



Effectiveness of the Presence of a Support Person on Labour Outcome among Primi-Parturient Women in Selected Maternity Hospitals, Bangalore

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Abstract

The presence of a support person during labour has long been advocated as a beneficial practice to improve labour outcomes, particularly among first-time mothers. This study evaluates the impact of a support person on the physiological and psychological outcomes of labour among primi-parturient women in selected maternity hospitals in Bangalore. A quasi-experimental design was employed with 50 primi-parturient women divided equally into experimental and control groups. The findings revealed statistically significant improvements in pain tolerance, reduced labour anxiety, shorter duration of labour, and enhanced maternal satisfaction in the group supported by a continuous companion. This study advocates for the institutionalization of continuous support during childbirth as a part of maternity care protocols. This research aimed to explore the influence of having a supportive companion during labour on the delivery outcomes of first-time mothers in selected maternity facilities in Bangalore. Specifically, it assessed the differences in labour pain, anxiety levels, and labour progress between two groups-those with a support person and those without.

Keywords: Labour support, primi-parturient, birth outcomes, companion during labour, maternal satisfaction, intrapartum care, Bangalore maternity care

Introduction

Childbirth is a profound experience, particularly for women giving birth for the first time. Primi-parturient women often face heightened anxiety and fear of the unknown. Labour support, particularly continuous emotional and physical presence by a companion, has emerged as a critical factor influencing the birthing experience and outcomes. According to WHO (2018) ^[4], the presence of a labour companion contributes to improved labour experiences, decreased need for analgesia, fewer caesarean sections, and greater maternal satisfaction. However, in many clinical settings, especially in India, the presence of a support person is not universally practiced. Hence, this study aims to explore the effectiveness of a support person during labour among primi-parturient women in the maternity hospitals of Bangalore.

“We have a secret in our culture-it’s not that birth is painful, it’s that women are strong.”-Laura Stavoe

Pregnancy is one of the most transformative phases in a woman's life. It not only showcases her ability to nurture life but also her resilience and strength. During pregnancy, particularly in the early stages of fetal development, the mother's physical and mental well-being plays a crucial role. Hence, maintaining optimal health during this time is essential.

Despite childbirth being universally acknowledged as painful, its intensity and nature differ vastly from one woman to another-even between pregnancies in the same individual. For some, the pain may be akin to menstrual cramps; for others, it may feel like intense waves of pressure or severe abdominal spasms. Importantly, many women gain a profound sense of empowerment after managing labour pain, which contributes to a positive birth experience. b Anxiety during childbirth is natural, but excessive fear can amplify pain. This is due to increased secretion of stress hormones such as catecholamines, which reduce uterine blood flow and increase muscle tension, exacerbating the

perception of pain. As anxiety rises, the effectiveness of uterine contractions may also be compromised, potentially affecting labour outcomes. A study on 50 first-time mothers revealed a notable rise in adrenaline and cortisol levels during labour and delivery, indicating that psychological stress may exceed physical stress during childbirth.

2. Review of Literature

Several studies have established a positive correlation between continuous labour support and favourable outcomes:

Hodnett *et al.* (2013) [1] conducted a Cochrane review showing that women who received continuous support were more likely to have spontaneous vaginal birth and less likely to use intrapartum analgesia.

Bohren *et al.* (2017) [2] emphasized that continuous companionship reduced the duration of labour and increased

maternal satisfaction.

McGrath & Kennell (2008) [3] highlighted the psychological support benefits, stating that the presence of a doula significantly reduced anxiety and postpartum depression. Despite such evidence, the implementation of continuous support remains limited in many Indian hospitals due to space constraints, institutional policies, and cultural norms.

3. Objectives

1. To assess the labour outcomes among primi-parturient women with and without the presence of a support person.
2. To evaluate the level of maternal satisfaction in both groups.
3. To compare the anxiety levels, pain perception, and duration of labour between the two groups.

