(RESEARCH ARTICLE)

A descriptive study to assess the knowledge and anxiety level of birth companion in relation to their support during childbirth and the influence of support on the outcome of labor among primipara women at selected hospitals of district Mohali, Punjab

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Abstract

This is a "Descriptive study to assess the Knowledge and Anxiety Level of Birth Companion in Relation to their Support during Childbirth and the Influence of Support on the Outcome of Labor among Primipara Women at Selected Hospitals of District Mohali, Punjab."

A women's pain during childbirth is unique to each mother and influenced by a variety of factors such as culture, anxiety, fear, previous birth experience, childbirth preparation and support given by the health team members. Continuous support can be used to decrease anxiety in the delivery room. Pre-labor sessions help to decrease anxiety in expectant mothers and help them to have control of the situation they face. Support by a companion of the mother's during labor and delivery had a positive effect on her satisfaction with the birth experience.

Objectives of the study: To assess the level of knowledge of Birth Companion in relation to their Support in Childbirth among primipara women at selected hospitals of district Mohali, Punjab, To assess the level of Anxiety of Birth Companion in relation to their Support in Childbirth among primipara women, To assess the outcome of labor among primipara women in the influence of support provided by the birth companion during labor.

Methodology: Research methodology is also called Research Design, Research Plan or Research Strategy of a research study that gives guidelines which direct the research steps, the research study process and enables in systematic data collection, logical data organization and accurate data analysis and data interpretation. After approval the ethical committee, a study was conducted on 50Primipara women, 50 birth Companions selected by Convenient sample technique, Self-structured interview schedule to assess the knowledge and anxiety level, Check list to assess the level of support to women throughout the labor process, Tool to assess the experience and outcome of labor after the presence of birth companion Content Validity (determined by expert) and reliability (0.76 by correlation coefficient) was checked and data was collected. Data was analyzed by Descriptive and Inferential statistics.

Results: The present study results revealed that majority 70% Birth Companion had average knowledge, 22% Birth Companion had good knowledge and only 8% of Birth Companion had poor knowledge in relation to their Support in Childbirth among primipara women. In this the level of anxiety shows that majority 88% Birth Companion had moderate level of anxiety, 12% Birth Companion had high level of anxiety, and noun of them had low level of anxiety in relation to their Support in Childbirth among primipara women, The present study finding depicts that majority 56% of Birth Companion provide high support, 14% Birth Companion provide moderate support and 30% Birth Companion provide low support during labor among primipara women. The present study finding depicts the frequency and percentage of primipara Woman Regarding Perception of birthing experience. During labor as per the diagram majority

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80% of primipara were moderately satisfied 10% were highly satisfied and 10% were not at all satisfied in the influence of support provided by the birth companion during labor in selected hospitals.

Conclusion: The present study shows that birth companion had an overall moderate knowledge of labor process regarding the care to be given for the woman in labor. Levels of anxiety shows that majority of the birth companion had moderate anxiety related to labor. A majority of the birth companions provided a moderate support to the woman throughout labor. A view of woman regarding birthing experience as most of the women was moderately satisfied with the support given by birth companion. The presence of birth companion provides moderate satisfaction for the woman in labor.

Recommendations: The study can be replicated on the large sample to validate and generalize its findings.

Keywords: Pain; Primipara Women; Birth Companion; Labor; Support; Birthing Experience.

1. Introduction

The birth of a child is one of the most important events in a woman's life. For her family, it's a significant occasion. Birthing should be seen as a process involving many social and emotional ties rather than a purely biological event. During childbirth, every woman has the right to support and evidence-based care.1

When we simply reflect on the phenomenon of births in the past, it's interesting to note that the majority of women gave birth at home, and the majority of births were attended by skilled hands (dais), who built their foundation from generation to generation with the facilities that were available. The untrained attendant was there to care for the woman's needs as she went into labour rather than to compel or demand anything of her. At the time, maternal and infant mortality and morbidity were common, but the one thing that stood out above the rest was the emotional support she gave to them. If a woman's family is there, both inside and outside the birthing room, she should feel safe, at ease, and relaxed throughout her labour and delivery. Homebirth was the least likely to result in a caesarean section, required the least amount of medical assistance, and imposed no limitations on labour duration, positioning, or eating. Few women gave birth to their babies in hospitals as their main place of delivery.2

