made a huge difference knowing he could handle all that.” (R1)

Another participant described how her birth companion’s attentiveness to practical details allowed her to feel more secure, sharing,

“My sister was amazing at keeping things organized. Whenever I needed something, she was right there, making sure I had it. She even reminded the midwives about things I’d forgotten to ask for.” (R4)

Another participant elaborated on the importance of having someone as a birth companion to manage practical tasks, saying,

“My husband would step out to make phone calls, talk to the nurses, and get things sorted without me having to worry. I felt like I didn’t have to think about anything other than getting through labour.” (R10)

Participant (R4) emphasized the importance of having her birth companion to provide food and drink, explaining,

“I didn’t realise how much energy labour would take, but my sister kept bringing me water and snacks so I wouldn’t feel faint. Having her there to make sure I stayed hydrated was a lifesaver.”

Similarly, another participant shared how her husband’s attentiveness to her comfort helped her endure labour, noting,

“He kept asking if I needed anything to drink or if I was hungry. Just knowing that he was paying attention to my needs made me feel more comfortable and less anxious.” (R1)

Again, another participant further described the value of small acts of care, saying,

“I was too focused on the contractions to think about eating or drinking, but my mother kept offering me sips of water and little bites of food. She knew when I needed it, even if I didn’t ask.” (R8)

One respondent illustrated how her birth companion’s assistance extended to providing other necessary items for her comfort, sharing,

“My sister had packed extra pillows, and she adjusted them around me whenever I needed to rest between contractions. She made sure I was as comfortable as possible, and those small things made a big difference.” (R4)

4.3.4 Cultural and Practical Considerations

Cultural and Practical Considerations regarding birth companionship is the last theme and was inductively generated from the data collected. This theme focusses on the cultural norms, gender expectations, and logistical factors associated with the decisions of mothers. These considerations suggest that the choice of an individual to be a birth companion is influenced largely by the cultural norms associated with childbirth support. It also takes into consideration assigned family roles which set the boundaries for who can or cannot provide birth companionship to a woman in labour. These themes have two sub themes: Gender Expectations and Cultural Norms in Birthing Roles and Logistical Feasibility and Family Availability. These subthemes reflect the interconnections between societal and practical factors influencing the choice of birth companions.

4.3.4.1 Gender Expectations and Cultural Norms in Birthing Roles

This subtheme addresses the influences of cultural preferences regarding the decisions and choice of birth companion. It guides the woman to decide which family member will be with her during labour. Childbirth is often a female experience in many cultural contexts with an emphasis on having women present, mothers or sisters for example. Such expectations can potentially limit the pregnant women's preferred choice of birth companionship in order to align with cultural norms. For example, in cultures where males/husbands are not allowed to be present with a woman during labour.

One participant described how cultural norms influenced her choice, stating,

"In our culture, it's seen as a woman's experience, something that the women in the family handle. My mother was the obvious choice because she understands what childbirth is like, something my husband wouldn't know." (R8)

Another participant echoed similar sentiments, explaining,

"My husband wanted to be there, but he felt uncomfortable because, in our culture, it's not common for men to be in the delivery room. So, my mother was there instead, as it's expected for the older women to take on this role." (R9)

In another narration, a participant elaborated on the importance of female birth companionship, sharing,

"I wanted my sister because we've grown up with the understanding that birth is a women's space. Having her there felt natural, like I was following the tradition we all grew up with." (R4)

4.3.4.2 Logistical Feasibility and Family Availability

This subtheme is about the practical considerations driving the choice of who to have as a birth companion, for example, physical proximity and availability of a birth companion. In some cases, cultural preferences for female companions or family members are offset with logistical hurdles because these individuals are present or not present due to work, travel implausibility or family obligations that prevent their presence. Inevitably, practical concerns

usually also have a major influence on the final selection of companions, and mothers might face some difficult choices depending on who is available at the time of labour.

One respondent explained the impact of logistical factors, stating,

“My mother lives far away, and she couldn’t get here in time, so my husband came with me. It wasn’t what I initially planned, but having someone was better than going alone” (R7)

Another participant shared her experience with limited family availability, noting,

“I wanted my sister to be there, but she couldn’t take time off work. My mother was available, so she came with me instead. It was not my preferred choice, but it still felt like I had family support.” (R7)

One mother further explained how availability shaped her decision, sharing,

“We have a big family, but most of them have young children to take care of, so I didn’t expect them to be able to come. My husband was the only one who could be there without any issues.” (R1)

Additionally, another participant highlighted the balance between cultural preference and logistical constraints, stating,

“Ideally, I would have liked my aunt, who has been like a second mother to me, but she lives out of town. It was easier for my husband to be there, and he was willing to take time off to support me.” (R10)

On the contrary, another mother lamented how she wished her husband was her birth companion, but logistical constraints would not permit him to be with her during labour.

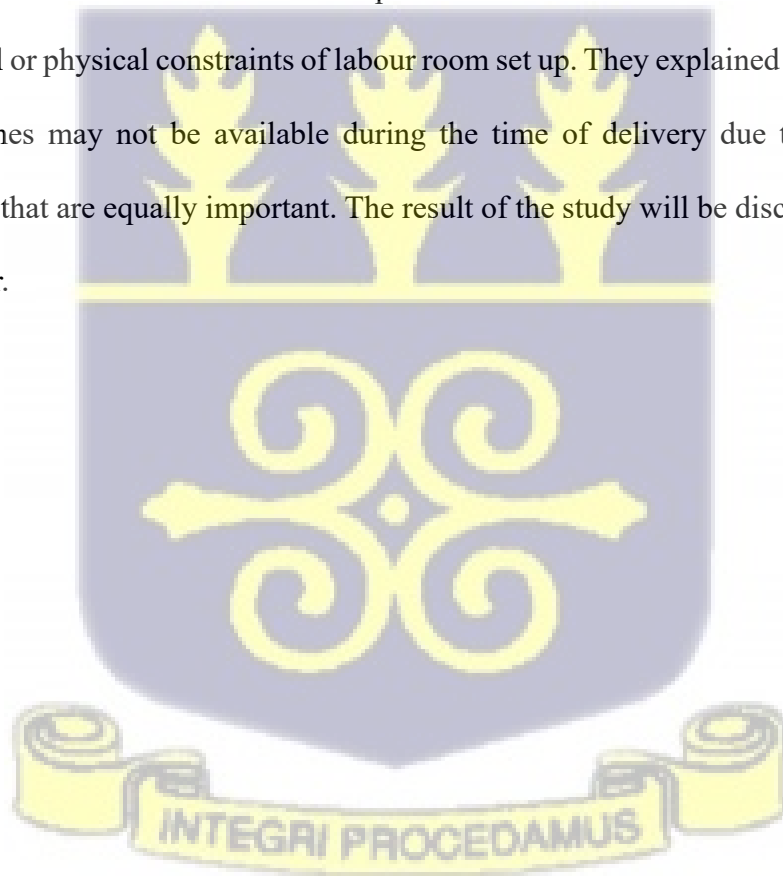
“My husband was my choice to be with me in the labour but the midwife said another woman is giving birth unless is a woman no man can be there”. (R8)

