

DO LABORING WOMEN ACCOMPANIED BY THEIR COMPANION OF CHOICE DURING THE FIRST STAGE OF LABOR? A CASE OF PARTURIENT WOMEN IN ARBA MINCH TOWN PUBLIC HEALTH FACILITIES, SOUTHERN ETHIOPIA

Kassaw Beyene¹, Teklemariam Gultie¹, Gebresilasea Gendisha Ukke¹, Biresaw Wassihun¹
Getahun Deguale², Truset Gelaw³, Yosef Alemayehu¹, Gedif Ashebir¹, Fitsum Woldie¹

4

ABSTRACT

BACKGROUND: Labor companionship has numerous effects on childbirth process and birth outcomes. However, it doesn't get enough attention in low and middle-income countries like Ethiopia. This study intended to assess the status of the companionship of choice during the first stage of labor among parturient women at public health facilities in Arba Minch town, South Ethiopia

METHODS: An institution-based cross-sectional analytical study design was conducted among 418 study participants from October 1 to November 30, 2019. Systematic random sampling method was employed. With face-to-face interviewer-administered questionnaires to collect the data. Data were entered into Epi data version 4.4.3.1 and exported to SPSS version 25.0 for further analysis. Bivariate and multivariable logistic regression analyses were done and a p-value < 0.05 with a 95% confidence level was used to declare statistical significance.

RESULTS: Only 237(58.2%, 95 % CI: 53%, 63%) of laboring women were accompanied by their companion of choice, having current obstetrics complication (AOR= 2.57, 95%, CI: 1.42- 4.64), being primipara (AOR= 2.18, 95%CI: 1.31- 3.48), having antenatal care (AOR= 2.92, 95% CI: 1.31-6.49), giving birth at health center (AOR= 2.76, 95%CI: 1.74- 4.37) and being aware about companionship during labor (AOR=3.06, 95%CI, 1.44-6.47) were the independent predictors of labor companionship.

CONCLUSIONS: A significant number of participants had not been accompanied by their companion of choice during the first stage of labor in this study area. Health facilities and health care professionals need to provide appropriate information about companionship during labor and allow companions of every laboring woman during childbirth unless the risk of allowing overshadows its profits.

KEYWORDS: Companionship, Arbaminch town, and labor.

(The Ethiopian Journal of Reproductive Health; 2022; 15;10-19)

1 Department of Midwifery, College of Medicine and Health Sciences, Arba Minch University, Arba Minch, Ethiopia

2 Department of Midwifery, College of Health Sciences, Assosa University, Assosa, Ethiopia

3 Department of Midwifery, College of Health Sciences, wollo university, wollo, Ethiopia

INTRODUCTION

Childbirth is considered a period of developing extreme anxiety, fear, emotional disturbance, and stress in women's life. Across times and cultures, women have been supported during labor by other women who are skilled in providing continuous emotional and physical support. When childbirth moved to hospitals, this component of supportive care was largely lost and woman develops a feeling of insecurity in the absence of familiar people in an unfamiliar environment ^{1, 2}. Having a labor companion is likely to positively influence women's coping level with labor induced stress and adapt to a strange environment; when someone she knows is continuously assisted her, encouraging and appreciating her efforts during labor, she will easily cope with the stressful situation ³.

Women who have been accompanied by members of her families or friends were less likely to use analgesics, more likely to be satisfied with their labor experience, shorter duration of labor, and spontaneous vaginal deliveries. Moreover, their offspring are fewer to have a low 5-minute Apgar score ⁴.

Hence continuous support during labor was recommended for all women but in reality, there is a wide range of cultural and societal differences in childbirth support systems. In developed countries, the main social supporters are usually partners or close relatives. However, in many developing countries like South America and Africa, companionship during labor (CDL) is not a routine practice ⁵.

World health organization(WHO) recommends that every parturient woman is offered the option to experience labor and childbirth with a companion of her choice while in labor ⁶.

Common components of support provided by birth companions include emotional support informational, comfort measures, advocacy and instrumental support. Maternal and newborn mortality is a global challenge; the reduction of this problem requires a multidimensional

approach. Promoting the practice of skilled birth attendants at delivery and use health facility with essential obstetrics care is basic to improve these conditions ⁷.