One of the most challenging psychological experiences is giving birth. Either positively or negatively, it has a big impact on women's lives. Due to socioeconomic, cultural, and religious factors, women's perceptions of the experience of a normal vaginal delivery (NVD) may vary. It is crucial to inform primiparous women about childbirth as a result. Everyone can experience it because it is a common, universal phenomenon. While some women had accurate information, the typical woman only has a partial or distorted understanding of it. Most women think giving birth is excruciatingly painful. Stories told to people during their adolescence or later in life have an impact on this. She learns about passive suffering that a woman must experience in total helplessness from rumours, the media, or fiction. If she has a bad attitude, she will tense up in fear throughout her entire body while giving birth, and every contraction will hurt. However, a trained woman might favour a natural vaginal birth and have a quick and painless labour.3.

Each woman's experience with pain during childbirth is unique, and it depends on a number of variables, including culture, anxiety, fear, previous birth experiences, childbirth preparation, and the support provided by family and friends and the medical staff. It is possible to reduce anxiety in the delivery room by providing ongoing support. Pre-labor counselling helps expectant mothers feel less anxious and more in control of their situation. Her satisfaction with the birthing process was positively impacted by the mother's support during labour and delivery.4

Formally recognised support individuals, such as nurses or doulas (untrained lay women), provide social support during labour and delivery in hospitals. According to a review of pertinent research, nurses, monitories (lay midwives), doulas, untrained lay women partners/husbands, and close female relatives are among the people who can provide effective support during labour and delivery. It has been found that female relatives, untrained lay women, and doulas are more effective at providing social support than nurses or monitories. As a stress-reduction measure, social support serves. It aids in the development of coping mechanisms that support health, and additionally, the quality of support provided to the woman during labour lessens her fear and significantly influences how she views childbirth5.

It has been discovered that having a birth partner makes the entire process better. Research demonstrates that women who experience positive social support during labour and delivery typically experience shorter labours, better pain management, fewer medical interventions, and positive outcomes. This session focuses on the types of respect,

emotional support, and assurance that you can offer to a woman as she gives birth, as well as how to motivate a childbirth companion to assume some of these roles.6

The Labour Room Quality Improvement (LaQshya) programme, which was launched by the Indian government in 2017, includes Birth Companion as a key component. Despite requirements, implementation of the concept has fallen short (9%), despite the fact that COVID-19's increased risk has made Birth Companion more crucial. There is little information available about health care professionals' perceptions of birth companions' barriers or their recommendations. They conducted a 15-question survey with ordinal scales on 151 medical professionals, including consultants, postgraduates, residents, and nurses (response rate: 69%) at the Lok Nayak Hospital in Delhi, India, to ascertain their knowledge of and attitudes towards birth companions. he concept that every woman should be accompanied by a Birth Companion of her choice during labour was understood by the majority of healthcare professionals in all categories, according to the results (93%), the World Health Organization's recommendation (83%) and the government's instructions for its hospitals (68%). The mother and husband were the two birth companions that they recommended (70% and 69% respectively). nurse (43%), or a sister (46%).9

With the support of the aforementioned statistics and studies, the researcher felt it necessary to examine the birth companion's anxiety level, the support they provided, and the outcome of labor.

Objectives of Study

- To assess the level of knowledge of Birth Companion in relation to their Support in Childbirth among primipara women at selected hospitals of district Mohali, Punjab.
- To assess the level of Anxiety of Birth Companion in relation to their Support in Childbirth among primipara women at selected hospitals of district Mohali, Punjab.
- To assess the outcome of labor among primipara women in the influence of support provided by the birth companion during labor at selected hospitals of district Mohali, Punjab.

