

A Study to Assess Effectiveness of Presence of Birth Companion for Intranatal Women on Maternal Wellbeing and Informative Communication in Selected Government Hospitals in West Bengal

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ABSTRACT

It was globally accepted that allowing Birth companion during labour and child birth is a core component for improving quality care for maternal and child health. But this concept is not universally applied to all health facility. So the researcher conducted "A study to assess effectiveness of presence of birth companion for intranatal women on maternal wellbeing and informative communication in selected government hospitals in West Bengal." The purpose of the study was to assess effectiveness of presence of birth companion for intranatal women on maternal wellbeing and informative communication. A descriptive evaluative research design was adopted to collect data among 64 (with birth companion-32, without birth companion-32) intranatal women selected by non-probability purposive sampling technique. Data were collected by validated and reliable observational checklist (part A), (part B) structured interview schedule and semi structured interview schedule ($r=0.82, 0.76, 0.77$). Finding revealed that all intranatal women with birth companion received more comfort measures for maternal wellbeing (deep slow breathing 53.13%, back rub 100%, ambulation 87.5%, micturition 62.5% intake sip of water 100% and continuous reassurance 100%) compare to without birth companion (deep slow breathing 28.13%, back rub 21.87%, ambulation 56.25%, micturition 53.13% intake sip of water 56.25% and continuous reassurance 59.37%). Study also revealed that most

intranatal women with birth companion felt more comfort after practicing deep slow breathing (25%), back rub (84.37%), ambulating (31.25%), intake sip of water (53.13%) compares to only 6.25% intranatal women without birth companion felt more comfort after intake sip of water and other area those were received comfort measures felt little comfort. Another findings of this study was that most of the intranatal women with birth companion received information about intake fluid (100%), slow walking (34.37%), foetal wellbeing and lie in left lateral position (96.87%), birthing position (100%) and bearing down effort during child birth (96.87%) compare to intranatal women without birth companion received information about intake fluid (56.25%), slow walking (31.25%), foetal wellbeing and lie in left lateral position (87.5%), birthing position (100%) and bearing down effort during child birth (93.75%) during their 1st stage of labour. The main finding was that there was significant difference in maternal wellbeing in terms of comfort level after receiving comfort measures for maternal wellbeing between intranatal women with and without birth companion ($t=7.77$ at $df(62)$, $p<0.05$). There was also significant difference in informative communication between intranatal women without birth companion ($t=3.45$ at $df(62)$, $p<0.05$). There was statistically no significant association between maternal wellbeing in terms of comfort level and demographic variables and obstetrical profile of intranatal women with and without birth companion at 0.05 level of

significance. But according to odd ratio (OR) most intranatal women with birth companion felt comfort in respect of having relationship with birth companion (of women 1.05 times higher than mother-in-law), with gravida (primi gravida 1.05 times higher than multi gravida) and gestational age (>37 weeks) 1.63 times higher than <37 weeks). Hospital authority, nursing administrators can encourage and allow intranatal women to have reliable birth companion with her throughout birthing process. The further study can be done in the other area of informative communication in terms of progress of labour, maternal wellbeing in terms of reducing labour pain, duration of labour and effectiveness of birth companion in terms of maternal satisfaction, maternal and neonatal outcome. So we can conclude on the basis of findings that intranatal women feel more comfort and receive more information in the presence of birth companion during labour process.

Keywords: birth companion, intranatal women, maternal wellbeing, informative communication

INTRODUCTION

Traditionally mothers and family members preferred home delivery that leads to increase maternal mortality every year. Based on this result WHO emphasize on skilled birth attendance for child birth and focuses on issues that why mothers are not attending health facility or admitted hospital for safe delivery. There were lots of issues, like fear and anxiety for being alone in labour room, fear of maltreatment or misbehaves. These were barriers, which prohibit them to reach health facility based delivery¹.

For giving spontaneous natural birth, women had to across the stage of painful labour, like 1st stage of labour which is very lengthy, painful, and mother was anxious about expect outcome of labour. Then it was thought that if mother had come hospital with female relative considered as a birth companion and allowed her to stay with mother continuously thereby mother's wellness will improve in the presence of family member. Female relative provide mental, physical support, filling up the gap

by proper communication between mother and health worker. Many studies conducted on it and results come out very positive.² Mothers with social support or companion reported positive child birth experience, short duration of labour, minimum use of analgesic, low rate of caesarean section. Not only that health professional also reported that they get some relaxation in heavy work load in the presence of birth companion. Other country allowed male partner or husband as a birth companion³ but in India only female relative with birth experiences are allowed as a birth companion.