Summary of Findings

The study explored three objectives based on the Social Support During Delivery Framework (Alexander et al., 2013), to find out the birth companionship experiences of postnatal women in Ga East Municipal Hospital, ten postnatal mothers participated in the study after the study’s objectives and purpose had been explained to them.

The findings suggest that participants desired birth companion during labour. The Participants also mentioned that they feel more secured and comfortable with a familiar person. The participants shared, they prefer close relatives because of trust issues and some qualities they look out for in the birth companions. The findings further indicates that information on birth companion during antenatal sessions, through discussion with peers and from the midwives influenced the desire for birth companionship. The participants also shared that they had varying forms of support from their birth companions including emotional, physical and practical support.

Though the desire for birth companionship was expressed by participants, there were prior concerns about whether their birth companion of choice would be allowed by midwives due to structural or physical constraints of labour room set up. They explained that the preferred person sometimes may not be available during the time of delivery due to work or other responsibilities that are equally important. The result of the study will be discussed in detail in the next chapter.



CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the key findings of the study in relation to existing literature. The discussion is organised based on the objectives of the research which were derived from the construct of the Alexander et al (2013) Social Support During Delivery Framework. It begins with demographic characteristics of participants followed by discussion of the themes.

5.1 Demographic characteristics of participants

In all, ten postnatal mothers who delivered at the Ga East Municipal Hospital and had birth companions during labour were interviewed until saturation was reached. The participants were aged between 25 years and 40 years and had a mean age of 30.6 years. Most women are ready to be mothers within this age bracket (25 to 40 years) (Kabakian-Khasholian & Portela, 2017). At this age, some women in the Ghanaian context may have probably completed high school and furthered their education to the tertiary institutions or learnt a trade. During this time the women decide on making a family (Gyan & Kpoor, 2024). It is therefore not surprising that the women who participated in this study were within this age interval. Contrary to this finding, a study conducted in central and northern part of Ghana by Ahonsi et al. (2019) revealed that cultural practices such as betrothal result in girls being promised for marriage during their early teenage years

A significant majority of the participants (90%, N=9) identified as Christians, while only one participant (10%) identified as Muslim. This findings aligns with national demographic trends, as reported in the 2021 population and housing census, which indicates that Christianity remains the dominant in Ghana, accounting for more than half of the

population (Mingle et al., 2021). The religious composition of the of the study sample is also reflective of the Ga East Municipality, where Christianity is the predominant faith

Five (50%) of the participants had tertiary educational background; one (10%) had Senior High School (SHS) and four (40%) did not state their educational level. The study population exhibited varying reproductive histories, with the number of pregnancies ranging from one to four. This finding comes on the backdrop that there has been a surge in women empowerment which has increased female enrolment in many institutions of learning (Appiah-Castel et al., 2020). Hence, the finding of more than half of the participants being tertiary level educated does not come as a surprise. The remaining 40% who did not want to state any level of education may be due to the fact that they are traders or have vocational skills (Lamptey & Debrah, 2018). It may also be that for some personal reasons they are not interested in revealing their educational status.

The demographic profile of the participants, which captured a spectrum of reproductive experiences, enhances the relevance of the study's findings. The cohort included one primigravida (10%), providing insight into the needs of first-time mothers, alongside multigravida women with diverse histories—three (30%) with two pregnancies, two (20%) with three, and four (40%) with four. This distribution of gravidity and parity, where the number of living children ranged from one (30%) to two (50%) and four (20%), was instrumental in capturing a wide array of perspectives on birth companionship. The inclusion of both primigravid and multigravid women allowed for the examination of how prior childbirth experiences, or the lack thereof, may shape expectations and valuations of labour support. This diversity strengthens the study's findings by suggesting that the perceived benefits and role of birth companions may be a common need across different stages of a woman's reproductive life, rather than being unique to a specific parity group.

This demographic profile represents a diverse group of mothers in terms of age, educational background, and reproductive history, providing a broad perspective on birth companionship experiences during labour as revealed by the study.

5.2 Desire for Birth Companions of Postnatal Mothers During Labour

One of the key findings of the study was that the participants desired to have birth companions during labour. This finding agrees with previous studies that also revealed that postnatal mothers have a strong desire for birth companions (Afulani et al., 2018; Assfaw et al., 2022; Dahiya et al., 2023; Mselle & Ernest R. Teyumwete†, 2023). The findings also revealed that the participants' desire to have birth companions was influenced by their experiences during previous labour. Some of the participants recounted how difficult labour was in their previous deliveries due to the absence of birth companions who could provide the needed assistance such as supporting them to walk around, giving them sacral massages, assisting them to eat, encouraging them to deliver and sometimes running errands for them as their needs may be. This was because the number of midwives and other staff of the hospital were not enough to provide these needs for them. This reflects the findings of a study by Ani et al. (2024) and Yalley (2024) which found that in Ghana, the midwife to patient ratio appears to be inadequate, making the attention they gave to mothers in labour inadequate. The postnatal mothers expressed how relieving and satisfying it is to have a trustworthy person beside them as a birth companion.

The presence of a birth companion during labour and delivery was valued by the participants, not only for the physical support it provided but also its influence of health care providers. Participants observed that health staff were more caring, attentive and supportive when a birth companion was present. This perception influenced their preference for having a trusted birth companion during childbirth. The women felt that the presence of someone

familiar contributed to more respectful and humane birthing experience. These findings are consistent with those reported by Evans et al., (2023), who found that the involvement of birth companions positively impacted the quality of care by encouraging more passionate and responsive interactions from health professionals. This emphasizes the importance of integrating companionship into maternal health and facility-based childbirth practices. In contrast to this finding a study conducted in Kenya by Afulani et al. (2018) found that some mothers do not have the desire for a birth companion due to embarrassment and fear of gossip and abuse. Furthermore, in Malawi Kungwimba,et al. (2013) also revealed that some women in labour were not comfortable with their birth companions during labour. These findings may be due to the up bringing of the African girl child which is to cherish their privacy. Many women frown upon anybody who gets to see their nakedness. This may be the reason why the authors found that some women in labour in some Low- and Middle-Income Countries (LMICs) do not want their birth companions around them during delivery. However, these preferences could be influenced by cultural norms (Bohren et al., 2017).