Assumption

The study is based on the assumption that

- Birth companions will have some knowledge of labor process that is gained from individual experience and various sources.
- Every birth companion will have some anxiety regarding the birth process.
- The outcome of labor is good in the presence of birth companion through out labor.
- The women in labor will be able to express her views and feelings on the birth experience.

Delimitation

- The study will be limited to primipara Women throughout her labor at selected hospital of District Mohali, Punjab".
- The study will be limited to primipara women with birth companion.

2. Material and methods

2.1 Research approach

 Quantitative research approach was adopted to accomplish the objectives of the study that is to assess the knowledge and anxiety level of birth companion and support provided by birth companion and effect on the outcome of labor.

2.2 Research Design

A Non- Experimental Descriptive Research Design was adopted to accomplish the objectives of the study.

2.3 Research Setting

The present study was conducted in IVY Hospital which is 200 bedded multispecialty hospital at sector 71, Mohali, Punjab. It is located 28 km away from Silver Oaks College of Nursing, Abhipur, Mohali Punjab. It has all facilities such as cardiology, critical care, oncology, endocrinology, obstetrics and gynecology, pulmonary and other specialties. The hospital records 40-50 obstetrics and gynecology cases per month.

2.3.1   Target Population

Primipara women in labor and their birth companions at Selected Hospital of District Mohali.

2.3.2   Accessible Population

Primipara women in labor and their birth companions available at the time of data collection.

2.3.3   Sample Size

- There will be 2 types of samples in this study
- Sample 1: 50 primipara women in labor.
- Sample 2: 50 birth companions.

2.3.4   Sampling Technique

A convenient sampling technique was used to select the primipara women (sample I) and their birth companions (sample II) who fulfilled the criteria for selection of sample from the two maternity centers.

2.3.5   Criteria of Sample Selection Inclusion Criteria

The study was included the:

2.3.5.1   Sample 1: Primiparous Women

- Women undergoing birth experience for the first time
- Who were admitted in the first stage, active phase of labor.

2.3.5.2   Sample 2: Birth Companions

Females willing to participate in the study by staying with the women for the entire labor

2.3.6   Exclusion criteria

The study was excluded the:

Sample 1: Primipara Women

- Women with complications of pregnancy
- Multi parous women
- Women not willing to participate in the study

Sample 2: Birth Companions

Who are not willing to participate in the study

2.4   Selection & Development of Tool

As per the objectives of the study, research tools will be developed on the basis of extensive literature review and in consultation with the experts in the field of Clinical Nursing, Nursing education, obstetrics and gynecology and child health nursing filed.

- Items was selected as required for the study.
- Tool was prepared on the basis of objectives of the study.
- First draft was done by investigator with the help of guide
- Tool validity was done by various experts before its application.
- Second draft was done to check reliability of the tool and the feasibility of study
- Tool was used for final data collection.

2.4.1   Description of Tool

Tool for data collection was

Tool 1 Demographic Variables of birth companion age, number of children, relation with primipara, education status of companion and primipara women age of primipara, education, age at marriage, gestational week completed and education or occupation status of primipara.

Levels of knowledge	Criterion Measures
Good Knowledge	11-14
Average Knowledge	6-10
Poor Knowledge	1-5

Tool 2 Self structured interview schedule to assess the knowledge and anxiety level. Socio demographic and obstetrical data of primipara women, outcome/experience of labor after the presence of birth companion

Levels of Anxiety	Criterion Measures
Severe Anxiety	15-20
Moderate Anxiety	8-14
Mild Anxiety	1-7

Tool 3 Check list to assess the level of support to women throughout the labor process

Levels of Support	Criterion Measures
Effective support	7-10
Mild Support	1-6
No support	0

Tool 4 Tool to assess the experience and outcome of labor after the presence of birth companion

Sr. No	Level of Pain	Score
1	No pain	0
2	Annoying	1-3
3	Uncomfortable	4-6
4	Horrible	7-9
5	Worst possible pain	10

2.5 Validity of research tool

Face, content and criterion validity of the tools was determined by distributing the tools to 7 experts in the field of obstetric and gynaecological Nursing. The suggestions from the experts were incorporated. The tool was first prepared in English and distributed among expert's modification was done as per the expert advice and with consultation of guide and co-guide the tool was found to valid.

