

Labor Support: An Application is Starting Again Come into Prominence

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ABSTRACT

Labor support is more important care for maternal, fetal and neonatal. This implemenatation is new for our country but foreign literature is examined it's impact of birth outcomes. The number of research which investigating the importance of labor support is very limited in our country. However, mother-child health begins in the delivery room. Labor support's objectives, benefits, types and its effect are known by nurses and midwives are worked in the delivery room is extremely important. Also labor support's types and content is important to health professionals to plan the intrapartum care. Labor support is taken in hand all aspects in this review and according to time to the labor support is first presented in this studies in our country.

Keywords: Labor support, supportive care, delivery nurse

Introduction

Labor support is an important part of care in labor and it is considered to be an important task of nurses (1). It is stated by women that "labor support", which is reliable, cost-effective (2) and highly valuable for women, is a much more important intervention than medication administration and medical support (3).

The term "labor support/supportive care at labor" has been defined in different ways as:

- To support the progression of normal labor process according to Barret and Stark (2),
- To provide care to woman during childbirth process and to provide social support according to Davis and Hodnett (3) and Hodnett, Gates, Hofmeyr and Skala (4),
- To help woman use her power to give birth under her control according to Sleutel (5) and Rubin (6),
- A care in which labor support is given by professionals and which improves the outcomes of labor process according to the Association of Women's Health, Obstetric and Neonatal Nurses (7),
- The attitudes and behaviors of obstetrical nurse that will help the parturient to cope with the labor process according to Sauls (8),
- Non-pharmacological pain management and support of woman during labor process by obstetrical nurse and researchers according to Adams and Bianchi (9),

Objectives of labor support are to actively help the woman giving birth, to satisfy her emotional needs and desires, to provide comfort, to improve the results of birth, to increase self-esteem, to provide positive birth experience and to facilitate the transition to motherhood role (10-13). Although the importance of labor support is emphasized in nursing care practices, it has been determined that only 12.4% of nurses spend time on labor support (14). The situations that prevent nurses from providing labor support have been stated as lack of staff, increased use of technology, inappropriate institutional arrangements, and non-nursing works done by nurses (3, 5, 15).

In the literature, a study showing the rate of labor support was achieved. On the other hand, there is no study on how much support is provided in which areas related to labor support and in which areas there is a lack of support. Therefore, further studies are needed to determine the extent of labor support and in what areas it is given. However, it can be understood from the studies investigating the reasons why nurses could not provide labor support that there are many inhibiting

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factors. As it is understood, it can be concluded that the rates of giving labor support are quite low.

Maternal, Fetal and Neonatal Benefits of Labor Support

Labor support is useful in many ways not only for the woman, but also for the fetus and the newborn. The benefits of labor support stated in the conducted studies are shown in Figure 1. In some studies, it was shown that there was no difference between the women who received labor support and those who received routine care (Figure 2).

When the studies about the results of labor support are examined, it is seen that different results have been reached. The number of studies showing that supportive care increases the vaginal delivery rate is more than the number of studies showing that there is no difference. In addition, it is understood that the recent studies have reported an increase in vaginal delivery rate. Since the labor support has no negative effect on the outcomes of birth, it is thought that nurses and midwives should be supported for providing this care to pregnant women because all of the study results show that women are satisfied with supportive care. Therefore, there is a need to increase the studies on the development of supportive care at birth and to reveal the results with researches.

Types of Labor Support

In the literature, labor support is classified in different ways. These classifications vary according to the content of the labor support, the duration of the support and the supporters.