An important distinction that emerged from this study, which has received limited attention in previous literature, is the extent to which past traumatic labour experiences shape a mother's decision to insist on having a birth companion. Many participants reported that previous deliveries without a birth companion left them feeling emotionally abandoned, exacerbating their pain and anxiety. This resonates with a study done in Turkey by Lavender et al. (2020), who found that continuous companionship reduces maternal distress. However, contrary to this findings, McGrath and Kennell (2018), posited that, some women expressed doubt in engaging birth companions during labour, citing concerns about judgement, and unwanted interference. This finding may be due to unpleasant experiences with their birth companions during labour and delivery. This suggests that while the overall need for birth

companionship is high, individual preferences are shaped by personal experiences and socio-cultural factors.

Furthermore, the findings from other studies have shown that companionship is supposed to ease anxiety, boost resiliency, as well as improve childbirth experience (Gupta et al., 2024; Kobe, 2023). Women who have had continuous labour support have been found to have less need for analgesics, have shorter labour, and are more satisfied (Nagat et al., 2020; Dubey et al., 2023; Scott et al., 1999). This findings may be due to the presence of a familiar person in the delivery room and the varying type of support the birth companions provided to the labouring women. The desire for companionship in childbirth is driven by need for support from family and other loved ones, particularly in health care settings where the clinical system focuses more on the procedures and clinical care than on the personal needs of the woman in labour (Bohren et al. 2019).

The findings of this study indicate that participants expressed a preference for the presence of a birth companion during. This preference may be attributed to the relative novelty of birth companionship in many health facilities within LMICs, where such support is not yet routinely integrated into maternal care practices. It is a common site to see a mother in labour going to the hospital with a relative. However, these relatives are not permitted to be with the labouring mother due to the open nature of the labour wards. About three to four mothers share a common room during labour. This makes admitting a birth companion to the labour mostly unethical as it will breach the privacy of the other women in labour (Aridi et al., 2021). Hence the needed assistance which could be given by the relative is not realised. This makes the women in labour desire the presence of a support person with them during labour and delivery.

Albeit, in Ga East Municipal Hospital, where this study was conducted, the desire for birth companionship among postnatal mothers came from the antenatal education given to them

by the Midwives stressing the importance of birth companion and also from childbirth experiences shared by other clients as well as women's previous experience of labour. Information on birth companionship is not widely known hence, midwives are ensuring that the message is widely spread for women to desire for a birth companionship and choose one before labour (Hainsworth et al., 2023). A study by Alechana et al (2025) in Ghana noted that some postnatal mothers were unsatisfied with the care they received from midwives during labour. Some participants complained that they were left alone to labour. Such experiences could potentially influence women's desire for companionship.

5.3 Selection of Birth Companions Among Postnatal Mothers

The study also identified what influence participants' choice for birth companions. The selection of birth companions among postnatal women in this study is largely influenced by several key criteria. Women prioritized individuals who could provide emotional support throughout labour and delivery. Emotional support which included reassurance, encouragement, and a calming presence was a key determinant as suggested by Singh et al., (2021). Women often selected birth companions who had previously demonstrated empathy and understanding in stressful situations emphasizing the importance of preexisting relationship (Mselle & Teyumwete, 2023).

The study also found out that physical support such as assisting with mobility, massage and providing comfort measures during the labour and delivery was a key factor influencing the choice of birth companion. These findings are consistent with a study conducted in central region of Ghana by Hall et al. (2020), who found that women preferred to have a birth companion present during facility based labour and delivery. The participants believed that the birth companions could provide emotional support, assist with tasks when health staff were occupied, and help in communicating with the health professionals. For instance, one participant noted that a birth companion could alert the midwives if immediate attention was

needed, thereby enhancing the responsiveness of healthcare staff. The participants in the current study also prefer individuals who were perceived as capable of handling the physical demands of labour support. Trust and reliability emerged as central factors as the women needed to feel secure and confident in their chosen birth companion to advocate for them, respect their wishes and provide continuous presence during labour and delivery. The study findings further indicated that some postnatal mothers preferred birth companions with previous childbirth experience as they were considered knowledgeable and better equipped to provide guidance. This resonates with the observations of Mselle and Teyumwete (2023), who found that women in Tanzania preferred birth companions who had firsthand experience with labour and delivery.

The participants predominantly preferred close family members especially their mothers, sisters, and spouses as birth companions. This preference was deeply rooted in the emotional bond, trust, and sense of security the individual selected have with the postnatal woman. Hence, trust and familiarity play a critical role in birth companion selection as was found in studies done in Ghana and Tanzania (Bohren et al., 2023; Mselle & Teyumwete, 2023). The postnatal women also expressed that the presence of a close family member reduced anxiety and instilled a sense of comfort during childbirth. This finding may be due to the reason that women in labour want to feel safe, comfortable and supported hence the need for someone they love and trust.

Another finding of the study indicate that while some participants chose their spouses due to the partner role they played during the pregnancy journey by caring for them, others selected their mothers because of their nurturing nature and the ability to provide all the needed support (Alwahaibi et al., 2025). Sisters were also chosen for similar reasons, especially when a strong sibling bond existed. This corroborates the findings of a study by Asiedu et al. (2019),

which stressed that Ghanaian mothers often rely on immediate family members for birth support due to their familiarity with traditional childbirth practices.

Additionally, this study contributes important insights by highlighting the cultural tension between partner involvement and traditional gendered expectations. While some participants preferred their husbands for emotional support, cultural norms often indicated that female relatives, particularly mothers, were more suitable birth companions. This echoes Teyumwete, (2019) who observed that childbirth in many African societies remains a predominantly female centered event. However, there is an increasing involvement of spouses in childbirth, as documented in Rawnsen (2018) suggesting an evolving trend in maternal support during labour. Nevertheless, infrastructure limitation within some Ghanaian maternity wards constitute significant barrier to male birth companionship (Ganle & Dery, 2015).

