

Saudi Nurses and Midwives Attitude Towards Companionship Support During Childbirth at Public Hospital in Saudi Arabia

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Abstract

Background: Childbirth is one of the greatest experiences in any mother's life; feelings of anxiety, fear of pain and apprehension about the health of the fetus give way to joy at the end of the pregnancy journey. **Aim:** To assess Saudi nurses and midwives' attitude towards companionship support during childbirth at Public Hospital in Saudi Arabia. **Design:** Cross-sectional quantitative design. **Setting:** Maternity and Children Hospital at Dammam, Saudi Arabia Kingdom. **Sample:** A convenient sample of fifty-seven healthcare providers (35 nurses and 22 midwives) were recruited during April 2021. **Results:** The nurses' and midwives' attitudes were analysed toward the existence of a birthing companion over four dimensions including mother, family, culture, and health-care providers. The overall mean approval across these dimensions was 25.9 ± 4 , showing that highest percentage (80%) of the participating nurses and midwives had positive attitudes toward the existence of a birthing companion; and these attitudes were not influenced by age, cadre, years of service or educational qualifications. **Conclusions:** Most nurses and midwives have a positive attitude toward the existence of a companion in the delivery room, while many felt that the presence of a companion could deter healthcare personnel from their work. The hospital's policy and infrastructures favoured this effect, also, Saudi religious and cultural beliefs did not condemn it. **Recommendation:** Conduct further studies to evaluate knowledge and attitudes on a large number of nurses and midwives toward having a companion during labor in multihospital, at different regions in Saudi Arabia.

Keywords: Attitude, Companionship, Childbirth, Nurses, and Midwives

Introduction

Childbirth is a socio-historical event whose nature depends on both culture and geography. Cross-culturally and historically, a woman during childbirth like to be supported and assisted by other person familiar to her, in her own home and amongst her own family (Bohren et al., 2017). However, once hospital births became recognized in the mid-20th century, women began to give birth without the presence of anyone familiar to them. This element of supportive care was largely lost, creating a dramatic fall in the quality of care provided (Getachew et al., 2018).

A birth companion is any person chosen by the woman to provide her with continuous

support during labour and childbirth. This may be someone from her family or social network, such as her spouse or partner, a female friend or relative, a community member (such as a female community leader, health worker or traditional birth attendant) (WHO, 2018). The continuous global drive to improve the quality of perinatal care includes the support and maintenance of initiatives and programs designed to ameliorate maternal care. A strong emphasis on respectful maternity care is an essential part of these efforts, as birth companionship is a key component of intrapartum care, helping to create a positive childbirth experience; also, it is one of the WHO standards for enhancing the quality of maternal and new-born care in health institutions (WHO, 2016).

WHO recommends the presence of a companion during labour to improve the mother's satisfaction with her care and the childbirth outcomes. Encouraging the existence of a woman's chosen companion during labour is a meaningful intervention that implies respect for women's autonomy and is an important factor in improving perinatal quality of care. It has also been identified as a key element in the WHO vision of quality of care for pregnant women and new-borns (WHO 2016 & 2018). Studies showed that the small numbers of births involving labour companions were associated with the absence of guidelines, insufficiency of infrastructure of healthcare facilities to maintain privacy and overcrowding of obstetrics departments, as well as healthcare providers' deficiency of knowledge and negative attitudes towards birth companions. (Afulani et al., 2018 ; Bohren et al., 2019 ; Dynes et al., 2019 ; Getachew et al., 2018).

In general, continuous support during labour could improve outcomes for women and infants; it can lead to shorter duration of labour, increases in spontaneous vaginal births, and decreases in instrumental vaginal births, caesarean births, and uses of analgesia (regional or otherwise), as well as low five-minute Apgar scores and reduced negative feelings about experiences of childbirth. No evidence of harms caused by continuous labour support has been reported in the literature (Bohren et al., 2017).

Dahlen (2020) classified the companion support that could be provided to a woman during childbirth into four categories: (1) informational support, which involves listening to the woman's opinion as well as providing information about childbirth and instructing her to breathe, relax and bear down; (2) advocacy, which implies representing the woman's voice when required and contributes to resolving conflicts; (3) practical support such as massaging, positioning and ambulation; and (4) emotional support through constant presence, reassurance, and encouragement through verbal distractions (Dahlen, 2020).

A quasi- experimental study, conducted in Egypt to evaluate the effect of presence of a companion on labour progress and maternal satisfaction among Arab cultures. The study proved that the support provided by the birth

companion had manifold effect. Companionship proved its competence in two ways: (1) by shortening the duration of the first and second stages of labour, and (2) by demonstrating a conspicuously high rate of women's satisfaction with the birth process when the companion of her choice is present (Younes et al., 2020).

In a rural region of Tanzania, a pilot project was implemented aiming to learn whether birth companionship was feasible, acceptable, and capable to improve quality of care. It covered nine intervention and six comparison sites (all government health facilities). Health providers were very positive towards birth companionship because (from their own point of view), birth companions played a dual role including supporting women emotionally during labour and relieving health providers from certain aspects of their nonmedical duties (Chaote et al., 2021).

In Kolkata, India, Krishnan (2017) conducted a study to explore the perceptions of pregnant women, their husbands and service providers about the presence of husbands as birth companions. The main, healthcare providers accepted the idea, describing it as a good and beneficial procedure. Some midwives also expressed the belief that the presence of the husband would protect them from accusations of negligence.

In a rural county in Western Kenya, a comparable study, intended to assess women's and providers' perceptions about birth companionship at health facilities, ascertained that birth companionship was usually authorised during the birth, as reported by the providers, with the companions taking an active role in health facilities. The beneficial role of the companion was clear during shortage of staff, and some staff considered the companion to be an assistant, available to carry out nonmedical orders, rather than a provider of permanent support for a woman in labour (Afulani et al., 2018).