According to Union Health Ministry⁴ (2016) of India, Birth companions are those who have experience about the labour process. Characteristics of Birth companion can be described in various ways. WHO⁵ (2002) explained the birth companionship or labour companionship as a core element for improving maternal and infant health. Not only that it was clearly mentioned by WHO that birth companion should be those women who are experienced with the labour process and able to provide continuous one-to-one support to intranatal mother, must be free from any communicable diseases, should wear clean clothes, willing to stay throughout labour must co-operate by not interfering in the work of hospital staff, and the treatment procedures should not attend the other women in labour room at the same time.

The Global Respectful Maternity Care Council focused on protects human rights on maternal and child mortality and morbidity reduction. For that a broad group of stakeholders came to develop the Respectful Maternity Care Charter: Universal Rights of Mothers and Newborn. Choosing companion during labour is important one of all rights which protect mother from in humanization, abuse and disrespect in maternity ward⁶ (2011). Union Health Ministry (2016) in India took a decision to allow, 'birth companion' during delivery for providing one-to-one support throughout labour and childbirth. Behind this decision only the aim is reduced

maternal mortality ratio (MMR) and Infant mortality rate (IMR).

In national and international level many studies had been conducted and findings suggested that presence of birth companion with intranatal mother during labour process mainly providing emotional support which health care provider unable to provide due to lack of time, lack of interest and due to heavy workload⁷.

A qualitative explorative study was conducted to explore the associate factors of negative birth experiences in South African⁸ Public maternity settings. Findings showed four major factors for negative experience and absence of birth companion was one of them. This study focused on the birth companion's importance to be presence in labour room.

In pandemic (covid-19) situation in New York state department of Health took a significant decision to restrict the visitation during labour and childbirth, by issuing visitation protocols in all hospitals. Later in the response of protest against this guideline, it modified and allowed birth companion at health facility⁹.

METHODOLOGY

Descriptive evaluative research design was adopted to collect data from intranatal women

with and without birth companion at Observation room of Labour room complex Balurghat

District Hospital and Gangarampur Subdivision Hospital, Dakshin Dinajpur, West Bengal.

After getting permission from hospital authority, total 64 (with birth companion – 32, without birth companion – 32) Intranatal women received in observation room of Labour Room complex with active labour and os dilatation 4 cm to 6cm were selected through non-probability purposive sampling technique and after explaining the study procedure obtaining consent. Primi or multi gravid women in active labour with os dilated 4cm to 6cm uncomplicated labour process willing to participate in the study

was included in the sample. Intranatal women with augmented labour, high risk pregnancy (women with multiple pregnancy, anemia, PIH, PROM, IUFD and others), mentally challenged were excluded from the study. Semi-structured interview schedule was used to collect socio demographic data, observational checklist was used to get information about comfort measures for maternal wellbeing and structured interview schedule was used to assess comfort level of intranatal women. Semi-structured interview schedule was used to assess informative communication (receiving information and source of receiving information) for intranatal women in labour room. Comfort level of intranatal women was assessed by interviewing regarding her feeling after providing each delivered comfort measures. There were 6 comfort measures and each measure had three statements, so total number of statement of Comfort level was 18. The comfort level was scored by More comfort-2, Little comfort-1, No comfort-0.

Statistical Methods:

Descriptive and inferential statistics were done to assess effectiveness of presence of birth companion on maternal wellbeing and informative. The data regarding sample characteristics of intranatal women with and without birth companion were described by frequently and percentage distribution. Unpaired t test was computed to identify the difference in maternal wellbeing in terms of comfort level and informative communication between intranatal women with and without birth companion. Chi-square and Odd ratio were computed to find out the association between maternal wellbeing in terms of comfort level and demographic and obstetrical profile of intranatal women with and without birth companion.