5.4 The Type of Support Postnatal Mothers Received from Birth Companions during Labour

The study found that the participants received various types of support from their birth companions during labour. It was revealed that these types of support included, emotional, physical, and practical support. Regarding emotional supports several studies have also found the benefit it provides for women in labour (Ruano et al., 2016; Crowe & Sarma, 2022; Whitburn et al., 2017). Additionally, this study reinforces the idea that birth companionship is a dynamic and culturally influenced phenomenon, shaped by personal preferences and health care practices. The interaction between birth companion and healthcare providers also plays a crucial role in ensuring optimal support during labour, emphasizing the need for collaboration between formal and informal support systems which corroborates the findings of (Bohren et al., 2015).

The study further revealed emotional support from birth companions was essential in alleviating fear, anxiety, and distress during labour. Participants emphasised that the presence of a calm, steady and encouraging birth companion was crucial in helping them cope with the intense emotional demands of labour and delivery. This findings resonate with available evidence , which posits that continuous emotional support during labour is associated with lower stress levels, reduced perceptions of pain and greater maternal satisfaction (Matias et al., 2022; Wanyenze et al., 2022a; Sobczak et al., 2023). These findings may not be surprising because the presence of a birth companion and the support birth companions provide during labour creates nurturing and empowering environments that promote the wellbeing of the women during childbirth and also divert their attention from the pain of labour. The findings of the study also highlighted the importance of verbal encouragement, storytelling and humour as a distraction from the discomfort of labour and create a more reassuring environment. This aligns with (Uynas-Moberg et al. 2019; Olza et al., 2020) who found that emotional support can trigger release of oxytocin, which in turn reduces stress and promotes a positive childbirth experience. Furthermore, the findings underscore the significance of familiarity and trust in emotional support as many participants chose birth companions based on their ability to provide reassurance without exacerbating anxiety. This suggests that personal history and pre-existing relationships play vital role in determining the effectiveness of emotional support. It further goes to underscore the importance of birth companions, emphasising how their presence and activities could enhance positive childbirth experience.

Physical support was another crucial aspect of birth companionship identified in the study. Participants described how hand holding, sacral massage and assistant with movement and positioning helped them managed labour pain effectively. This finding of the study aligns with findings of prior studies which also indicated that touch and comfort measures contribute to pain relief and a greater sense of security (Ma et al., 2019; Karaduman & Akköz, 2020; Nori

et al., 2023). Available research evidence suggest that continuous physical support during labour is linked to lower rates of obstetrics intervention such as caesarean sections and epidural analgesia(Bohren et al., 2017, Kennell et al., 1991) Nenko et al., 2023, Stjernholm et al., 2021) In the present study, the participants' narratives reinforced the notion that birth companions play an essential role in promoting physical comfort and enhancing maternal coping mechanism during labour and delivery.

Furthermore, this study sheds light on adaptive physical support strategies, as labour is a dynamic process with shifting comfort needs. The importance of positional adjustment, and personalised touch-based interventions was consistently emphasized, demonstrating that physical support is not a one size fits all approach. The findings suggest that birth companions should be equipped with basic knowledge of effective physical support techniques to optimise their contributions during labour. The findings of the current study align with a robust body of international research demonstrating that continuous support from a birth companion leads to improved maternal satisfaction and more positive clinical outcomes, such as reduced intervention rates and shorter labours (Buckley et al., 2020; Green et al., 2019; Klaus et al., 2016).

5.5 Cultural and Practical Considerations

The study revealed that even though some participants would have preferred their husbands/partners as birth companions they are restricted by cultural norms. This shows how the concept of birth companionship is shaped by traditional gender roles and expectations. Generally, childbirth is seen as a female experience in many cultures, with preference for women as birth companions, especially in societies where males/husbands are not allowed to be present with a woman during labour (Kabakian-Khasholian & Portela, 2017). This resonates with broader anthropological and sociological studies that highlight the persistence of cultural

scripts surrounding labour and delivery (Balde et al., 2022; McMahon et al., 2014; Ndirima et al., 2018). Gender expectations and cultural norms in birthing roles addresses the ways in which culture influences decisions regarding who could be chosen as a birth companion during labour and the appropriateness of some family members to be chosen. In addition, research by Alwahaibi et al.,(2025) in Oman located in West Asia, found that cultural belief plays a significant role in the choice of birth companion during delivery. This finding may be due to the reason that most developing countries cherish and adhere to their cultural beliefs and values.

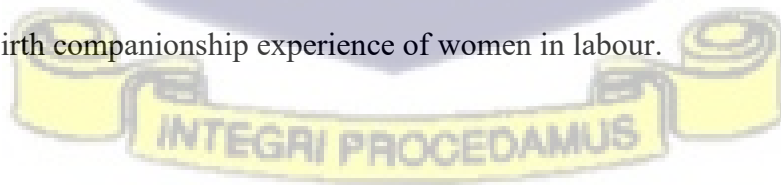
Although gender expectations and cultural norms in birthing roles were emphasised, practical considerations also influenced the participants' choice of who to have as a birth companion, for example, physical proximity and availability of the individual being considered. The study revealed that the availability and proximity of a potential birth companion were the primary determinants in their selection. In some cases, women's personal preferences and cultural ideals regarding birth companions were overridden by practical constraints. Although there may be a cultural preference for female birth companions or close family member during childbirth, these preferences are often compromised due to situational barriers such as conflicting work schedules, travel difficulties or responsibilities that prevent the preferred birth companion from being present.

Furthermore, findings from this current study also show that logistical feasibility and availability of potential birth companions play a pivotal role in shaping the actual support received during labour. Some participants find themselves adapting to circumstances, prioritizing the presence of any support over the absence of birth companion even if that support does not align with their ideal choice. This shows conflict between desired birth companion support and limitations imposed by work obligations and other commitments as well as the necessity of adapting to available support even if it deviates from the preferred

choice. Hence the pragmatic approach women adopt in navigating the constrain of being alone during labour and delivery. These findings are similar to the findings of a study conducted by Galle et al., (2019) in two district Hospital in Mozambique that seventy to eighty percent of women prefer their partners to be their birth companion but end up with someone else as birth companion due to unavailability of the preferred choice of birth companion.