In the same context, a qualitative review involving 52 papers, mostly from high-income countries and mostly describing women's perspectives regarding companionship, and enumerated factors influencing its implementation. It was found that raising the level of awareness among healthcare providers

and women, creating an enabling and supportive environment, and collaborate efforts, as well as training, supervision, and integration with the care team, could have a positive influence on the admittance of a childbirth companion (Dahlen, 2020).

Significance of the study:

The first government-run hospital implements the labour companionship program at the eastern province of Saudi Arabia Kingdom (KSA) was the Maternity and Children Hospital (MCH) in Dammam City, which ran the program between January 2019 and March 2020. The program was implemented in line with the recommendations of the WHO and as an application of the Saudi Ministry of Health initiative for Mother and Child Friendly Hospitals fulfilling the basic, requirement to improve the quality of health services provided to citizens.

There are very few data about nurses' and midwives' knowledge and attitudes towards birth companions' attendance during labour. Most studies have tended to focus on the importance of implementing the labour companionship program rather than on assessing healthcare providers' acceptance and attitudes. As a practicing midwife, I believe that maternal healthcare providers attitudes have a great impact and will be reflected in their behaviour and interaction with their patients. The possession of a positive attitude toward companionship is essential for safe, high-quality healthcare and could influence a woman's experience of her care either positively or negatively.

Aim of the study:

To assess Saudi nurses and midwives' attitude towards companionship support during childbirth at Public Hospital in Saudi Arabia.

Research questions

- 1.What are the attitudes of Saudi nurses and midwives towards the presence of companions during childbirth?
- 2.What are the factors that influence the attitudes of Saudi nurses and midwives towards the attendance of companions during childbirth?

Subjects and Methods:

Design: Descriptive, cross-sectional research design was used for explicative purposes. **Setting:** The study conducted in the maternal and child hospital (MCH), a government-run hospital with a large childbirth unit of 14 rooms, each allocated for a single woman in labour and equipped with all the medical devices and equipment needed for childbirth and reception of the new-born; each has its own bathroom.

Sample: The study population comprised of fifty-seven healthcare providers (35 nurses and 22 midwives). A convenience sampling method strategy was used for selection during April 2021 according to the inclusion criteria.

Inclusion criteria

- 1.Saudi nurses and midwives working in the labour and delivery rooms of the MCH while the companionship program was running.
- 2.Saudi nurses and midwives who were responsible for preparing the companionship program and involved in it.

Exclusion criteria

- 1.Saudi nurses and midwives with no previous experience with the companionship program.
- 2.Non-Saudi nurses and midwives (because of cultural variation).
- 3.Saudi nurses and midwives who refused to participate in the study.

Tools:

A structured questionnaire, adapted from an earlier study conducted in Palestine (Raheem et al., 2018), was used to collect data: It consisted of two parts:

- 1.Part One:** Demographic details (specialty, area of expertise, educational qualifications, age, and experience in years).
- 2.Part Two:** Nurses & midwives' attitudes and the factors that influence them. This embodied 26 items categorized into 4 domains. (6 items for mother's factor, 6 items for family factor, 6 items for cultural factor, 8 items for provider factor (hospital or other healthcare facility). Scoring for individual entities was done with the help of a five-points

Likert scale ranging from: (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, and (5) strongly agree. The total score for each domain were summed up, divided by the number of the items, and converted into a percent score. A nurse or midwife attain 60% or more was considered to have a positive attitude, while a score less than 60% was considered to have a negative attitude related to each domain.

Validity and Reliability:

Validity was ensured thorough examination of the modified tool, The validity was 97.6%. Reliability was tested by Cronbach's Alpha coefficient was 0.803 for all 26 items in the scale combined, which is considered satisfactory overall the internal consistency.

Ethical Considerations:

Before starting work, ethical clearance to perform this study was attained from the Deanship of Scientific Research and the Institutional Review Board (IRB) at Imam Abdulrahman bin Faisal University. A request for approval to conduct the research on MCH employees from the target group was sent electronically to the MCH in Dammam; permission was granted.

Pilot study:

A pilot study was conducted on 10% of nurses and midwives (6) after examining the tool, to ensure clarity, validity and time required to be applied. There were no modifications were done, nurses and midwives who were evaluated in the pilot study were included in the study.

Procedure

Data was collected over the whole month of April 2021. The researchers distributed questionnaires to the nurses and midwives at their workplace. They filled questionnaires—in the presence of the researcher, who interviewed them, they took around 10–15 minutes to fill the questionnaires and the researchers gave further explanations when needed.

Staff interviews took place during both day and night shifts. Attached information sheet was explained to all participants separately including the aim of the study, why it is important, their questions were answered, and their concerns were clarified. They were made aware that their participation in the study is

optional and that they could withdraw at any time they wish. The signature of the participants was taken for consent to participate in the study.

Statistical analysis:

Once the collection was complete, the data were entered in sheets and analysed. Continuous data were presented by mean with standard deviation, while median (range) was used for data that were not normally distributed. Association between the total scores and demographic variables was tested by the Mann-Whitney and Kruskal Wallis tests. All the data was processed and analysed with SPSS Version 23.0. On the advice of a qualified statistician, any P-value less than 0.05 was considered significant. To chronicle the demographic data as well as the attitudes of the respondents towards the Childbirth Companionship Program (CCP), a descriptive frequency analysis was adopted. Data were eloquently presented in tables and figures, using the values derived from the frequency analysis.

Results:

I. Demographic characteristics of the nurses and midwives

Table 1; illustrated 57 participants in the study, 22 were midwives and 35 nurses. Their median age of both midwives and nurses was 33 years old, ranging from 27 to 47 years old, with the majority between 31- < 36 years old (59.1% of the midwives, 40% of the nurses). While almost all the midwives (90.9%) and three quarters (74.3%) of the nurses boasted a diploma. Regarding experience about half (50 %) of the midwives had 11–15 years of experience and near half (45.7 %) of the nurses had 6–10 years of experience, whereas. The median experience among the midwife's category, was found to be 11 years ranging from 2 to 30 years; and for the nurses it was 9 years, ranging from 3 to 39 years.

