

**EXPERIENCES AND PERCEPTIONS OF POSTNATAL MOTHERS
ON BIRTH COMPANION DURING CHILDBIRTH AT NGURUKA
HEALTH CENTRE IN UVINZA DISTRICT, KIGOMA REGION,
TANZANIA.**

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**MSc (Midwifery and Women's Health) Dissertation
The Muhimbili University of Health and Allied Sciences
October 2019**

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DEPARTMENT OF COMMUNITY HEALTH NURSING



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By

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**A Dissertation Submitted in (Partial) Fulfillment of the Requirements for the Degree
of Master of Science (Midwifery and Women's Health) of**

Muhimbili University of Health and Allied Sciences

October 2019

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: *“Experiences and perceptions of postnatal mothers on birth companion during childbirth at Nguruka Health Centre in Uvinza District, Kigoma Region, Tanzania”* in (partial) fulfillment of the requirements for the degree of Master of Science (Midwifery and Women’s Health) of Muhimbili University of Health and Allied Sciences.

Dr. Lilian T. Mselle (PhD, RNM,)
(Supervisor)

Date

DECLARATION AND COPYRIGHT

I, Ernest Ruseswa Teyumwete, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University in a similar or any other degree award.

Signature:Date.....

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Lastly, I would like to thank my lovely wife and my family for their genuine moral support and endurance during my study time.

DEDICATION

This work is dedicated to my supervisor, my wife, friends and children; I could not have done this work without you.

Thank you all for your kind support.

ABSTRACT

Background

Childbirth is an important event in the life of a woman and her family. A labouring woman develops a feeling of security when is supported by a birth companion of her own choice who is continuously encouraging and appreciating her efforts. The World Health Organization (WHO) recommends birth companion as a key aspect for respective maternity care and every woman is offered the option to experience labour and childbirth with a companion of her choice. The quality of support a woman receives during childbirth is an important determinant of the use of maternal health care services, and may directly or indirectly influence maternal and neonatal mortality and morbidity. Women who receive continuous care and support during labour and delivery are more likely to give birth without using analgesia, less likely to have a caesarean delivery or instrumental vaginal birth and less likely to report dissatisfaction with her childbirth experience. Despite the known benefits of continuous support during childbirth, the practice is still not routinely implemented in most maternity settings.

In Tanzania, Thamini Uhai in collaboration with the Regional Health Management Team (RHMT) is implementing the birth companion project in nine (9) health facilities offering birth companionship during labour and delivery. The project offers pregnant women the option to have a birth companion with them into the health facility to provide continuous support throughout labour and delivery. The project aims were to identify postnatal mothers and factors associated with companionship during childbirth where a woman chose to be supported either by desired birth companion from home or by a trained birth companion stationed at the facility (on-call birth companion). Despite its practices and efforts to scale-up, women's views and experiences on companionship during childbirth have not been adequately explored and need to be addressed.

Broad objective

To explore the experiences and perceptions with birth companion during childbirth among postnatal mothers at Nguruka Health Centre in Uvinza District, Kigoma region.

Material and Methods

The descriptive qualitative research design was used to explore views and experiences from postnatal mothers on birth companion during childbirth. The study was conducted at Nguruka health centre in Uvinza district, Kigoma region. Twelve (12) postnatal mothers who were conveniently recruited in the study provided written informed consent to participate in the study. In-depth interviews were conducted between April and May 2019 and analysis was guided by a thematic analytical framework.

Results

Major themes were; the experiences of care and support received from the birth companion, choosing the desired birth companion and perceived roles of the birth companion. The majority of women reported reduced fear of being alone in the labour room and received prompt care and support from their companions when the midwife was not around or was attending another woman. Despite that the facility has trained birth companions who are paid by the project and were available at the labour ward, most women preferred mothers-in-law and mothers as their companion of choice to facility-based birth companions. Women's perceptions about continuous support during childbirth were influenced by affirmed attributes of the supportive person as well as the types of supportive care rendered.

Conclusion and Recommendations

Continuous support during labour and childbirth was valued by most women and their perceptions were influenced by the type and attributes of a supportive person. Most women preferred birth companion from home to facility-based birth companions. Allowing every woman to experience labour and childbirth with a companion of her choice and provision of continuous labour support during labour and delivery would enhance institutional delivery and reduce the number of home deliveries, early neonatal loss and maternal deaths through clean and safe delivery offered by skilled birth attendants. Therefore, provision of routine antenatal education and advocacy to pregnant mothers on the availability of trained birth companion stationed at the facility would increase the number of postnatal mothers supported by on-call birth companion during labour and delivery.

Keywords: Birth companion, childbirth experiences, continuous labour support

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ABBREVIATIONS

ANC	Antenatal Care
BC	Birth Companion
CHMT	Council Health Management Team
DBC	Desired Birth Companion
DMO	District Medical Officer
IDI	In-depth Interview
IRB	Institutional Review Board
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and children
MMR	Maternal Mortality Rate
OBC	On-call Birth Companion
RHMT	Regional Health Management Team
RMNCH	Reproductive maternal and newborn child health
RMO	Regional Medical Officer
TH	Thamini Uhai
USA	United States of America
WHO	The World Health Organization

OPERATIONAL DEFINITIONS

1. Antenatal care: Is the care given to the pregnant mother during a routine checkup
2. Birth companion: A non-medical person who provides emotional, physical and practical support to a pregnant woman before, during and after childbirth
3. Birth Companionship: The care provided by the person present, according to the woman's needs throughout the birthing process
4. Birth Experience: Women's accounts of childbirth of what they went through during the birthing process.
5. Childbirth: The process of giving birth to a woman who was pregnant
6. Companionship: Is the care given to the woman before, during or after childbirth by providing physical assistance and emotional support
7. Desired birth companion: A non-medical woman chosen by the pregnant woman to provide emotional, practical and physical support to a woman during or after childbirth.
8. Emotional support: Are the use of praise and reassurance to help women feel in control and confident, and providing a continuous physical presence
9. Health care provider: A certified and medically trained person who helps in preventing, identifying and treating illnesses or disabilities
10. Information support: providing information about childbirth, bridging communication gaps between health workers and women and facilitating non-pharmacological pain relief measures
11. Labour support: The person presents and designated to offer emotional and physical care to the woman during childbirth
12. Midwife: a person who received professional education in midwifery and works with women during the antenatal, intrapartum and postpartum periods.
13. On-call birth companion: A non-medical woman recruited from the community, trained and provided a stipend by the project and stationed at the facility.
14. Practical support: Encouraging women to move around, providing massage and holding her hand.
15. Quality of care: The extent to which health care services are provided to individuals and patient populations to improve desired health outcome

CHAPTER ONE

1.0 BACKGROUND

INTRODUCTION

Historically, women have been supported and cared for by other women during labour and childbirth (Martha, 2001). The presence of a birth companion during childbirth ensures that a woman is not left alone during this intensely stressful and frightening time in her life (Beake *et al.*, 2018) and therefore, develops feelings of security in the presence of familiar people in an unfamiliar environment. In addition, it helps her cope with labour stress and adapt to a strange environment when someone she knows is continuous with her and is encouraging and appreciating her efforts (Ed *et al.*, 2013). Cochrane Database of Systematic Reviews by Bohren and colleagues have cited that women who wanted a companion present during labour and childbirth needed this person to be compassionate and trustworthy. However, without a companion women would perceive this as a negative birth experience. (Bohren *et al.*, 2019). The World Health Organization has set a universal standard for improving quality of maternity and newborn care in health facilities and highlights the importance of offering women the choice to have a birth companion as a critical component of respective maternity care, and every woman is offered the option to experience labour and childbirth with a companion of choice (WHO, 2017)

The process of giving birth must not be considered a mere biological event, but a social and emotional process (Senanayake *et al.*, 2017). Individuals who serve as birth companions are laying people from social networks like mothers, mothers-in-law, grandmothers, sisters, male partners, friends, and siblings, these may enhance physiological labour processes as well as women's feelings of control and competence, and thus reduce the need for obstetric intervention (Banda *et al.*, 2010). Allowing and supporting the presence of a woman's companion of choice during childbirth is an effective intervention that is respectful to women's autonomy and agency and can be an important aspect of improving quality of care during labour and childbirth (WHO, 2014). Research has demonstrated that supportive care provided by birth companion shortens the duration of the first stage of labour and improves the Apgar scores in the first and fifth minutes (Haghighi *et al.*, 2016).

Despite the known benefits of continuous support during childbirth, in many African countries including Tanzania, the practice is still not routinely implemented in all maternity settings and women's views and experiences might not be considered. In Tanzania, Thamini Uhai in collaboration with the Regional Health Management Team (RHMT) is implementing the birth companion project in nine (9) health facilities offering birth companionship during labour and delivery (Chaote, 2017). The project offers pregnant women the option to have a birth companion with them into the health facility to provide continuous support throughout labour and delivery. The aim of this study was to identify postnatal mothers' and factors associated with companionship during childbirth where a woman chose to be supported either by desired birth companion from home or by a trained birth companion stationed at the facility (on-call birth companion).

1.1 Statement of the Problem

Childbirth experience is one of the most significant events in a woman's life. women's experience during childbirth is a powerful determinant of the use of maternal healthcare services (Bohren *et al.*, 2016). The World Health Organization recommends that every woman is offered the option to experience labour and childbirth with a companion of her choice (WHO, 2017). A study done in Malawi to explore the experiences of women with the labour support received from birth companion during childbirth reported that 84% of the women felt that the companion was useful and beneficial in providing psychological and physical support to the labouring woman (Banda *et al.*, 2010). A facility-based study done in Kenya and Tanzania indicated that 88% and 70% of women were accompanied by someone from their social network to the health facilities during their childbirth (Afulani *et al.*, 2018, Dynes *et al.*, 2018). Birth experiences can affect the women's decision on where to deliver in the subsequent childbirth and may directly or indirectly influence maternal and neonatal mortality and morbidities (Ojelade *et al.*, 2017). In Tanzania, there is no study that has looked at experiences and perceptions of women supported by a birth companion during labour and delivery. Therefore, this study seeks to explore the experiences and perceptions of postnatal mothers on companionship during childbirth at Nguruka health centre in Uvinza District, Kigoma region.