2.6 Reliability of research tool

Before computing the reliability of tool, the tool was converted to Punjabi version under guidance of experts and then the tool was again retranslated to English version. The reliability of knowledge questionnaire was assessed by test retest method using by Karl Pearson correlation with value of r=0.8, Checklist used for support provided by birth companion by inter rated method using Spearman correlation formula with value r=0.7, attitude by split half method by Kendall correlation with value r=0.7. The reliability of outcome tool was found to be r=0.7, knowledge to be r=0.8, anxiety scale to be r=0.7 and outcome r =0.7which indicate that tool was reliable.

2.7 Pilot study

Pilot study was conducted in the month of March 2022. Prior permission was obtained from the IVY Hospital district Mohali. The study was conducted on 10 primipara women and their companion by using convenience sampling technique to find out the feasibility and practicality of the study and the tool was found to be feasible and practical.

2.8 Data collection procedure

After getting permission from the authorities' data was collected in the month of may 2022. Before administering the tool, the researcher introduces herself to the study subjects and purpose of the data collection was explained to them. In order to obtain maximum cooperation from the study subjects, they were assured that confidentiality of the data would be maintained. Informed consent was taken from the study subjects participating in the research project. 50primipara and 50 birth companion were selected using a non-probability convenience sampling technique and structured interview schedule was used to collect data to assess the knowledge and anxiety level and experience of primipara mother after the support. Collected data was compiled for analysis.

2.9 Ethical considerations

- Formal permission was taken from ethical and research committee of Silver Oaks College of Nursing.
- Written Permission was taken from Ivy Hospital, district Mohali, Punjab.
- Informed consent was taken from the study subjects participating in the research project.
- Participants were assumed that anonymity and confident
- Confidentiality of the information was maintained, and the findings of the study were used only for the research purpose.

3. Results

3.1 Organization of Analyzed data

The analyzed data was organized and presented under following sections:

- Section 1: Frequency and percentage distribution of socio-demographic variables of birth companion and primipara.
- Section 2: Assessment of knowledge of Birth Companion in relation to their Support in childbirth among primipara women.
- Section 3: Assessment of level of Anxiety of Birth Companion in relation to their Support in Childbirth among primipara women.
- Section 4: Assessment of outcome of labor among primipara women in the influence of support provided by the birth companion during labor.

3.1.1 Section 1: Frequency and percentage distribution of socio-demographic variables birth companion and primipara women.

Infrences of Table – I majority (60%) of the birth companion were in the age group of 40 to 49 years, among them 46% of birth companion w ere educated up to primary level, and 62% of birth companion were unemployed, 44% had 2 children, among total 50% of birth companion were live in nuclear family, according to the relationship with women in labor most of the birth companions 54% were mother in law residing in urban area 48%, 72% expressed that their own experience was the source of information.

Table 1 Frequency and percentage distribution of socio-demographic variables of birth companion.N=50

| Socio-demographic Variables	Options	Frequency (f)	Percentage (%)
Age (in years)	20 – 29 years	6	12
	30 – 39 years	14	28
	40 – 49 years	30	60
	≥50 years	0	0
Education status	Intermediate or diploma	3	6
	High School certificate	8	16
	Middle School certificate	7	14
	Primary School certificate	23	46
	No Formal education	9	18
Occupation	Craft and related trade workers	5	10
	Plant and machine operators and assemblers	2	4
	Elementary Occupation	12	24
	Unemployed	31	62
Number of children	One	19	38
	Two	22	44
	≥ Three	9	18
Type of family	Nuclear family	25	50
	Joint family	14	28
	Extended family	11	22
Relationship with the woman in labor	Mother	15	30
	Mother-in-law	27	54
	Any other family member	8	16
	Not staying in the family	0	0
Residence of the birth companion	Rural	20	40
	Urban	24	48
	SubUrban	6	12
Source of information of birth companion	Own experience	36	72
	Health personal	9	18
	Relative	2	4
	Social media	3	6

