Special Article

Support from a Close Female Relative in Labour: The Ideal Maternity Nursing Intervention in Thailand

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Childbirth is a significant event in the lives of women and their families. It is a critical time in the human development that transforms women into mothers. Women remember their childbirth for the rest of their lives. Thus, the quality of support that women receive during labour and delivery is important and nurses need to be concerned. Previously, women were delivered at homes; they received emotional support from female relatives. Now women give birth in hospitals; they are separated from their families. Although nurses are adept at providing physical and emotional support, they may have to care for several other women. Nurses sometimes may give support to an individual woman a low priority because they have various clinical responsibilities and paper work. It may create womens' experience emotional loneliness and deal with labour pain and in unfamiliar environment alone. These situations can contribute negative effects on childbirth outcomes. Having a close female relative to support a woman in labour can reduce maternal stress and anxiety and improve childbirth outcomes. The present article provides guidelines for including a close female relative on the labour unit to support a woman during labour and delivery.

Keywords: *Social support in childbirth, Close female relative, Thai women*

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Childbirth is a significant event in the lives of women and their families. It is a critical time in the human development that transforms women into mothers[1]. Many women believe that the intra partum period (i.e., labour, birth, and the early purpeurium) is a high risk time for their anticipated babies and themselves[2]. Women remember their childbirth for the rest of their lives[3]. It forever shapes their thoughts of themselves as women and as mothers[4] and may affect their ability to form positive relationships with other family members[5,6]. The quality of support that women receive during labour and delivery is critical for continued well-being of the entire family. Nurses are in a position to assess the needs for these women and influence the amount of support that is provided. The purpose of the present article is to describe childbirth in Thailand, especially the benefits of social support in childbirth and strategies to ensure that a high level of social support is offered during labour and delivery. It is proposed that this can be accomplished by including a close female relative on maternity wards to provide needed support. Including a close female relative in labour as nursing intervention in Thailand is reviewed.

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Childbirth in Thailand

Prior to the introduction of Western style medicine, most Thai women delivered in their homes by traditional midwives who are referred to as Mawtumyae. Women were given psychological support by their female relatives as well as Mawtumyae. Now women give birth in hospitals rather than at home because hospitals are deemed to be safer. Women perceive that advanced technology and professional health care providers ensure a safer outcome for birthing women[2,7]. Support from a female relative

during labour has been lost in institutions and women experience emotional loneliness[2,8,9].

The process of childbirth is perceived by labouring women, especially first-time mothers, as a fearful event. They express worries about labour pain, difficulty giving birth and of the possibility of their baby having an abnormality[10]. The hospital environment where childbirth takes place is the variety of equipment used by health care professionals is often unfamiliar to them. In addition, the language, procedures, interventions, and health care providers themselves can be intimidating. Yet, it is a time when pregnant women are separated from their families. These situations can well contribute to a sense of isolation resulting in increased maternal stress. There is evidence that the fear, tension, and pain cycle proposed in the classic works of Grantly Dick-Read, *Childbirth Without Fear*[11] may account for escalating labour pain in that increased tension and anxiety during labour contribute to increased pain. Dick-Read stated that most women approach labour with fear and anxiety because of ignorance, prejudice, and misinformation. In turn, the result is mental tension which leads to tension in muscle groups including those in the lower uterine segment. Muscle tension can lead to increased pain and can delay labour. Excessive anxiety increases an endogenous release of catecholamines, which in turn reduces blood flow to and from the placenta. This event can lead to restrict foetal oxygen availability and waste removal as well as reduced effectiveness of uterine contractions, which slows labour progress[12]. It can be hypothesized that prolonged labour as a consequence of anxiety can become the rationale for assisted delivery including forceps extraction, vacuum extraction, and caesarean section.

The quality of support that they are given during labour has an enormous effect on their perceptions of their childbirth[13]. It was reported that Thai women had higher expectations for nursing care than they actually report that they receive[14-16]. In two studies, the majority of Thai post partum women at regional hospitals reported dissatisfaction with their intra partum nursing care[17,18]. In other Thai studies, women reported a low level of satisfaction with nursing services[7,19]. In addition, Oumtanee and Ratchukul[20] indicated that women needed nursing support to help them appropriately deal with pain, anxiety, and stress during delivery. In that study, women reported that when they expressed their needs but nurses did not respond appropriately to them. Those investigators suggested that there was a lack of personnel and an inconsistent quality to the provision of nursing care services for intra partum women in Thailand.