II. Attitudes of nurses and midwives to various factors

The attitudes of nurses and midwives towards the presence of a labour companion were analysed across four factorial domains: mother, family, culture, and healthcare settings.

Table 2. presented the domain of the mother factor that affect the attitudes of nurses and midwives towards the presence of a companion during childbirth. Most of the participants responses to the six questions in

this domain were positive with agree and strongly agree responses (93%, 91.3%, 89.5%, 84.2%, 89.5%, and 87.7%) and their explanations were as the following; the presence of a companion during labour “improves the emotional state of the mother”; “acts as social support to the mother”, “provides help to the mother in nonmedical activities”; “increases mother’s tolerance of labour pain”, “increases the mother’s feeling of security”; and “helps in preventing frustration of mothers”, respectively. On all scores, (5–10%) only were neutral and (5%) or less disagreed.

Figure 1. showed that the total score distribution of the mother’s factor has maximal participants (38) scoring from 25–30, followed by more than a quarter scoring from 20–25. This result indicates an overall positive attitude of the nurses and midwives towards the presence of a companion in the labour room with respect to the factors related to the parturient women.

Table 3 showed the family factors that affect the nurses and midwives’ attitude towards the presence of a companion during childbirth. The maximum positive entities with agree and strongly agree responses (93%, 91.2%, 89.4%, 84.2%) of respondents gave their assent for the presence of a companion that could “calming for mother’s family”, “pleasant for mother’s family”, “decreases the anxiety of the family”, “gives a sense of security to the family members”, respectively. More than three quarter (77.2% and 75.4%) of the participants agree that a companion “strengthen the relationship between family and healthcare providers” and “helps in building trust relationship between family and healthcare providers”, respectively. while, 3–21% of the participants had neutral feelings to the six elements, but very few (less than 5%) disagreed.

(Figure 2) showed that more than half of the respondents (33) had a high total score (25–30) and more than a quarter scored between 20 and 25 points. Again, these overall scores showed that most of respondents were favour present of a companion during delivery.

Table 4: illustrated the cultural factors that affect the nurses and midwives’ attitudes towards the presence of a companion during childbirth. It was noticed that more than half (61.4 %) of the respondents agree about the

presence of a companion in labour room as it is welcomed in their culture. More than two third of the participants (68.4 %) disproved as such presence was against their religious beliefs. When asked about the choice of partner in the labour room, more than two third of respondents (68.4%) favoured to have the mother a companion with her daughter during labour, and more than two third (66.7%) chose the husband to be birth companion. However, more than half (56.2%) preferred the mother’s sister. On the other hand, around half of the participants (49.2%) disagreeing having the mother-in-law as a companion.

Figure 3: showed that the total score distribution for cultural factors fell mostly in the neutral category (15–20 points), but the majority had scores above 20 (n=29), demonstrating that, the overall, nurses and midwives tended to have a positive outlook on the presence of a companion in the labour room.

Table 5: described the effects of the companion on healthcare providers and the teams’ perceptions of their usefulness or inconvenience. More than three quarters (84.2%, 75.4%) of the respondents acknowledged that the “hospital has a clear written policy that encourages the attendance of a companion with mother during labour” and “ensuring the privacy of all clients”, respectively. The nurses and midwives themselves as part of the hospital framework commented positively (82.5%, 77.2%, and 82.5%) on the entities “I believe that presence of a companion is helpful to the healthcare team”, “I support the presence of a companion during childbirth” and “I encourage the mothers to choose a companion during labour” respectively. However, less than half (47.3%) felt that the presence of a companion put “the healthcare team under pressure”. More than three-quarters of the nurses and midwives (79%, 75.5%) supported the modifications of the hospital environment and policy to allow the husband to be a companion during labour.

(Figure 4) showed that the total scores for the hospital and healthcare provider factor were mainly between the 30–35 and 35–40 groups, clearly demonstrating the trend towards a positive attitude among the nurses and midwives for the presence of a birth companion during labour.

III. Overall mean score for nurses and midwives' attitudes towards labour companions

Table 6. demonstrated that the mother, family, and cultural factors had high mean scores of 26.1 ± 3.7 , 25.4 ± 3.7 and 20 ± 3.9 (out of 30), respectively, while the overall mean for healthcare provider factors was 32.3 ± 4.9 (out of 40). The findings also revealed that the highest score was among the healthcare provider factors domain, with a mean score of 32.3, while the lowest score was in the cultural factors domain, with a mean score of 20.0. The overall mean score across all the domains was 25.9 ± 4 .

IV. Associations between the demographic characteristics of the nurses and midwives and their attitudes in relation to the four domains

Correlational analyses were used to investigate the associations between the demographic characteristics of the nurses and midwives and the four factorial domains. For the mother factor (**Table 7**), the median score of nurses' attitudes (27) was higher than the midwives' (26.5), as was the median score of those with bachelor's degrees (27) when compared to diploma holders (26). The median score of those above 46 years of age was the highest relatively (28.5). Those with 26–30 and

16–20 years of experience also had a high median score of 28.5. None of these characteristics, however, significantly affected the items in the mother's factor domain.

A similar phenomenon was seen in the family factor domain (**Table 8**); the nurses' median score (26) was higher than that of the midwives (25), as was the median score of those with bachelor's degrees (26) when compared to diploma holders (25). The median score of those above 46 years of age was once again relatively the highest (28), although in this case those with 16–20 years of experience also had the highest median score (28.5). None of these characteristics, however, significantly influenced any items in the family factor domain.

As in the cultural factor domain, the median score of nurses (32) in the hospital and healthcare provider factor domain **Table 10**. showed than the midwives' (31.5), and diploma holders (32) had a higher median score than those with bachelor's degrees (31). All age groups had the same median value (32) while the median score of those with 16–20 years of experience (36) was the highest. Even in this category, none of the demographic characteristics influenced the entities in the hospital and healthcare provider factor domain significantly.