Classification of Labor Support According to the Content

According to the content, labor support includes of physical

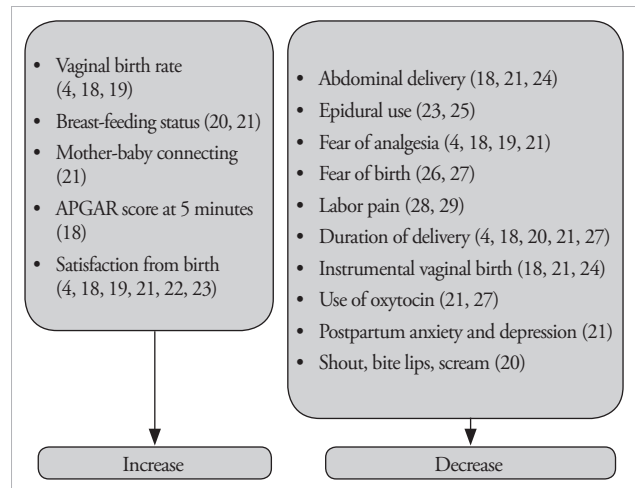


Figure 1. Benefits of labor support

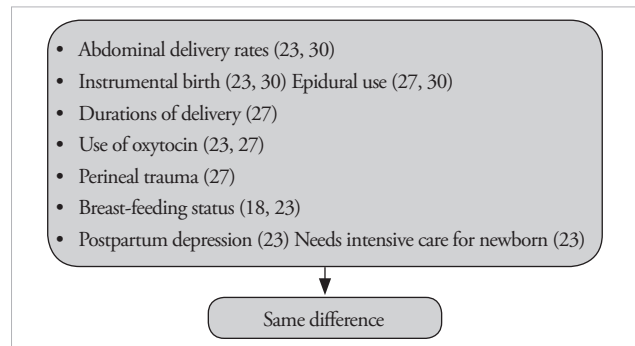


Figure 2. Labor outcomes that are not superior to each other in women receiving labor support and those receiving routine care

Table 1. Classification of labor support according to the content

Researcher	Content of labor support			Encouragement	Advocacy	Spousal support	Concrete / technical support
	Physical comfort	Emotional support	Informing / Training				
Hodnett (1)	X	X	X		X	X	
Davies and Hodnett (3)	X	X	X				
Hodnett et al. (4)	X	X	X		X		
Sauls (8)	X	X	X		X		X
Miltner (11)	X	X	X	X			
Gale-Fothergill, Bourbonna is and Chamberlain (14)	X	X	X		X		
Payant, Davies, Graham, Peterson and Clinch (22)	X	X	X		X		
Gagnon and Warghorn (28)	X	X	X		X		
McNiven, Hodnett and O'Brein Pallas (29)	X	X	X		X		
Bianchi and Adams (30)	X	X	X		X		
Hodnett, Gates, Hofmeyr and Sakala (31)	X	X	X		X		
Taylor (32)	X	X	X				X
NICE (33)	X	X	X		X		

comfort, emotional support, information / training, encouragement, advocacy, spousal support and concrete / technical support (Table 1). Besides the contents in Table 1, Hottenstein (34) defines the labor support content as auditory, visual, olfactory, tactile, kinesthetic, and conscious care according to the Watson's Human Care Theory. Based on this information, it is emphasized that delivery nurses should improve their care contents in accordance with the current practices (35). In the literature review, it is seen that some types of labor support are put into different categories. Bryanton, Fraser and Sullivan (36), for example, deal with praise and encouragement in both informational and emotional support. It is recommended that nurses working in the delivery room choose the appropriate labor support for the women who they care for (9).

The studies performed shows that emotional support is more important than physical support (36, 37). Since particularly emotional support and physical support are shown to significantly reduce the birth complications, it is essential to conduct more studies on their effect on birth and birth outcomes (35).

When the content of the labor support is examined, it is seen that there is a wide variety of classifications. Therefore, people who will give labor support should be well equipped. For people who will give labor support to have this qualification should be supported with in-service trainings and certificate programs. In order to provide support especially in the areas of emotional support, advocacy, education and counseling, nurses and midwives should be educated very well. It may be helpful for nurses and midwives to participate in personal development programs as well as to receive training on these subjects.

Classification of Labor Support According to Time

When we classify labor support according to the duration of support, two types of labor support are encountered in the literature: Continuous labor support and intermittent labor support. It is also a matter of discussion that the research on the classification of labor support according to duration dates back to old years and continuous labor support is often mentioned.

Continuous Labor Support

In the literature, there are many definitions regarding the concept of "continuous labor support". These definitions are as follows:

- The existence of person, who provides labor support, with the pregnant woman for the duration covering more than 80-90% of the birth, to encourage the parturient and to have a relaxing touch (3).
- Except 20-minute coffee break and 30-minute two meal breaks, nurse's being with the parturient from the beginning of the birth to the end (28),
- Nursing care given to the parturient by nurses / midwives for more than 80% of the time of delivery except for the need for a toilet (3, 33, 35),

- The parturient's relieving herself, being left alone when she wants to be alone and the nurse's / midwife's being with the parturient except for very short time periods (35), and
- Delivery of labor support for a minimum of 80% of delivery time (38).