Findings in this current study also show that cultural norms, gender expectations, and situational barriers are associated with the decisions of women concerning their birthing process. The findings is in congruence with a study done by Atukunda et al., (2020) in Uganda looking at the psychosocial and cultural factors influencing birthing choices. The findings revealed that cultural factors and gender expectations play a crucial role in the choices surrounding a woman birthing process. These considerations reveal the choices made about who to be with during labour are informed by both cultural attitudes towards birth and family roles, as well as practical limitations (Downe et al., 2018).

The findings also revealed that cultural expectation for female family members can be challenged by geographical barriers and the practical availability of alternative companions. This may be the constant negotiation between cultural ideals and the restraints of reality. Also, institutional rules and logistical constraints can overrule personal preference and cultural norms. Some hospital policy regarding gender segregation during labour directly influence the woman's choice of birth companion during labour. This highlights the power of external factors in shaping the birth companionship experience of women in labour.



CHAPTER SIX

SUMMARY, CONCLUSION, IMPLICATIONS & RECOMMENDATIONS

This chapter presents the concluding section of the study and provides a synthesis of the key findings in relation to the research objectives. It offers a summary of the insight gained from the data, draws conclusions based on the findings and discusses the practical and theoretical implication for midwifery practice, education and future research. The chapter also outlined actionable recommendations aimed at improving maternal care practices, particularly concerning the involvement of birth companions during labour and highlights areas that warrant further attention to enhance the quality of intrapartum support in health facilities.

6.1 Summary

This study was guided by the Social Support During Delivery Framework (Alexander et al., 2013) to explore the birth companionship experiences of postnatal women at Ga East Municipal Hospital. Ten postnatal mothers who were informed of the study's purpose participated. Data were collected through face-to-face, semi-structured interviews using an interview guide. These interviews were conducted in a private room within the hospital's maternity ward to ensure confidentiality and comfort. All sessions were audio-recorded with permission, transcribed, and analyzed using thematic analysis.

The findings revealed that participants desire for a birth companion during labour. Preferred birth companions were close relatives such as mothers, sisters, and husbands due to trust, emotional closeness and prior childbirth experience. However, cultural expectations and

situational barriers, such as unavailability due to work or hospital policies and sometimes limited women's ability to choose their preferred birth companions.

Participants associated birth companionship with psychological comfort, reduced fear, and increased emotional strength. Birth companions provided emotional reassurance, storytelling, physical assistance (sacral massage, helping change positions) and practical help like errands and fetching supplies. Mothers and sisters were most effective in delivering both emotional and physical support, while male birth companions mainly offered emotional support.

Cultural norms influenced the choice of birth companion. In some cases, the presence of husband was perceived to improve healthcare provider attentiveness and enhance marital bonds. The study emphasized that birth companionship fostered a sense of security and improved labour experiences, aligning with global evidence on the benefits of birth companionship.

Participants recommended that hospitals adopt formal strategies to accommodate birth companions and suggested structured ways or training of the birth companions to enhance the effectiveness of the supports provided by these birth companions, particularly for first time birth companions and the male birth companions.

6.2 Conclusion

The findings of this study on birth companionship experiences of postnatal women at Ga East Municipal Hospital suggest a desire for birth companions by women during labour. It highlights how women in labour perceive birth companionship as an important means to receive the desired physical and emotional support needed during childbirth which may not be provided by midwives due to some constraints. Additionally, women would be happy to choose

a birth companion of their choice for various reasons, however, when the preferred choice is not a possible option, they still remain open to adjust to other options for support. This therefore calls for more engagement and collaboration with pregnant women during antenatal period to assist them plan and have companionship during labour and delivery. It also suggests the need for midwives to engage selected companions to clarify their roles prior to being in the birthing space.

Birth companions provide essential emotional and physical support, relieving, most of the mother's anxiety, pain and feelings of isolation, the findings reveal. Mothers' choices when selecting companions reveal how cultural expectations and personal trust inform selection, emphasising the importance of culturally sensitive care that considers individual preferences in maternity settings.

Birth companion effectiveness variability, specifically between experienced female relatives and less experienced spouses, highlights the necessity of birth companion orientation and education to provide appropriate support. Implications for the study indicate that healthcare providers, in particular nurses and midwives, hold a major task in promoting an inclusive environment and one that does not discount the role of the birth companion as part of the labour process. Ultimately, embracing effective birth companionship can increase maternal satisfaction, resilience and outcomes whilst being patient-centred, in line with global standards and respecting cultural variance.

6.3 Contribution to Knowledge

The study makes a significant contribution to the existing body of knowledge on healthcare and birth companionship.

Firstly, the research offers a context specific understanding of birth companionship providing one of the few in-depth qualitative explorations of postnatal women experience in a Ghanaian healthcare setting, specifically at the Ga East Municipal Hospital. This localised

evidence addresses a critical gap in the literature, which is often dominated by studies conducted in high income countries or broad quantitative surveys within sub-Saharan Africa. By focusing on a specific healthcare facility in Ghana, the study enriches the discourse with culturally relevant insights that are often absent in global maternal health discussions. Secondly, the study applies the Social Support During Delivery Framework developed by Alexander et al. (2013), thereby contributing to the validation and contextual adaptation of this framework in a low-income country setting. These findings illuminate how the various type of support during labour within a culturally nuanced environment. This application not only enhances theoretical robustness of the framework but also provides a model for future research and practice in similar contexts.

Moreover, the study offers new insights into the selection and role of birth companions. It identifies the key factors influencing women's choices, including trust, prior childbirth experience, and familial closeness. Importantly, the research uncovers how gendered and cultural norms shape the acceptability and perceived effectiveness of male versus female birth companions (an area that remains underexplored in the local literature) These findings underscore the need for more inclusive and culturally sensitive approach to birth companionship in Ghana.

Finally, the study offers a practical contribution to midwifery practice and education. It provides actionable guidance and maternal health care practitioners on how to effectively engage with birth companions to improve women's labour experiences.

6.4 Implication for Midwifery Education and Practice

6.4.1 Implication for midwifery education

This study holds several significant implications for midwifery education, particularly in the context of enhancing respectful, woman centered care during labour and delivery. The

findings suggest that while the concept of birth companionship may already be included in the curriculum, greater emphasis should be placed on its importance. The findings highlight the need to integrate comprehensive education on birth companionship in midwifery training programs. Midwifery training students should be thought the importance of allowing and supporting the presence of a birth companion of the woman's choice during labour, aligned with global recommendation from WHO.