1.2 WHO Conceptual Framework for the Quality of Maternal and Newborn Health Care

A conceptual framework for quality of maternal and newborn health healthcare service provides an overview of the various dimensions of quality of care through the provision of care and experiences of care. Effective communication, respect and preservation of dignity and emotional support during labour and delivery are key elements in the experiences of care that enhance individual and facility-based outcomes. Figure 1 below presents a simplified overview of the concepts of the continued support during labour and delivery that enhance positive maternal and fetal outcomes.

WHO FRAMEWORK FOR QUALITY OF MATERNAL AND NEWBORN HEALTH CARE

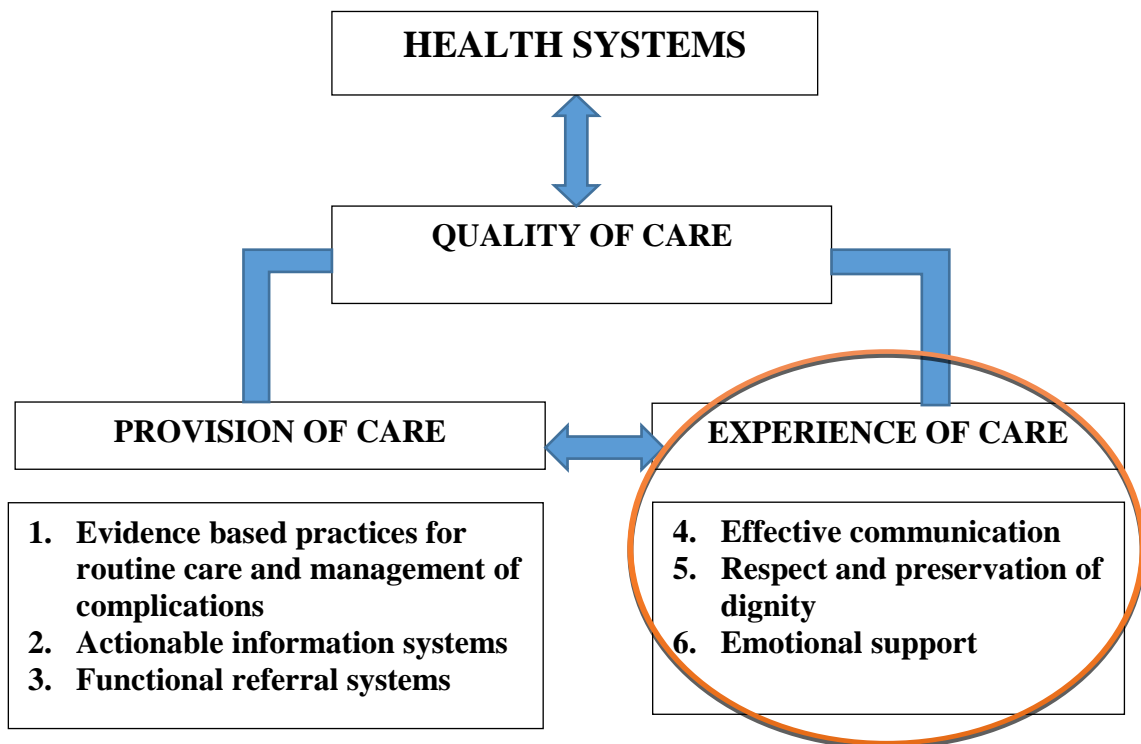


Figure 1: A Modified WHO Conceptual Framework for the quality of maternal and newborn health care (Source: World Health Organization, 2017)

In the WHO framework of quality of maternal and newborn health care, three (3) elements of the experience of care were described. These were; effective communication, preservation of dignity and emotional support that was used by the researcher in developing research questions and objectives and relevant literature that guided the researcher in the analysis and presentation of the study findings.

1.3 SIGNIFICANCE OF THE STUDY

The evidence of women's views and experiences regarding birth companionship during labour and delivery would be used to improve respective maternity care in Tanzania. Furthermore, the findings may be used by other researchers for generating more research evidences that will contribute to the existing body of knowledge. The findings from this study are intended to inform regional and district management teams (RHMT/CHMT), partners and the Ministry of health, community development, gender, elderly and children (MoHCDGEC) to design interventional strategies that could promote birth companionship during intrapartum period. Furthermore, findings from this study would be used by other researchers as a baseline information for further research focusing on birth companions thus contribute to the existing body of knowledge. Moreover, the knowledge gained would be used by midwives and obstetricians as one of the strategy in combating maternal and newborn mortality and morbidity in line with the implementation of sustainable development goals (SDG) that would promote good health and wellbeing of women.

Overall research question.

What are the experiences and views of postnatal mothers on birth companion during labour and delivery at Nguruka health centre in Uvinza District?

1.4 Specific Research Questions

1. What are the views and experiences of postnatal mothers who had a birth companion during childbirth?
2. What type of companion do women prefer during labour and delivery?
3. What support do women receive from birth companion during labour and delivery?

1.5 Broad objective

To explore the experiences and perceptions of postnatal mothers on birth companion during labour and delivery at Nguruka health centre in Uvinza District, Kigoma region.

1.6 Specific objectives

1. To describe the postnatal mothers' experiences of the care offered by birth companion during labour and delivery.
2. To describe the types and attributes of the birth companion preferred by women during labour and delivery.
3. To describe the perception of postnatal mothers about the roles of a birth companion before, during labour and delivery and immediate postpartum.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

Childbirth is a significant event in the lives of women and their families (Yuenyong *et al.*, 2012). Institutional births expose women to unfamiliar environments with strangers (Tunçalp, 2019). Consequently, an unfamiliar environment could prompt feelings of uncertainty and distress causing women to tolerate almost anything to which they are exposed or to become uncooperative (Taheri *et al.*, 2018). Women might become anxious about being abandoned or their babies being ill-treated should they disobey the professionals. Having a familiar and trusted support person could alleviate such anxiety (Kabakian *et al.*, 2015). Therefore, labour and delivery viewed from the labour companion's perspective is a social event and not a medical procedure (Yuenyong *et al.*, 2012). Therefore, labour companionship would encourage women and professionals to view labour and delivery as a natural process that must take place in a natural environment.

2.2 Experiences of care and support received from the birth companion

The first time experience with labour and delivery brings anxiety to women (Kungwimba *et al.*, 2013). The World Health Organization recommends that every woman is offered the option to experience labour and childbirth with a companion of her choice (WHO, 2017). Studies have shown that most women receive intermittent support from the midwife who is often busy as the midwife is a stranger to the mother-to-be (Yuenyong *et al.*, 2012). Although the midwife is a professional, the woman may not interact as freely with the midwife as with a member of her own family. Therefore, the dignity of the woman is maintained throughout the labour and delivery by psychosocial interaction of someone from her social network to achieve a positive birth experience (Kabakian *et al.*, 2015). Moreover, women's experiences during childbirth is a powerful determinant of the use of maternal healthcare services for subsequent childbirths ((Bohren *et al.*, 2016) and may directly or indirectly influence maternal and neonatal mortality and morbidities (Ojelade *et al.*, 2017). Studies done in Kenya have cited that the perceived quality of care in health facilities by women deters them from going to health facilities and preferred home births because they had heard about or had directly experienced women being verbally or

physically abused by midwives (Caulfield *et al.*, 2016) as most women would like to be treated in a dignified and respectful manner (Sheferaw *et al.*, 2017). Furthermore, studies have reported that most nurses are rude, they shout and talk badly to the women (Ojelade *et al.*, 2017). Therefore, the continuous physical presence of birth companion ensures clear and respectful communication between caregiver and the woman in labour and prevents mistreatment of the woman during childbirth, as the companion can act as an advocate for the woman, to witness and safeguard against mistreatment and neglectfulness by health-care providers (WHO, 2016). Other studies have shown that communication between women and supportive persons ensured good interpersonal relations (Steel *et al.*, 2015). However, information and advice given to the woman is crucial for enhancing a woman's childbirth experiences (Lunda *et al.*, 2018).

Furthermore, research has found that having labour support from a well-selected friend or relative is likely to improve the childbirth experience (Tunçalp, 2019). Another study in Swaziland on perceptions and experiences of labour companionship has documented that women who had birth companions had increased satisfaction with the birth experience and maternal emotional wellbeing (Bohren *et al.*, 2016). Other studies have shown that having social support during intrapartum has led to experiencing personal satisfaction with childbirth experience (Srivastava *et al.*, 2015, Chunuan, 2018). Furthermore, Yuenyong and colleagues have cited that labour supporting enhances shorter duration of active labour and women were more satisfied with their childbirth experiences (Yuenyong *et al.*, 2012). Another study by Shahshahan and others (Shahshahan *et al.*, 2014) reported a reduction in the use of analgesia, instrument deliveries, maternal anxiety as well as improved maternal bonding with the baby. Additionally, supported women had significantly fewer perinatal complications, including a decreased cesarean birth rate, and less use of oxytocin augmentation for labour (Bohren *et al.*, 2016). The appropriate use of technology such as intermittent fetal monitoring permits the mother to mobilize, have a warm bath that promotes relaxation and enhancing birth outcomes (Kozhimannil *et al.*, 2016). The most effective strategies to create a positive birth experience are supporting women during birth, intrapartum care with minimal intervention and birth preparedness (Taheri *et al.*, 2018). These approaches might boost maternal self-confidence and increase the number of spontaneous deliveries (Senanayaken *et al.*, 2017).

Therefore, continuous labour support is safe and highly effective intervention in improving maternal and neonatal outcomes, with high maternal satisfaction rates, very low cost and it promotes shorter labour (Simone et al., 2014, Lunda *et al.*, 2018). Despite the healthcare challenges including shortage of staff, midwives should ensure that the woman is offered an option to experience labour and childbirth with her companion of choice throughout labour and delivery (WHO, 2018). Thus, Providing woman-centred care and maintaining sound relations with caregivers might help to reduce the fear and anxiety as most postnatal mothers felt overwhelmed and distressed about welfare of their babies under their care during the first week at home (Ong *et al.*, 2013).

