Original research article

Women's satisfaction with the activities performed by a support person during birth

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Abstract

The presence of a support person during birth increases the quality of health care, improves birth outcomes and increases women's satisfaction with birth. The main objective of this study was to ascertain the overall satisfaction of women with the activities performed by a support person during birth. The satisfaction was assessed in the four key areas of support: physical, psychological, emotional and informational.

Methods: The study has a cross-sectional design. The sample consisted of 166 women who had a support person during birth. A non-standardized questionnaire was used to collect data on women's satisfaction in the four basic areas of specific activities provided by support persons: physical, psychological, emotional and informational. A satisfaction level with performed activities was analysed. The findings showed a woman's partner was the most frequent support person (156 women; 94%). However, some of the activities were not performed by support persons or the women were not satisfied with their performance. A high level of satisfaction was found in physical, psychological, emotional and informational support (from $p = 0.00468$ to $p < 0.00001$).

Conclusions: The respondents expressed a high level of satisfaction with the activities of the support person. However, the results indicate that the presence of the support persons themselves, mostly a partner, during birth is more important for women than the activities provided by them.

Keywords: Birth; Personal satisfaction; Social support

Introduction

Continuous support during birth is an interactive process that depends on the age, experience and personality of the support person, but also on the environment in which it is provided. It is divided into social support and professional support. Social support is most often provided by a woman's partner, family members or friends. Professional support is provided by a midwife, doula or doctor – obstetrician (Simon et al., 2016; Thorstensson et al., 2012). All types of support during birth are beneficial, but its benefit is increased if women choose it separately, based on their own choice, and it is not part of the offer of medical staff (Hodnett et al., 2013). According to WHO's recommendations, the presence of a support person during birth increases the quality of health care, improves birth outcomes and increases women's satisfaction with birth. The WHO also emphasizes that the possibility of a woman's companion of choice is based on the principles of human rights, respect for autonomy, respect for the needs of communities and the responsiveness of health systems (WHO, 2016).

Support during birth is multidimensional. It can be divided into several areas. Hunter, in his earlier study, defined these as emotional, physical, spiritual and psychological sup-

port (Hunter, 2002). In newer studies, the form of spiritual support is not presented, but is specific to Muslim culture in managing labour pains (Bawadi, 2015). Iliadou (2012), on the basis of descriptive studies focusing on women's childbirth experiences, defined emotional, informational, physical and advocacy support.

The form of emotional support is expressed in encouraging and praising a woman in labour, creating a sense of security by the presence of a support person, sharing in certain situations, etc. (Hunter, 2009; Iliadou, 2012; Nikula et al., 2015). Emotional support is the most complex dimension and Salus (2006) even divides it into three sub-areas: emotional support – assurance (for example, on the birth process), emotional support – creating safety and comfort, emotional support – behaviour of a support person (peace and security in interaction with a woman in labour, etc.).

Physical (specific, tangible) support is expressed in helping to meet the basic needs of a woman in labour such as nutrition, hydration, positioning assistance, massage, and other relaxation touches (Nikula et al., 2015; Salus, 2006).

Informative professional support (provided by midwives) refers in particular to guidance on appropriate positions during birth, as well as counselling on breathing, relaxation and pushing techniques, influencing pain, providing information

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on treatment and care for a mother and fetus (Nikula et al., 2015; Salus, 2006). Being an interpreter between a woman in labour and health care professionals is the main component of social informational support through a woman's partner or another companion. The exchange of information relates to the interpretation of the requirements of a woman in labour to the staff, the reproduction of information from the staff and the gathering of information from the staff (Parker-Litter, 2008). In addition, social support in general increases women's ability to communicate with the staff (Reisz et al., 2015). The role of a birth advocate requires adequate knowledge of the birth process, management of the individual stress and demands during birth. Advocacy is understood as supporting the expression of a woman's wishes and needs during birth, as well as her involvement in the decision-making process of treatment and care (Nikula et al., 2015). Psychological support during birth includes various activities that often blend in with emotional support and advocacy. It includes praise and appreciation of woman's abilities during birth, giving strength and courage, encouragement to relax, providing company to eliminate solitude, and distraction from pain (Hunter, 2002; Irvani et al., 2015; Parker-Litter, 2008).

The main objective of this study was to ascertain the satisfaction of women with the activities carried out by a support person during birth. We focused on social support provided by close family members and friends of a woman in labour. The satisfaction was assessed in the four key areas of support: physical, psychological, emotional and informative.

Materials and methods

This is a cross-sectional study as it is based on quantitative research over a relatively short period of time.