The International Lamaze Organization also emphasizes that it is very important to provide continuous support in normal labor (39). It is emphasized in evidence-based studies that continuous labor support is the best intervention with A level of evidence (17). It was found that while birth pain, oxytocin use (35, 40), birth rate with forceps (16, 35, 40), cesarean delivery rate (16, 35, 40, 41), and analgesia use (16, 35) decreased in the parturients given continuous labor support, the level of satisfaction with the birth increased (3, 4, 19, 40). In addition, it has been determined that the duration of delivery is shorter in women receiving continuous labor support (35, 41). In the study of Zhang et al. (40), it was detected that the duration of labor in women receiving continuous support was shortened by 2.8 hours.

Intermittent Labor Support

In the literature, only one definition has been reached for the concept of "intermittent labor support". According to this definition, it is defined as leaving the parturient alone except her need to use the bathroom and her desire to be alone (35). Based on this definition, if continuous labor support is accepted as 80% or more of the time beginning from the admission to the delivery room to the moment of birth, we, as the authors, define the intermittent labor support as the time less than 80% of the birth support period. According to the first meta-analysis of Scott, Berkowitz and Klaus (19) who compared birth support in literature, the use of analgesia for the birth pain during the duration of delivery and the rates of operative delivery were higher in the women receiving intermittent labor support than those receiving continuous labor support. In the doctoral dissertation titled "The Effect of Nursing Care Applied in Labor on the Fear, Pain, Duration and Experience of Childbirth" by Çiçek and Mete (42), it was reported that the use of induction, the application of amniotomy and the use of epidural anesthesia were lower in women undergoing intermittent labor support than those receiving routine nursing care. However, more studies are needed to evaluate intermittent labor support because the number of studies showing the efficacy of intermittent labor support is insufficient in the literature.

Considering that while the average number of nurses giving care is around 9.1 per 1,000 patients in the OECD countries, this number is 1.8 per 1000 patients with gradually increasing birth rates in our country (43), we think that continuous labor support is not appropriate in our country's conditions. If more studies show that positive results are obtained when intermittent labor support is provided, the inclusion of intermittent labor support in routine practice can be recommended. In this way, inadequate health personnel will be used

more effectively and benefits will be provided from the positive aspects of birth support in pregnant women.

Classification of Labor Support According to Whether It Is Given by the Same or Different People

Supportive care can be provided by the same person or different people in the labor. There is not enough data on this subject. However, it is known that while there are implementations in which the parturient is given care by the same caregiver from the beginning to the end of the labor, care is provided by different people at certain times. On the other hand, no study showing how birth outcomes were affected after these two applications was reached.

As a result, it is understood that while there is good evidence of the benefits of continuous labor support, there is not enough evidence of intermittent labor support. Besides that, it is known that it is a very difficult and economically expensive method to give one-to-one continuous labor support. For this reason, it is recommended to give continuous labor support in order to obtain positive delivery results. However, it is also helpful to provide intermittent labor support in cases for which this cannot be achieved. Since there are not enough studies on this issue, more studies are needed.

Conclusion

In recent years, “supportive care at birth” has started to gain importance again. There is no common view about what the concept of labor support includes and how many types of labor support are available. Labor support is mainly defined in two ways, as continuous and intermittent. There are also differences in the definition of intermittent labor support.

Publications on the impact of labor support often examine continuous labor support. They show that continuous labor support has positive effects on mother and baby health. However, there are not enough publications about what intermittent labor support is and its results. According to the limited number of studies on intermittent labor support, intermittent labor support has also positive results. In addition, there is not enough data about the results of giving one-to-one labor support and giving labor support by different caregivers.

In conclusion, it is understood that there is a need for more studies on all these issues. More experimental studies are needed in the field of labor support about which there are a few experimental studies. In order to apply the labor support, which has many benefits for the parturient, fetus and newborn, the number of nurses / parturients, institutional policies, current scientific knowledge and approaches should be taken into consideration. It is important to ensure that each pregnant woman benefits from labor support. Health institutions should make plans to involve labor support in the routine care and to improve it. Couples should be informed about the labor support and they should know that this is a right and demand this care.