2.3 Choosing the desired birth companion

Women have traditionally been attended by a companion in labour, but initiatives to increase the number of women giving birth in health facilities have not respected this tradition (Bohren, *et al.*, 2016). In a facility-based study done in Kenya to assess the prevalence and determinants of companionship during facility-based childbirth, results revealed that 88% of women were accompanied by someone from their social network to the health facility during their childbirth (Afulani *et al.*, 2018). Similarly, a study that was done in Malawi (Banda *et al.*, 2010) on acceptability and experience of supportive companionship during childbirth, the results have indicated that individuals who served as birth companions were lay people from women's social networks like mothers, mothers-in-law, grandmothers, sisters, male partners and friends. However, in a study done in Kigoma to access client's and provider's factors associated with companionship during labour and birth revealed that majority of women (63.9%) preferred their mothers as companion of choice (Dynes *et al.*, 2018).

Moreover, studies have indicated that women's perceptions about birth support during childbirth were influenced by the characteristics and attributes of the support person as well as the types of supportive care rendered (Lunda *et al.*, 2018). In a facility-based survey done in Tanzania, most women preferred a female companion who has at least given birth and is able to keep confidential information and is trusted by the woman (Chaote, 2017). However, this study did not report the kind of woman companion that they prefer, being trustful was the only quality of the companion that was reported in this

study. Another study in Uganda on men's companionship during labour and childbirth has revealed that involvement of men in the childbirth process was associated with more perceived bondage with the partner and the newborn, their presence helped to promote a calm and successful childbirth process (Lwanga *et al.*, 2017). Furthermore, birth companion facilitates access to emotional, physical and practical support from someone who has affirmative attributes and is trusted by the woman to achieve positive birth outcomes (WHO, 2014, Lunda *et al.*, 2018).

2.4 Perceived roles of birth companion

Choosing the appropriate close female relative to provide support during labour and birth is very important for the continuous support and care. Studies have shown most mothers wanted to have a support person present during labour and delivery (Sapkota *et al.*, 2013). However, some studies have reported that most support persons were not competent to stay with a labouring woman because they lacked training in maternity care (Yuenyong *et al.*, 2012, Dunne *et al.*, 2013). Additionally, women who wanted a companion present during labour and childbirth needed this person to be compassionate and trustworthy (Tunçalp, 2019).

In a systematic Bohren review (Bohren *et al.*, 2019, Lunda *et al.*, 2018) birth companion provides physical support such as supporting women when attending toilet, offering woman food, emotional support like giving encouraging words and praising, practical support such as back massage and holding woman hands with urge to push. The continuous presence of the support person provides comfort measures such as relaxation techniques, back massage and mobility that might decrease women's nervousness, fears and unpleasant outcomes related to childbirth. (Dynes *et al.*, 2018, WHO, 2016)

It was learned from another study that women wanted a female family member to be present during labour (Kabakian *et al.*, 2015). Other women experienced loneliness, fear and sometimes being verbally abused by the staff (Chunuan, 2018). Studies in Africa also supported the idea of introducing labour companion in hospitals highlighting the preference of women to have companions even at the expense of rejecting delivery at a health facility (Taheri *et al.*, 2018).

Other studies have shown that having social support during intrapartum, increases personal control during childbirth, improved behaviour in coping with pain, increases a sense of security and satisfaction with the childbirth experiences (Maputle, 2018). Similar studies done in Thailand by Yuenyong and colleagues on the effect of support from a close female relative have revealed the primary roles of a companion during labour and delivery was to stay with the woman in early labour and accompany her from home to labour unit when there is an indication that labour is becoming active (Yuenyong *et al.*, 2012).

Furthermore, other studies by Anono and colleagues have indicated that mothers who were supported during labour and delivery were happy with this role as companions continued providing companionship even after delivery (Anono *et al.*, 2018). Some of the roles and responsibilities that guide the practice of birth companionship in pilot health facilities after childbirth were to assist the woman and the baby to remain clean and comfortable, encourage the woman to make sure the baby is comfortable and warm by dressing the baby in warm clothes, follow up to ensure that the health provider comes to frequently examine the woman and newborn and remind and encourage the woman to follow up on the baby's vaccination schedule without neglect (Dynes *et al.*, 2018).

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study design

This study used a qualitative descriptive design (Daher *et al.*, 2017). This design was chosen as it defines the problem more precisely thus providing deeper understanding of participants' perspective and an insight about the experiences of postnatal mothers on companionship during childbirth.

3.2 Description of the study area

The research was conducted at Nguruka health centre in Uvinza district, Kigoma region. Nguruka health center serves over 50,000 people from 12 satellites and is one of the highly populated health centers in the district implementing birth companion project. Nguruka health centre is about 120 kilometres from Uvinza district headquarter. The District has a total area of 16,603 km² and borders Kasulu District and Kibondo in the North, Kaliua District in the East, Mpanda District-Katavi Region in the South and borders Kigoma District and the Democratic Republic of Congo (DRC) in the west. According to the 2012 census, the district's population is 487,557. Administratively the district is divided into 3 divisions, sixteen (16) wards, 61 villages, and 328 hamlets. Uvinza district has no district hospital, however, most of the health services are delivered through its five (5) health centres and 37 dispensaries owned by the government. Three out of five health centres are pilot sites for the birth companionship project. The research was conducted Nguruka health centre because it has a high number of deliveries between 150 to 160 deliveries per month. However, Nguruka health center had higher maternal mortality and neonatal mortality rates. According to the health facility data, in 2018 there were 8 maternal deaths out of 16 deaths in the district and 54 perinatal deaths out of 115 in the district. In addition, is one of the facilities that implement a birth companion project with 85% of women's birth companion acceptance rate (Chaote, 2017)

3.3 Target Population

The study participants were postnatal mothers who gave birth at Nguruka health centre, who were supported by birth companions during labour and delivery and were available at the time of data collection. All those who were recovered from maternal extortion and agree to participate in the study were included. Interviews with postnatal mothers were conducted after ten (10) to sixteen (16) hours post-delivery. Postnatal mothers at Nguruka health centre were chosen to participate in this study because they may have rich information about the birth companion as many have experience of using a birth companion.

3.4 Inclusion criteria

Postnatal mothers supported by a companion during labour and delivery at Nguruka health centre were included in the study.

3.5 Exclusion criteria

The following postnatal mothers were excluded;

- Postnatal mothers with premature or sick babies at the time of data collection as their babies would require prolonged skin to skin care and close observation from their mothers for the continuity of care and would limit their mobility and time to provide rich information.
- Postnatal mothers who were sick or weak at the time of data collection.

3.6 Sampling method

Sampling refers to the process used to select a portion of the population for study (Taherdoost, 2018). Convenience sampling technique was used to recruit participants in this study. Convenience sampling is a non-probability sampling strategy where the sample is taken from the group of people that are easy to reach and are accessible at a time of data collection (Taherdoost, 2018). Postnatal mothers who met inclusion criteria and who were available and accessible at a time of data collection were enrolled until the point of saturation is achieved.

3.7 Sampling procedure

The nurse incharge of the maternity unit was asked to identify postnatal mothers who met the inclusion criteria. Thereafter the researcher met them and explained the aim and the procedure of the study and that they were free to participate and could withdraw at any time. Mothers who agreed to participate were asked to provide written informed consent.

3.8 Sample size

Twelve (12) participants were recruited in the study based on the principle of data saturation (Fusch and Ness, 2016). Data saturation was achieved when new codes ceased to emerge from collected data and when the interview scripts were adequate (Nascimento *et al.*, 2018).

3.9 Research assistant recruitment

Before the main data collection, one research assistant was recruited and trained for two days on how to conduct an in-depth interview and appropriate use of effective communication to uncover non-verbal cues. The research assistant was a social scientist holding a Bachelor of Arts with one-year experience on qualitative research, gained from a recent 2017/18 House Hold Budget Survey (HBS) conducted by the National Bureau of Statistics (NBS). The training of the research assistant focused on both theoretical and practical part that enabled him to undertake his roles as a research assistant. The roles of research assistant were to prepare the interview room, field notes taking, recording interviews and clarifying some uncommon information from the participants that was provided in local vernaculars such as Ha language, the language which is spoken by most of the indigenous people in Nguruka sub-town.

3.10 Data collection

Twelve (12) postnatal mothers were interviewed using an in-depth interview guide. The guide that was developed by the researcher contained six (6) open-ended and probing questions to enable the researcher to obtain rich information. Interviews were conducted in the private, quiet room within the hospital premise to provide privacy and comfortability. Interviews were conducted by the researcher in Swahili language (Appendix B), although some participants used Ha language in some phrases during interviews. The Swahili

language was used because is the national language, widely spoken by participants. The use of Swahili language facilitated the free gathering of in-depth information from the participants. The audio-recorder was used to record all interviews and field notes were taken. Participants provided verbal consent for the interviews to be recorded. The researcher encouraged participants to express their opinion openly to reflect their birth experiences during the interview which took 30 to 45 minutes. Probing questions were used to gain more insights into the views and experiences of postnatal mothers on companionship. The researcher went through all recorded interviews to identify gaps or gain clarifications from the participants and new information gathered were included in the guide for a subsequent interview.

3.11 Data Processing and Analysis

Thematic analysis was used to guide the analysis (Braun *et al.*, 2006). Thematic analysis refers to the method of identifying, analyzing, and reporting patterns (or themes) within the data set.

Table (1) Showing thematic analysis framework

S/N	Phase	Description of process
1.	Familiarizing yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2.	Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
3.	Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4.	Reviewing themes	Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic map of the analysis.
5.	Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
6.	Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, the final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

(Source: Thematic analysis adopted from Braun et al, 2006)

The researcher found the person who was fluent in Swahili language to transcribe audiotaped interviews. Swahili transcripts were transcribed verbatim in English and the two transcripts were cross-checked for accuracy of translations. The researcher examined all transcripts for completeness and consistency against the audiotapes and field notes to ensure the trustworthiness of the findings (Williams and Morrow, 2019). The researcher read and re-read all the transcripts several times to gain familiarization of the data and identified initial ideas from extracts. Through reading the transcribed data and field notes relevant information in relation to the research questions and objectives were identified. The researcher went through the transcripts to identify the corresponding codes where a code word that accurately described the meaning of the text in similar segments was identified. After the coding process, the researchers identified the emerging categories from relevant codes and further obtained the preliminary themes.

Preliminary themes were reviewed and modified to obtain themes that reflected research questions and the objectives. Themes, categories and their relevant codes from extracts were entered in the Microsoft Excel spreadsheet for coherence (Stranges et al., 2014). Summary of the themes, categories and relevant codes were reviewed by the researcher and shared with the supervisor for an expert opinion. After having conducted several reviews, three (3) major themes were ultimately achieved, which were; experience of care and type of support provided by birth companion, choosing desired birth companion and perceived roles of the birth companion. The researcher defined and named the themes based on the objectives and relevant literature. The findings from this analysis were shared with the supervisor who gave the recommendations that were used to refine the work before producing the final report for submission.