The research sample consisted of 166 women in different postnatal periods (births from 2004 to 2016) who had a support person present during birth and attended education sessions in selected maternity centres situated in middle-sized (from 10,000 to 60,000 inhabitants) cities. Among them, 86 respondents were from West Slovakia, 56 from the Middle of Slovakia and 24 from East Slovakia. The mean age of the women was 30.44 years ($SD = 3.77$). In terms of parity, 87 primiparas and 79 multiparas participated. In terms of education, 31 women had secondary education and 135 women had university education.

A questionnaire prepared for the purpose of this study was used to collect the data. The questionnaire design was mainly focused on determining women's satisfaction in the four basic areas of support (separate subscales of the questionnaire): physical, psychological, emotional and informational. The content validity of the questionnaire was determined by an expert evaluation by two experienced university teachers in the field of midwifery. Following their comments, minor edits were made to the questionnaire. Subsequently, the questionnaire was tested in a pilot study (December 2015) on a sample of ten respondents who identified it as comprehensible and did not raise any issues with understanding the questions. The data from the pilot study were included in the main research and were evaluated together. The respondents expressed their opinions on whether a specific activity of a support person in a certain area was/was not carried out and whether they were satisfied/dissatisfied.

Reliability of the questionnaire's subscale, which ascertained women's satisfaction, was based on the Cronbach coefficient alpha. It was confirmed to be a reliable research tool

at a value of $\alpha_C = 0.842$. The empirical data collection took place from December 2015 to February 2016 throughout 22 maternity centres in the Slovak Republic. 148 questionnaires were distributed online, using an online form, and 20 questionnaires were distributed personally, in printed form. As the questionnaires were distributed through maternity centres, respondents showed a high level of personal interest and willingness to fill in the questionnaire. The response rate of the questionnaires in printed form was 100%. 148 questionnaires were returned from the internet, of which 146 (98.6%) were included in the research. Overall, data were evaluated from 166 questionnaires. All maternity centres agreed to the distribution of questionnaires. Each respondent agreed to be included in the study and was informed of the anonymity, voluntary basis and purpose of the research.

For the data analysis, a Chi-square test at a 5% level of significance ($\alpha \leq 0.05$) was used among women who were given specific assistance (activity) and were not given specific assistance (activity) by a support person during birth. The assistance was assessed by choosing between the four options: (1) the activity was carried out and the women were satisfied with it, (2) the activity was carried out and they were dissatisfied with it, (3) the activity was not carried out and they were satisfied, (4) the activity was not carried out and they were dissatisfied. For the evaluation of other data, simple descriptive statistics (absolute figures, percentages, arithmetic mean, standard deviation) were used.

Results

The sample of respondents is quite homogeneous in terms of age (30.44, $SD = 3.77$). In terms of education, women with basic education are completely absent and women with university education predominate, which is probably due to the dominating online distribution of questionnaires. In terms of parity, the sample is divided approximately in half. One half are primiparas and the other half are women who gave birth twice or several times (multiparas). It can be said that the information about the support person reported by the women was relatively up to date, because the absolute majority of them (91%) gave birth with a support person between 2013 and 2016.

A woman's partner was definitely the most frequent support person during birth. It was reported by 156 women (94%). Other support persons during birth were a sister, mother or friend, and a doula was reported only in three cases. Only four of the women reported two support persons during birth at the same time, no respondent reported more than two (Table 1).

Women's satisfaction was evaluated in the four basic areas of support: physical, psychological, emotional and informational, carried out by a support person. Tables 2–5 summarize specific activities, which were encoded in each area of support. In *physical support* (Table 2), the most frequent were the provision of various items of necessity, help with showering and walking, offering liquids and moistening lips during labour. At the same time, these were the activities, where the women expressed the minimum dissatisfaction. Surprisingly, massage was the least frequently performed subactivity (in only 64 cases – 39%). In this activity, the highest dissatisfaction was expressed ($n = 10$ when performing the activity and $n = 18$ when not performing the activity). In *physical support*, the Chi-Square test among the women, who were given assistance and who were not given assistance, in the assessment

Table 1. Demographic characteristics of the sample (absolute numbers and respective percentages)

	Abs.	%
Education		
basic/elementary	0	0
secondary/high school	31	19
university	135	81
Parity		
primiparas	87	52
multiparas	79	48
Birth in years		
2013–2016	151	91
2004–2012	15	9
Support person during birth		
a woman's partner	156	94
other person	10	6
Number of support persons		
one person	162	98
two persons	4	2

between the four options (1) the activity was carried out and the women were satisfied with it, (2) the activity was carried out and they were dissatisfied with it, (3) the activity was not carried out and they were satisfied, (4) the activity was not carried out and they were dissatisfied), showed a high statistical significance in all subactivities ($p < 0.001$). This means that, in the defined group of women, satisfaction is independent of the performance of the task and, overall, the women expressed a high level of satisfaction with the activities performed. However, a high degree of satisfaction was also evident in the activities not performed by a support person at all.