Table 2 Frequency and percentage distribution of socio-demographic variables of primipara women. N=50

Socio-demographic Variables	Options	Frequency (f)	Percentage (%)
Age (in years)	18 – 20 years	19	38
	21 – 25 years	20	40
	26 – 30 years	11	22
Religion	Hindu	14	28
	Sikh	16	32
	Christian	5	10
	Muslim	10	20
	Others	5	10
Education status	Graduate	4	8
	Intermediate or diploma	7	14
	High School certificate	11	22
	Middle School certificate	16	32
	Primary School certificate	10	20
	No Formal education	2	4
Occupation	Clerks	6	12
	Craft and related trade workers	12	24
	Plant and machine operators and assemblers	10	20
	Elementary Occupation	5	10
	Unemployed	17	34
Gestational Age	37 weeks	7	14
	38-39 weeks	23	46
	40-41 weeks	8	16
	≥41 weeks	12	24
Duration of pain before admission	1-2hr.	41	82
	3-4hr.	9	18
	≥4hrs	0	0
Type/Length of labor	Precipitate labor (2-3hrs)	0	0
	Normal labor (8-17hrs)	26	52
	Prolonged labor (≥18hrs)	24	48

Inferences of Table – 2 Majority (40%) of the primi para women were in the age group of 21to 25 years, 32% were Sikh, among them 32% were educated up to middle school level or 34% of primipara women were unemployed. According to the obstetric profile majority (46%) of women had 38-39 weeks of gestational age, almost more than half of the samples 52% had labor pains for a duration of 1-2hours before admission, 52% of women had normal labor (8-17hrs).

3.1.2   Section -2: Frequency and percentage of level of knowledge of Birth Companion in relation to their Support in Childbirth among primipara women.
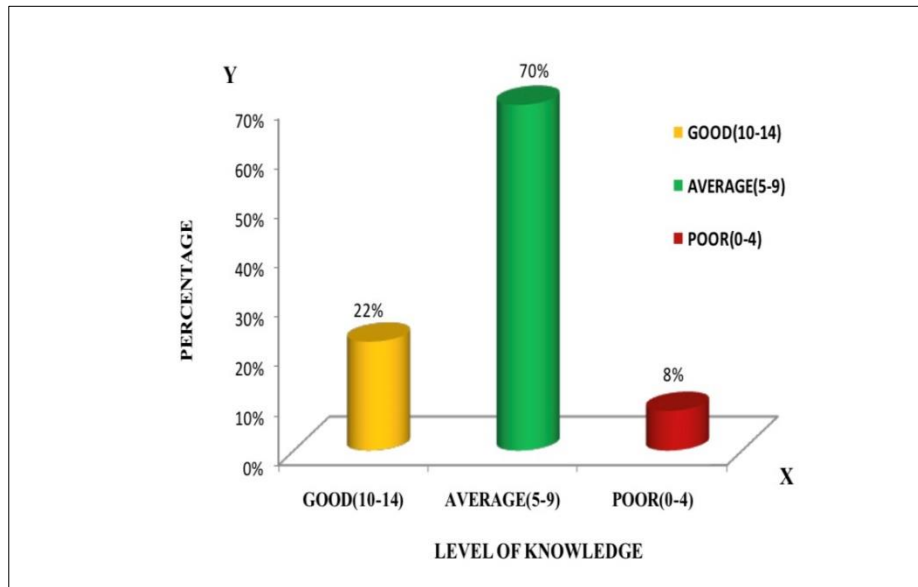
Figure 1 Frequency and Percentage of level of knowledge of Birth Companion in relation to their Support in Childbirth among primipara women.