3.12 Trustworthiness or rigour of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study (Williams and Morrow, 2019) Four elements of trustworthiness (Shenton, Andrew, 2004) were observed in this study that included credibility, confirmability, transferability and dependability

3.12.1 Credibility

To ensure credibility, the researcher and research assistant familiarized with the in-depth interview guide before the actual fieldwork of data collection. The research team created rapport with staff members and participants through engagement in a setting in order to capture the reality of the research participants being studied. The interviews were recorded using a digital recorder and transcribed verbatim shortly afterwards. The participants were given enough time to reflect on their past birth experiences and verbalize freely their experiences during interviews. We used persistent observation to find situations that might have been the bases for probing more questions. The researcher validated the data by asking the participants the meaning of phrases that were borrowed from indigenous sub-culture of Ha speech community that was not familiar to the researcher to approve or reject the information they gave or meant. Field notes and audiotapes were served as material that was used to criticize and test the adequacy of the data collected. Moreover, the researcher spent more time on reviewing transcribed data against audiotapes to gain more insight into the data.

3.12.2 Confirmability

Confirmability was ensured by researchers by making sure that findings emerged from the data set and not the researcher's opinions. Transcribed data and field notice were reviewed by colleagues, Furthermore, data were analyzed and interpreted by the researcher and later on was shared with my supervisor who had extensive knowledge in qualitative studies. The finding was presented verbatim with quotes from participants in order to increase confirmability.

3.12.3 Transferability

To ensure transferability the study setting was clearly described and the researcher provided a thorough description of the aim of the study to the participants, convenience sampling was used and verbatim quotations from interviews were done to compare the findings with relevant studies regarding the experiences and perceptions of birth companionship to postnatal mothers. The finding was accurately presented and all other contextual information was described, including participants detailed information in order to allow making a decision about transferability.

3.12.4 Dependability

To ensure dependability the researcher used consistent interviews. The in-depth interview guide was reviewed and modified to capture factual information on the reflection of the new emerging issues and insights during data collection. The researcher assistant was supervised throughout data collection and the researcher ensured interpretation of data remained within the participant's socio-cultural perspectives. Moreover, the researcher found relevant literature reviews that focused on experiences and perceptions of postnatal mothers on birth companionship.

3.13 Data handling and storage

Confidentiality was ensured and strictly maintained by the research team throughout the research process while taking audiotapes, field notes and during the analysis stage. The information gathered from the informants was used only for academic purposes. Access to the transcripts and audiotapes information was protected via password and hard copies kept in a secured cabinet.

3.14 Ethical Considerations

The approval to conduct the research was granted by the MUHAS Research and Publications Committee prior to conducting the study. The permission to conduct the study was obtained from the District Executive Director, Uvinza district council. Information related to the purpose of the aim of the study was explained and informed consent (Appendix D) was obtained from all participants and the audio recorder was used during the interview. Strict adherence to confidentiality, consent and anonymity were followed. Anonymity was maintained by not recording the participant's names on the audiotapes or in the transcripts. Participants were informed that participation is voluntary and that they can withdraw from the study at any time.

3.15 Dissemination of Findings

Following the completion of the study copy will be submitted to Muhimbili University of Health and Allied Sciences, Muhimbili School of Nursing, Publication in peer review journal and MUHAS library. Dissemination of findings to the Regional Medical Officer, District Medical Officer and Medical Officer In-charge of Nguruka health centre. Furthermore the dissemination of the findings will be done in national and international scientific conferences.

CHAPTER FOUR

4.0 RESULTS

4.1 Description of the study population

A total of twelve postnatal mothers participated in the study. Participant's age ranged between 21 and 36 years old with the mean age of 32 years. The socio-demographic information about research participants has been summarized in table 3.

Table 2: Socio-Demographic Characteristics of Participants

Participant's Reg #	Age	Marital status	Edu. Level	Gravidity and Parity	# of Home Delivery	Reason for Home Delivery	Preferred Birth Companion
IDI 01	36	Married	STD 4	G10 P10 L10	None	N/A	Mother in-law
IDI 02	20	Married	STD 7	G2 P2 L2	None	N/A	Mother in-law
IDI 03	20	Married	None	G1 P1 L1	None	N/A	Mother
IDI 04	30	Married	None	G5 P5 L5	None	N/A	Mother-in-law
IDI 05	21	Cohabiting	None	G2 P2 L2	None	N/A	Sister
IDI 06	29	Married	None	G6 P5+1 L5	None	N/A	Mother
IDI 07	24	Married	STD 7	G1 P1 L1	None	N/A	Sister in-law
IDI 08	31	Cohabiting	None	G7 P6+1 L6	1	Fastened labour	Mother-in-law
IDI 09	35	Cohabiting	None	G8 P7+1 L7	5	Ignorance	Mother-in-law
IDI 10	22	Cohabiting	STD 7	G4 P3+1 L3	None	N/A	Mother in-law
IDI 11	33	Cohabiting	None	G9P8+1 L7	4	Long-distance from the HF	Mother
IDI 12	29	Married	STD 7	G5 P5 L5	2	Long-distance from the HF	Mother-in-law

4.2 Overall findings

Participants reported experiences of receiving continuous care and support from the companion during labour and delivery. Three major predetermined themes and their categories have been summarized in Table 2.

Table 3: Summary of themes and categories emerged from the transcribed data

Theme	Category	Relevant codes
Experiences of care and type of support provided by birth companion	Emotional support	<ul style="list-style-type: none"> a) Encouraged me to seek medical care b) Encouraged me not to despair c) My companion inspired me throughout labour period d) Her presence in the labour room made me feel good and comfortable e) Prayed for me f) My mother sang traditional songs to me g) She informed my husband after I delivered
	Physical support	<ul style="list-style-type: none"> a) My companion organized transportation b) Carried my luggage from home to the facility c) Offered me tea and water d) Supported me to meet elimination needs e) Informed the Nurse when I wanted to push f) Assisted me to empty wastes and clean my dirty clothes after delivery
	Practical support	<ul style="list-style-type: none"> a) Supported me to walk around to fasten labour b) Applied back massage c) Supported me by holding my hands d) Supported my back during pushing e) My companion wiped my face when I sweat
Selection of desired birth companion	Criteria for choosing the birth companion	<ul style="list-style-type: none"> a) Confidentiality b) Friendship c) Her age d) Her wisdom

		<ul style="list-style-type: none"> e) Her ability to solve problems f) She is strong previously helped my young sisters g) Attended me since my first child h) Her excellence i) Caring attitude and faithfulness j) Ability to inspire k) Her experience l) Her closed relationship with me m) The right person to bear the burden of her son
Perceived roles of the birth companion.	Perceived roles of the birth companion during labour and delivery	<ul style="list-style-type: none"> a) Visit the mother's home on a regular basis b) Remind the mother on the expected date of delivery c) Communicate the needs of the mother to the midwife
	Perceived roles of birth companion immediate postpartum and after discharge	<ul style="list-style-type: none"> a) Fetch water for bathing b) Send the baby to RCH for vaccination c) Prepare food for the mother and her family d) Take care of the mother and the baby at home

Table 4: Themes and categories from the experiences of postnatal mothers about birth companion

Pre-determined themes	Categories
Experiences of the care and type of support provided by birth companion	<ul style="list-style-type: none"> • Emotional support • Physical support • Practical support
Criteria for choosing the birth companion	<ul style="list-style-type: none"> • Individual attributes of a companion
Perceived roles of the birth companion	<ul style="list-style-type: none"> • Perceived roles of a birth companion during labour and delivery • Perceived roles of birth companion immediate postpartum and after discharge

4.3 Experiences of care and type of support provided by birth companion

Most postnatal mothers expressed their past birth experiences as unwelcoming and uncomfortable to mothers as previously mother's relatives were restricted from getting into the labour wards leaving the labouring woman with very little or no support from midwives who are very busy as most of the labour wards are understaffed compared to the number of women who are admitted in the maternity units.

“...the service is suitable compared to the previous time where no one could encourage the mother in labour (...) the mother was left alone and no one was there to support the mother (...) this time I enjoyed the service (IDI 02)”

Additionally, continuous physical, emotional and practical support and care offered by labour companion increased women's ability to cope with labour stress and empowered them and gave them strength and confidence to progress through the process of labour. Women felt that praise and reassurance by the companion alleviated their fears and created a safe and secure birth environment. Furthermore, supportive care provided by birth companions were assisting women with walking around and escorting them to the toilet, helping to change inappropriate positions, offering fluids when the women were thirsty and applying cold compress on the neck and face to comfort the labouring woman.

Furthermore, after childbirth companions assisted postnatal mothers to meet their hygienic and nutritional needs and taking care of their babies.

“...my companion helped me to get up from the bed and escorted me to the toilet, applied cold compress to my face and neck when I felt bad (...) offered me some water when I was thirsty and assisted me to do exercise and lie on one side as instructed by the nurses” (IDI 06)

Another participant said:

“...my companion fetched water and assisted me to take bath and dressed me appropriately (...) changed my baby’s wet napkin and sent the baby to RCH clinic for vaccination” (IDI,03)

Other postnatal mothers had different perceptions regarding the safety of their babies.

“...my companion took me to the postnatal ward and looked after my baby when I had a bath or attended toilet as nowadays there are bad people who can exchange or steal our babies” (IDI 04)

4.3.1 Emotional support provided by the birth companion

Postnatal mothers commonly received emotional support from the birth companion in the form of praise and reassurance. The birth companion provided women with encouraging words throughout labour, the support that relieved women’s anxiety and fear and helped them control their labour process especially for the women who experienced labour for the first time. In the labour room, women felt more comfortable having the companion around. The companions were close to women listening to their concerns and helped them accordingly:

“...the service is good and comfortable as the companion encouraged me throughout my labour” (IDI 10)

The presence of the birth companions ensured continuous care and support. A primigravida woman reported how the companion was important to her during labour:

“...when I was in labour my companion stayed close to me throughout, at first I was scared of giving birth, she gave me some encouraging words and prayed for me (...) I was strong and comfortable” (IDI 02)

Other postnatal mothers were helped to forget their labour pains through listening to traditional songs:

“... My companion was singing her traditional songs to me in the labour room, although I could not understand the message as she was singing the songs of her own mother tongue, ...but I felt very good as she was singing and I got some reliefs from labour pain that I was passing through” (IDI 06).