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References

- Hodnett ED. Nursing support of the laboring woman. *J Obstet Gynecol Neonatal Nurs* 1996; 25: 257-64. [\[CrossRef\]](#)
- Barrett SJ, Stark MA. Factors associated with labor support behaviors of nurses. *J Perinat Educ* 2010; 19: 12-8. [\[CrossRef\]](#)
- Davies BL, Hodnett E. Labor support: Nurses' self-efficacy and views about factors influencing implementation. *J Obstet Gynecol Neonatal Nurs* 2002; 31: 48-56. [\[CrossRef\]](#)
- Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *The Cochrane Library* 2017; 7. [\[CrossRef\]](#)
- Sleutel M, Schultz S, Wyble K. Nurses' views of factors that help and hinder their intrapartum care. *J Obstet Gynecol Neonatal Nurs* 2007; 36: 203-11. [\[CrossRef\]](#)
- Rubin R. Maternity nursing stops too soon. *Am J Nurs*. 1975; 75: 1680-84. [\[CrossRef\]](#)
- Association of Women's Health, Obstetric and Neonatal Nurses. Clinical position statement: Continuous labor support for every women. *J Obstet Gynecol Neonat Nurs* 2018; 47: 73-4. [\[CrossRef\]](#)
- Sauls DJ. Dimensions of professional labor support for intrapartum practice. *J Nurs Scholarsh* 2006; 38: 36-41. [\[CrossRef\]](#)
- Adams ED, Bianchi AL. A practical approach to labor support. *J Obstet Gynecol Neonatal Nurs* 2008; 37: 106-15. [\[CrossRef\]](#)
- Sleutel RM. Intrapartum nursing: Integrating Rubin's framework with social support theory. *JOGNN* 2003; 32: 76-82. [\[CrossRef\]](#)
- Miltner RS. Identifying labor support actions of intrapartum nurses. *JOGNN* 2000; 29: 491-99. [\[CrossRef\]](#)
- Yuenyong S, O'Brien B, Jirapeet V. Effects of labor support from close female relative on labor and maternal satisfaction in a Thai setting. *JOGNN* 2012; 41: 45-56. [\[CrossRef\]](#)
- Waldenström U, Hildingsson I, Rubertsson C, Radestad I. A negative birth experience: Prevalence and Risk Factors in a national sample. *BIRTH* 2004; 31: 17-26. [\[CrossRef\]](#)
- Simpson KR, Lyndon A. Labor Nurses' Views of Their Influence on Cesarean Birth. *MCN Am J Matern Child Nurs* 2017; 42: 81-7. [\[CrossRef\]](#)
- Gale J, Fothergill-Bourbonnais F, Chamberlain M. Measuring nursing support during childbirth. *MCN Am J Matern Child Nurs* 2001; 26: 264-71. [\[CrossRef\]](#)
- Graham ID, Logan J, Davies B, Nimrod C. Changing the use of electronic fetal monitoring and labor support: A case study of barriers and facilitators. *BIRTH* 2004; 31: 293-301. [\[CrossRef\]](#)
- Simpson KR, Lyndon A. Consequences of delayed, unfinished, or missed nursing care during labor and birth. *J Perinat Neonat Nurs* 2016; 31: 32-40. [\[CrossRef\]](#)
- Scott KD, Berkowitz G, Klaus M. A comparison of intermittent and continuous support during labor: a meta-analysis. *Am J Obstet Gynecol* 1999a; 180: 1054-59. [\[CrossRef\]](#)
- Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth (Review) *The Cochrane Library*. 2013; 10. [\[CrossRef\]](#)
- Berghella V, Baxter JK, Chauhan SP. Evidence-based labor and delivery management. *Am J Obstet Gynecol* 2008; 199: 445-54. [\[CrossRef\]](#)