Figure 1: depicts the frequency and percentage of level of knowledge of Birth Companion in relation to their Support in Childbirth among primipara women. As per the diagram majority 70% Birth Companion had average knowledge, 22% Birth Companion had good knowledge and only 8% of Birth Companion had poor knowledge in relation to their Support in Childbirth among primipara women.
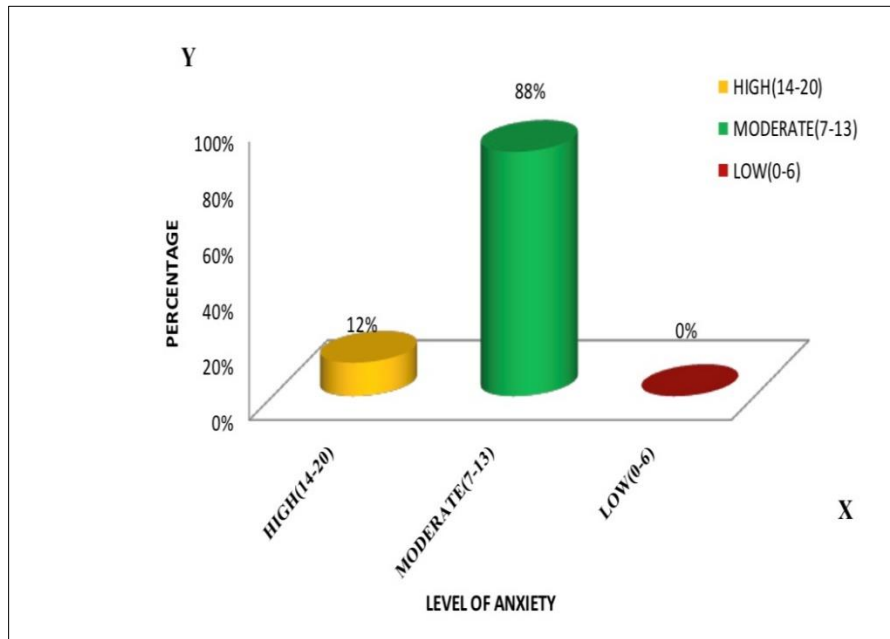
Table 3 Descriptive statistic of level of knowledge of Birth Companion in relation to their Support in Childbirth among primipara women. N=50

Descriptive Statistics	Mean %	SD	Median	Maximum	Minimum	Range	Mean
LEVEL OF KNOWLED GE	7.76	1.68	8	10	3	7	77.6

S.D - Standard Deviation; N= Total sample size

The above table no. 3 depicts the mean, median, S.D and mean percentage towards level of knowledge of Birth Companion in relation to their Support in Childbirth among primipara women.As per the above-mentioned table the mean is 7.76, Median was8 and S.D was 1.68 range was 8 to 10 and over all percentage of mean is 77.6%.

3.1.3   Section -3 Frequency and percentage of level of anxiety of Birth Companion in relation to their Support in Childbirth among primipara women

Figure 2 Frequency and Percentage of level of anxiety of Birth Companion in relation to their Support in Childbirth among primipara women**.**

Figure 2 depicts the frequency and percentage of level of anxiety of Birth Companion in relation to their Support in Childbirth among primipara women. As per the diagram majority 88% Birth Companion had moderate level of anxiety, 12% Birth Companion had high level of anxiety, and noun of them had low level of anxiety in relation to their Support in Childbirth among primipara women.
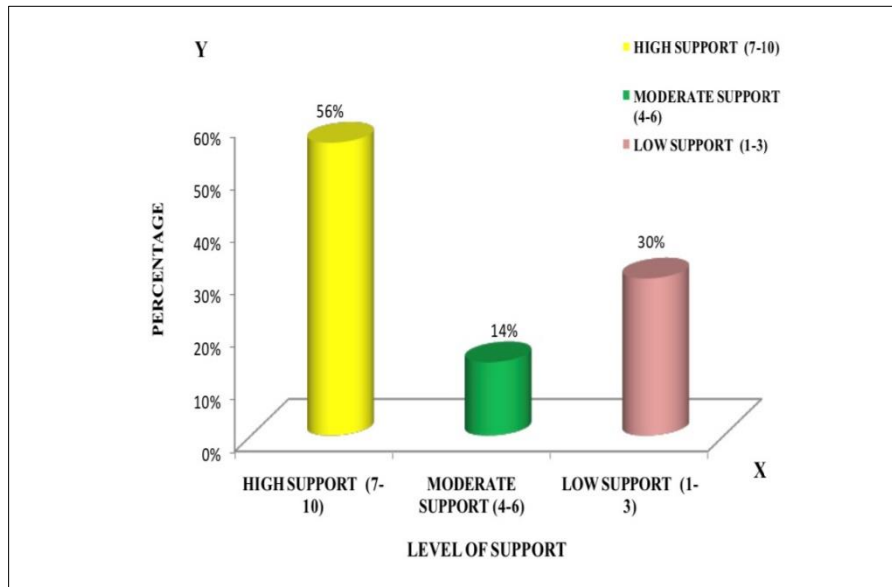
Table 4 Descriptive statistic of level of anxiety of Birth Companion in relation to their Support in Childbirth among primipara women.