Beneficial effects of social support in childbirth

Social support is hypothesized to reduce maternal stress and improve childbirth outcomes. They are important factors in helping women cope with labour pain and reducing psychological problems such as fear, stress, and anxiety[2]. Since the 1970s, numerous research reports, reviews, and meta-analyses were published about the beneficial effects of social support on childbirth and psychosocial outcomes. Social support in the form of continuous intra partum support is associated with the following outcomes. Labour is shorter[9,21-28]; spontaneous vaginal births are more likely[28,29]; forceps extractions are fewer[9,26,28,30]; vacuum extractions are fewer[26,29]; caesarean sections are fewer[9,23,24,26,28-30]; oxytocin augmentation is decreased[9,24,26,28-30,31-33]; analgesics are used less frequently[9,21,26,29,30,32-34]; epidural anaesthesia is used less frequently[23,35]; maternal control during labour is greater[21,22,33]; coping behaviour increases[35-39]; and there is less labour pain[26,28,36,39]. In addition, there are benefits to the newborn babies of mothers who received social support. Babies have fewer 5-minute Apgar scores that are less than 7[30,34], are less frequently admitted to neonatal intensive care units[24,28], are more likely to be discharged within 48 hours[23,28], display more maternal-infant interaction behaviours[27,28], and have higher breast feeding initiation and duration rates[22,26,28,30,36]. Furthermore, social support is associated with more positive childbirth experiences[21], less anxiety[26,28,30,36,37,40], higher self-esteem[36], and less depression six weeks after delivery[30,40].

Source of support for women during labour and delivery

Typically, social support that takes place in institutions during labour and birth is provided by formally recognized support persons such as nurses or doulas (untrained lay women). Increasingly, social support is also provided by more informal sources such as partners/husbands, female relatives, or friends. In a review of relevant research related to the types of individuals who can offer effective support during labour and birth, (1) nurses[31,32,38], (2) monitrices (lay midwives)[33], (3) doulas[22,23], (4) untrained lay women[24,27,36], (5) partners/husbands[21,37,39,41,42], and (6) female relatives[29] were studied as sources of support. Social support provided by nurses or monitrices was reported to be less effective than that provided by doulas, untrained lay women, or female relatives.

Support provided by nurses do not appear to have a beneficial effect on duration of labour[31-33], rates of spontaneous vaginal delivery[32], rates of operative delivery[31,32], and maternal perception of the childbirth experience[38] when compared to support provided by others. Rosen[43] analyzed eight published reports where labour support by nurses, monitrices, trained lay women (doulas), untrained lay women, and female relatives were assessed. Support by untrained lay women, starting in early labour and continuing into the post partum period resulted in the most consistent beneficial effect on childbirth and psychosocial outcomes. Untrained lay women provided friendly support in previous studies, but similar or greater benefits where reported when a relative remained with women throughout the labour and delivery[27].

In Thailand, doulas or untrained lay women were not in attendance during labour and delivery. Studies about social support provided by nurses[38] and husbands[21,37,39,42] have been reported. Although, in many studies the beneficial effects of social support by nurses and husbands on childbirth and psychosocial outcomes are offered, both nurses and husbands have limitations that may restrict their role of providing support. For example, nurses who are responsible for the well-being of women and their newborns, even if they have a desire to provide support, are frequently employed in a system wherein they may give support to an individual woman, give a lower priority than their general clinical duties and their personal needs for breaks, sleep, and time off. Emotional and physical support may be given sporadically because of clinical duties that cannot be postponed[44]. Furthermore, the presence of husbands during labour is impracticable or unworkable in Thailand because many Thai men feel uncomfortable, unconfident, and incompetent in meeting either the physical or psychological needs of their labouring spouse[45]. Husbands may find it hard to provide support during labour because of their own emotional involvement with their wives, babies, and the birth process[44,46]. In addition, Ip[41] found that when husbands were present during labour, their wives used significantly higher doses of analgesia and speculated that this finding was because the husband advocated this for his wife by requesting pain relief for her. One also has to consider that the presence of husbands or any males may not be acceptable to other labouring women in crowded maternity units.

Close female relative as support provider

Support from a close female relative seems to be a needed and a practical intervention that could meet the intra partum maternal need for emotional support. In a focus group (n = 8) of post partum Thai women, some wanted their relatives to be with them because they felt that they did not receive enough support from their health care providers[2]. Many women said that they would have had a more positive experience if one relative could have been with them during labour. Some women reported that they would like to receive social support from their close relatives because they feel more comfortable asking for help from them.