Table 1: Distribution of nurses and midwives according to their demographic characteristics (N=57)

Characteristic	Midwife (n=22)		Nurse (n=35)	
	No	%	N	%
Age in yrs.				
26- < 31	6	(27.3)	8	(22.8)
31- < 36	13	(59.1)	14	(40.0)
36- < 41	2	(9.1)	11	(31.4)
41- < 45	0	0	1	(2.9)
45 and above	1	(4.5)	1	(2.9)
Median (Range)	33.0 (27-47)		33.0 (28-47)	
Qualification.				
Diploma	20	(90.9)	26	(74.3)
Bachelor	2	(9.1)	9	(25.7)
Years of Experience.				
1-5	3	(13.7)	6	(17.2)
6-10	7	(31.8)	16	(45.7)
11-15	11	(50.0)	6	(17.1)
16-20	-	-	6	(17.1)
21-25	-	-	-	-
26-30	1	(4.5)	1	(2.9)
Median (Range)	11.0 (2 -30)		9.0 (3- 39)	

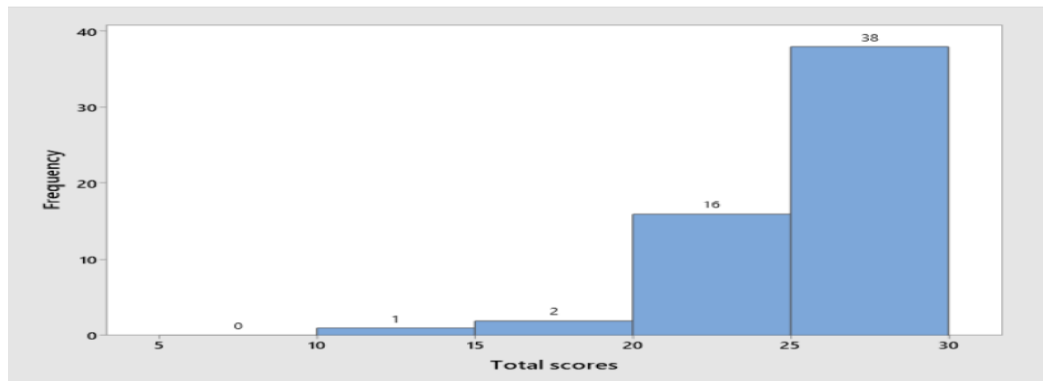


Table 2: Attitudes of Nurses and Midwives Towards the Presence of a Companion During Labour (Mother Factor)

NO	Items	Strongly Disagree No (%)	Disagree No (%)	Neutral No (%)	Agree No (%)	Strongly Agree No (%)
1	I believe that presence of a companion improves the emotional state of the mother.	1(1.8)	-	3(5.3)	25(43.8)	28(49.1)
2	I believe that presence of a companion acts as social support to the mother.	1(1.8)	-	4(7.0)	16(28.1)	36(63.1)
3	I believe that the companion provides help to the mother in nonmedical activities (ambulation, massage, toileting, ...).	1(1.8)	3(5.3)	2(3.5)	18(31.5)	33(57.9)
4	I believe that presence of companion will increase tolerance of labor pain.	1(1.8)	2(3.5)	6(10.5)	29(50.9)	19(33.3)
5	I believe that presence of companion increases the mother's feeling of security.	1(1.8)	1(1.8)	4(7.0)	14(24.5)	37(64.9)
6	I believe that presence of companion helps in preventing frustration of mothers.	-	3(5.3)	4(7.0)	26(45.6)	24(42.1)
Mean ± SD				26.1 ± 3.7		

Figure 1: Total Scores Distribution of the Mother's Factor

Table 3: Attitudes of nurses and midwives towards the presence of a companion during labour (Family Factor)

NO	Items	Strongly Disagree	Disagree No (%)	Neutral No (%)	Agree No (%)	Strongly Agree
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		No (%)				No (%)
7	I believe that presence of companion strengthens the relationship between family and healthcare providers.	-	1 (1.8)	12 (21.0)	25 (43.9)	19 (33.3)
8	I believe that presence of a companion decreases the anxiety of the family.	1 (1.8)	2 (3.5)	3 (5.3)	21 (36.8)	30 (52.6)
9	Presence of a companion is calming for mother's family.	-	2 (3.5)	2 (3.5)	29 (50.9)	24 (42.1)
10	Presence of a companion is pleasant for mother's family.	-	1 (1.8)	4 (7.0)	30 (52.6)	22 (38.6)
11	Presence of a companion helps in building trust relationship between family and healthcare providers.	1 (1.8)	1 (1.8)	12 (21.0)	19 (33.3)	24 (42.1)
12	Presence of a companion gives a sense of security to the family members.	-	2 (3.5)	7 (12.3)	22 (38.6)	26 (45.6)
Mean ± SD				25.4 ± 3.7		