Descriptive Statistics	Mean %	SD	Median	Maximum	Minimum	Range	Mean
LEVEL OF KNOWLEDGE	11.32	1.72	11	14	9	5	80.8

S.D - Standard Deviation   N= Total sample size

The above table no. 4 depicts the mean, median, S.D and mean percentage towards level of anxiety, of Birth Companion in relation to their Support in Childbirth among primipara women.As per the above-mentioned table the mean is 11.32, Median was11 and S.D was 1.72 range was 9 to 14 and over all percentage of mean is 80.8%.

3.1.4   Section 4: Frequency and percentage of level of support provided by the birth companion during labor among primipara women.

Figure 3 Frequency and Percentage level of support provided by the birth companion during labor among primipara women

Figure 3: depicts the frequency and percentage of level of support provided by the birth companion during labor among primipara women. As per the diagram majority 56% of Birth Companion provide high support, 14% Birth Companion provide moderate support and 30% Birth Companion provide low support during labor among primipara women.
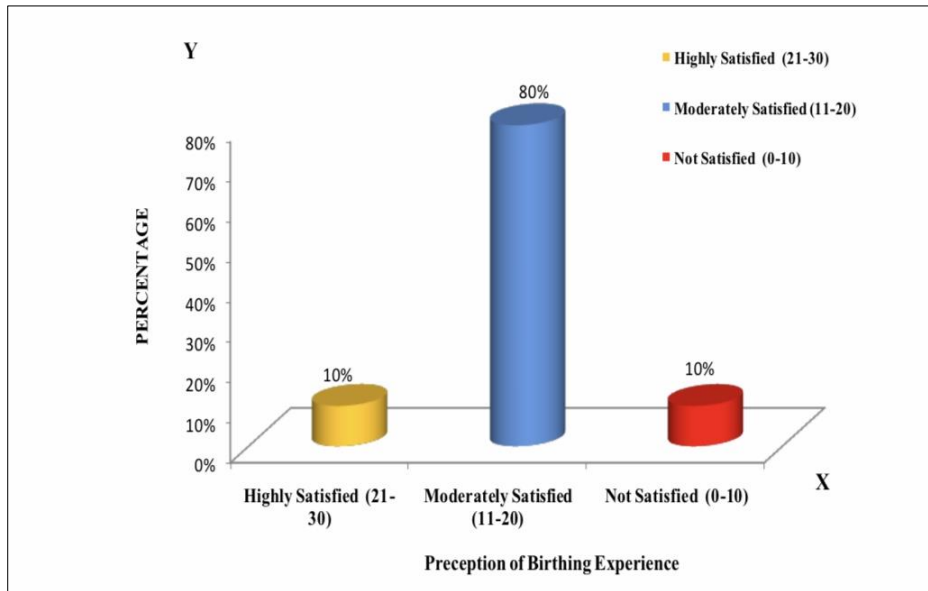
Table 5 Descriptive statistic of level of support provided by the birth companion during labor among primipara women N=50

Descriptive Statistics	Mean %	SD	Median	Maximum	Minimum	Range	Mean
LEVEL OF KNOWLEDGE	6.06	2.44	7	10	3	7	60.6

S.D - Standard Deviation; N= Total sample size

Table no 5 : depicts That the mean, median, S.D and mean percentage towards level of support provided by the birth companion during labor among primipara women. As per the above-mentioned table the mean is 6.06, Median was7 and S.D was2.44 range was 3 to 10 and over all percentage of mean is 60.6%.