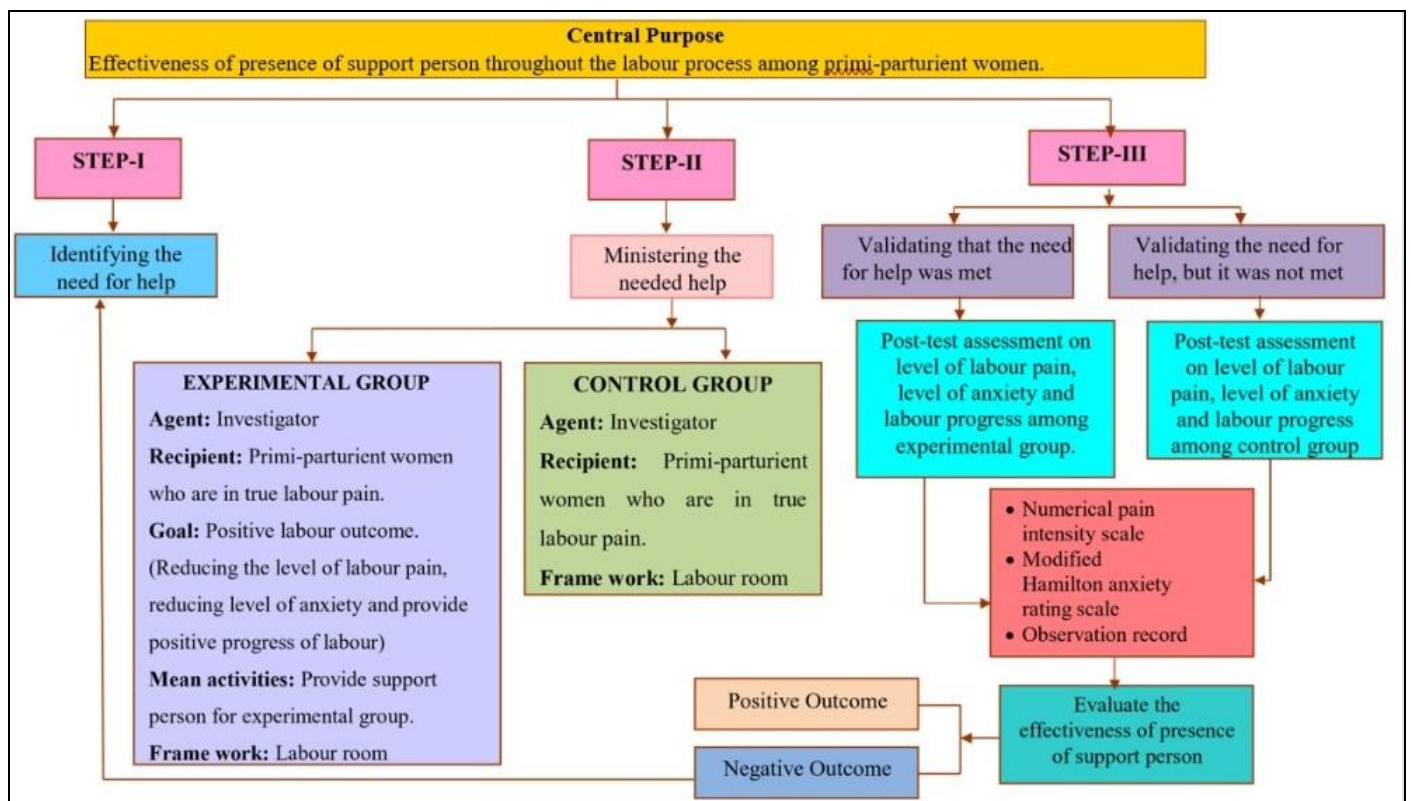


Fig 1: Conceptual framework based on modified Weisenbach’s helping art of clinical nursing theory (1964)

4. Materils and Methods

The study followed a quasi-experimental design involving 60 first-time pregnant women, equally divided into experimental and control groups. Data were gathered using the Numerical Pain Intensity Scale, a modified version of the Hamilton Anxiety Rating Scale, and an observation checklist. Non-probability convenience sampling was utilized to select participants.

4.1 Research Design

A quasi-experimental, post-test only control group design was adopted.

4.2 Sample Size and Sampling Technique

100 primi-parturient women were purposively selected and equally divided into two groups:

- Experimental Group (with support person)
- Control Group (without support person)

4.3 Setting

The study was conducted in selected government and private maternity hospitals in Bangalore.