Training on interpersonal and communication skills. Since participants noted that health staff became more empathetic and supportive in the presence of birth companions, midwifery education should emphasise, the development of interpersonal and communication skills. These are essential for building trust, effectively involving companions, and delivering compassionate care.

Regarding respectful maternity care and cultural sensitivity, the study revealed that cultural norms and practical barriers can influence the use and acceptance of birth companionship. Therefore, midwifery education should equip students with the knowledge and skill to practice culturally sensitive and respectful maternity care, including accommodating diverse types of birth companions and addressing individual preferences.

With regards to simulation base learning on labour support, practical simulation exercises involving scenarios with birth companions can help student midwives develop practice effective communication skills, empathy, and support strategies in real life birthing contexts. This hands-on training prepares the student midwife to deliver high quality care that meets women's psychosocial care. Training programmes should also emphasise highlight how involvement of birth companions contribute to positive mental health outcomes, emotional wellbeing, and satisfaction with the birthing process

.6.4.2 Implication for Midwifery Practice

Insights from this study highlight the necessity of midwifery practice to embrace birth companionship as a basic and universal matter of maternal care with both physiological and psychological considerations for mothers during labour. The midwife providing support and guidance to birth companions on how to support women effectively during birth is essential for effective implementation of the birth companionship concept. The midwives need to ensure that the birth companions can provide adequate practical and emotional support, such as how to assist during pain relief and encourage and assist with mobility.

Midwives should recognize the variability in birth companionship effectiveness and adopt flexibility in the use of the birth companions. Approaches that are tailored to accommodate a variety of birth companion roles needs to be adopted in order to meet the needs of mothers no matter the birth companion's experience level.

In addition, midwifery practice should recognize cultural sensitivity that affects the selection and use of birth companions and create settings that derive from and are sensitive to mothers' cultural and personal preferences. This means that midwives are required to create good, respectful communication with the birth companions to work collaboratively with mothers and other healthcare providers. The midwives should also actively engage the pregnant women with their chosen birth companions during antenatal sessions to help them understand the role and responsibilities of birth companion in supporting the woman throughout labour and delivery.

Through series of steps and actions, midwives must ultimately provide a birth companion-friendly birthing environment which will then improve maternal comfort, psychological resilience, and satisfaction with the childbirth experience as part of the woman centred care concept.

6.5 Recommendations

The following recommendations are made to equip midwives at the Ga East Municipal Hospital based on the findings of the study.

1. The study revealed that participants desire birth companion due to previous experience. It is recommended that GEMH integrate birth companionship into routine maternal care protocols. The facility should formally incorporate birth companionship into standard labour and delivery protocols. This includes training health staff to accommodate and support the presence of birth companions during childbirth without compromising infection control or privacy policies.
2. The study found that physical support and emotional support help in management of pain and anxiety during labour. It is recommended that GEMH strengthen antenatal education on birth companionship. Midwives should consistently educate the pregnant women and their partners on the importance and role of birth companions. Structured sessions during antenatal care can inform women of their rights to choose a birth companion and educate both women and their chosen birth companion on the types of support that can be provided (emotional, physical, informational) As part of the antenatal care preparations, midwives should facilitates dedicated sessions that include birth companions to help them understand their supportive roles during labour and delivery. This approach can be incorporated into pregnancy school programmes to ensure both pregnant women and birth companions are adequately prepared.
3. The study highlighted that close family members are preferred due to trust, cultural familiarity, and perceived caregiving roles. It is recommended that a specific topic on birth companionship is incorporated into antenatal education. This will help pregnant women not only express their desire for a birth companion but also gain a

deeper understanding the roles and benefits of having a supportive birth companion during labour. If this information is provided during antenatal care sessions, pregnant women will be supported to make an informed and timely decisions about who to choose as their birth companion

4. The study further found that practical and cultural barriers also influence availability of preferred birth companion. It is recommended that GEMH should acknowledge the influence of cultural norms and family dynamics on birth companion availability. Flexible visiting strategies and community-based awareness campaigns can help reduce stigma around male participation or non-family birth companions during labour and delivery.
5. It is recommended that the Ghana Health Service (GHS) develop both short- and long-term plans to modify physical spaces within maternity wards to accommodate and promote the presence of birth companion for every woman in labour. This include installing privacy partitions or creating designated birth companion friendly zones to uphold the dignity of labouring women while ensuring they receive continuous support.
6. The study revealed that birth companions provide varying types of support. It is therefore recommended that birth companions are trained in basic supportive care. The training may be in a form of short in-person or virtual orientation or training sessions for birth companions on how to provide basic physical comfort. For example, sacral massage and position support and how to reassure the client and how to effectively communicate with the health team during labour.
7. To ensure effectiveness of the concept, it is recommended that GEMH ensures monitoring and evaluation of birth companion outcomes. Regular assessment should be conducted to evaluate the influence of birth companionship on maternal

satisfaction, labour outcomes and care quality. Feedback from mothers and health staff should inform continuous improvements.

6.6 Limitations of the Study

The study was conducted in an urban health facility within an urban setting, where access to information on health service is relatively better compared to resource limited environments. Therefore, the findings and recommendations may not be fully generalisable to other settings, particularly rural areas with different cultural practices, healthcare infrastructure or staffing limitations. Future studies could benefit from including perspective from rural communities and also incorporating the views of midwives to gain more comprehensive understanding of the implementation and challenges of birth companionship across diverse concept.

6.7 Suggestion for Future Research

The findings of this study highlight substantial avenues for further midwifery research aimed at increasing the support of mothers and their birth companions. Research should focus on investigating the particular training needs of midwifery staff in order to help facilitate effective companionship through frameworks which seamlessly integrate birth companions into the birthing environment.