Psychological support (Table 3) was most perceived by the respondents in the elimination of solitude (a companion during birth), followed by support through encouragement, giving strength and courage, and the third most frequent activity was distraction from pain. Overall, this was performed at 73%. The least frequent activities were encouragement to relax ($n = 85$; 51%) and appreciation of a woman's abilities ($n = 87$; 52%) during birth. In the encouragement to relax, the highest dissatisfaction was recorded ($n = 11$ when performing the activity and $n = 11$ when not performing the activity). Also in psy-

Table 2. Activity – Physical support; women's satisfaction with support person in physical support

Assistance from SP-subactivities	Satisfaction with performing activity (n)	Dissatisfaction with performing activity (n)	Satisfaction with non-performing activity (n)	Dissatisfaction with non-performing activity (n)	Total (n)	χ^2 p
Changing positions	89	6	63	8	166	29.554 0.00000
Showering and walking	102	3	52	9	166	68.837 0.00000
Breathing during labor	79	10	69	8	166	57.146 0.00000
Massage	64	10	74	18	166	83.030 0.00000
Giving of needed objects	124	2	34	6	166	52.136 0.00000
Hydration wetting lips	94	8	53	11	166	98.787 0.00000
Total (n)	552	39	345	60	–	–
Average activity	98.5 (59%)		67.5 (41%)		166	–

SP – support person; n – number; χ^2 – chi-squared test; p – significance level ($\alpha \leq 0.05$).

chological support, the Chi-Quadrate test among the women (who were given assistance and who were not given assistance) showed a high statistical significance in assessing the four options (from $p < 0.001$ to $p = 0.005$). This means that, in the defined group of women, the satisfaction is again independent of the performance of the task and the women showed a high level of satisfaction, whether the elements of psychological support were performed or not.

In *emotional support* (Table 4), the tasks most commonly performed were to create a greater sense of security, nonverbal expressions of support by touch (hugging, holding hands) and mutual sharing of feelings. A less frequent subactivity was co-partnership in a critical situation, for example in case of complications, increased birth pains, etc. (support of this type occurred in $n = 92$, which is 55%, of which 5 women were dissatisfied). The results show that emotional support was most represented during birth, as the individual elements were rep-

resented by up to 81%, which is the most of all areas of support. At the same time, dissatisfaction with the performance or non-performance of the activities was the lowest among all types of support (overall $n = 15$ in the performance of tasks and $n = 8$ in non-performance of tasks). Similarly, in emotional support, the Chi-quadrate test among the women who were given or were not given assistance, in assessing the four options, showed a high statistical significance in all subactivities ($p < 0.001$). The results also show that women's satisfaction is independent of the performance of the task and the women showed a high level of satisfaction, whether the elements of emotional support were performed or not.

Informational support (Table 5) was provided by the support persons to a lesser extent compared to the previous areas. Informational support was identified through the three interventions: interpreting the requirements of a woman in labour, repeating and explaining information from the staff, and ac

Table 3. Activity – Psychological support; women's satisfaction with support person in psychological support

Assistance from SP-subactivities	Satisfaction with performing activity (n)	Dissatisfaction with performing activity (n)	Satisfaction with non-performing activity (n)	Dissatisfaction with non-performing activity (n)	Total (n)	χ^2 p
Praise	96	14	52	4	166	29.278 0.00000
Encouragement, giving strength and courage	135	11	17	3	166	30.413 0.00000
Appreciation of a woman's abilities	87	8	61	10	166	25.616 0.00001
Relaxation	85	11	59	11	166	25.405 0.00001
Distraction from pain	109	12	37	8	166	37.463 0.00000
Company, elimination of solitude	160	2	3	1	166	17.729 0.00468
Total (n)	672	58	229	37	–	–
Average activity	121.6 (73%)		44.3 (27%)		166	–

SP – support person; n – number; χ^2 – chi-squared test; p – significance level ($\alpha \leq 0.05$).