RESULT

Data showed that average (50%) intranatal women with birth companion and little more than one third (34.37%) without birth

companion belonged to age group of 16-20 years. Whereas one fourth (25%) intranatal women with birth companion and near to average (46.88%) without birth companion were 21-25 years of age and again 25% intranatal women with birth companion and only (18.75%) intranatal women without birth companion were 26-30 years of age. Majority intranatal women with birth companion (87.5%) and without birth companion (75%) were Hindu religion. Regarding education majority of intranatal women with birth companion (75%) and without birth companion (71.87%) having secondary level of education. Most (87.5%) of intranatal women with and without birth

companion were homemaker. In respect of relationship with birth companion maximum intranatal women was accompanied by mothers as birth companions (34.37%), followed by grandmothers (25%), mother-in-law (21.88%) and sisters (18.75%). It is also showed that maximum (59.38%) intranatal women with birth companion and (62.5%) without birth companion were primi gravida. The table, further showed that majority (71.87%) intranatal women with birth companion were term and 28.13% were preterm in gestational week similarly for without birth companion more than average (59.4 %) were term and 40.6 % were preterm in gestational week.

Table 1: Frequency and percentage distribution of comfort measures providing by birth companion for maternal wellbeing of intranatal women. n=64(n_{with BC}=32, n_{without BC} =32)

Comfort measures for maternal wellbeing	With birth companion		Without birth companion	
	Frequency	Percentage	Frequency	Percentage
Deep, slow breathing				
Yes	17	53.13	9	28.13
No	15	46.87	23	71.87
Back rub				
Yes	32	100	7	21.87
No	0	0	25	78.13
Ambulation				
Yes	28	87.5	18	56.25
No	4	12.5	14	43.75
Micturition				
Yes	20	62.5	17	53.13
No	12	37.5	15	46.87
Intake sip of water				
Yes	32	100	18	56.25
No	0	0	14	43.75
Continuous reassurance				
Yes	32	100	19	59.37
No	0	0	13	40.63

Table 1 showing percentage distribution comfort measures for maternal wellbeing among intranatal women with and without birth companion. More than average (53.13%) intranatal women with birth companion practiced deep slow breathing for relaxation while only 28.13% intranatal women without birth companion practiced it. All (100%) intranatal women with birth companion were given back rub whereas only 21.87% intranatal women without birth companion get back rub. Majority (87.5%) intranatal women with birth companion ambulate and more than average (56.25%) intranatal women without birth companion

were practiced ambulate. More than average (62.5%) intranatal women with birth companion were encouraged for micturition on other hand more than average (53.13%) intranatal women without birth companion were encouraged for it. All (100%) intranatal women with birth companion were given sip of water whereas, a little more than average (56.25%) intranatal women without birth companion were given sip of water. All (100%) intranatal women with birth companion were given continuous reassurance while 59.37% intranatal women without birth companion were given continuous reassurance.

Table 2: Frequency and percentage distribution of maternal wellbeing in terms of comfort level of intranatal women with and without birth companion after practicing comfort measures. n=64(n_{with BC}=32, n_{without BC}=32)

Comfort measures practice	Maternal Well being in terms of comfort level					
	with birth companion			without birth companion		
	More	Little	No	More	Little	No
	Fr (%)	Fr (%)	Fr (%)	Fr (%)	Fr (%)	Fr (%)
Deep slow breathing Received	8 (25)	5 (15.63)	4 (12.5)	0 (0)	9 (28.13)	0(0)
Not Received	0 (0)	0(0)	15 (46.87)	0 (0)	0 (0)	23 (71.87)
Back rub Given	27 (84.37)	3 (9.38)	2 (6.25)	0 (0)	7(21.87)	0 (0)
Not Given	0(0)	0 (0)	0 (0)	0 (0)	0(0)	25 (78.13)
Ambulation Helped	10 (31.25)	14 (43.75)	4 (12.5)	0 (0)	18 (56.25)	0(0)
Not helped	0(0)	0 (0)	4 (12.5)	0 (0)	0 (0)	14(43.75)
Micturition Helped	0 (0)	20 (62.5)	0 (0)	0 (0)	17 (53.13)	0 (0)
Not Helped	0 (0)	0 (0)	12 (37.5)	0 (0)	0 (0)	15(46.87)
Sip of water Given	17 (53.13)	12 (37.5)	3 (9.37)	2 (6.25)	16 (50)	0 (0)
Not Given	0 (0)	0(0)	0 (0)	0 (0)	0 (0)	14(43.75)
Continuous reassurance Given	0 (0)	28 (87.5)	4 (12.5)	0 (0)	19 (59.37)	0 (0)
Not Given	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	13 (40.63)