Regardless of clear evidence and the developing emphasis on respectful maternity care (RMC), many health-care facilities still do not permit or not promote one of the core components of RMC which the practice of companionship during labor ^{8, 9}. Reasons were identified that hinders the practice of labor supports, such as the lack of national or institutional policies that allow laboring women to have a partner, the physical infrastructure of health-care facilities, which limits privacy and contributes to overcrowding of ward and difficulties in maintaining hygiene standards, limited awareness and undesirable attitudes of health-care workers and managers about the benefits of labor companionship ¹⁰.

The implementation of this cost-effective intervention in labor and the challenge associated with it is still a major problem in developing countries ^{8, 9}.

One of the indicators in the International Federation of Gynecology and Obstetrics (FIGO) guideline of 2015 on Mother friendly care has a written policy that encourages women to have at least one person of their choice to be with her throughout the parturition process ¹¹.

Nowadays, labor companion is increasingly being included in the maternal health guidelines of many countries, including in low and middle-income countries (LMIC). However, little is known about the extent to which labor companionship is practiced especially, in most of sub-Saharan Africa (SSA), including Ethiopia ^{10, 12}.

In Ethiopia, labor companionship is not well studied. So this study is meant to assess practice of companionship during first-stage labor and associated factors among parturient women who delivery at Arbaminch town public health institutions, South Ethiopia.

METHODS

Study setting and period

The study was conducted in Arba Minch town public health facilities from October 1 to November, 30/2019.

Arbaminch town is the administrative city of the Gamo zone, southern Ethiopia, it is 454km far in the south of Addis Ababa (the capital city of Ethiopia) and about 280 Km from Hawassa (the capital of SNNP). The town is segmented into 4-sub city and 11 kebeles (the smallest administrative structure in Ethiopia). The town has a total population of 112,724 among those (50.2%) of them were females, 22,113 women were contraceptive users.

The number of both public and private health facilities in Arba Minch town are 1 governmental general hospital, 2 health centers, 35 private clinics, 12 drug store, and 2 community pharmacy¹³.

Study design

Institution-based cross-sectional analytical study design was conducted.

Populations

Source populations

All women who had got labor and delivery services at Arba Minch town public health institutions.

Study population

All women who had got labor and delivery services at Arba Minch town public health institutions during the study period.

Eligibility criteria

Inclusion criteria

All women who were laboring and gave birth at Arba Minch town public health facilities.

Exclusion criteria

All parturient women who were seriously ill and unable to respond to the questionnaire.

Sample size determination

The sample size was calculated using a single population proportion formula by considering the following assumptions: 95% confidence level, a margin of error (0.05), $p = 44.7\%$ from the study conducted in Tanzania, 2016¹⁴. After considering a 10% non-response rate sample size is 418.

Sampling techniques & procedure

Proportional allocation was done based on the

number of women who give birth at each facility in the two months preceding the data collection period. Systematic random sampling method was used with k -value of 2. Therefore; the first women from each health institution were selected by lottery method and every other woman was taken.

Study Variables

Dependent variable

Utilization of companionship during first stage of labor

Independent variables

Socio-demographic variables: Age, marital status, education, occupation, religion and ethnicity, husband level of education, family income.

Obstetric factors: Parity, having ANC, birth place, history of CDL, pregnancy type, birth outcome, having current obstetrics complication

Knowledge and desire: women desire to have CDL and awareness of companionship

Facility & providers related factors: conduciveness of ward, types of health facility and providers workload

Data collection tools

Adapted and semi-structured questionnaire was used to collect data. Trained interviewers were conducted the interview after obtaining written consent from each participant. The questionnaire was developed in English language and then translated into Amharic. It was translated back into the English language to confirm correct and precise interpretation. Six diploma midwives data collectors and three BSc midwives supervisors were recruited.

Data quality control

Pretest was done on 5 % of sample size to ensure its consistency and validity. One day training was given for data collectors and supervisors about the methodology and questionnaires by the principal investigator. After data collection, the collected data were rechecked for completeness and consistencies.

Data processing and analysis

Data were coded, entered, and cleaned using Epi Data version 4.4.3.1 software and finally exported into SPSS version 25.0 for analysis. Descriptive statistics were determined and the result was

presented in tables, charts, and graphs. Binary logistic regression was used for the analysis of the outcome variable.