Table 4. Activity – Emotional support; women's satisfaction with support person in emotional support

Assistance from SP-subactivities	Satisfaction with performing activity (n)	Dissatisfaction with performing activity (n)	Satisfaction with non-performing activity (n)	Dissatisfaction with non-performing activity (n)	Total (n)	χ^2 p
Co-partnership in a critical situation	92	5	64	5	166	28.491 0.00000
Mutual sharing of feelings	109	9	45	3	166	40.355 0.00000
Non-verbal support (hugging, touching...)	157	1	8	0	166	27.586 0.00000
Creating a sense of safety	162	0	4	0	166	20.201 0.00000
Total (n)	520	15	121	8	–	–
Average activity	133.8 (8%)		32.2 (19%)		166	–

SP – support person; n – number; χ^2 – chi-squared test; p – significance level ($\alpha \leq 0.05$).

Table 5. Activity – Informational support; women's satisfaction with support person in informational support

Assistance from SP-subactivities	Satisfaction with performing activity (n)	Dissatisfaction with performing activity (n)	Satisfaction with non-performing activity (n)	Dissatisfaction with non-performing activity (n)	Total (n)	χ^2 p
Interpreting the requirements of a woman	95	3	49	19	166	49.797 0.00000
Repeating and explaining information from the staff	75	8	74	9	166	50.780 0.00000
Acquiring information from the staff	103	7	45	11	166	75.038 0.00000
Total (n)	273	18	168	39	–	–
Average activity	97 (58%)		69 (42%)		166	–

SP – support person; n – number; χ^2 – chi-squared test; p – significance level ($\alpha \leq 0.05$).

quiring information from the staff. The activities were carried out in total at 58%. Dissatisfaction with the performance or non-performance was not more pronounced than with other types of support. The assistance was mostly used to collect information from the staff ($n = 103$; 62%). The Chi-square test among the women (who were given or were not given assistance) showed a high statistical significance in assessing the four options ($p < 0.001$). The results again indicate that women's satisfaction is independent of the performance of the task, and the women showed a high level of satisfaction, whether the elements of informational support were performed or not.

Discussion

The results show that, in our research sample of 166 women, as many as 94% of them reported their partners to be the most frequent support person during birth. Similarly, in the UK, approximately 95% of women choose their partners to be a companion at birth (The Royal College of Midwives, 2018).

Similarly, other studies have reported that partners are the most common companion at birth, but these often do not include percentage representations (Chung et al., 2017; Dunne et al., 2014).

Bruggemann et al. (2007), in their Brazilian study, which focused on support during birth through a companion, also mentioned a woman's partner to be the most frequent person, but in a sample of 107 women, a partner represented 47.6% and other family members and friends accounted for the remaining percentage. This difference can be attributed to the socio-cultural differences of the countries, differences in the provision of health care and, last but not least, to the tradition of a companion at birth.

Emotional support is one of the most important benefits provided by a support person for all types of assistance during birth. In particular, a feeling of security is important for a woman (Bohren et al., 2017; Chung et al., 2017) and is assumed to have a significant role in maintaining mental well-being after birth (Iliadou, 2012).

Similar findings have been demonstrated in our study, where emotional support was the largest (it was performed at 81%). A sense of security and safety was clearly identified as the most common ($n = 162$; 98 %) of all the activities provided by a support person, and the respondents showed high satisfaction with emotional support ($p < 0.001$). Interestingly, emotional support also has the highest scores if it is provided by professionals – midwives, as is evident from a Finnish study that looked into the perception of professional support during birth (Nikula et al., 2015). Psychological support was the second largest in our sample. The elements were performed by support persons at 73%; out of which the most significant share was attributed to the elimination of solitude. As many as 160 respondents (96%) were satisfied that their support person provided them with company and they did not feel lonely. The fact that a support person significantly reduces the feeling of loneliness during birth and contributes to the overall well-being of a woman is declared in many studies (Bohren et al., 2017; Hodnett et al., 2013; Palinski et al., 2012). According to the qualitative study presenting women's statements on a support person (Palinski et al., 2012), a companion makes the labour more comfortable and easier. Physical support, also understood as tangible support, also has a significant role in the birth and maintaining a woman's mental well-being (Iliadou, 2012).

In our sample, physical support was surprisingly less represented (performed at 59%). The greatest deficit was recorded in massage, which was performed in only 74 cases, of which 10 respondents were dissatisfied with this activity. Notes from some women in the sample suggest that support persons did not know how to do the massage. A properly performed massage can significantly reduce the length of the first and second periods of birth and positively affect labour pains; provided that it is performed by a pre-educated person (Bolbol-Haghighi et al., 2016).