Data presented in the table 2 the comfort measures for providing maternal wellbeing were practiced by two groups of intranatal women with and without birth companion throughout labour process and maternal wellbeing in terms of comfort level after practicing comfort measures. With respect to the deep slow breathing more than average (53.13%) intranatal women with birth companion practiced and out of them 25% women felt more comfort, 15.63% little comfort and 12.5% no comfort whereas only 28.13% intranatal women without birth companion practiced deep slow breathing and felt little comfort. All (100%) intranatal women with birth companion were given back rub and felt more comfort (84.37%) and little comfort (9.38%) while only 21.87% intranatal woman was given back rub and felt little comfort. Majority (87.5%) of intranatal women with birth companion were helped to ambulate and felt more comfort (31.25%), little comfort (43.75%), and no comfort (12.5%).

On the other hand more than average (56.25%) intranatal women without birth companion

were helped to ambulate and felt little comfort. Majority (62.50%) of the intranatal women with birth companion were encouraged for micturition and after micturition felt little comfort on the other hand 53.13% intranatal women without birth companion were encouraged for it and felt little comfort after micturition. All (100%) intranatal women with birth companion were given sip of water and felt more comfort (53.13%) and felt little comfort (37.5%).

Whereas more than average (56.25%) intranatal women without birth companion were given sip of water and felt more comfort (6.25%) and felt little comfort (50%) for it. Hundred percentage of intranatal women with birth companion were given continuous reassurance and most (87.5%) of them felt little comfort whereas 59.37% intranatal women without birth companion were given continuous reassurance and they felt little comfort

Table 3 Frequency and percentage distribution of intranatal women with and without birth companion according to informative communication and source of receiving information. n=64(n_{with BC}=32, n_{without BC}=32)

Informative communication	Source of receiving information						Not received	
	Nurse via BC		Nurse		Doctor			
	F	%	F	%	F	%	F	%
Fluid intake								
With birth companion	32	100	0	0	0	0	0	0
Without birth companion	0	0	18	56.25	0	0	14	43.75

Slow walking								
With birth companion	0	0	11	34.37	0	0	21	65.63
Without birth companion	0	0	7	21.87	3	9.38	22	68.75
Foetal wellbeing								
With birth companion	0	0	19	59.37	12	37.5	1	3.13
Without birth companion	0	0	16	50	12	37.5	4	12.5
Lie in left lateral position								
With birth companion	0	0	19	59.37	12	37.5	1	3.13
Without birth companion	0	0	16	50	12	37.5	4	12.5
Birthing position								
With birth companion	21	65.63	11	34.37	0	0	0	0
Without birth companion	0	0	32	100	0	0	0	0
Bearing down effort								
With birth companion	23	71.87	8	25	0	0	1	3.13
Without birth companion	0	0	30	93.75	0	0	2	6.25

Nurse via BC = Nurse conveys the information through birth companion.

Data presented in table 3 revealed that all (100%) intranatal women with birth companion were informed to intake sip of water by nurse via birth companion and more than average (56.25%) intranatal women without birth companion were informed and source of information only nurse. Little more than one third (34.37%) of intranatal women with birth companion received information for slow walking from nurse and similarly almost same number (31.25%) of intranatal women without birth companion were informed for slow walking and informed by nurses (21.87%) and doctors (9.38%). Most (96.87%) of intranatal women with birth companion received information regarding foetal wellbeing and lie in left lateral position and source of information were nurse (59.37%) and doctors (37.5%). Similarly, most (87.5%) of intranatal women without birth companion were informed regarding foetal wellbeing and lie in left lateral position and their source of information were nurses (50%) and doctors (37.5%). All (100%) intranatal women with birth companion were informed to choose birthing position and informed by nurse via birth companion (65.63%) and nurses (34.37%). Whereas all intranatal women without birth companion were also informed to choose birthing position and informed by only nurse (100%). Most (96.87%) of intranatal women with birth companion were informed regarding bearing down effort during child birth and informed by nurse via birth companion (71.87%) and nurses (25%).

Similarly most (93.75%) intranatal women without birth companion were informed regarding bearing down effort during child birth and informed only by nurse.