3.1.5   Section –5: Frequency and percentage of primipara Woman Regarding Perception birthing Experience

Figure 4 Frequency and percentage of primipara Woman Regarding Perception of birthing Experience.

Figure 6: depicts the frequency and percentage of primipara Woman Regarding Perception of birthing Experience during labor As per the diagram majority 80% of primipara were moderately satisfied 10% were highly satisfied and 10% were not at all satisfied in the influence of support provided by the birth companion during labor in selected hospitals

Table 6 Descriptive statistic of primipara Woman Regarding Perception of birthing Experience.

Descriptive Statistics	Mean %	SD	Median	Maximum	Minimum	Range	Mean
LEVEL OF KNOWLEDGE	13.92	3.14	14	21	9	7	66.2

S.D - Standard Deviation; N= Total sample size

Table no. 6: depicts that the mean, median, S.D and mean percentage towards perception of birthing experience during labor among primipara women. As per the above-mentioned table the mean is 13.92, Median was14 and S.D was3.14 range was 9 to 21 and over all percentage of mean is 66.2%.

4.   Discussion

Giving birth is one of the most important events of a woman's life. It is a sentinel event for her family. The process of giving birth must not be considered a mere biological event, but a process that is associated with many social and emotional connotations. It is a right of every woman to be supported and to receive the most up to date, evidence based care during childbirth. A Descriptive Study to assess the Knowledge and Anxiety level of Birth Companion in relation to their Support during Childbirth and the Influence of Support on the Outcome of Labor among Primipara Women at Selected Hospitals of District Mohali, Punjab. The objectives of the study was to assess the level of knowledge of Birth Companion ,To assess the level of Anxiety of Birth Companion in relation to their Support in Childbirth among primipara women To assess the outcome of labor among primipara women in the influence of support provided by the birth companion during labor in selected hospitals of district Mohali, Punjab to accomplish the objectives 50 primipara women in labor and 50 birth companion were selected by convenient sampling technique The Self Structure Questionnaire to assess the knowledge , Anxiety scale to assess the level of anxiety of birth companion, Observation checklist to assess the level of support to woman throughout the labor process was used to collect data. The reliability of knowledge questionnaire was assessed by test retest method using by Karl Pearson correlation with value of r=0.8,

anxiety scale and Checklist used to assess the labor outcome by inter rated method using Spearman correlation formula with value r=0.7which indicate that tool was reliable.

The present study results revealed that majority 70% Birth Companion had average knowledge, 22% Birth Companion had good knowledge and only 8% of Birth Companion had poor knowledge in relation to their Support in Childbirth among primipara women.In this the level of anxiety shows that majority 88% Birth Companion had moderate level of anxiety, 12% Birth Companion had high level of anxiety, and noun of them had low level of anxiety in relation to their Support in Childbirth among primipara women, The present study finding depicts that majority 56% of Birth Companion provide high support, 14% Birth Companion provide moderate support and 30% Birth Companion provide low support during labor among primipara women. The present study finding depicts the frequency and percentage of primipara Woman Regarding Perception of birthing experience .During labor As per the diagram majority 80% of primipara were moderately satisfied 10% were highly satisfied and 10% were not at all satisfied in the influence of support provided by the birth companion during labor in selected hospitals.

5. Conclusion

The conclusion of the study which was done to assess the Knowledge and Anxiety level of Birth Companion in relation to their Support during Childbirth and the Influence of Support on the Outcome of Labor among Primipara Women at Selected Hospitals of District Mohali, The present study shows that birth companion had an overall moderate knowledge of labor process regarding the care to be given for the woman in labor. Levels of anxiety shows that majority of the birth companion had moderate anxiety related to labor. A majority of the birth companions provided a moderate support to the woman throughout labor. A view of woman regarding birthing experience as most of the women were moderately satisfied with the support given by birth companion. The presence of birth companion provides moderate satisfaction for the woman in labor.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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