



Quali-Dec

A positive childbirth experience
through informed decision-making.

A Policy Brief on WHO's QUALI-DEC Implementation: Labour Companionship



Implementation of WHO's Recommendation on Companionship: Experience of the Quali-Dec Project in Thailand

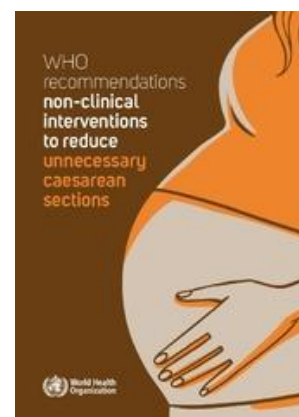


Executive summary

A caesarean section (CS) is a surgical procedure that can effectively prevent maternal and newborn mortality and morbidity when used for medically indicated reasons. Globally, CS rates have been increasing over the past decades. Recent estimates have suggested that across 150 countries, 18.6% of all births occur by CS, ranging from 1.4% to 56.4% across different countries. The global CS rate increased by 12.4% (from 6.7% to 19.1%) from 1990 to 2014; however, this trend has not been accompanied by significant maternal or perinatal health benefits which suggest that a growing proportion of CS are not necessary. CS is associated with short and long-term risks for women, children, and future pregnancies, as well as substantial healthcare costs. These risks are higher in settings where women have limited access to comprehensive obstetric care. Sustained increases in CS rates are a major public health concern and there is an urgent need for evidence-based guidance to address this trend.

In Thailand, CS rates have increased substantially in the last few decades from 20.1 in 2006 to 32.7 percent in 2018 at national level and reducing unnecessary use of CS a priority for the government as evidenced by the Memorandum of Understanding between The Royal Thai College of Obstetricians and Gynaecologists (RTCOC) and The Ministry of Public Health of the Kingdom of Thailand in 2019.

There are numbers of effective non-clinical interventions to reduce CS rate recommended by WHO in 2018, one of them is labour companionship which has important benefits for the woman and baby. In 2022, the formative research in Thailand on the readiness to welcome companions in 8 selected hospitals was conducted to understand barriers and facilitators, and map factors that might affect implementation of labour companionship in Thailand.



The formative research found that implementation of labour companionship is feasible if potential labour companions and health workers are well-trained on how to best support women and engage with one another. Addressing key barriers to introducing labour companionship can include implementing facility-level policies on labour companionship, changes of physical environment, and context-specific solutions to minimize fears on lawsuits and infection.

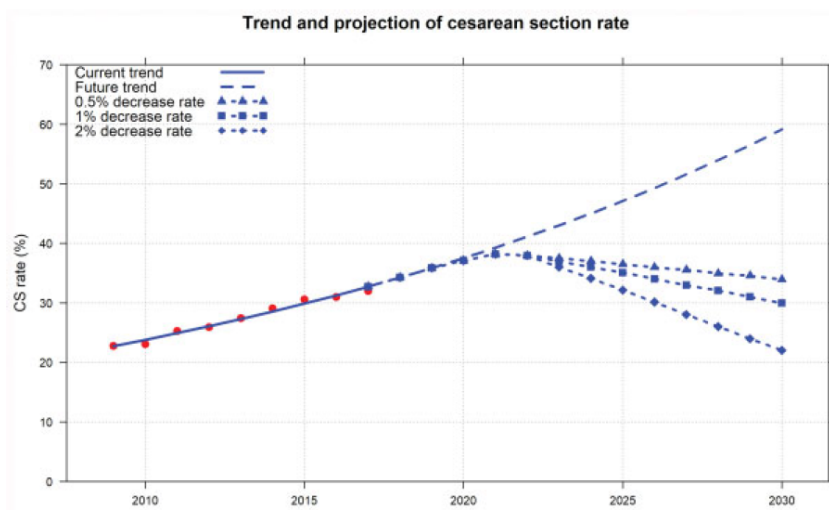


Fig. 1 Projection of cesarean section rates (CSRs) from 2018 to 2030 by Joinpoint regression (CSRs 2009–2017—red dots; fitted and predicted line by regression—blue line; trend of CSR until 2030 projected using annual rates during 2009–2017—dashed line; and trend of CSR until 2030 projected using annual rates during 2009–2017 followed by decreasing annual rates after 2020 in different expected estimation: decreasing annual rate of 0.5%—triangle dashed line, decreasing annual rate of 1%—square dashed line, and decreasing annual rate of 2%—diamond dashed line).