According to some studies, informational support should be at approximately the same level as emotional or physical support (Iliadou, 2012; Nikula et al., 2015). However, in our sample, it was less represented (performed at 58%). This is probably also due to the fact that informational support is usually understood as a professional activity of health care professionals, especially when providing information to a woman about breathing, relaxation and pushing techniques (Salus, 2006). According to the analysis of the current position of patients in the current health care system in Slovakia, it is obvious that patients and their family members have the opportunity to participate in health care more actively, but do not use these options adequately (Balík and Starečková, 2012). This could also be reflected in the level of informational support found. Although the very presence of a support person, especially a woman's partner, appears to be the most important element of support during birth, regardless of the way in which he/she performs (or does not), it is necessary to emphasize health professionals' recommendation that this person should be appropriately educated. It is advisable to undertake pre-natal preparation, which contributes to better orientation and, ultimately, to a better experience of a companion from birth (Senanayake et al., 2014; The Royal College of Midwives, 2018).

Thorstensson et al. (2012) suggest that it may be complicated for a partner to cope with certain situations during birth, and that they will need guidance from midwives on how to support a woman, especially when a partner is becoming a father for the first time.

In our sample, the respondents demonstrated a high level of satisfaction with their support persons and the activities they perform. Higher rates of maternal satisfaction for women with a support person than for women without a support person are also confirmed by other studies (Chung et al., 2017; Hodnett et al., 2013; Reisz et al., 2015; Simon et al., 2016; Thorstensson et al., 2012).

Limitations

We are aware that the sample created from clients of maternity centres cannot copy the sociodemographic distribution of the general population. On the other hand, it is representative for postpartum women actively seeking for professionally provided assistance and education. Therefore, the results can validly reflect the views of this target group and can help us to better understand the significance of support during delivery and make the services of such maternity centres more effective.

The results of this study could have been influenced by the obstetric practice of a post-communist Central European country, where the presence of a support person during birth has a shorter tradition than in some other countries. We also consider the use of a non-standardized questionnaire to be somewhat of a limitation. Despite a great effort to make a more explicit formulation of the questions, there could be some differences in respondents' understanding of the questions. Another limitation is that, as a result of the distribution

through maternity centres and e-mail addresses, no women with basic education participated in the research.

Conclusions

Our analysis pointed to the significance of the support during delivery that is provided particularly by partners of the women. Among various areas of the support, the emotional was mostly emphasised. Interestingly, respondents expressed their satisfaction with the presence of the support persons, regardless of the activity provided by them. Therefore, the results indicate that a promotion of providing support for women during delivery should be an integral part of midwife-

ry practice. Namely, it shows the importance of encouraging those who are close to the woman to take part in the delivery and to create appropriate conditions for their presence.

Our results also imply a potential benefit of further research focused on possible barriers preventing effective support.

Conflict of interests

The authors have no conflict of interests to declare.

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Súhrn

Prítomnosť podpornej osoby pri pôrode zvyšuje kvalitu zdravotníckej starostlivosti, zlepšuje pôrodnické výsledky a zvyšuje spokojnosť žien s pôrodom. Hlavným cieľom štúdie bolo zistiť celkovú spokojnosť rodičiek s činnosťami, ktoré vykonávala podporná osoba počas pôrodu. Spokojnosť rodičiek sa hodnotila v štyroch základných oblastiach podpory: fyzickej, psychickej, emocionálnej a informačnej.

Metodika: Ide o prierezovú (cross-sectional) štúdiu. Výskumná vzorka pozostávala zo 166 žien, ktoré mali podpornú osobu pri pôrode. K zisťovaniu dát bol použitý neštandardizovaný dotazník na zisťovanie spokojnosti žien v štyroch základných oblastiach podpory: fyzickej, psychickej, emocionálnej a informačnej. Analyzovala sa úroveň spokojnosti s vykonávanými aktivitami. Výsledky potvrdili, že najčastejšou podpornou osobou pri pôrode bol partner ženy (156 žien; 94 %). Hoci niektoré aktivity podporné osoby nevykonávali alebo ženy neboli spokojné s ich vykonávaním, potvrdila sa vysoká úroveň spokojnosti v štyroch základných oblastiach podpory: fyzickej, psychickej, emocionálnej a informačnej (od $p = 0,00000$ po $p = 0,00468$).

Záver: Respondentky vyjadrili vysokú mieru spokojnosti s činnosťami podpornej osoby. Zistené výsledky však predikujú tvrdenie, že prítomnosť podpornej osoby, prevažne partnera pri pôrode, je pre ženu dôležitejšia ako samotné činnosti, ktoré tieto osoby vykonávajú.

Kľúčové slová: pôrod; osobná spokojnosť; sociálna podpora

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