Figure 2: Distribution of the Family Factor Total Scores

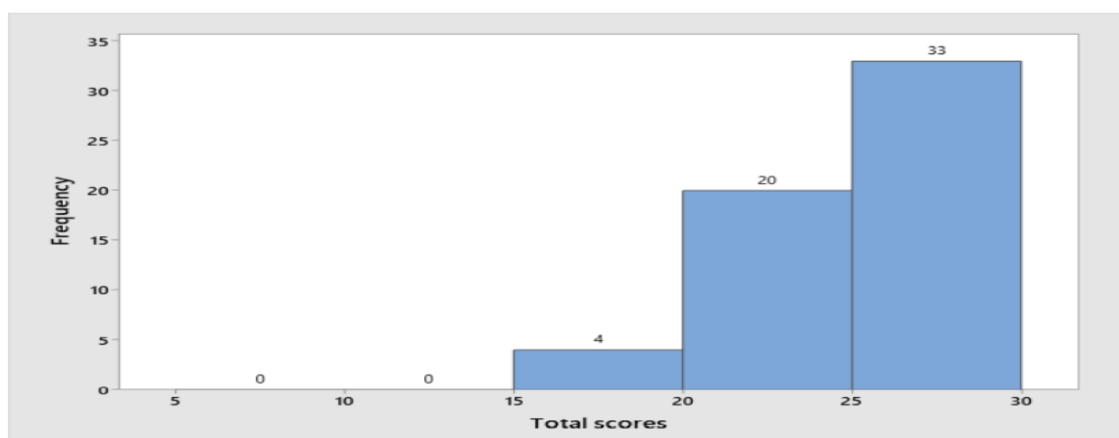
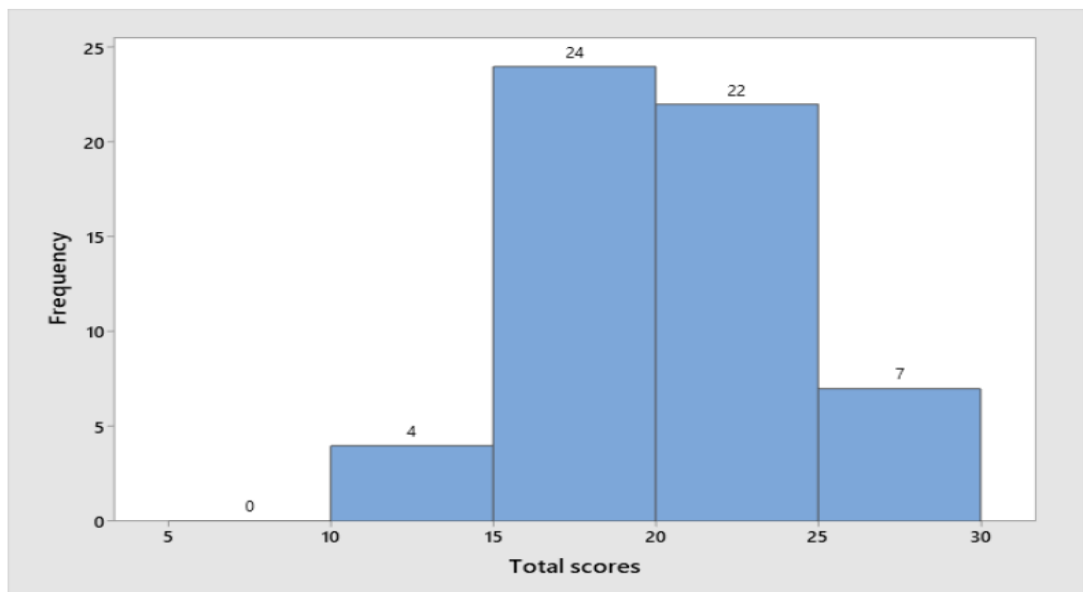


Table 4: Attitudes of nurses and midwives towards the presence of a companion during labour (Cultural Factor)

NO	Items	Strongly Disagree No (%)	Disagree No (%)	Neutral No (%)	Agree No (%)	Strongly Agree No (%)
13	I believe that presence of a companion is welcomed in our culture.	2 (3.5)	3 (5.3)	17 (29.8)	18 (31.6)	17 (29.8)
14	I believe that presence of a companion is against my religious beliefs.	22 (38.5)	17 (29.8)	8 (14.0)	6 (10.5)	4 (7.0)
15	I prefer to have the husband as a companion with his wife during labor.	1 (1.8)	-	18 (31.6)	20 (35.0)	18 (31.6)
16	I prefer to have the mother as a companion with her daughter during labor.	3 (5.3)	8 (14.0)	7 (12.3)	15 (26.3)	24 (42.1)
17	I prefer to have the sister as a companion with the woman during labor.	3 (5.3)	4 (7.0)	18 (31.6)	18 (31.6)	14 (24.5)
18	I prefer to have the mother-in-law as a companion during labor.	16 (28.1)	12 (21.1)	13 (22.8)	10 (17.5)	6 (10.5)
Mean ± SD		20.0 ± 3.9				

Figure 3: Total Scores Distribution of the Cultural Factor**Table 5: Attitudes of nurses and midwives towards the presence of a companion during labour (Hospital and Healthcare Provider Factor)**

NO	Statement	Strongly Disagree No (%)	Disagree No (%)	Neutral No (%)	Agree No (%)	Strongly Agree No (%)
19	I believe that presence of a companion is helpful to the healthcare team.	1 (1.8)	3 (5.3)	6 (10.5)	27(47.4)	20 (35.0)
20	I believe that presence of a companion puts the healthcare team under pressure.	2 (3.5)	5 (8.8)	23 (40.4)	13(22.8)	14 (24.5)
21	I support the presence of a companion during childbirth.	1 (1.8)	-	12 (21.0)	25(43.9)	19 (33.3)
22	I encourage the mothers to choose a companion during labor.	1 (1.8)	3 (5.3)	6 (10.5)	16(28.0)	31 (54.4)
23	Our hospital has a clear written policy that encourages the attendance of a companion with mother during labor.	4 (7.0)	2 (3.5)	403 (5.3)	24(42.1)	24 (42.1)
24	The hospital environment supports the attendance of a companion during labor through ensuring privacy of all clients.	-	5 (8.8)	9 (15.8)	21(36.8)	22 (38.6)
25	I support the modification of hospital environment to allow the husband to be a companion during labor	2 (3.5)	1 (1.8)	9 (15.8)	23(40.3)	22 (38.6)
26	I support the modification of hospital policy to allow husband to be a companion during labor	-	6 (10.5)	8 (14.0)	20(35.1)	23 (40.4)
Mean ± SD		32.3 ± 4.9				

Figure 4: Total Scores Distribution of the Hospital and Healthcare Provider Factor