Mothers also received spiritual support from the birth companion:

“...she supported me and prayed for me while encouraging me not to despair as God is there to help me (....) I kept praying for myself as she prayed for me after a while I started feeling strong labour pain and eventually I had my baby, God is great” (IDI08).

4.3.2 Physical support provided by the birth companion

The continuous physical presence of companion of choice was an important aspect of care during labour and delivery. The birth companion reminded the women to assume the appropriate position and do exercises as instructed by the midwife, supported the women to meet their elimination needs, adjust their clothes or meet other basic needs.

“...my companion served me tea, supported me while attending toilet and encouraged me to lie on one side as instructed by the nurse” (IDI 10)

Others became a channel of communication between a labouring woman and the midwife:

“.... my baby was coming forcibly and the nurse was not around, so my companion informed the nurse who was attending another mother in the next cubicle (...) my baby was about to fallow down but the nurse grasped my baby quickly as I couldn't resist the urge to push”(IDI 07)

The physical presence of the companion was important to the women immediate postpartum as birth companions helped postnatal mothers meet their hygienic and nutritional needs for the mother and the baby.

“...my companion brought me food, supported me when I was shifting from labour room to the resting room and supported my baby during breastfeeding as I was weak after delivery” (IDI 09)

Birth companion provided physical support to meet other hygienic needs of the woman.

“...My companion assisted me to empty wastes from my basin and cleaned all my dirty clothes after delivery ” (IDI 03)

4.3.3 Practical support and woman's advocacy

Birth companions provided practical support to the women during admission, labour and delivery and the immediate postpartum period. The practical support that was offered by the companion included; massaging the women's back, holding their hands when the mother had a strong urge to push, provision of clean clothes and warm water to bath, washing dirty clothes, cooking food for the mother and wrapping the baby with extra clothing to provide warmth. Birth companions also helped some women to get into comfortable positions during the first stage of labour and in the right position for delivery as per midwife's directives. They encouraged women to walk around throughout labour, performing some exercises as instructed by the midwives and offered some tea to hasten labour:

“...she supported me with what I needed, wiped my face when I sweat and insisted me to do exercises as instructed by the nurses” (IDI 06)

Other women were supported at the back by their companions when the midwife instructed them to push.

“...my companion supported me during labour as I was weak and unable to push the baby out, so my companion supported me at the back by holding my hands and encouraged me to push as instructed by the nurse and eventually I got my baby” (IDI 02)

Birth companion played an important role in providing information to women about the process of childbirth, explaining reasons for performing exercises and was a link between the mother and caregivers. They bridged communication gaps between caregivers and women and facilitated a more actively engaged environment where women were encouraged to express their feeling and call the nurse at the time of need. The companion could report any information from the mother that required midwives' attention such as argue to push or other needs:

...my companion facilitated communication between me and the nurse as I expressed the way I felt to my companion and asked her to call the nurse who could come and listen to my concerns (IDI 07)

Similarly, in the situation where medical supplies are missing and the women are asked to purchase, the birth companion would communicate the matter to the relatives and get the supplies from the relatives to the midwives:

"... when some missing items were needed by the nurse my companion informed my husband to go and buy them and I was comfortable" (IDI.03)

Moreover, the companion conveyed important messages to the relatives:

"...my companion conveyed information to my husband and other relatives after delivery as my companion was insisted by the nurse not to break news unless permitted by labour staff members to do so" (IDI 02)

4.4 Criteria for choosing the birth companion

Women selection of the birth companion was based mainly on the companion's individual attributes and relationship. All participants were supported by the birth companions who were their family members, mostly mothers-in-law and a few had aunts and biological sisters. The affirmative attributes commonly mentioned by most participants were age, experiences, trustfulness, confidentiality, wisdom, love, family relationship and ability to inspire:

"...I chose my mother-in-law basing on her experiences and close relationship with me and she is the right person to bear the burden of her son" (IDI 04)

Another participant had different views on the selection of a birth companion;

“...I chose my mother based on her love and trust relationship as she has been attending me since my first birth. Generally, her excellences from the beginning convinced me to be my companion” (IDI 11)

Postnatal mothers also shared that during RCH visits they were informed by nurses to prepare the birth companion of their choice who had experience of giving birth, many chose their relatives:

“...When I attended RCH for the first time, the nurse told me that I should select a woman of my choice who has at least given birth (...) I shared the information with my husband who advised me to choose my mother-in-law who was also of my preference as she has been attending me in previous births” (IDI 02)

Additionally, another postnatal mother had a different view on the choice of the birth companion.

“...When I informed my mother-in-law, she accepted, however, two weeks before my EDD, my mother-in-law told me that she would be away to harvest her rice at her paddy and instead, she assigned the roles to my aunt who was my companion” (IDI 12)

Some postnatal mothers chose their companions basing on their experiences as traditional birth attendants (TBA):

“.. I chose my mother in law based on her closeness with me and being experienced as a TBA I was assured that she will offer good support and care (IDI 10)

4.5 Perceived roles of the birth companion

Postnatal mothers were asked to share their views regarding the roles of the birth companions based on their sociocultural perspectives. They reported roles of companions that extended from days before admission, during labour and delivery the postpartum period. However, women had different perspectives on the roles of a companion before, during labour and delivery and immediate postpartum.

4.5.1 Perceived roles of a birth companion during labour and delivery

Postnatal mothers believed that other key responsibilities of the birth companion would be to provide psychosocial support to the woman from the time when she starts experiencing labour pains at home and throughout the birthing process and would end when the woman is discharged home.

“...the birth companion should be with the woman at home just after the labour starts to guide the woman in labour. For example; my husband was away, I wish if my companion would have been available at home as when I started labour pain, she would have assisted me to park my clothes and other things that were required at the hospital” (IDI 01)

4.5.2 Perceived roles of birth companion immediate postpartum and after discharge

Most participants shared their views and concerns about the roles of their birth companions and felt that the companion roles would continue by supporting the mother at home as the woman would need further support and care from her companion after discharge.

“... It would be better if the companion would have remained with the mother at the facility even after delivery to provide support to the mother and her baby” (IDI 05)

However other participants had a different perspective on the roles of birth companion immediate postpartum and after discharge.

“...The companion should continue supporting the mother after discharge by preparing food for her, fetching water for the mother to bath and change the baby’s napkins until the next day after discharge where the companion would handover the roles to other family members” (IDI 02)

CHAPTER FIVE

5.0 DISCUSSION OF THE FINDINGS

The major aim of the study was to explore the experiences and perceptions of postnatal mothers on birth companion during childbirth at Nguruka health center in Uvinza district, Kigoma region. The study had three main objectives which were; to describe the postnatal mothers' experiences on the care offered by birth companion during childbirth, to describe the types and attributes of the birth companion preferred by women during childbirth and to describe the perception of postnatal mothers about roles of birth companion during labour and delivery and immediate postpartum. Three predetermined themes as per objectives were sought and each theme had relevant categories that emerged from the transcribed data. The pre-determined themes were; experience of care and type of support provided by birth companion, choosing desired birth companion and the perceived roles of the birth companion.

From socio-demographic data, it was observed that four (4) out of the 12 participants who participated in the study had home deliveries. Thus, birth companionship may promote facility delivery and discourage home delivery as some participants chose traditional birth attendants (TBA) were family-related as their companions of choice. Similar findings were reported by Dynes and colleagues (Dynes *et al.* 2018). Additionally, birth companion does not replace the midwife's role, but rather complement supportive care to women for the better birth outcome. Despite that the facility offers the trained birth companion who is always at the labour ward and supported by Thamini Uhai, none of the women chose them.

Additionally, the results differ from findings reported from the Cochrane review which concluded that all types of labour companions were effective, however, the benefits of support were highest when it was offered by individuals who are not part of the facility's professional staff (Bohren *et al.*, 2016). Therefore, birth companions stationed at the health facility in this study, were viewed by women as part of the clinical staff and therefore, most women would prefer birth companions from their family members than facility-based birth companions.

5.1 Experiences of care and type of support provided by birth companion

The study has demonstrated that receiving continuous care and support from a companion of choice during childbirth paved the way to have a positive birth experience and facilitated them to feel safe, strong, confident and secured. Most participants described that the companionship was useful and beneficial and identified the type of care and support provided by birth companions as emotional, physical and practical support as supported by the study done by Bohren and colleagues (Bohren *et al.*, 2019) that have reported that most women expected their support persons to be constantly present during the birthing process. Additionally, other studies have shown that support and care provided by the birth companions were mainly physical, emotional, practical and informational support that were provided during labour and delivery only (Beake *et al.*, 2018, Kungwimba *et al.*, 2013). Furthermore, the study has shown that support and care provided by the birth companion are not limited to the labour and delivery, however, it can be extended from immediate postpartum at the facility to 24 hours after the mother is discharged home.

The results of this study have shown that the emotional support provided was in the form of encouragement, praise, offering prayers and physical presence of the birth companion. Physical support provided were mainly carrying mother's properties to the hospital, offering tea and food, offering help to meet toilet need, fetching water, cleaning dirty clothes and changing baby's napkins. Additionally, the companion would provide practical support such as back massage, holding hands during the second stage of labour and information support between the mother, caregiver and relatives. Similar findings were reported in other studies (Lunda *et al.*, 2018, Bohren *et al.*, 2019).

These findings suggest that labour companionship was useful and valued by most postnatal mothers who recommended that the intervention should be sustained by the government as it provides a comfortable birthing environment where the woman receives continuous labour support and care from someone of her own choice.