A Hosmer-Lemeshow test was done to test for model fitness. Bivariate analysis was carried out to identify the factors associated with the utilization of labor companionship.

All variables were taken into the multivariable model by considering a p-value of < 0.25 , to see the independent effect of each variable on the outcome variable. The multi-co-linearity test was carried out. Finally, the result of bivariate and multivariable logistic regression analysis was presented in a crude and adjusted odds ratio with 95% confidence intervals. All tests were two-sided and $P < 0.05$ was considered statistically significant.

Ethics consideration

Ethical clearance obtained from Arba Minch University College of medicine and Health Science, institutional review board before starting the fieldwork. An official letter of co-operation was written to Arba Minch Town Administrative Health Bureau. Respondents informed about the objective and purpose of the study and informed consent obtained from each respondent. Moreover, all the study participants informed that they have a full right to participate or decline from participating in the study and the study participants assured for an attainment of confidentiality of the information obtained from them.

RESULTS

Socio-demographic features of study subjects

Four-hundred seven women have participated in the study which makes a 97.3% response rate. The mean age of the respondents was 26 years (SD± 4.86 years) and one hundred eighty-one (44.5%) respondents were between the age group of 25 – 34 years. 281 (69%) of respondents were urban residents.

Regarding marital status, 386 (94.8%) of the study participants were married. 197(48.4%) were orthodox Christian followers. From the respondents, 146(35.9%) of women had completed primary education and 105 (25.8%) had secondary education.

Half of the respondents were from Gamo ethnic group (51.4%) and followed by Gofa ethnic group 68(16.7%). Regarding women occupation, more than half of the respondents (52.1%) were* unemployed. The median household monthly income was 3000.00 ETB with an IQR of 3000.00 ETB.133 (32.7%) of participant's husband had secondary education and 69(17%) had no formal education (Table 1).

Table 1: Socio-demographic characteristics of the study participants, Arba Minch town, south Ethiopia, 2019, (N=407).

Variables		Frequency(n)	Percentage (%)
Age	<25	171	42
	25-34	181	44.5
	≥35	55	13.5
Residency	Rural	126	31
	Urban	281	69
Marital status	Married	386	94.8
	Single	11	2.7
	Divorced	8	2
	Widowed	2	0.5
Religion	Orthodox	197	48.4
	Protestant	162	39.8
	Muslim	31	7.6
	Catholic	14	3.4
	Others*	3	0.7
Ethnicity	Gamo	209	51.4
	Gofa	68	16.7
	Welayta	25	6.1
	Amhara	33	8.1
	Oromo	21	5.2
	Others**	51	12.5
Educational level	No formal education	87	21.4
	primary	146	35.9
	Secondary	105	25.8
	Above secondary	69	17.0
Occupation	Housewife	212	52.1
	Government employee	69	17.0
	NGO/private	99	24.3
	Others^	27	6.6
Household monthly income	<3000 ETB	167	41
	≥3000 ETB	240	59
Husband educational level	No formal education	69	17.0
	Primary	102	25.1
	Secondary	133	32.7
	Above secondary	103	25.3

Key=*traditional, Jehovah witness, **Konso, Derashe, Gurage, Amaro, ^ Students, Daily

Utilization of labor companionship

Two hundred thirty-seven (58.2%) with 95% CI (53%, 63%) of the laboring women were accompanied by their family members or social network during the recent laboring time in the health institutions. The husband was the predominant accompanying person 96(40.5%), mother/mother in law (24.5%), sister/brother/in-law (21.1%) and friends/neighbors (13%).

Reason of unaccompanied

From those who had no CDL 170(41.8%), 105 (61.2%) of participants mentioned that providers' denial was the main reason for not to be accompanied (figure 1).