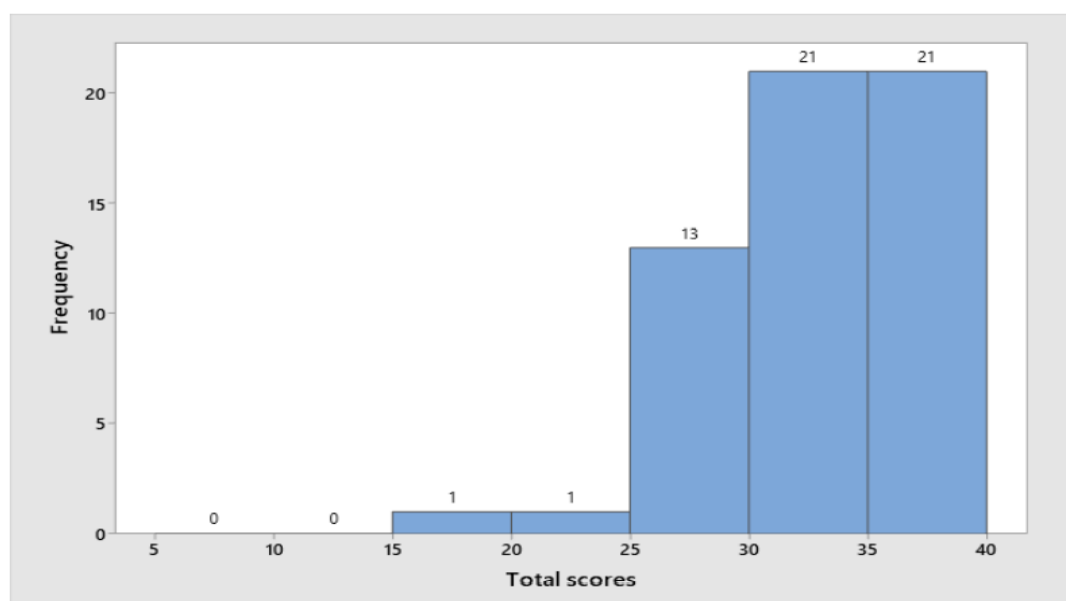


Table 6: Ranking of the overall mean scores of nurses' and midwives' attitudes towards the presence of labour companions (N=57)

Factors	Number of items	Mean	SD	Percent
Mother	6	26.1	3.7	74%
Family	6	25.4	3.7	74%
Culture	6	20.0	3.9	78%
Healthcare provider	8	32.3	4.9	98%
Overall	26	25.9	4.0	80%

Table 7: Attitudes of nurses and midwives towards the presence of a labour companion and demographic characteristics related to the mother's factor

Domain	Characteristics	Median score (Range)	P-value
Mother's factor	Specialty		
	Midwife	26.5 (21-30)	0.842
	Nurse	27.0 (13-30)	
	Qualification		
	Diploma	26.0 (13-30)	0.902
	Bachelor	27.0 (18-30)	
	Age		
	26-30	25.0 (21-30)	0.657
	31-35	26.0 (13-30)	
	36-40	27.0 (21-30)	
	41-45	-	
	46 and above	28.5 (27-30)-	
	Year of experience		
	1-5	24.0 (20-30)	0.088
	6-10	25.0 (13-30)	
	11-15	28.0 (21-30)	
	16-20	28.5 (25-30)	
	21-25	-	
	26-30	28.5 (27-30)	

Table 8: Attitudes of nurses and midwives towards the presence of a labour companion and demographic characteristics related to the family factor

Domain	Characteristics	Median score (Range)	P-value
Family factor	Specialty		
	Midwife	25.0 (21-30)	0.947
	Nurse	26.0 (16-30)	
	Qualification		
	Diploma	25.5 (16-30)	0.698
	Bachelor	26.0 (16-30)	
	Age in yrs.		
	26-30	26.0 (16-30)	0.551
	31-35	24.0 (16-30)	
	36-40	27.0 (21-30)	
	41-45	-	
	46 and above	28.0 (26-30)	0.104
	Experience in yrs.		
	1-5	24.0 (16-29)	
	6-10	24.0 (16-30)	
	11-15	28.0 (21-30)	
	16-20	28.5 (21-30)	
	21-25	-	
	26-30	28.0 (26-30)	

Table 9: Attitudes of nurses and midwives towards the presence of a labour companion and demographic characteristics related to the cultural factor

Domain	Characteristics	Median score (Range)	P- value
Cultural factor	Specialty		
	Midwife	19.5 (10-28)	0.934
	Nurse	20.0 (13-30)	
	Qualification		
	Diploma	20.0 (10-30)	0.369
	Bachelor	19.0 (14-26)	
	Age in yrs.		
	26-30	20.0 (10-30)	0.425
	31-35	20.0 (13-30)	
	36-40	19.0 (16-26)	
	41-45	-	
	46 and above	16.5 (16-17)	0.211
	Year Experience.		
	1-5	19.0 (10-27)	
	6-10	19.0 (13-30)	
	11-15	21.0 (15-30)	
	16-20	20.0 (16-23)	
	21-25	-	
	26-30	16.5(16-17)	

Table 10: Attitudes of nurses and midwives towards the presence of a labour companion and demographic characteristics related to the hospital and healthcare provider factor

Domain	Characteristics	Median score (Range)	P- value
Hospital and Healthcare provider factor	Specialty		
	Midwife	31.5 (18-40)	0.818
	Nurse	32.0 (24-40)	
	Qualification		
	Diploma	32.0 (18-40)	0.287
	Bachelor	31.0 (24-40)	
	Age in yrs.		
	26-30	32.0 (18-40)	0.698
	31-35	32.0 (25-40)	
	36-40	32.0 (29-40)	
	41-45	-	
	46 and above	32.0 (28-36)	
	Year of Experience		
	1-5	29.4 (24-37)	0.255
	6-10	32.0 (18-40)	
	11-15	32.0 (26-40)	
	16-20	36.0 (31-38)	
	21-25	-	
	26-30	32.0 (28-36)	

Discussion

Women greatly value the presence of someone, either their husband or a family member, whom they know and trust during the most painful and trying moments of their life, namely childbirth. The depersonalization that has tended to crop up in tertiary care settings is a prime reason for this yearning. However, this could sometime be bothersome to the nurses and midwives involved in the medical process of parturition. Although theoretically, the medical personnel acknowledge the importance of labor companionship in providing psychological and emotional support to the woman in laboring, the reality may be quite different.