In a qualitative study[47], the views of 84 Zambian mothers and 40 health care workers were explored with respect to allowing women to be attended by a supportive companion during labour. Most thought that welcoming and including support persons in maternity units would be beneficial because female relatives could help both labouring women and health care workers. Most health care workers further noted that informal support persons could help labouring women by giving them a sense of security. They noted that hospital policy was the main reason for not allowing a family member or friend to stay with labouring women; the rationale was that support persons could be a source of infection and that there was limited space on the maternity units. These are the same reasons that are given for restricting the presence of support persons for labouring women at public hospitals in Thailand. The concern about infection would seem to be unfounded because it has been shown that having visitors in a hospital setting is not associated with increased morbidity for either an intra partum woman or her baby[47]. As for restricting the availability of support persons because of limited space, it is important to consider the beneficial effects of a support person on childbirth including psychosocial outcomes, thus ensuring that making space for them would become a priority.

One crucial goal of maternal care is to focus on a family-centered approach. As support persons, families are present during births at most American hospitals[48]. Social support has appeared in increasing numbers of official and legal documents as well as national and global initiatives[49]. For example, when the Society of Obstetricians and Gynaecologists of Canada (SOGC) published guidelines on management of dystocia in 1995, it was stated that the continuous availability of a caregiver to provide support should be a key component of all intra partum care programs designed for prevention and treatment of dystocia. In

the Mother-Friendly Childbirth Initiative, it is further reported that the mother-friendly hospital or birth center should offer all women unrestricted access to birth companions of their choice. These support persons could include fathers, partners, relatives, and friends. In a Global Health Council document, companionship by a family member or lay caregiver during labour is reported to improve maternal satisfaction, shorten labour, improve the duration of breast feeding, and reduce the need for pain relief and assisted delivery. Every intra partum woman has the right to be accompanied by a person she trusts, or if there is no one, then by someone especially trained to provide emotional support.

In Thailand, most public hospitals do not yet allow family members to be present in labour and delivery rooms. Most women giving birth have to deal with their labour pain, anxiety and stress by themselves. The experience of giving birth can strengthen women so that they are competent, able to trust themselves, and recognize their inner strength[50]. Ensuring social support during the crucial time of labour and birth is an important function for nurses and midwives. However, the shortages of nurses and midwives are still a critical problem in Thailand. These health care professionals have limited time to provide supportive care so labouring women are sometimes left to labour without continuous social support from anyone. It is proposed that support by a close female relative should be part of a comprehensive nursing strategy to provide appropriate care to labouring women and their families in Thailand.

Role of a close female relative

The supportive care provided by close female relatives and nurses may overlap but if care is planned and coordinated, the roles of both should be complementary in providing support to labouring women; both have different and important roles to fulfill on the labour unit. A close female relative supports a labouring woman by providing emotional support and physical comfort and staying by her continuously throughout labour and birth. Nurses work shifts so may not be present for an entire labour. In addition they have clinical responsibilities, paperwork, and provide care to more than one labouring woman simultaneously. A beneficial nursing intervention that could enhance maternal care would be to prepare and support a female relative who would provide support to an intra partum family member on labour units at public hospitals in Thailand. The close female relative would be a valuable resource for both labouring women and nurses. Examples of activities that could be performed by close female relatives in Thailand are listed in Table 1.

How to choose a support person

Choosing the appropriate close female relative to provide support during labor and birth is very

Table 1. An example of supportive role of a close female relative

Time points	Activities
Home	• Staying with woman in early labour and accompany her from home to labour unit when there is an indication that labour is becoming active
Labour unit	• Staying with labouring woman as continuously as possible from active labour (admission) until 2 hours after the birth except for short meals and bath room breaks • Providing emotional support to intra partum woman Talking and maintaining eye contact Holding her hand, touching or hugging Encouraging and praising maternal efforts • Providing physical comfort Assisting with ambulation and helping to find a comfortable position Using cool cloths on forehead Massaging painful areas such as lower back, upper thigh Effleurage on abdominal Coaching breathing through contractions Coaching pushing efforts during delivery
Two hours post partum	• Encouraging breastfeeding • Looking after mother and baby

important. The following questions should be seriously considered by pregnant women when they are making a decision about who should provide them with intra partum support[51]: (1) can you (i.e., labouring woman) count on her to come?, (2) does she (i.e., close female relative) want to be there?, (3) are you comfortable with her?, (4) will she give you appropriate support?, (5) how might she deal with the unexpected?, (6) will she be willing to attend a special educational session to prepare for the birth?. In addition, a close female relative who has experienced straightforward birth may be a stronger source of support. The type of support person most unlikely to support you is someone who[51]: (1) needs direction and attention, (2) reacts badly under pressure, (3) does not acknowledge the midwives' role, and (4) is not confident that you can have a natural birth.