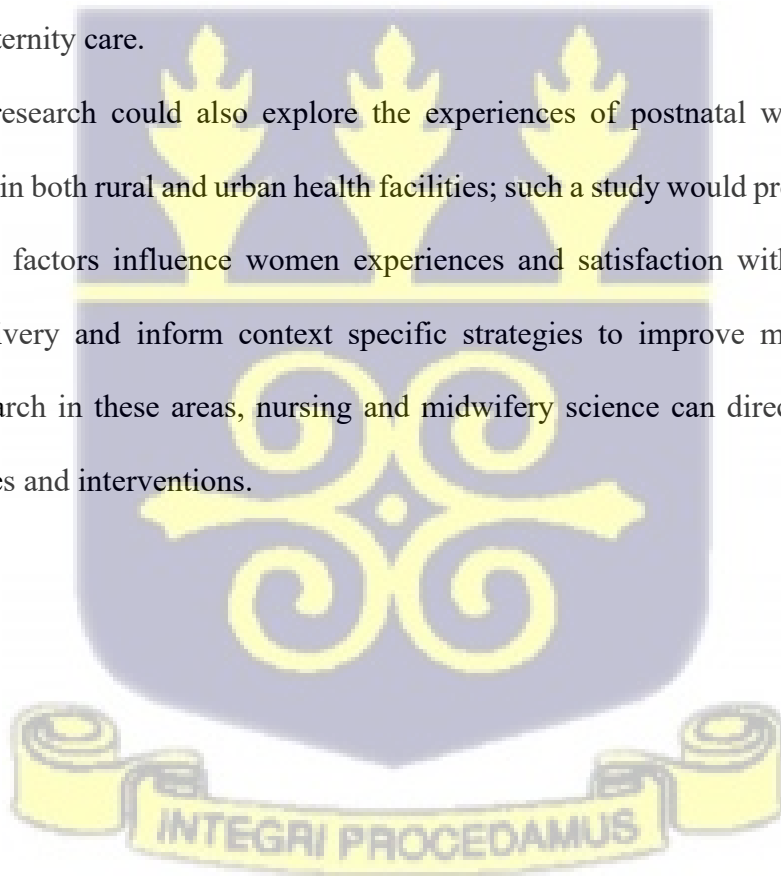
Culturally tailored interventions are important to explore because cultural beliefs affect mothers' preferences and choices concerning birth companions. Further research can contribute to qualifying the psychological and physical influence of birth companion support on maternal outcomes and developing some of the best practices that midwives can implement to optimise the positive influence of birth companionship during labour and delivery. The dynamics between healthcare staff, mothers, and birth companions need to be further studied to identify the balance between medical procedures and birth companion support without disrupting clinical efficiency.

Further research might also be conducted to see what influence the presence of birth companions has on the workloads and attitudes of midwifery staff, for example, about the feasibility of adjustments in workflow or staffing so that birth companions can be present while maintaining quality care.

Future research could also include the perspectives of birth companions to gain a more comprehensive understanding of their roles, experiences, and challenges in supporting women during labour and delivery.

Future studies could explore the knowledge and understanding of the concept of birth companionship among national service midwives and practicing midwives. This will help identify potential gaps in training and inform strategies for integrating birth companionship into routine maternity care.

Future research could also explore the experiences of postnatal women with birth companionship in both rural and urban health facilities; such a study would provide insight into how contextual factors influence women experiences and satisfaction with support during labour and delivery and inform context specific strategies to improve maternal care. By advancing research in these areas, nursing and midwifery science can directly inform more effective policies and interventions.



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APPENDICES

APPENDIX A: INTERVIEW GUIDE

Qualitative Interview Guide

Introduction

- Thank you for your time and participation.
- The purpose of this study is to explore the experiences of birth companionship among postnatal women in the Ga East Municipal Hospital (*To explore the desire for birth companions of postnatal mothers during their labour, to describe how postnatal mothers selected their birth companions during labour, To explore the type of support postnatal mothers received from birth companion during labour*).
- You are assured of confidentiality and the voluntary nature of your participation.
- Please sign the consent form indicating your willingness to participate (The consent form is attached)

Section: Demographic information

1. Age
2. Religion: 1. Christian 2. Islamic 3. Traditionalist
3. Educational: 1. No education 2. Primary 3. JHS 4. SHS 5. Tertiary
4. Number of Pregnancies
5. Number of Children
6. Marital Status

Section B: Understanding the Desire for Labour Support

1. Can you share your labour experience with me?
2. Did you desire a birth companion during labour? Was it your desire to have a birth companion during labour? If so, what led to this desire?

3. How did you come to know about the idea of having a birth companion with you during labour? (probe for the source of information about birth companionship)
4. Tell me about what you know about the role of birth companions.
5. How different were your expectations of the birth companion from the experience?

Section C: Desired Source of Support

1. Could you please tell me who was with you during your labour and delivery??
2. Was this person your preferred choice? If not, who would you have preferred and why?
3. What factors influence your choice of birth companion
4. What qualities or characteristics made you choose this person as your birth companion?
5. What roles did your birth companion play during labour (e.g., emotional support, physical assistance)?
6. How did these roles influence your labour experience?
7. How did your birth companion fulfil any specific roles only they could during labour?

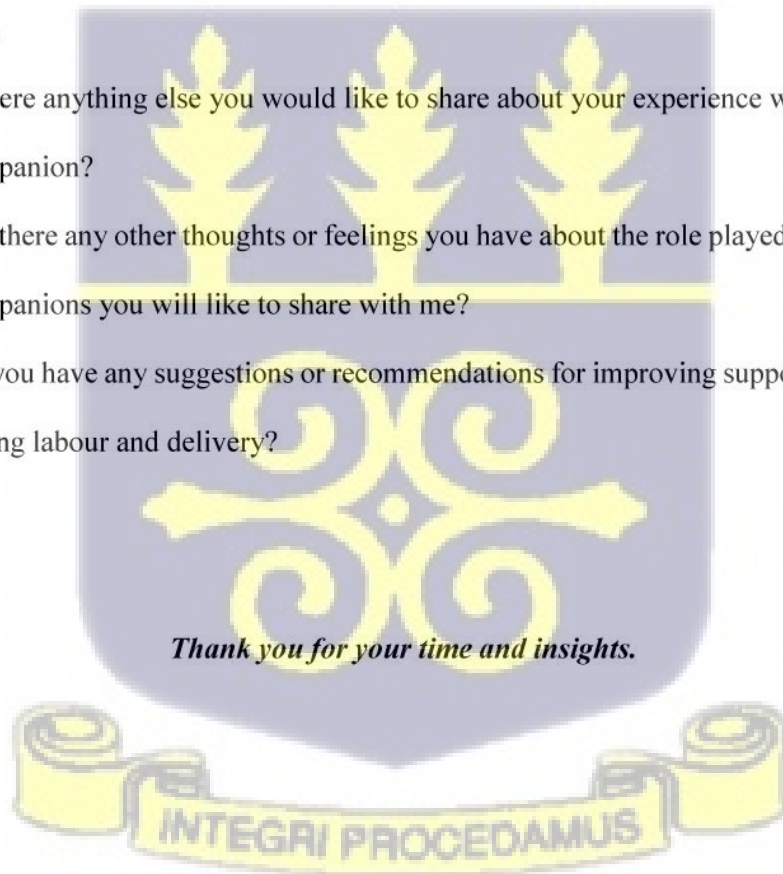
Section D: Desired Type of Support

1. Can you please explain the support you received from your birth companion during your labour?
2. Which of these supports will you say was most beneficial during your labour and why?
3. Would you say you were provided with emotional support during your labour?