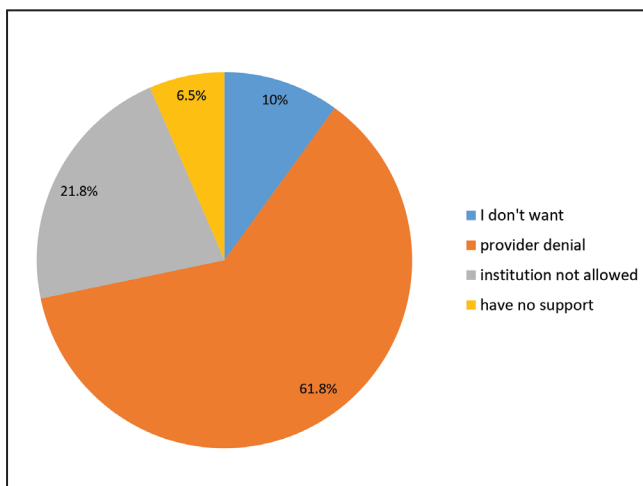


Figure1: the distributions of reason not to be accompanied during labor in Arbaminch town public health facilities, south Ethiopia 2019

- Provider denial is the refusal of care provider to have support person for laboring women, even if the facility allows.
- Institution not allowed is the institution have ground rule not to practice CDL due to different reasons like crowdedness of the room...

Obstetrics feature of respondents

Two hundred thirty (56.5%) of the study respondents were multiparous. Of the multiparous women who delivered in health facilities in their

previous most recent childbirth, 54(29.3%) had labor companionship.

One hundred sixty three (89.2%) women had antenatal follow up during this pregnancy and 235(64.7%) of women followed at health centers, (29.8%) at the hospital, and 20(5.5%) at private facilities

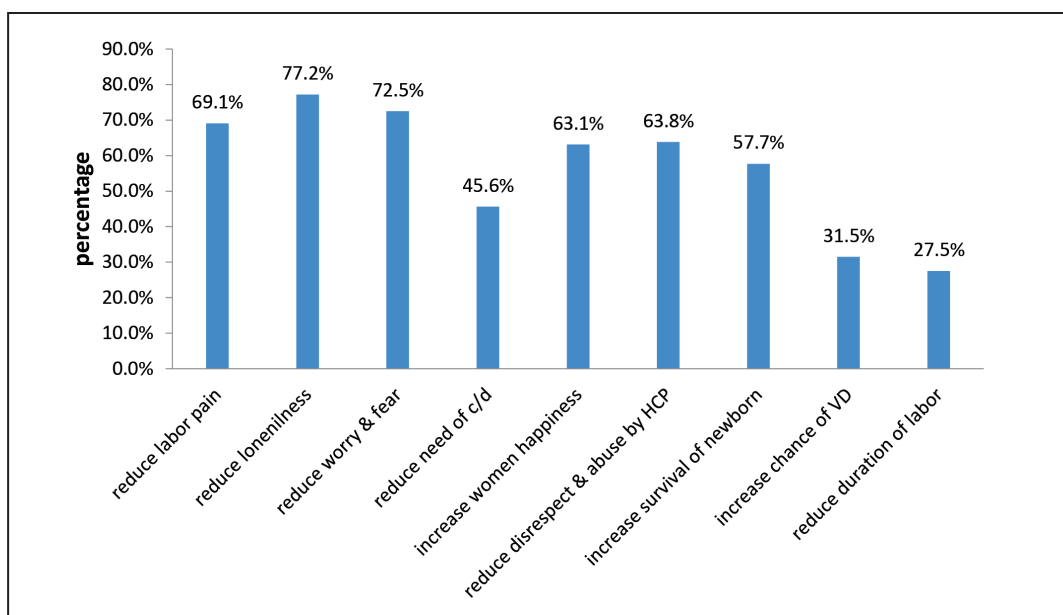
Among all 346 (85%) respondents perceived that allowing laboring women to have a companion during childbirth promotes institutional delivery. Among all post-partum women eighty-seven (21.4%) respondents had complications during the index pregnancy and labor. Among the total respondents, 387(95.1%) of them had planned pregnancy.

Knowledge and desire for companionship during labor

Of all, fifty-two (12.8%) women knew that every woman has the right to have their companion during labor, benefit, and expected practice in the health facilities. The main source of information about the right to have companionship was heard from other people 25 (43.9%). 376 (92.6%) of respondents have a desire to be accompanied by their support person during labor. From those who have not to desire 31(7.4%), the main reason for not having a desire of labor companion is fear of exposing 22(71%) to the support person.