Table 4: Mean, mean difference, SD and 't' value showing the difference in maternal wellbeing in terms of comfort level between intranatal women with and without birth companion after receiving comfort measures for maternal wellbeing. n=64(n_{with BC}=32, n_{without BC}=32)

Intranatal women	Mean	Mean D	SD	't' value	P value
With birth companion	6.75		2.62		
		3.94		7.77	.00001
Without birth companion	2.81		1.17		

't' df (62) = 2.00, P < 0.05

Data presented in this table 4 depicted that mean values of comfort level of intranatal women with birth companion was higher than the intranatal women without birth companion. This difference is statistically significant as evident from t value=7.77 at df (62) at 0.05 level of significant. Hence it can be concluded that comfort measures in the presence of birth companion is effective in providing comfort to the intranatal women.

Table 5: Mean, mean difference, SD and 't' value showing the difference in informative communication between intranatal women with and without birth companion. n = 64(n_{with BC} = 32, n_{without BC} = 32)

Intranatal women	Mean	Mean D	SD	't' value	P value
With birth companion	5.25		0.67		
		0.69		3.45	.000507
Without birth companion	4.56		0.91		

't' df (62) = 2.00, P < 0.05

Data presented in this table 5 depicted that mean values of informative communication of intranatal women with birth companion was higher than the intranatal women without birth companion. This difference is statistically significant as evident from t

value =3.45 at df (62) at 0.05 level of significance. Hence it can be concluded that informative communication in the presence of birth companion is effective in providing information regarding child birth to the intranatal women.

Table 6: Association between maternal wellbeing in terms of comfort level and demographic variables and obstetrical profile. n =64(n with BC =32, n without BC =32)

Demographic variables & Obstetrical profile	Comfort level with BC		Chi square (p-value)	Odds ratio (95% CI & p value)	Comfort level without BC		Chi square (p-value)	Odds ratio (95% CI & p value)
	<mdn	≥mdn			<mdn	≥mdn		
Age ≤20 years >20 years	5 10	11 6	3.13 (0.07)	0.27 (0.06 - 1.18, .08)	4 11	7 10	0.74 (0.39)	0.52 (0.12 -2.32, .39)
Education < H.S H.S & above	11 4	13 4	0.42 (0.84)	0.85 (0.17 - 4.2, 0.83)	15 6	10 1	1.60 (0.20)	0.25 (.03 -2.40, .023)
Relationship with birth companion Mother Mother-in-law	9 6	10 7	0.01 (0.95)	1.05* (0.26 -4.32, .94)	-	-	-	-
Gravida Primi Multi	9 6	10 7	0.01 (0.95)	1.05* (0.26 -4.32, .94)	7 8	13 4	3.02 (0.08)	0.27 (0.06 -1.22, .09)
Gestational week <37 weeks >37 weeks	5 10	4 13	0.37 (0.54)	1.63* (0.34 -7.67, .54)	6 9	7 10	1.96 (0.16)	0.95 (0.23 - 3.92, .945)

Table value of chi square with 1 df at 0.05 level of significance = 3.84, mdn = median
*Significant

Data presented in this table 6 depicted that most intranatal women with birth companion felt comfort as evidence from frequency value of ≥ median in respect of ≤20 years (11), level of education < H.S (13), mother as birth companion (10), primi gravid (10), >37 weeks gestational age (13). But there was statistically no significant association between maternal wellbeing in terms of comfort level and demographic variables and obstetrical profile of intranatal women with birth companion at 0.05 level of significance. Similarly intranatal women without birth companion felt comfort as evidence from frequency value of ≥ median in respect of primi gravid (13), >37 weeks gestational age (10). But there was statistically no significant association between maternal wellbeing in terms of comfort level and demographic variables and obstetrical profile of intranatal women without birth companion at 0.05 level of significance.

But according to odd ratio (OR) maternal wellbeing in terms of comfort level of intranatal women with birth companion who were having mother as a birth companion 1.05 times higher than mother-in-law (CI 0.26-4.32), and with primigravida women 1.05 times higher than multi gravida (CI 0.26-4.32), and gestational age, <37 weeks was 1.63 times higher than >37 weeks (CI 0.34-7.67). So these associations were, statistical significant as the value of odds ratio is greater than 1.