4. Can you explain from whom and how the emotional support was provided?
5. Did you receive any informational support during labour? If so, from whom?
6. How did this information help you during the labour process?
7. Was physical support (e.g., helping with positions, massage) provided during your labour? How did it affect your experience?
8. Was all the support you wished your birth companion would give during labour fulfilled?
9. How did all this information you had influence your birthing experience?

Conclusion

1. Is there anything else you would like to share about your experience with your birth companion?
2. Are there any other thoughts or feelings you have about the role played by your birth companions you will like to share with me?
3. Do you have any suggestions or recommendations for improving support for women during labour and delivery?



APPENDIX B: ETHICAL CLEARANCE

P.O. Box, WY1895

Ga East Municipal Hospital

Kwabinya

September 09, 2024

The Chairperson

Ghana Health Service Ethics Review Committee

Research and Development Division

P.O Box MB190

Accra

Dear Sir/Madam

APPLICATION FOR ETHICAL CLEARANCE

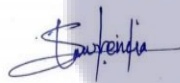
I write to apply for ethical clearance for my research titled *Birth companionship experience of postnatal mothers during labour at the Ga East Municipal Hospital*.

I am an MPhil Midwifery student at University of Ghana, Legon undertaking this study as part of the requirements for graduation. The primary objective of this study is to explore the types of support that postnatal mothers desire from birth companions during labour and delivery. I shall abide by all the rules and regulations governing the exercise.

I should be grateful if I am given approval to conduct this study.

Thank you.

Yours sincerely,



Lawrence Sefakor Agbemade

STD NO.-11005708

Mobile – 0248815139



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
Accra
Digital Address: GA-050-3303
Mob: +233-50-3539896
Tel: +233-302-960628
Email: ethics.research@ghs.gov.gh
11th December 2024

My Ref: GHS/RDD/ERC/Admin/App/24/613
Your Ref. No.

Lawrencia Sefakor Agbemadé
Wisconsin International University College
P.O. Box LG 751
Legon Accra- Ghana

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

GHS-ERC Number	GHS-ERC: 020/11/24
Study Title	Birth Companionship Experience of Postnatal Mothers During Labour at the Ga East Municipal
Approval Date	11 th December 2024
Expiry Date	10 th December 2025
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

- Submission of a yearly progress reports 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.....
Mr. Kofi Wellington
(GHS ERC Chairperson)

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



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CamScanner

APPENDIX C: INTRODUCTORY LETTERS



SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCES

Ref: 11005708

4th September, 2024

The Chairperson
Ghana Health Service
Ethics Review Committee

Dear Sir/Madam,

LETTER OF INTRODUCTION – ETHICAL CLEARANCE

I write to introduce to you Lawrence Sefakor Agbemadeg, an MPhil Midwifery student in the Department of Maternal and Child Health at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements for the MPhil Midwifery programme, the student is to undertake a study and she intends to use the Ga East Municipal Hospital as her study site.

The title of her research is "Birth companionship experience of postnatal mothers at Ga East Municipal Hospital."

I write to seek your permission to enable her undertake this study at the facility.

Thank you.

Yours faithfully,

Ms. Lorretta Naa Adjekai Otinkorang
(School Administrator)





**UNIVERSITY
OF GHANA**

**DEPARTMENT OF MATERNAL AND CHILD HEALTH
SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCES**

Ref: 11005708

4th September, 2024

**The DCNO
Ga East Municipal Hospital
P.O Box WY 1895
Kwabinya**

Dear Sir/Madam,

LETTER OF INTRODUCTION – ETHICAL CLEARANCE

I write to introduce to you Lawrence Sefakor Agbemad, an MPhil Midwifery student in the Department of Maternal and Child Health at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements for the MPhil Midwifery programme, the student is to undertake a study and she intends to use your facility as her study site.

The title of her research is **"Birth companionship experience of postnatal mothers at Ga East Municipal Hospital."**

I write to seek your permission to enable her undertake this study at the facility.

Thank you.

Yours faithfully,

Dr. Evelyn Ampofo
(Research Supervisor)



P.O. Box LG 43, Legon, Accra, Ghana | Tel: +233 (0) 50 251 3250
Email: inchesonn@ug.edu.gh | Website: www.nursing.ug.edu.gh



APPENDIX D: SUPPORT LETTER



**UNIVERSITY
OF GHANA**

**DEPARTMENT OF MATERNAL AND CHILD HEALTH
SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCES**

Ref: 11005708

4th September, 2024

**The Chairperson
Ghana Health Service
Ethics Review Committee**

Dear Sir/Madam,

LETTER OF SUPPORT – ETHICAL CLEARANCE

I write to support the application for ethical clearance of Lawrencia Sefakor Agbemade, an MPhil Midwifery student in the Department of Maternal and Child Health at the School of Nursing and Midwifery, University of Ghana, Legon.

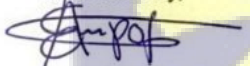
As part of the requirements for the MPhil Midwifery programme, the student is to undertake a study and she intends to use the Ga East Municipal Hospital as her study site.

The title of her research is “Birth companionship experience of postnatal mothers at Ga East Municipal Hospital.”

I write to seek your permission to enable her undertake this study at the facility.

Thank you.

Yours faithfully,


Dr. Evelyn Ampofo
(Research Supervisor)



APPENDIX E: CONSENT FORM

CONSENT FORM

STUDY TITLE: BIRTH COMPANIONSHIP EXPERIENCE OF POSTNATAL MOTHERS DURING LABOUR AT THE GA EAST MUNICIPAL HOSPITAL

PARTICIPANTS' STATEMENT

I acknowledge that I have read or have had the purpose and contents of the Participants' Information Sheet read and all questions satisfactorily explained to me in a language I understand (English). I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

Name of Participant.....

Participants' Signature OR Thumb Print.....

Date:.....

INVESTIGATOR 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.....