Benefits of companionship during labor

Two hundred fifty six (27.8%) women perceived that companionship has benefits for every laboring woman. (Figure 2)



C/d-cesarean delivery, HCP-health care providers, VD-vaginal delivery

Figure 2: Benefits of companionship during labor mentioned by respondents in Arbaminch town public health facilities, south Ethiopia, 2019

Facility and health care providers related characteristics

Among respondents, 182(44.7%) of the laboring women said that health care providers were overworked (a care provider who give care for more than one clients at a time, from respondents perspective). And also, eighty-five (79.1%) of postnatal women perceived that the labor ward is not comfortable to have companions. Regarding the place of delivery, more than half (51.8%) of women obtained intra-natal and postnatal care at the hospital.

Factors associated with having a companion during labor

On bivariate analysis, educational level, husband educational level, occupation, type of pregnancy, desire to have support person, complication during the index pregnancy and labor, parity, having ANC follow up, birth place, and knowledge have a significant association with utilization of labor companions.

Women who had a complication in the current pregnancy and labor (AOR=2.57, 95% CI, 1.42, 4.64) were 2.57 times more to be accompanied by their companion of choice than those women who had no complication. Parturient women who give birth for the first time had significantly greater odds of being accompanied by their companion (AOR=2.18, 95% CI, 1.36, 3.48) during labor than multiparous women.

Women who had antenatal follow up at the recent pregnancy (AOR=2.92, 95% CI, 1.31, 6.49) were 2.92 times more likely to have been supported than women who had never had antenatal follow up. The odds of having companionship during labor was three times (AOR=2.76, 95% CI, 1.74, 4.37) more among women who had got delivery service at health centers compared to women who had got service at the hospital. Additionally, women who had good knowledge about labor companion (AOR= 3.06, 95% CI, 1.44, 6.47) were three times more to be accompanied than women who have poor knowledge of companionship during labor in the health facilities (Table 2).

Table 1: Socio-demographic characteristics of the study participants, Arba Minch town, south Ethiopia, 2019, (N=407).

Variables	Having companionship during labor		Odd Ratio @ CI (95%)		P value	
	Yes,N (%)	No,N(%)	COR	AOR		
Women education	No education	37(42.5)	50(57.5)	1	1	0.19
	Primary	87(59.6)	59(40.4)	1.99(1.16, 3.41)	1.43(0.77, 2.63)	
	Secondary	67(63.8)	38(36.2)	2.38(1.33, 4.26)	1.59(0.80, 3.17)	
	Above 2ry	46(66.7)	23(33.3)	2.70(1.40, 5.21)	1.60(0.70, 3.65)	
Husband educational level	2ry & above	167(61.4)	105(38.6)	1.47(0.97, 2.24)	0.94(0.55, 1.59)	0.74
	No & primary	70(51.9)	65(48.1)	1	1	
Women occupation	Employed	125(64.1)	70(35.9)	1.59(1.07,2.37)	1.15(0.70, 1.90)	0.64
	Unemployed	112(52.8)	100(47.2)	1	1	
Desire to have labor companion	Yes	223(59.3)	153(40.7)	1.77(0.84, 3.69)	1.31(0.58, 2.97)	0.01
	No	14(45.2)	17(54.8)	1	1	
Current obstetrics complications	Yes	63(72.4)	24(27.6)	2.20(1.31, 3.70)	2.57(1.42, 4.64)	0.01
	No	174(54.4)	146(45.6)	1	1	
Parity	Primipara	126(71.2)	51(28.8)	2.64(1.74, 4.01)	2.18(1.36, 3.48)	0.02
	Multiparous	111(48.3)	119(51.7)	1	1	
Antenatal care	Yes	226(62.3)	137(37.7)	4.94(2.42, 10.11)	2.92(1.31, 6.49)	0.05
	No	11(25)	33(75)	1	1	
Place of current delivery	Health centers	130(66.3)	66(33.7)	1.9(1.28, 2.85)	2.76(1.74, 4.37)	0.00
	Hospital	107(50.7)	104(49.3)	1	1	
Planned & wanted pregnancy	Yes	231(59.7)	156(40.3)	3.45(1.30, 9.18)	2.34(0.82, 6.69)	0.06
	No	6(30)	14(70)	1	1	
Knowledge	Good knowledge	40(76.9)	12(23.1)	2.67(1.37, 5.26)	3.06(1.44, 6.47)	0.03
	Poor knowledge	197(55.5)	158(44.8)	1	1	

CI = Confidence Interval, COR = Crude Odds Ratio, AOR=Adjusted Odds Ratio

DISCUSSION

In this study the utilization level of labor companionship and associated factors in Arbaminch town public health facilities was investigated. The overall utilization of companionship during labor in the health facilities among study participants was found to be 58.2% at 95% CI (53%, 63%). The finding of this study is congruent with the studies done in Brazil (57.1%)¹⁶.