DISCUSSION

The results of present study indicates that different comfort measures for maternal wellbeing that intranatal women received during their 1st stage of labour is sub-optimal in the absence of birth companion and women are more likely to get benefit from the superior support in the presence of birth companion. Eighty seven point five percent of intranatal women with birth companion were helped to be ambulatory

during 1st stage of labour compared to more than average (56.25%) of women without birth companion. All (100%) intranatal women with birth companion were provided sips of water during labour compared to more than average (56.25%) of intranatal women without birth companion were provided sips of water. This result supported by a study conducted in east of Bangladesh¹⁰. The findings showed that most (74%) of mothers who gave birth at home in the presence of family member, allowed for drinking fluid compare to mothers (34%), gave birth at hospital in absence of family members during labour. Another findings of this study in relation to ambulation showed that (85%) women who gave birth at home were allowed to ambulate whereas 46% women were allowed who gave birth at health facility in the absence of companion. Another study conducted in Cameroon, Africa¹¹ showed that use of comfort measures such as physical measures including elimination need and fluid intake (100%), walking (65.6%), and practice breathing exercise (52.2%), massage (53.3%) were provided during labour process by nurses and midwives. But very few of them (20%) were received reassurance.

All intranatal women did not receive all comfort measures fully and equally may be due to different relatives have different birthing experience and feelings, lack of knowledge regarding support required during birthing process.

The present study showed that all (100%) intranatal women with and without birth companion received information regarding choosing birthing position. This result was not supported by the study findings conducted in Bangladesh¹⁰ where more than average (54%) women having companion who were relative and gave birth at home, were offered to choose birthing position by their choice and only 25% women without companion who gave birth at health facility, were allowed to choose comfortable birthing position. Similarly the present study finding not supported by the study findings

to conducted in Ethiopia and in Uttarpradesh (India). In Ethiopia¹² only 29% intranatal women were asked their preference of birthing position, and in Uttarpradesh¹³ 92% mothers were not allowed to choose comfortable birthing position. May be health personnel not update about knowledge and practice to deliver in other comfortable position rather than supine position. So intranatal women and birth companion preferred only the familiar supine position.

Present study also indicates that most of intranatal women with birth companion (96.87%) and without birth companion (93.75%) were informed regarding bearing down effort during child birth.

This finding supported by another study result where nurse and midwives as a birth companion used comfort measures including maintain communication with the women during labour process. It was noted that most (90.0%) women were informed about update labour progress by bearing down effort¹¹.

Present study suggested that there is significant difference between comfort level of intranatal women with and without birth companion after receiving comfort measures for maternal wellbeing (t value 7.77 at df (62) =2.0, p>0.05). In congruence with present study results, the findings of a study in Damietta¹⁴ at labour unit demonstrated that 86.7% of women with companion (study group) during labour process were satisfied with the experience of labour, compared to (20%) without companion (control group). It was statistically significant (p<0.001).

NURSING IMPLICATIONS

The ANM health workers can teach and counsel the antenatal women and selected birth

companion in subcentre during third trimester ANC visit (Preferably last two ANC visit).

Nurses can do same things when antenatal women admitted in health facility for child birth. It will be benefit for intranatal women

as well as slightly reduce the nurse's workload. Nurse administrator in community field may encourage, supervised and monitor grass root level workers like ASHAs, ANMs, Health supervisors for providing necessary teaching about birthing process, comfort measures for intranatal women and role of birth companion (according to WHO guideline) as they can keep touch with expected mothers and family members for long time (from early registration to until hospitalization for child birth).

In clinical field Nurse Administrators can arrange a meeting and training in regular interval to enhance nursing staff's knowledge and practice about effects of birth companion on maternal wellbeing by providing comfort measures and informative communication.

This study has some limitations, those are: data could not collect from the women who admitted in labour room at night. Particular family members were not willing to stay continuously. It was restricted investigator but sometimes it was happened.

CONCLUSION

Intranatal women with birth companion who received comfort measures for their wellbeing from active labour with os dilatation 4cm to 6cm until full dilatation of cervical os feeling more comfort compared to intranatal women without birth companion. Another comparison was found that intranatal women with birth companion received more information than intranatal women without birth companion. The differences of both areas were statistically significant. But it was pointed out that nurses were the major source of providing information for both groups. Reasons may be lack of knowledge of birth companion about labour, comfort measures for maternal wellbeing and their role as a birth companion. Awareness programme can be arranged for birth companion in health facility.

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