This study aimed to understand the attitudes of Saudi nurses and midwives towards the presence of a companion in the labour room, providing empathy and social support to the parturient woman during the crucial process of labour. The paucity of similar studies in this context makes it difficult to compare and arrive at any generalised conclusions. However, for the sake of discussion, studies relative and relevant to the topic were considered.

Regarding demographic characteristics of the participants, the finding of the current study showed that the median age of both midwives and nurses was 33 years old, ranging from 27 to 47 years old, with most in the 31- < 36 years category. While almost all the midwives and three-quarters of the nurses boasted a diploma. In relation to experience, near half of nurses had from 6 to 10 years of experience, whereas half of the midwives had from 11 to 15 years.

These finding agree with (Getachew et al., 2018) who conducted a facility-based cross-sectional study in 30 health institutions of Addis Ababa to assess the knowledge, attitude, and practice of health professionals towards labour companions. Most of the respondents were midwives, while the remainder were clinical nurses, their age ranged from 20-60 years old with a mean \pm SD age of 28.37 ± 6.65 years. The majority of participant had a diploma, most of the study subjects had a length of experience ranging from 1-10 years. But such finding

differs than (Dynes et al., 2019) who done a study on 188 Nurses and midwives and found that their age ranged between 20 to 29 years, more than two third had completed college education, and had from 1 to 10 years of experience.

The attitudes of nurses and midwives towards the presence of a labour companion were analysed across four factorial domains: mother, family, culture, and healthcare settings. In relation to mother factor, most nurses and midwives agreed that the presence of a companion had positive effects for the mother and agreed that the presence of a companion during labour “improves the emotional state of the mother”; “acts as social support to the mother”, “provides help to the mother in nonmedical activities”; “increases mothers tolerance of labour pain”, “increases mother’s feeling of security”; and “helps in preventing frustration of mothers”.

This finding supported by the relevant findings in the literature in a study done by (Adeyemi et al., 2018; Bohren et al., 2019; Dahlen 2020; Chaote et al., 2020; Younes et al., 2020) who reported that the presence of a companion improves the mother’s emotional state. Also, such finding in the same line with (Afulani et al., 2018; Chaote et al., 2020; Dahlen 2020) who stated that the companion could assist the mother in some nonmedical activities, also the majority of nurses and midwives believed that the companion helps the mother in nonmedical activities, including ambulation, massage and toileting.

In addition, the current study finding in accordance with (Shi and Singh, 2018), who reported that the opinions of the health workers regarding the benefits of companionship during labor was investigated. As, the healthcare professionals felt that the maximum help that companions could provide was emotional and physical support, decrease the perception of pain, increased mothers’ satisfaction with childbirth experience and encourage the mothers for more vaginal birth.

Furthermore, A study done by (K et al., 2021) agrees with the current study finding, regarding the majority of the health care providers approved that companionship

improved mothers moral support, facilitate breast feeding, improved care by health workers and shortened length of labor, with others benefits such as advantages in infant attachment, reduction of interventions, ease of communication with mothers, improved trust of health professionals, reduced home deliveries and decreased maternal stress.

The result contrast with a review of quantitative and qualitative studies, (**Kabakian et al., 2017**) that explored the factors affecting implementation of the companionship. The review affirmed that providers' negative attitudes towards the implementation of companion of choice at birth occurred in both high- and low-income countries. This may be rendered to cultural variation.

Regarding the family factors that affect the attitudes of nurses and midwives towards the presence of a companion during labour. The maximum positive entities of respondents gave their assent for the presence of a companion that could "calming for mother's family", "pleasant for mother's family", "decreases the anxiety of the family", and "gives a sense of security to the family members". More than three quarter agree that a companion "strengthen the relationship between family and healthcare providers" and "helps in building trust relationship between family and healthcare providers". Here, less than one quarter of the participants had neutral feelings to the six elements, but very few disagreed.

Also such attitudes could be seen in a study done by (**Raheem, 2018**) with the statements "Presence of a companion is pleasant for mother's family" and "Presence of a companion gives a sense of security to the family members" having weighted percentage, However, showed the highest values for the statement " Presence of a companion is calming for mother's family", In both studies the item "Presence of a companion helps in building trust relationship between family and healthcare providers.", showing that the presence of the companion is not solely the factor that tenders a healthcare provider -patient relationship and relationships with the patient's family, but it have positive influence on it. Having a companion also reassures the mother in birth

and her family as well the healthcare providers are confident in their professional activities and allows them to be comfort of having a trustworthy person with the woman in labor which she considers her time of insecurity.

Concerning the cultural factors that affect the attitudes of nurses and midwives towards the presence of a companion during labour. It was noticed that more than half of the respondents agreed that the presence of a companion was welcomed in their culture. More than two third of the participants disproved that such presence was against their religious and beliefs. When they asked about the choice of partner in the labour room, most nurses and midwives, favoured having the "mother as a companion with her daughter during labour, and chose the husband to be birth companion. However, more than half preferred the mother's sister. On the other hand, around half of the participants disagreeing having the mother-in-law as a companion.

The finding of this study in accordance with the study done by (**Raheem, 2018**) who stated that "I believe that presence of a companion is welcomed in our culture" this statement had a mean score 3.38 and weighted more than two third percentage. also, more than half disagree as their religious and beliefs were against the idea to have a labor companion. This showed that the remonstrance behind having a childbirth companion in the labor is not owing to the culture of the region. It is more related to the perception of the healthcare professionals, the patients themselves and when they said that the presence of companion is more inconvenient or problematic than the benefits conferred.

The women usually given a choice of companionship between their husband, mother, mother-in-law, sister, or a doula. The finding of this study was similar with a study done in Addis Ababa by (**Getachew et al., 2018**) who reported that, almost all respondents who accepted a labour companion preferred the mother as a companion of choice, while three-fourths recommended the husband. Along the same vein, a study done by (**Raheem, 2018**) who found that the mean score obtained for the statement "I prefer to have the mother as a companion with her daughter during labor"

weighted the highest percentage, while the statement "I prefer to have the mother-in-law as a companion during labor" weighted the lowest percentage.