And also, the finding in this study is lower than the study finding (67%) done in Kenya¹⁷.

This variation could be due to the cultural difference in labor companion and policy that enforce health care providers to allow labor companion and also study design difference. In contrast, this finding is higher compared to the study finding done in South Africa (24.2%)¹⁸. This discrepancy could be due to sampling size differences because they used a smaller sample size, health system improvement (time elapsed) and methodological difference may attribute to this difference.

In this study primiparous women (delivered for the first time) were 2.18 times more to be accompanied by their labor companion during parturition in the health facilities than those women who were multiparous. This is in line with the study finding done in Brazil¹⁶. This could be due to the similarity of the socio-demographic characteristics of the study participants.

Regarding labor complications, in the current study women who had obstetrics or medical complications during the index pregnancy and labor were 2.57 times more to be escorted by their support person compared to those women who had never been experiencing any complications during the current pregnancy and labor. This is supported by a study conducted in Tanzania; parturient women who develop a complication during labor had significantly greater odds of having a labor companionship during labor than women who had a normal pregnancy and labor¹⁴.

But in contrast, a study in Kenya¹⁷ showed that

women who had experienced complications at labor are 66% less likely to have a labor companion while giving birth in the health facilities.

This difference could be encountered due to women with labor complication needs strict follow up by health care provider alone, to provide appropriate management without intervention, and to avoid additional stress by her family members.

Besides, the current study showed that respondents who obtained intra-natal and postnatal care in the health centers were three times more to be accompanied by their companion of choice during labor in the health facilities. This is strengthened by the study finding carried out in Ethiopian public health facility¹⁹, women who delivered at health centers have a higher chance of having companionship than women who delivered in a hospital. And also, It is supported by a study finding done in Kenya¹⁷. This could be explained by the labor ward in the hospital that is simultaneously occupied and crowded by many laboring women and their family attendants. This might obligate the health care providers in order not to allow labor companions for all of the laboring women in the ward.

In this study women who had good knowledge about labor companionship were three times more likely to be accompanied by their support person than women who had poor knowledge on labor companion while laboring in the health facilities.

The current study showed that despite the fact that, ANC accounts only 12.4% as a source of information about companionship, women who had antenatal follow up during the recent pregnancy were 2.79 times more to have been supported than women who had never had antenatal follow up. This finding is consistent with the study done in Saudi Arabia²⁰.

Women who had antenatal care follow up during pregnancy were more likely to have been supported by their labor companion than women who have no antenatal follow up. This finding is attributed due to the fact that having antenatal follow up

encourages the women to ask their aspiration to have labor companion and implementing it during labor in the health facilities.

CONCLUSIONS AND RECOMMENDATION

In this study, despite the importance of labor companion on the improvements of institutional delivery as well as quality care for mother and newborn, substantial number of participants had not been accompanied at the time of parturition in the health facilities. Women who had no complications during the index pregnancy and labor, who had no ANC follow up, women who had obtained care at hospital, women who had poor knowledge about labor companion and multiparous women were less likely to be accompanied during labor while giving birth in the health facilities. To improve this low utilization of labor companion health institutions and health care providers should provide information at antenatal care follow up about companionship and allowing it for every laboring woman while giving birth in the health facilities.

DECLARATIONS:

Consent for publication

Not applicable

Availability of data and material

The data that support the findings of this study are available but some restrictions may apply to the availability of these data as there are some sensitive issues. However, data are available from the corresponding authors upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

Author's contribution

KB, TG, GG, BW YA and GD conceived the study and undertook statistical analysis. TG, FW, YA, GA and GG supervised the study design and statistical analysis. KB, GD and TG contributed to the writing of the manuscript and all authors approved the submitted version of the manuscript.

Acknowledgement

The authors thank all the data collectors and the study participants.

