Objectives

- To provide expectant mothers an opportunity for family involvement (doula where this is not possible) during labor and delivery admission.
- To facilitate improved mental health/psychological health during labor and delivery and the immediate post partum period.

Applicability of Policy

All physicians, nursing and other staff assigned to clinical department/services involved with the provision of obstetric services.

Rationale

Studies have shown that allowing a woman to be comforted, reassured and praised during childbirth has many benefits including the following: (i) Shorter labor (ii) Less pain medication (iii) Fewer medical procedures (iv) Decreased rates of Caesarean section (v) Increased satisfaction with birthing experience and less postpartum depression. (vi) Early initiation and continuation of breast feeding.
Companion at Birth Policy

Policy statements

Background: Expectant mothers need consistent, continuous reassurance, comfort, encouragement and respect during labor and delivery. They need individualized care based on their circumstances and preferences. The role of the companion at birth encompasses the non-clinical aspects of care during childbirth. They provide one-on-one caring to women who have a wide range of needs and goals for childbirth. Several randomized controlled trials have shown the value of a supportive companion in reducing the length of labor, producing fewer instrumental deliveries, and having a positive impact on APGAR scores (scores used to evaluate the condition of the newborn baby). The World Health Organization promotes labor companionship as a core element of care for improving maternal and infant health (WHO 2002). The regional plan of action for maternal and neonatal health care includes the monitoring of maternal and fetal well-being and encourages the presence of a companion to provide support during labor and delivery as one of the interventions to improve neonatal health. A trained birth companion contributes to reduced tension and shorten labor, increase mother's feelings of control, decrease interventions and cesareans, enhance the partner's participations, improve outcome for the newborn, facilitate parent/infant bonding, decrease postpartum depression and increase positive feelings about the birth experience.

Policy No. 1  All expectant mothers will be allowed a family member /doula to accompany them at the time of admission to labor ward/unit for labor monitoring and childbirth attendance (vaginal or cesarean section).

Policy No. 2  During pre-natal booking clinic companion at birth shall be identified by the attending nurse / doctor. Name and particulars including contact information of the companion of birth should be documented in the medical record or perinatal record (CLAP form for further contacting.

Policy No. 3  A minimum of two educational sessions shall be provided to the designated companion at birth. Training shall be provided at primary and secondary health care facility nearest to the expectant mother's home.

Policy No. 4  Medical and nursing staff at labor and delivery and maternity ward are knowledgably of the important role played by birth companion/doula. They provide information to birth companion/doula upon arrival at the health facility and work as a team during L&D, childbirth and postpartum period.

Procedures for selection and management of birth companions:
1. At prenatal care booking clinic, expectant mothers shall be informed of the birth companion policy in place and shall be encouraged to provide the name and contact information of their birth companion at the following clinic visit.
2. Expectant mothers are to provide name and contact information of their birth companion at the follow up prenatal visit. Staff providing prenatal care shall document on the perinatal record (CLAP Form) the name and contact information of the birth companion.
3. Birth companions shall be welcomed to accompany expectant mothers during pregnancy by assisting to the prenatal care clinics.
4. Birth companions shall be trained on their role during labor and delivery and childbirth at a date and time agreed with healthcare providers. A minimum of two sessions shall be provided, one theoretical and one site visit to the hospital where the delivery shall occur.
5. Birth companions shall be allowed to remain beside expectant mother in labor and delivery, expulsive and maternity ward where they shall work as a team along with doctors and
midwives/nurses caring for the expectant mother.

6. Births attended with companion at birth shall be documented in the medical record.

**Procedures for selection and management of Doula:**

Doula: From the Greek word meaning woman servant or caregiver, a doula offers emotional and practical support before, during and after childbirth. She can act as a birth partner or as an extra help to both mother and child. She accompanies clients’ in hospital. However, her job isn't to replace a midwife.

Doulas are trained and experienced in delivering babies but their primary role is to enable a woman to have the most satisfying and empowered experience possible. They provide continual care and objective advice while keeping pregnant women and their birth companion focused on their birth plan.

1. The Matron/Sister in charge of midwifery services at any given hospital is responsible to organize and manage community participation in childbirth in the form of doula.
2. Invitation to interested persons will be forwarded through Village councils, NGO’s, other CBO’s to apply to be a doula.
3. Selection criteria of a doula shall be: expressed interest/commitment to provide volunteer services, accepts to undergo training (minimum 2 days) being one day for theory and one day for practicum at their nearest hospital.
4. The Matron/Sister in charge of midwifery services at any given hospital will have a census of trained doulas which shall be shared with Public Health Nurse who will in turn share with personnel providing prenatal care. Expectant mothers that cannot identify a birth companion shall be offered the name and contact information of doula nearest to their home. Expectant mothers are responsible for direct requesting of doula services.
5. Twice a year doulas and birth attendants shall meet to review outcomes and challenges during the period of work and plan activities for the following six months.

**Effective Date:** this Policy becomes effective on approval date.