Moreover, the above findings concur with other studies by Lunda and others (Lunda *et al.*, 2018) that have demonstrated that the presence of a supportive person was preferred as it facilitated the realization of women's needs and wishes. Moreover, Kabakian and others (Kabakian *et al.*, 2017), demonstrated that companionship helped women to have a

positive birth experience. Furthermore, birth companion provided physical support to meet the hygienic needs of the woman however, some of the roles that were performed by the birth companions such as emptying wastes and cleaning dirt clothes from labour room were contrary to the roles and limitations of birth companions that were developed by Thamini Uhai in collaboration with RCHMT and CHMTs to regulate the practice of birth companion in pilot health facilities in Kigoma region (Chaote, 2017)

5.2 Criteria for choosing the birth companion

Women stated different preferences for their desired companion, including their mother, mothers-in-law, sisters and aunts as none of the participants who preferred a male partner as her companion of choice. The findings concur with the study done in Thailand, revealed that a close female relative was effective in providing supportive care during labour and delivery (Yuenyong *et al.*, 2012) The study has shown that most of the participants preferred mothers in law as their birth companions of choice. These findings differ from the facility-based study that was conducted in Kigoma region by Thamini Uhai to assess the client's and provider's factors associated with companionship during labour and delivery has shown that 64% of women preferred their mothers as their companion of choice.(Dynes *et al.*, 2018)

Regardless of which person they preferred, women chose the companion based on affirmative attributes of the companion. The preferred attributes of the companion commonly mentioned by most participants in this study were age, experience, trust relationship, love, confidentiality, wisdom, faithfulness, family relationships and the ability to inspire. The findings differ from other studies (Kabakian *et al.*, 2017, Lunda *et al.*, 2018) that have demonstrated that supportive persons were influenced by personal relationships, cultural or birth settings. The results have demonstrated that all participants preferred female companions from their family members, and the most preferred companions arranged in the order of their preferences were; mothers-in-law, mothers, sisters and aunts as reported in other similar study done in Malawi (Kungwimba *et al.* 2013). However, the findings differ from Cochrane reviews (Kabakian *et al.*, 2017) that have reported that most beneficial form of support appears to be from a person who is not a member of the woman's social network, the same study done in Kenya revealed that women were less likely to desire companionship from their mothers-in-law except those

who belonged to Kurya tribe (Afulani *et al.*, 2018). Some companions were accompanied by traditional birth attendants who were family related to the woman they accompanied during labour and delivery. The pregnant women felt very confident with their birth companions because initially, they were the ones attending to them. This is consistent with other studies done in Kenya on community perception towards the new role of traditional birth attendant as birth companions and nutritional advocates who had also observed the potential role of TBAs in providing maternal and child health care service, emotional support and advice during the antenatal, delivery and the postpartum period (Anono *et al.*, 2018)

5.3 Perceived roles of birth companion

Women believed that one of the responsibilities of birth companions was to visit the woman's home on a regular basis. Birth companions often met with women at their homes and sometimes their partners prior to birth to establish a trust relationship with them. Studies have shown that this relationship was foundational for the birth companions to give effective support, and for the women to feel comfortable enough (Tunçalp *et al.*, 2019). Most postnatal mothers argued that the roles of companions should begin few days before admission and would continue throughout labour and delivery and end during the postpartum period. These findings concurs with findings from the study done in Thailand by Yuenyong and colleagues that had identified the primary roles of a companion that would be staying with the woman in early labour and accompany her from home to labour unit when there is an indication that labour is becoming active (Yuenyong *et al.*, 2012). Most Postnatal mothers would prefer more support and care from their companions to be extended up to the postpartum period after the woman is discharged to go home as supported by Anono and his colleagues that had indicated that mothers who were supported during labour and delivery were happy with this role as companions continued providing companionship even after delivery (Anono *et al.*, 2018). Furthermore, studies on women's postnatal experiences to first-time mothers found that postnatal mothers did not feel confident about their abilities to care for their babies during the first week and expressed anxiety and fears about the welfare of the neonates under their care (Ong *et al.*, 2013).

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

A woman develops a feeling of security when someone she knows is with her and is continuously encouraging and appreciating her efforts. Labour support and care received from birth companion during childbirth were; emotional support, physical support, practical support, information support and advocate for care. Most participants have reported that the birth companion was beneficial and useful and was most recommended.

Most postnatal mothers preferred their mothers-in-law and mothers as their best companion of choice to other family members. Perceived attributes for the birth companion of choice were age, family relationships, experiences, caring attitude, wisdom, faithfulness, confidentiality and the ability to inspire. However, no woman could select on-call birth companion stationed at the labour ward irrespective of their constant availability at the facility.

Received care and support from a birth companion were mainly focused on roles performed by a birth companions during pregnancy, before admission to the hospital during labour and immediately after delivery. Women were comfortable from the physical presence of their birth companions and more important, their support and care received from their companions during labour and childbirth. The findings demonstrate that birth companion roles were not limited to a labouring woman, however, their expanded roles of birth companion commenced before the woman could go into labour where companion visited the mother at home on a daily basis and could assist some domestic tasks during pregnancy.

Despite the strengths of birth companionship and its recommendation from participants, some roles performed by companions such as washing dirty clothes and discarding wastes were against codes of good practice of birth companionship. The practices exposed the companions on the risks of hospital-based infections from blood-borne pathogen as companions could handle untreated soiled clothes with bare hands, contrary to the scope of their practice as described in the codes of good practice document and it was against the

infection prevention and control (IPC) guidelines for health care workers including labour staff members.

6.2 RECOMMENDATIONS

Findings from this study are intended to inform regional and district health management teams, Ministry of health, community development, gender, elderly and children on the use of this finding in the implementation of birth companionship using evidence-based practices in all health facilities offering birth companionship. Further research should be conducted to explore the views and experiences of birth companions offering companionship during labour and delivery. Results from this study will enhance the use of birth companion through advocacy by the facility staff to promote birth companionship to pregnant mothers during labour and delivery.

Antennal education sessions for pregnant mothers and their potential birth companions on their roles during labour and childbirth should be emphasized during ANC. Maternity staff members and facility management committee should monitor birth companions and their practices, by ensuring that all birth companions adheres to the codes of good practices that govern their practices. Moreover, all dirty clothes from mothers should be treated before handling them to birth companions for washing. Regional and district health management teams should conduct regular supportive supervision to all health facilities offering birth companionship and scale up to other health facilities to enhance the positive birth experience.

Further research studies should be conducted to generate more clinical evidence that will promote positive experiences that promote facility-based deliveries. Promoting companion of choice for every pregnant mother attending antenatal care and provision of continuous labour support during labour and delivery would enhance facility-based delivery that would reduce the number of early neonatal loss and maternal deaths through clean and safe delivery by skilled birth attendants.

6.3 STUDY LIMITATION AND MITIGATION

The study was conducted in one facility; therefore, the results are limited for transferability to other health facilities offering birth companions with different socio-cultural contexts. However, the views and experiences generated from postnatal mothers in this study may be relevant in a similar context offering birth companionship.

All participants had birth companions from home, the researcher missed experiences and views of postnatal mothers who were accompanied by an on-call birth companion. Based on this findings, participants could have been perceived on-call birth companion as part of the hospital staff, therefore more advocacy on the availability of on-call birth companions should be routinely emphasized to pregnant mothers during antenatal education sessions and for women coming for the ANC booking to create more awareness to pregnant mothers. Mothers who are referred from other health facilities to Nguruka health center would benefit from a facility-based birth companion if they would be informed on the availability of on-call birth companions stationed at labour ward when the woman is admitted to the health facility.

Translation from Swahili to English transcripts could have posed some risks of losing the original meaning that was intended by the participants. To overcome this bias, the researcher used experts with good command in both Swahili and English language. Audiotapes were transcribed verbatim and English transcripts were compared to the Swahili transcripts by the researcher for validation. The researcher went through Swahili transcripts and compared them with the audio records and counter checked the scripts against the field notes to gain clarity to some phrases that were borrowed from “Ha” language before being translated into English language.

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APPENDICES

Appendix: A In-depth Interview Guide (English version)

May I thank you for your devotion and commitment to take part in this important research. My name is **Ernest R. Teyumwete** and I would like to talk to you about your birth experiences and views on birth companionship as one of the components of quality of care. The interview should take less than an hour. I will be taping the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I can't possibly write fast enough to get it all down. Because we're on tape, please be sure to speak up so that I don't miss your responses. Remember, you don't have to talk about anything you don't know and you may end the interview at any time and there is no right or wrong answer. Are there any questions about what I have just explained?

1. Demographic information

- a) Identification No
- b) Village/ward..... /.....
District.....
- c) Education level: Non-educated [] STD 7 [] Secondary Education [] College []
- d) Your Age: [] Number of home deliveries []
Reason.....
....
- e) Your marital status: Married [] Cohabiting [] Single [] Divorce []
- f) Your gravidity [] Parity [] No. of abortion [] Number of alive children []
- g) Date of delivery.....Type of companionship: From home [] H/Facility []
- h) Mode of delivery: SVD [] Assisted birth [] Cesarean section []

2. Nguruka health center is one of the facility offering birth companionship. What is your opinion with regard to the care offered by a companion during childbirth?

Probe:

- a) What aspect of companionship were most important and useful to you during childbirth?

- b) What challenges did you encounter from your companion during labor and childbirth?
 - c) What is your view on birth companionship in relation to the past birth experiences?
3. Based on your birth experience; what care or labor support were provided by the companion during labor and childbirth?
 4. What other aspects of care should be provided by a birth companion to make the woman feel more comfortable and confident during childbirth? (Such as Emotional support, physical support, practical support, spiritual support, communication and advocacy etc.)

Probe

- a) How did you choose your birth companion? What challenges did you face in choosing a companion?
 - b) What attributes do you consider most important when you chose a birth companion? How did you know that those attributes are important for a labor companion to assume his/her roles during childbirth?
5. In your own opinion and based on social-cultural context, who is the ideal birth companion? Give reasons for your answer.
 6. How helpful was your companion during labor and childbirth?

Probe:

- a) What do you think are the roles of a birth companion during admission, childbirth and after delivery?
- b) In your opinion, how can a pregnant mother choose a companion of choice?

Thank you for your participation

Appendix B: In-depth interview Guide (Kiswahili version)

Nakushukuru kwa utayari wako na kujitoa kwako kushiriki katika utafiti huu muhimu.