In contrast with (Adeyemi et al., 2018), who working in a Nigerian community, and found that the male partner was the most preferred companion by healthcare workers, while few of them preferred the mother. This disparity may be due to the differences in culture between the two societies.

Regarding the last factor, the Hospital and Healthcare provider also plays a prominent role in the attitude of nurses and midwives towards a birth partner in the labor room. The result of current study found that more than three quarters of the respondents acknowledged that the "hospital has a clear written policy that encourages the attendance of a companion with mother during labour" and "ensuring the privacy of all clients". The nurses and midwives themselves as part of the hospital framework commented positively on the entities "I believe that presence of a companion is helpful to the healthcare team", "I support the presence of a companion during childbirth" and "I encourage the mothers to choose a companion during labour". However, less than half felt that the presence of a companion put "the healthcare team under pressure". More than three-quarters of the nurses and midwives supported the modifications of the hospital environment and hospital policy to allow the husband to be a companion during labour.

These finding agree with (Chaote et al., 2021) who found that providers at intervention sites who reported to allow companionship felt that the companions helped the providers with their workload during labour or at the time of birth. also helped to notify the provider when there was a change in the woman's status or any problem, provide emotional support, and help a woman feel more comfortable, among other responses. Most providers who agree to have companionship reported that companions were "very helpful" and improved their ability to give good-quality care.

The present study noticed that most nurses and midwives were conducive to the presence of a companion in the labour room and

were willing to modify norms to accommodate this. Similarly, to a survey done by (Adeyemi et al., 2018) at a university teaching hospital in Nigeria to determine the preferences of the companionship during childbirth and to identify the factors associated with it. The results showed that the majority of healthcare workers (nurses or midwives) had positive attitudes towards companionship and supported their presence

However, these results disagree with (Krishnan, 2017) who attempted to explore service providers' perceptions about the presence of the husband as a birth companion; some of the respondents believed that it would compromise the privacy of other women in the same delivery room, so a modification of the hospital policy and environment would be necessary. Also, the current study result differs from those of some published studies, which found that compromised privacy was a concern for healthcare providers (Afulani et al., 2018; Bohren et al., 2019, Getachew et al., 2018; Krishnan, 2017).

Furthermore, the study done by (Kabakian et al., 2017) who found that hospitals and healthcare providers play a prominent role in the attitude of nurses and midwives towards a birth partner in the labour room. Indeed, the primary barriers to the failure of labour companionship programs seem to be the recalcitrant approach of the healthcare workers, lack of space, lack of privacy and hindrance to the work of the medical personnel). This point was also raised by the midwives and nurses in the present study; almost half of them felt that the presence of a labour companion could put pressure on the medical personnel involved in the delivery procedures, thus hindering medical care. People and personnel alike, tend to make more mistakes while being under pressure. It is a very important consideration to keep in mind while deciding whether to admit a labour companion.

In Kigoma, Tanzania, (Dynes et al., 2019) who found that the health institution's work environment and infrastructure influence healthcare providers' allowance for companionship, elaborating that they act as gatekeepers of companionship. Several

provider-related factors, the study concluded, were identified as influential in the labour companion model. Providers who reported either working more than the average number of hours per week, feeling very satisfied with their job or allowing women to have a companion in labour were significantly more likely to have clients with a labour companion. On the other hand, Ethiopian mothers cited that the main reason for the absence of companionship during delivery was the denial of the provider, while the next most common reason was the institutional prohibition (Beyene et al., 2020).

As regard associations between the demographic characteristics of the nurses and midwives and their attitudes in relation to the four domains, the findings of the present study confirm that the attitudes of the nurses and midwives to the birth companion did not get influenced by either the age, cadre, years of service or educational qualification. in contrast with what was previously thought, the study done in Palestine by (Raheem et al, 2018) indicated significant differences in attitudes toward having a companion during labor related specialty to midwives and obstetricians had higher positive attitudes toward having a companion during labor compared to general practitioner and nurses, but there were insignificant differences related to qualifications (diploma, bachelor, and postgraduate).

Conclusion

The following conclusion could be drawn from the present study, the attitude of the midwives and nurses over the four dimensions, namely the mother, family, cultural and healthcare provider factors. The overall mean across these dimensions was 25.9 ± 4 , showing that most of the respondents had a positive attitude towards the presence of a childbirth companion for the mother, had a positive effect on the relationship between the family and health care providers, it welcomed in their culture, and agreed that the hospital environment and policy are suitable for childbirth companion. Furthermore, the attitudes of the nurses and midwives to the birth companion did not get influenced by either the age, cadre, years of service or educational qualifications.

Recommendation

- Disseminate knowledge about the benefit of birth companion to the community and spreading a culture that accepts it as part of the quality of health care.

- Adjust maternity department's structure to be appropriate for presence of a companion and maintain mothers' privacy as part of the rights for laboring women.

- Activating a birth companionship program in the antenatal clinics at the primary health care centers and setting the policies governing it.

- Motivate healthcare providers to allow, appreciate and respect the companion attendance during labor as an element of quality of maternity care.

- Foster women in prenatal visits to select a companion to get knowledge and instructions about the responsibility during labor and to provide informational, advocational, practical and emotional support.

- Carried out further studies to assess knowledge and attitudes toward having a companion during labor in multihospital, diverse regions in Saudi Arabia, with large number of nurses and midwives.

- Conduct a study aimed to compare perspective of nurses and midwives about effect on childbirth progresses and emotional state between women who had a companion during labor and women who did not have a companion.

Limitation of the study:

- This study was applied in one governmental hospital in the Eastern Region, which negatively affected the size of the study sample and made it difficult to be generalize.

- Most studies in the literature have explored the experiences of women childbirth and satisfaction, their experiences with a birth companion, advantage of a birth companion while very few have addressed the viewpoint of health service providers.

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