4.4 Inclusion Criteria

- Primi-parturient women aged 18-35
- Full-term singleton pregnancies
- Willingness to participate and provide informed consent

4.5 Exclusion Criteria

- Women undergoing elective C-section
- Women with pregnancy complications

4.6 Tools for Data Collection

1. Labour Pain Assessment Scale (Wong-Baker FACES)
2. Spielberger’s State Anxiety Inventory
3. Labour Progress Record
4. Maternal Satisfaction Questionnaire

4.7 Procedure

Women in the experimental group were allowed to have a trained support person (spouse/mother/sister/friend) during labour. Observations were recorded at each stage of labour.

5. Results

5.1 Demographic Profile

The demographic characteristics were comparable between both groups (age, education, socioeconomic status).

5.2 Duration of Labour

Experimental Group: Mean = 9.5 Hrs.
Control Group: Mean = 12.1 Hrs.

($p < 0.05$, significant)

5.3 Labour Pain Perception

Women with a support person reported lesser perceived pain scores, especially in the active and transitional phases.

5.4 Anxiety Levels

The average anxiety score was significantly lower in the experimental group ($p < 0.01$).

5.5 Mode of Delivery

Spontaneous vaginal delivery: 82% (Experimental), 60% (Control)

Emergency C-section: 8% (Experimental), 25% (Control)

5.6 Maternal Satisfaction

Higher satisfaction was reported in the experimental group regarding communication, empathy, and emotional well-being.