21. Gençalp NS. Doğum eyleminde anneye verilen destekleyici hemşirelik bakımının doğum sürecine etkisi. 1. Uluslararası 8. Ulusal Hemşirelik Kongre Kitabı, Antalya, 2000; 276-79.
22. Scott KD, Klaus PH, Klaus MH. The obstetrical and postpartum benefits of continuous support during childbirth. *J Womens Health* 1999b; 8: 1257-64. [CrossRef]
23. Corbett AC, Callister LC. Nursing Support During Labor. *Clin Nurs Res* 2000; 9: 70-83. [CrossRef]
24. Gordon NP, Walton D, McAdam E, Derman J, Gallitero G, Garrett L. Effects of providing hospital-based doulas in health maintenance organization hospitals. *Obstet Gynecol* 1999; 93: 42242-6. [CrossRef]
25. Payant L, Davies B, Graham ID, Peterson WE, Clinch J. Nurses' intentions to provide continuous labor support to women. *J Obstet Gynecol Neonatal Nurs* 2008; 37: 405-14. [CrossRef]
26. Conniff J, Dresang L. Does continuous labor support decrease rates of cesarean and assisted vaginal delivery?. *Evidence-Based Practice* 2016; 19: 5.
27. Haines HM, Hildingsson I, Pallant JF, Rubertsson C. The role of women's attitudinal profiles in satisfaction with the quality of their antenatal and intrapartum care. *J Obstet Gynecol Neonatal Nurs* 2013; 42: 428-41. [CrossRef]
28. Isbir GG, Serçekuş P. The Effects of intrapartum supportive care on fear of delivery and labor outcomes: A single-blind randomized controlled trial. *J Nurs Res* 2017; 25: 112-19.
29. Wilson CL, Simpson JA. Childbirth pain, attachment orientations, and romantic partner support during labor and delivery. *Personal Relationships* 2016; 23: 622-44. [CrossRef]
30. Gagnon AJ, Waghorn K. Supportive care by maternity nurses: A work sampling study in an intrapartum unit. *BIRTH* 1996; 23: 1-6. [CrossRef]
31. Gagnon AJ, Waghorn K, Covell C. Randomized trial of one-to-one nurse support of women in labor *BIRTH* 1997; 24: 71-7. [CrossRef]
32. McNiven P, Hodnett ED, O'Brien-Pallas LL. Supporting women in labor: A work sampling study of the activities of labor and delivery nurses. *BIRTH* 1992; 19: 3-8. [CrossRef]
33. Bianchi AL, Adams ED. Doulas, labor support, and nurses. *Int J Child-birth Educ* 2004; 19: 24-30.
34. Hodnett E, Gates S, Hofmeyr G, Sakala C. Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews* 2003. [CrossRef]
35. Taylor JS. Caregiver support for women during childbirth: Does the presence of a labor-support person affect maternal-child outcomes? *Am Fam Physician* 2002; 6: 1205-06
36. National Institute for Health and Care Excellence, Intrapartum care: Care of healthy women and their babies during childbirth. Available from: URL: <https://www.nice.org.uk/guidance/cg55/resources/guidance-intrapartum-care-care-of-healthy-women-and-their-babies-during-childbirth-pdf>
37. Hottenstein SE. Continuous labor support. *Lifelines* 2005; 9: 243-47. [CrossRef]
38. Bryanton J, Fraser-Davey H, Sullivan P. Women's perceptions of nursing support during labor. *J Obstet Gynecol Neonatal Nurs* 1994; 23: 638-44. [CrossRef]
39. Mackey MC, Flanders-Stepans ME. Women's evaluations of their labor and delivery nurses. *J Obstet Gynecol Neonatal Nurs* 1994; 23: 413-20. [CrossRef]
40. Simkin P, Bolding A. Update on nonpharmacologic approaches to relieve labor pain and prevent suffering. *J Midwifery Womens Health* 2004; 49: 489-556. [CrossRef]
41. Green J, Amis D, Hotelling BA. Care practice: continuous labor support. *J Perinat Educ* 2007; 16: 25-8. [CrossRef]
42. Zhang J, Bernasko JW, Leybovich E, Fahs M, Hatch, M. C. Continuous labor support from labor attendant for primiparous women: A meta-analysis. *Obstetrics & Gynecology* 1999; 88: 739-44. [CrossRef]
43. Kashanian M, Javadi F, Haghghi MM. Effect of continuous support during labor on duration of labor and rate of cesarean delivery. *Int J Gynaecol Obstet* 2010; 109: 198-200. [CrossRef]
44. Çiçek Ö. Doğum Eyleminde Uygulanan Hemşirelik Bakımının Doğum Korkusu, Ağrısı, Süresi ve Memnuniyete Etkisi. Dokuz Eylül Üniversitesi Sağlık Bilimleri Enstitüsü Doktora Tezi, İzmir. 2016.
45. Health at a Glance 2017 OECD Indicators. Available from: https://www.oecd-ilibrary.org/docserver/health_glance-2017-en.pdf?expires=1526838193&id=id&accname=ocid53022151&checksum=17219328FB1EA557F2D7BD1D58E2B5A8