Jina langu ni **Ernest R. Teyumwete**, ningependenda kuzungumza na wewe juu ya uzoefu na mtazamo wako juu ya huduma saidizi inayotolewa na mama msindindikizaji wakati wa kujifungua kama sehemu ya kuboresha huduma za afya. Mazungumzo haya yatachukua muda mchache chini ya saa moja. Nitakuwa narekodi mazungumzo yetu kwa kuwa sitaweza kuandika kwa haraka kila kitu unachosema japo nitakuwa nikiandika baadhi ya majibu unayotoa. Kwa kuwa narekodi mazungumzo haya, ni vizuri ukaongea kwa ufasaha na kwa sauti ya kutosha ili majibu yako yanayotokana na mahojiano haya yaweze kuchukuliwa. Unaruhusiwa kujibu tu lile unalofahamu, kwa kuwa hakuna jibu ambalo sio sahihi. Na unaweza kukatisha mahojiano haya wakati wowote unapojisikia kufanya hivyo. Je una swali lolote juu ya haya tuliyozungumza?

1. Taarifa binafsi.

- a) Namba ya utambulisho
- b) Kijiji/Kata...../.....
Wilaya.....
- c) Kiwango cha elimu: Hakusoma[] Darasa la 7 [] Sekondari [] Chuo []
- d) Umri wako [] Idadi ya mimba ulizojifungua nyumbani []
Sababu.....
.....
- e) Hali ya ndoa: Umeolewa kwa ndoa [] Mnaishi pamoja [] unaishi peke yako [] umeachika []
- f) Mtoto uliyejifungua ni mimba ya ngapi [] Umezaa mara ngapi [] Mimba zilizoharibika [] Idadi ya watoto walio hai []
- g) Tarehe ya kujifungua..... Idadi ya siku ulizokaa wadini []
- h) Ulijufungua kwa njia gani? Kawaida [] Kwa kusaidiwa na vifaa maalum [] au kwa njia ya upasuaji []

2. Kituo cha afya Nguruka ni moja ya vituo vinavyotoa huduma saidizi wakati wa kujifungua, Nini maoni yako juu huduma inayotolewa na mama msindikizaji?

Dodosa:

- a) Ni aina gani ya huduma saidizi ambayo kwako umeiona ni ya muhimu sana na imekuwa msaada kwako wakati wa kujifungua?
 - b) Ni changamoto gani uliyokutana nayo wakati unapatiwa huduma saidizi kuanzia kipindi cha uchungu hadi kujifungua?
 - c) Una maoni gani juu ya huduma saidizi wakati wa kujifungua ukilinganisha na uzoefu wako wakati wa kujifungua siku za nyuma?
3. Kwa kuzingatia uzoefu wako wa siku za nyuma juu ya huduma za uzazi na huduma hii ya mama msindikizaji, ni huduma gani uliyopata toka kwa msaidizi wako wakati wa uchungu hadi kujifungua?
4. Ni huduma gani nyingine ambazo zinatakiwa kutolewa na msaidizi wakati wa kujifungua ili kumfanya mzazi ajisikie vizuri na kujiamini anapopitia hali ya uchungu hadi kujifungua? (Kama vile kufarijiwa na kutiwa moyo, kupatiwa msaada unaohitajika k.v, kupewa chai, maji na chakula, kusaidia mzazi kufanya mazoezi, kusuguliwa mgongo, kumsindikiza mzazi kwenda chooni, huduma ya kiroho, kufanya mawasiliano na ndugu n.k)

Dodosa:

- a) Uliwezaje kumpata mama msindikizaji aliyekusaidia wakati wa kujifungua? Ni changamoto gani ulikutana nazo kumpata mama msindikizaji?
 - b) Ni vigezo gani muhimu ulivyozingatia kuchagua mama msindikizaji? Ulijuje kama vigezo hivyo ni muhimu ili kumwezesha msadizi kutekeleza majukumu yake kwa mzazi wakati wa kujifungua?
5. Kwa mtazamo wako binafsi na kwa kuzingatia mila na desturi zilizopo katika jamii unayotoka, nani anafaa kuwa msaidizi wakati wa kujifungua? (Toa sababu ya jibu lako).
6. Ni kwa jinsi gani unafikiri msaidizi amekuwa wa msaada kwako wakati wa uchungu hadi kujifungua?

Dodosa

- a) Unafikiri mama msindikizaji ana wajibu gani kwa mzazi kuanzia wakati analazwa wodi ya wazazi, wakati wa uchungu na hata baada ya kujifungua?
- b) Kwa maoni yako, ni kwa jinsi gani mama mjamzito anaweza kuchagua msindikizaji anayempenda?

Asante kwa ushiriki wako

Appendix C: Informed Consent in English Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)



Consent to participate in a study titled Experience and Perception on Acceptability and experience of companionship during childbirth at Uvinza District, **Kigoma Region**.

ID NO: HD/MUH/T.289/2017

IDENTIFICATION NO:		
--------------------	--	--

Greetings! My name is **ERNEST RUSESWA TEYUMWETE**. Currently, I am a student at Muhimbili University of Health & Allied Sciences pursuing MSc in Midwifery and Women's Health. I am conducting a research on the title: "**Exploring experiences and perceptions of postnatal mothers on companionship during labor and delivery at Nguruka Health Center in Uvinza District, Kigoma Region**"

The purpose of the study: The aim of this study is to explore the birth experiences and perceptions of postnatal mothers on birth companionship during labor and delivery at Uvinza district in the Kigoma region.

Sponsor: This study is sponsored by my family

Involved Participation: If you agree to participate in this study I will request you to answer the question related to your perceptions and birth experience on birth companionship through focus group discussion. The discussion will take about 30 - 45 minutes.

Risk: The researcher anticipates no harm will happen to you as you participate in this study.

Confidentiality: The information that will share in the in-depth interview will be treated as strictly confidential and will be used only for research purpose only and not for other reasons. Your name will not be used for identification during data analysis and report development, instead number will be used.

Benefits: There will be no direct financial benefits to you; however; participation in this research has the potential for exploring the acceptability and experience of birth companionship during childbirth at Nguruka health center in Uvinza district council.

Rights to Withdraw and Alternatives. You are free to choose whether to participate or not or withdraw from this study at any time. Refusal to participate or withdraw will not imply any effect to your service or treatment. However, we would like you to participate in this study because your views are very important in this study.

Whom to Contact: In case of any emergence concern, you may contact the researcher through the following address: Ernest R. Teyumwete, School of Nursing, MUHAS. P.O Box P. O. BOX 65004, Dar es Salaam. Email address: eteyumwete@gmail.com. Mobile phone number +255767250605, +255715250606

Agreement for participation

I..... Identification number....., aged.....years, I am willing to participate in this study.

Participant’s signature..... Researcher’s signature.....

Date.....

Date.....

Thank you for participating.

Appendix D: Ridhaa ya Mshiriki (Kiswahili version)**CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI (MUHAS).****NA YA USAJIRI: HD/MUH/T.289/2017**

NAMBA YA		
UTAMBULISHO		

Habari, Jina langu ni **Ernest RuseswaTeyumwete**. Ni mwanafunzi wa mwaka wa pili wa shahada ya uzamili katika fani ya ukunga na afya ya akina mama toka Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS).

Nafanya utafiti juu unaohusu: **“Uzoefu na mtazamo wa wazazi juu ya huduma saidizi ya mama msindikizaji wakati wa kujifungua katika kituo cha afya Nguruka wilaya ya Uvinza, mkoa wa Kigoma”**.

Malaengo ya utafiti: Malaengo ya utafiti ni kupata uzoefu na kujua mtazamo wa wazazi juu ya huduma saidizi inayotolewa kipindi cha kujifungua katika kituo cha afya Nguruka, wilaya ya Uvinza katika mkoa wa Kigoma.

Mdhamini wa utafiti: Utafiti huu unadhaminiwa na familia yangu mwenyewe.

Ushiriki wako: Kama utakubali kushiriki katika utafiti huu, nitakuomba kujibu maswali yatakayoniwezesha kupata uzoefu na mtazamo wako juu ya huduma saidizi inayotolewa wakati wa kujifungua. Mahojiano yatachukua dakika 30 hadi 45

Madhara yanazoweza kujitokeza kwa mshiriki: Hakuna madhara yoyote yatakayojitokeza kutokana na ushiriki wako katika utafiti huu.

Siri: Taarifa utakayoitoa wakati wa kujibu maswali yaliyomo katika utafiti huu itabaki kuwa ni siri na itatumika tu kwa ajili ya kufanikisha utafiti huu na si vinginevyo. Jina lako halitatumika na wala halitaonekana katika taarifa ya mwisho katika utafiti huu, badala yake namba itatumika kwa ajili ya kutambua aina ya mchango uliutoa wakati wa mahojiano

Haki ya kujittoa au kuendelea na utafiti: Upo huru kushiriki katika utafiti huu, hata hivyo unaweza kukataa au kujittoa katika utafiti huu wakati wowote, na kutoshiriki kwako hakutaathiri upatikanji wa huduma unayostahili. Aidha ningependa ushiriki katika utafiti huu kwa kuwa uzoefu wako na mtazamo wako ni muhimu katika utafiti huu.

Mawasiliano: Kwa shida yoyote tafadhali usisite kuwasilina nami kwa anuani ifuatayo: Ernest R. Teyumwete wa Skuli ya Uuguzi chuo kikuu cha afya na sayansi shirikishi Muhimbili, S.L.P 65004, Dar es Salaam, au kwa barua pepe: eteyumwete@gmail.com. Simu Na. 0767 250605 au 0715 250606

Tamko la Kukubali kushiriki

Mimi.....mwenye namba.....umri miaka.....nipo tayari kushiriki katika utafiti huu.

Saini ya mshiriki.....Saini ya Mtafiti.....

Tarehe.....Tarehe.....
...

Asante kwa kushiriki

Appendix E: Ethical Clearance Letter

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES**

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E-mail: dpgs@muhas.ac.tz

Ref. No. DA.287/298/01A/

2nd April, 2019

Mr. Enerst R. Teyumwete
MSc. Midwifery and Women's Health
MUHAS.

**RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED:
"EXPLORING EXPERIENCE AND PERCEPTIONS OF POSTNATAL
MOTHERS ON COMPANIONSHIP DURING CHILDBIRTH AT NGARUKA
HEALTH CENTER IN UVINZA DISTRICT, KIGOMA REGION"**

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from **1st April, 2019 to 30th April, 2020**. In case you do not complete data analysis and dissertation report writing by **30th April, 2020**, you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya
ACTING: DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Nursing, MUHAS

Appendix F: Introduction Letter

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES**

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Ref. No. HD/MUH/T.289/2017

9th April, 2019

District Executive Director
Uvinza District Council
P.O. Box 12
UVINZA-KIGOMA.