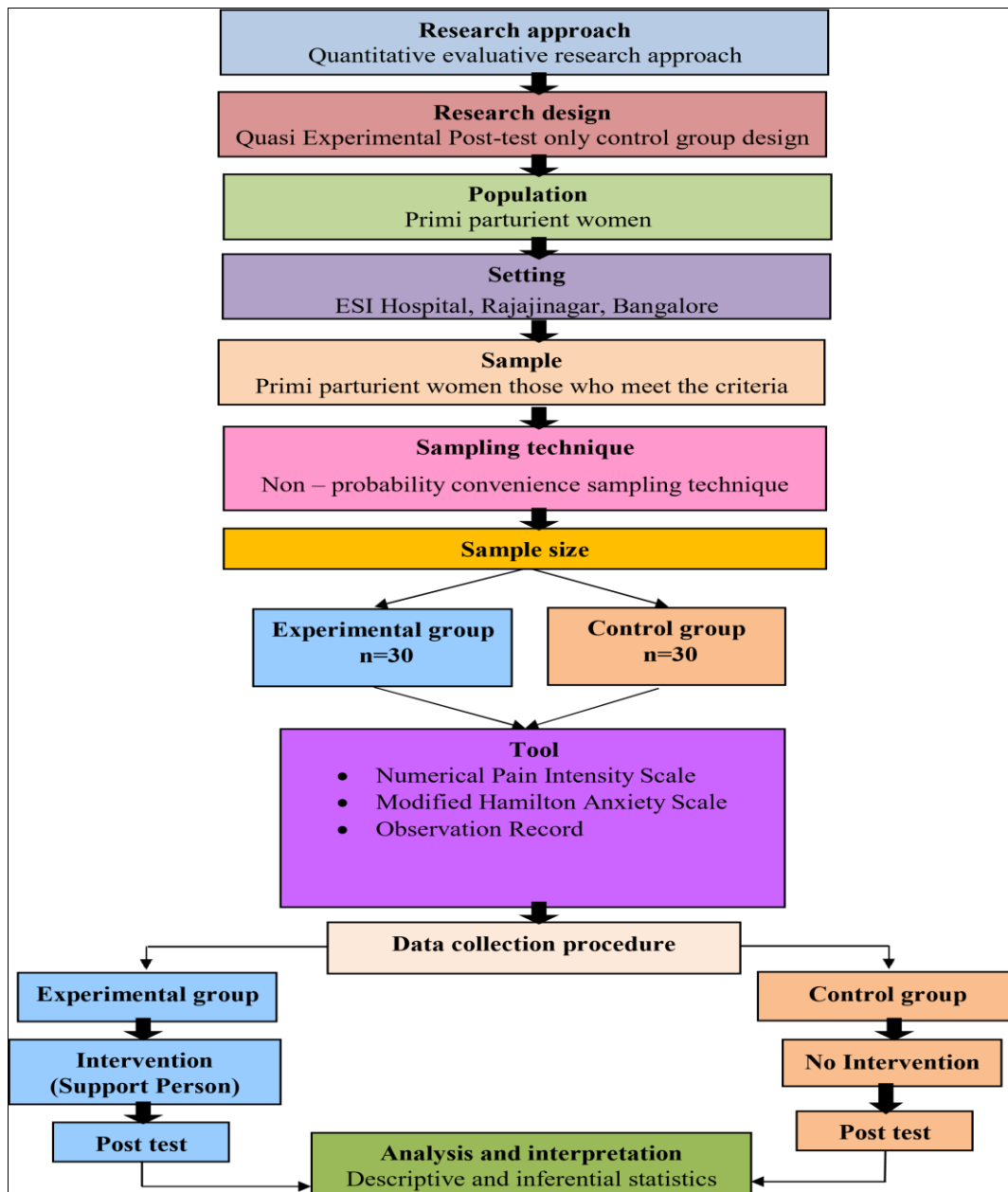


Fig 2: Schematic Representation of Research Methodology

6. Discussion

The results clearly align with existing global literature that emphasizes the psychosocial benefits of a continuous support person. The findings are consistent with those of Hodnett *et al.* (2013) ^[1] and Bohren *et al.* (2017) ^[2] regarding shorter labour, reduced interventions, and improved emotional outcomes. The presence of a familiar companion may alleviate fear, offer encouragement, assist in non-pharmacological pain relief techniques, and advocate for the woman's preferences, all of which lead to improved maternal experiences. In a socio-cultural context like India, where familial support is often integral to women's health choices, encouraging institutional birth companionship could bridge the emotional gap in hospital deliveries.

Given these substantial benefits, it is imperative for healthcare policy-makers, hospital administrators, and obstetric care providers to recognize and formalize the role of support persons in childbirth. Hospitals and maternity centres should implement inclusive policies that allow and encourage the presence of birth companions of the woman's choice—be it a spouse, relative, friend, or trained doula—throughout the stages of labour and delivery.

Moreover, such integration should not be viewed merely as an emotional or cultural accommodation but as an evidence-based practice that aligns with global standards for respectful maternity care. Educational programs for expectant mothers should include information about the benefits of labour support, and hospital infrastructure should be adapted to facilitate privacy and space for companions. Incorporating this simple, low-cost intervention into standard obstetric protocols can play a transformative role in improving the quality of maternal healthcare services in India and beyond.

In the group with support, 70% reported moderate pain, whereas in the unsupported group, half reported severe pain and the remaining half described the worst pain imaginable. Anxiety levels were also lower among supported mothers, with 80% experiencing only mild anxiety. All women in the experimental group had normal vaginal deliveries, in contrast to the control group where 10% required instrumental intervention. Statistical analysis revealed significant differences in pain and anxiety between the groups ($p < 0.05$), validating the role of emotional support during childbirth.

7. Conclusion

The findings of this study strongly confirm that the presence of a support person during labour has a significant and positive impact on both maternal and neonatal outcomes, particularly among primi-parturient women. Women who had continuous companionship during labour experienced reduced anxiety, lower levels of perceived pain, shorter durations of labour, and a higher rate of spontaneous vaginal births. They also expressed greater overall satisfaction with their childbirth experience, which is a crucial indicator of quality maternity care. These outcomes not only benefit the immediate health and emotional well-being of the mother but also contribute to improved neonatal responses due to reduced maternal stress and better labour progression. In resource-limited settings or overburdened healthcare systems, emotional and physical support from a chosen companion can fill critical gaps in individualized care.

Ultimately, empowering women with emotional support during childbirth is not only a clinical necessity but a moral imperative in the journey toward more compassionate, person-centred maternity care.

8. Recommendations

Hospitals should develop policies to allow a birth companion of choice.

Antenatal classes should educate women about the benefits of labour support.

Training programs can be developed for doulas or trained birth companions.

Further research can explore the role of male companions (husbands) in Indian settings.

9. Limitations

The study was limited to selected hospitals in Bangalore, so findings may not be generalizable.

Small sample size limits the statistical power.

Cultural perceptions towards labour support were not explored in-depth.

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