CORRESPONDING AUTHOR

Kassaw Beyene

Department of Midwifery, College of Medicine and Health Sciences, Arba Minch University, Arba Minch, Ethiopia

Email: Kassaw.kb3@gmail.com

REFERENCES

1. Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. *Cochrane database of systematic reviews*. 2012 (10).
2. Banda G, Kafulafula G, Nyirenda E, Taulo F, Kalilani L. Acceptability and experience of supportive companionship during childbirth in Malawi. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2010;117(8):937-45.
3. Sewit Getachew1 SNaLY. Knowledge, Attitude, and Practice of Health Professionals Towards Labor Companion in Health Institutions in Addis Ababa *International Journal of Women's Health Care*. 2018;3(2).
4. Hodnett ED, Gates S, Hofmeyr GJ, Sakala C, Weston J. Continuous support for women during childbirth. *Cochrane Database Syst Rev*. 2011;2(2).
5. Bohren MA, Vogel JP, Tunçalp Ö, Fawole B, Titiloye MA, Olutayo AO, et al. Mistreatment of women during childbirth in Abuja, Nigeria: a qualitative study on perceptions and experiences of women and healthcare providers. *Reproductive health*. 2017;14(1):9.
6. Manu A, Arifeen S, Williams J, Mwasanya E, Zaka N, Plowman BA, et al. Assessment of facility readiness for implementing the WHO/UNICEF standards for improving quality of maternal and newborn care in health facilities—experiences from UNICEF's implementation in three countries of South Asia and sub-Saharan Africa. *BMC health services research*. 2018;18(1):1-13.
7. Gülmezoglu AM, Lawrie TA, Hezelgrave N, Oladapo OT, Souza JP, Gielen M, et al. Interventions to reduce maternal and newborn morbidity and mortality. *Reproductive, maternal, newborn, and child health: disease control priorities*. 2016;2:115-36.8.Kaba M, Bulto T, Tafesse Z, Lingerh W, Ali I. Sociocultural determinants of home delivery in Ethiopia: a qualitative study. *International journal of women's health*. 2016;8:93.
9. Raven J vdB, Tao F, Kun H, Tolhurst R. . The quality of childbirth care in China, women's voices: a qualitative study. *BMC Pregnancy and Childbirth* 2015;1(14):113.
10. Kabakian-Khasholian T, El-Nemer A, Bashour H. Perceptions about labor companionship at public teaching hospitals in three Arab countries. *International Journal of Gynecology & Obstetrics*. 2015;129(3):223-6.
11. FIGO Guideline (2015) Mother–baby friendly birthing facilities. *International Journal of Gynecology and Obstetrics*. 2015;128:95-9.
12. Morhason-Bello I, Olayemi O, Ojengbede O, Adedokun B, Okuyemi O, Orji B. Attitude and preferences of Nigerian antenatal women to social support during labour. *Journal of Biosocial Science*. 2008;40(4):553-62.
13. Arba Minch town health department population profile. 2019.
14. M.Michelle. Client and provider factors associated with companionship during labor and birth in Kigoma Region, Tanzania *BMC pregnancy*. 2016.
15. Organization WH. WHO recommendation on companionship during labour and childbirth. Geneva: World Health Organization. 2018.
16. Amorim p. presence of a companion of the woman's choice in the process of parturition: repercussions on obstetric care ,*Cogitare Enfermagem*. 2014;21(4):01-8.
17. Afulani P, Kusi C, Kirumbi L, Walker D. Companionship during facility-based childbirth: results from a mixed-methods study with recently delivered women and providers in Kenya. *BMC pregnancy and childbirth*. 2018;18(1):150.
18. Ntombana R, Sindiwe J, Ntombodidi T. Opinions of labouring women about companionship in labour wards. *African Journal of Midwifery and Women's Health*. 2014;8(3):123-7.
19. Sheferaw ED, Bazant E, Gibson H, Fenta HB, Ayalew F, Belay TB, et al. Respectful maternity care in Ethiopian public health facilities. *Reproductive health*. 2017;14(1):1-12.
20. Mahmoud H. Saudi women's acceptance and attitudes towards companion support during labor: Should we implement an antenatal awareness program? *Ann Saudi Med*. 2013;33(1).