Preparation class

In a study the views of mothers and health care staff on involving a support person during labour in Zambian maternities were explored[51]. It was found that although most mothers wanted to have a support person present during labour they said that support persons lacked training in maternity care and thus, were not competent to stay with a labouring woman. That study suggested that one way to deal with this is to evaluate the effectiveness of allowing the support person to be present during antenatal care preparation for childbirth. It is reasonable to assume that the close female relative will need information, environment, and support if she is to be part of an effective nursing intervention that will improve maternal/newborn outcomes. Since the labouring woman and close female relative may both be busy or have other responsibilities, it might be easier to prepare them for giving and receiving support during the intra partum period. All of the information may be provided to them during 2 preparation classes; the first class focuses on information and the second class focuses on practice. However, some important topics such as the role of a close female relative and supporting techniques may be reviewed again when a close female relative accompanies a labouring woman to labour unit. The aim of having them attend the class together is to provide information about how to provide emotional and physical support to a labouring woman and how to interact on the maternity ward. The preparation class should cover the following topics: (1) how labouring women respond during different stages of labour, (2) hospital care and procedures during labour and birth, (3) role of a close female relative during labour and birth, (4) techniques to promote comfort such as positioning, cold compresses, massage, effleurage, breathing and pushing techniques, (5) early labour preparation for labouring women, (6) when to go to the hospital, (7) how a close female relative behaves in a labour unit, and (8) hospital tour and answer questions posed by the pregnant woman/close female relative dyad.

Conclusion

When women give birth in hospitals which do not allow family members in labour room, they may experience emotional loneliness and have to deal with labour pain and unfamiliar environment alone. Social support is known to have a positive effect on childbirth and psychosocial outcomes. Although nurses are adept at providing physical and emotional support, they are limited in the amount of support that they are able to provide. To enhance the comfort and well-being of their patients, it is incumbent on nurses to identify and test interventions that will enhance the support that women receive during active labour, delivery, and the early post partum period. It is proposed that one such intervention be the integration of a close female relative as an informal support person as part of a comprehensive nursing strategy to provide appropriate care to labouring women and their families in Thailand is clinically significant.

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การดูแลช่วยเหลือจากญาติผู้หญิงที่ใกล้ชิดในขณะคลอด: แนวทางการพยาบาลสูติศาสตร์ในอุดมคติของประเทศไทย

ศิริวรรณ ยืนยง, วีณา จีระแพทย์, เบอเวอรี่ เอ โอไบรเอน

การคลอดเป็นเหตุการณ์ที่สำคัญในชีวิตของมารดาและครอบครัว และเป็นช่วงเวลาที่สำคัญต่อการพัฒนาจากผู้หญิงสู่การเป็นมารดา มารดาจะจดจำการคลอดของตนเองไปตลอดชีวิต ดังนั้น คุณภาพของการดูแลช่วยเหลือที่มารดาได้รับในขณะคลอดจึงเป็นสิ่งสำคัญที่พยาบาลต้องให้ความสนใจ ในอดีตการคลอดเกิดขึ้นที่บ้านมีญาติคอยให้การดูแลช่วยเหลือทางด้านจิตใจ ปัจจุบันการคลอดเกิดขึ้นในโรงพยาบาล มารดาจึงถูกแยกจากสมาชิกครอบครัว ถึงแม้ว่าพยาบาลจะเป็นผู้ให้การดูแลช่วยเหลือที่ดีแก่มารดาในขณะคลอด แต่พยาบาลก็มีผู้คลอดหลายคนที่ต้องให้การดูแล บางครั้งอาจให้ความสำคัญในการดูแลผู้คลอดเป็นรายบุคคลน้อยลง เพราะมีหน้าที่ความรับผิดชอบหลายอย่างทั้งงานด้านคลินิกและเอกสาร อาจทำให้มารดาเกิดความรู้สึกโดดเดี่ยว ต้องเผชิญกับความเจ็บปวด และสภาพแวดล้อมที่ไม่คุ้นเคยตามลำพัง ซึ่งทำให้เกิดผลเสียต่อการคลอดตามมา การให้ญาติผู้หญิงที่ใกล้ชิดเข้าไปดูแลมารดาในขณะคลอดจะช่วยให้มารดาลดความเครียด ความวิตกกังวล และเกิดผลดีต่อการคลอด บทความนี้จะนำเสนอแนวทางการปฏิบัติในการให้ญาติผู้หญิงที่ใกล้ชิดเข้ามาดูแลช่วยเหลือมารดาในระหว่างการเจ็บครรภ์และการคลอด