Re: INTRODUCTION LETTER

The bearer of this letter Mr. Ernest Teyumwete is a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing MSc. Midwifery and Women's Health.

As part of his studies he intends to do a study titled: "*Exploring experiences and perceptions of postnatal mothers on companionship during childbirth at Nguruka Health Center in Uvinza District, Kigoma Region.*".

The research has been approved by the Chairman of University Senate.

Kindly provide him the necessary assistance to facilitate the conduct of his research.

We thank you for your cooperation.

Ms. Sharifa Kamby
For: DIRECTOR, POSTGRADUATE STUDIES

cc: Dean, School of Nursing

Appendix G. Permission letter**OFISI YA RAIS****TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA WILAYA UVINZA**

(Barua zote ziandikwe kwa Mkurugenzi Mtendaji)

Simu Na: (028)
Nukushi: (028)**Baruapepe:**halmashauriuvinza@gmail.com
Unapojibu tafadhali taja:IDARA YA UTAWALA
S.L.P. 12,
UVINZA.**24 Aprili, 2019****Kumb Na.UDC/H6/PF52/I/57****YAH: KIBALI CHA KUFANYA UTAFITI**Rejea barua yako yenye kumb. **Na.HD/MUH/T.289/2017** ya tarehe 9 Aprili, 2019.Napenda kukujulisha kuwa kibali cha kufanya utafiti unaohusu **"Uzoefu na mtazamo juu ya huduma saidizi inayotolewa na mama msindindikizaji wakati wa kujifungua"** katika kituo cha afya Nguruka kimetolewa kuanzia tarehe ya barua hii.

Aidha unatakiwa kuripoti kwa Mganga mfawidhi wa kituo cha afya Nguruka kwa ajili ya kufanya utafiti huo.

Stela E. Msigwa

**KNY: MKURUGENZI MTENDAJI
HALMASHAURI YA WILAYA
UVINZA****KNY: MKURUGENZI MTENDAJI
HALMASHAURI YA WILAYA
UVINZA****Nakala:**

Mganga Mkuu (W):

Aione ndani ya jalada.

Mganga Mfawidhi,
Kituo cha afya Nguruka:

Tafadhali mpe ushirikiano wa kutosha.

Appendix H: Codes of good practice for birth companionship, Kigoma region, Tanzania

ROLES, RESPONSIBILITIES, AND LIMITATIONS OF BIRTH COMPANIONS

The birth companion's primary role is to provide continuous emotional support to a woman throughout labor and delivery. Birth companions also provide practical, physical, and informational support as well as serve as an advocate for the woman throughout pregnancy, labor, delivery and the postpartum period. Desired and on-call birth companions' specific responsibilities during pregnancy and childbirth follow.

1. ANTENATAL PERIOD

During the antenatal period, the desired birth companions will:

- Urge the pregnant woman to attend the recommended four antenatal care visits and escort the woman to at least two antenatal care visits, at times convenient to both the pregnant woman and the companion. The first antenatal visit should be before four months of pregnancy (16 weeks), the second visit should be around six to seven months (24-28 weeks), the third visit should be at eight months (30-32 weeks), and the fourth visit should be at nine months (36-38 weeks). Encourage the partner to accompany the woman to antenatal visits, especially the first visit.
- At all antenatal visits, encourage the woman to ask questions about pregnancy, labor, and delivery so she is knowledgeable and confident about the process.
- Be aware of the health of the pregnant woman and watch out for danger signs in pregnancy. Know the pregnancy danger signs.
- Help the pregnant woman follow up on necessary, prescribed health services, such as treatment of malaria, sleeping under a mosquito net, and eating nutritious foods.
- Help the pregnant woman make her birth plan, including: At which facility will she deliver? How will she get there? Will she have to pay for transportation? How much will it cost to deliver at the facility? How will she pay? Can she start saving money now? Who will help while she is away to care for her home and other children? What does she need to bring to the facility?
- Know and notice signs of labor.
- Comfort, encourage, and soothe the woman. During this stage, birth companions will not:
- Give the pregnant woman any medicine that is not prescribed by a health professional.

- Perform any medical examination on the pregnant woman.
- Divulge any personal and/or medical information about the pregnant woman to anyone.
- Shout at or speak harshly to the woman.
- Ask the woman for any compensation for services rendered.
- Take away (steal) the facility's or the woman's belongings and/or property.

4.2 INTRAPARTUM PERIOD

During the intrapartum period, the desired and on-call birth companions will:

- Assist the woman to take all materials needed for the delivery to the facility. • Make sure the woman is not alone the majority of time during labor and delivery.
- Encourage the woman to ask questions about labor and delivery so she can understand what is happening. Make sure the health providers are explaining all procedures, seeking the woman's permission, and discussing all medical findings with her. Make sure the woman is informed about the progress of her labor.
- Encourage the woman to listen to the instructions given by the health provider during labor. If the woman does not understand, help her request all needed information from health providers until she fully comprehends what is happening.
- Comfort the woman and soothe her during labor. This could include massaging her shoulders and back, helping her breathe and relax, assisting her to change positions, and helping her walk around.
- Praise the woman, encourage her, and reassure her that things are going well. • Ensure that the woman's privacy is respected during examinations and discussions. • Instruct the woman on aspects of the labor process e.g., having the need to defecate. • Help the woman change positions and walk around. • Give the woman anything she needs during labor, e.g., tea/food.
- Give the woman information on what is happening or any other information requested by the woman to help her cope with her current situation.
- Help with soothing techniques such as massaging the woman, giving her liquids and wiping off sweat.
- Advise and encourage the woman to breastfeed the baby immediately after delivery. Also, wake the woman at routine intervals so that she can breastfeed the newborn frequently.

- Advise and encourage the woman to practice skin-to-skin contact with her newborn. The woman, giving her liquids and wiping off sweat.
- Advise and encourage the woman to breastfeed the baby immediately after delivery. Also, wake the woman at routine intervals so that she can breastfeed the newborn frequently.
- Advise and encourage the woman to practice skin-to-skin contact with her newborn. mission from the health providers.
- Give medication to the woman.
- Clean any medical equipment or instruments.
- Take samples to the laboratory.
- Perform any medical procedure.
- Serve any client other than the one she's currently assisting until the end of the birth.
- Ask for compensation for any services rendered.
- Wash the client's dirty clothes after the delivery (e.g., bloody clothes).
- Give local medication (herbs) to hasten labor Insert any substances into the vagina during labor or after delivery.
- Push on the abdomen during labor or delivery.
- Pull on the cord to deliver the placenta.
- Put any substance on the umbilical cord/stump other than what a health provider prescribes.

4.3 3 COMPLICATIONS

When complications strike, the on-call birth companions will:

- Immediately alert the health provider.
- Comfort the woman.
- Pass non-medical instruments/equipment to the health provider, if instructed.
- Inform the health provider about anything unusual happening to the woman.

During this stage, birth companions will not:

- Disclose information on death and/or complications of either the baby or the woman to relatives or friends without permission from the health care providers attending the client.

- Offer any technical services to the client. • Instruct the health care provider on the clinical management of the woman or her baby. • Handle sterile instruments and/or medicines.
- Be allowed to enter the operating room with the woman, if obstetric surgery is required (e.g., cesarean section).

4.4 AFTER LABOR, PRE-DISCHARGE

After labor and pre-discharge, desired and on-call birth companions will:

- Assist the woman and the baby to remain clean and comfortable.
- Encourage the woman to make sure the baby is comfortable and warm by dressing the baby in warm clothes.
- Assist the woman to properly store all clean and dirty clothes.
- Encourage the woman to eat food and drink a lot of clean, potable water.
- Advise the woman to exclusively breastfeed for six months
- Remind and encourage the woman to follow up on the baby's vaccination schedule without neglect.
- Remind the woman to go back to the clinic to follow up on her health and the baby's health on the third, seventh, 28th and 42nd day after the birth.
- Monitor the health of the woman and baby and urge the woman to go to a health facility immediately if she shows any danger signs, including high fever, severe headache, swollen feet, dizziness, severe vaginal bleeding, or smelly vaginal discharge. The mother must also be urged to take her baby to the health facility immediately if she has any trouble breastfeeding her baby
- Monitor the health of the woman and the newborn and alert a health provider immediately if there are any concerns. Follow up to ensure that the health provider comes to frequently examine the woman and newborn.

After labor, pre-discharge, on-call birth companions will:

- Advise and remind the desired birth companion of all the necessary services the mother will need when she is at home.

During this stage, birth companions will not:

- Offer any technical or medical services to the woman and/or the baby.
- Discharge the woman and/or the baby without the health provider's permission. • Wash any clothes or touch wet things without putting gloves on.
- Bathe the baby before he or she is 24 hours old.
- Instruct the health provider when the provider is performing technical services

4.5 AFTER LABOR, POST-DISCHARGE

After labor, post-discharge, desired birth companions will:

- Remind and encourage the woman to practice family planning. • Help the woman carry all belongings that she brought with her to the hospital.
- Comfort the woman and soothe her if the baby dies.
- Help with any other non-technical issue as instructed by the health provider.
- Remind the woman to go back to the clinic to follow up on her health and the baby's health on the third, seventh, 28th and 42nd day after the birth.
- Continue reminding the woman about the importance of her personal hygiene and the baby's personal hygiene.
- Remind the woman on the importance of using a mosquito net to help prevent malaria for her and the baby.
- Remind and encourage the woman to follow up on the baby's vaccination schedule without neglect.
- Reinforce the importance of continuous, exclusive and on-time breastfeeding.
- Keep comforting the woman and her family.
- Advise the woman to keep using her medication if she was prescribed any during her discharge.
- Continue making follow-up visits to the woman within 42 days of her discharge or until the end of their agreement.
- Monitor the health of the woman and baby and urge the woman to go to a health facility immediately if she shows any danger signs, including high fever, severe headache, swollen feet, dizziness, severe vaginal bleeding, or smelly vaginal discharge. She must also be urged to take her baby to the health facility immediately if she has any trouble breastfeeding her baby

During this stage, the desired birth companions will not:

- Interfere with the family's decisions at home as long as they don't harm the woman or the baby.
- Administer any medication to the woman or the baby without the advice of a health provider.
- Perform any medical examination to the woman and/or the baby