Background

Rising Caesarean section rates

Globally, CS rates have been increasing over the past decades.

- Across 150 countries, 18.6% of all births occur by CS.
- CS ranges from 1.4% to 56.4% across different countries.
- Currently, CS rate in Thailand is around 35% of all births.
- It is predicted to increase to 60% in 2030 if nothing is done to intervene in the process.

Why Should We Be Worried?

CS rates have increased steadily worldwide over the last decades. However, this trend has not been accompanied by significant maternal or perinatal benefits. It is therefore significant that pregnant women should be well-informed about the potential risks of CS.

Potential Risks of Caesarean Section

There is a lot of false preconceived ideas on the safety and benefits of the cesarean. It worth taking the time to consider the true risks, both long-term and short-term, of the CS for you, your baby, and also your future pregnancies.

Some of the short- term risks include increasing possibilities of requiring blood transfusion, risk of anesthesia complication, and organ injury.

For some long-term risks, the mother is more likely to have complications during future pregnancies such as uterine rupture, placental abruption, placenta previa or accreta, miscarriage and ectopic pregnancy.

CS has also been associated with long-term effects for children such as possible risk of obesity, allergies, and asthma later in life.

Adapted from WHO Recommendations, non-clinical interventions to reduce unnecessary caesarean sections, 2018
https://cdn.who.int/media/docs/default-source/reproductive-health/maternal-health/infographic-unnecessary-caesarean-section.pdf?sfvrsn=6d2f33b1_9



What is QUALI-DEC?

Quali-Dec (Quality-Decision making)


- Is the application of non-clinical interventions to improve the quality of CS decisions
- Non-clinical factors, such as social, cultural, and structural influence, have emerged as important potential factors and need to be taken into account in order to effectively address this the over-use of CS.
- Non-clinical interventions have been shown (mainly in high-income countries) to reduce CS rates, such as decision support or having a family member accompany the woman during childbirth.

Labour Companionship: How does it help reduce CS rate?

Labour companionship is one intervention among the non-clinical interventions selected in the QUALI-DEC project to improve decision-making in childbirth by health professionals and by women themselves. These interventions aim to reduce the practice of non-medically justified caesarean sections and to encourage natural childbirth.



Figure 1 - The 4 Non-clinical Quali-Dec Interventions



Key message

REDUCTION OF UNNECESSARY CEASAREAN IS A HIGH PRIORITY ISSUE IN THAILAND AND LABOUR COMPANIONSHIP IS ONE OF THE MOST PIVOTAL NON-CLINICAL TOOLS TO HELP REDUCE UNNECESSARY CS. IT IS, THEREFORE, CRITICAL TO INTRODUCE AND FACILITATE LABOUR COMPANIONSHIP IN THAI HOSPITALS.

Who is a Labour Companion?



Figure 2 - A mother with her newborn baby and her labour companion in a delivery room at Chiangrai Prachanukroh Hospital, one of the Quali-Dec participating hospitals in Thailand, November 2022.

A labour companion is someone staying with the labouring woman to support her all through her childbirth moment. The companion should be someone whom the woman trusts and feels comfortable with. This might be her:

- Husband, partner, boyfriend, or girlfriend
- Mother
- Close friend
- Sibling, aunt, or other family member

In preparation for the birth, the companions must be able to attend antenatal classes so that they are well-aware of their roles and duties in the labour room.

Benefits of Having Labour Companionship

Research shows that women value and benefit from the presence of a support person (a “labour companion”) during labour and childbirth. This support may include:

- Emotional support (continuous presence, reassurance, and praise) and information about labour progress.
- Advice about coping techniques, comfort measures (comforting touch, massage, encouraging mobility, promoting adequate fluid intake and output)
- Speaking up when needed on behalf of the woman.

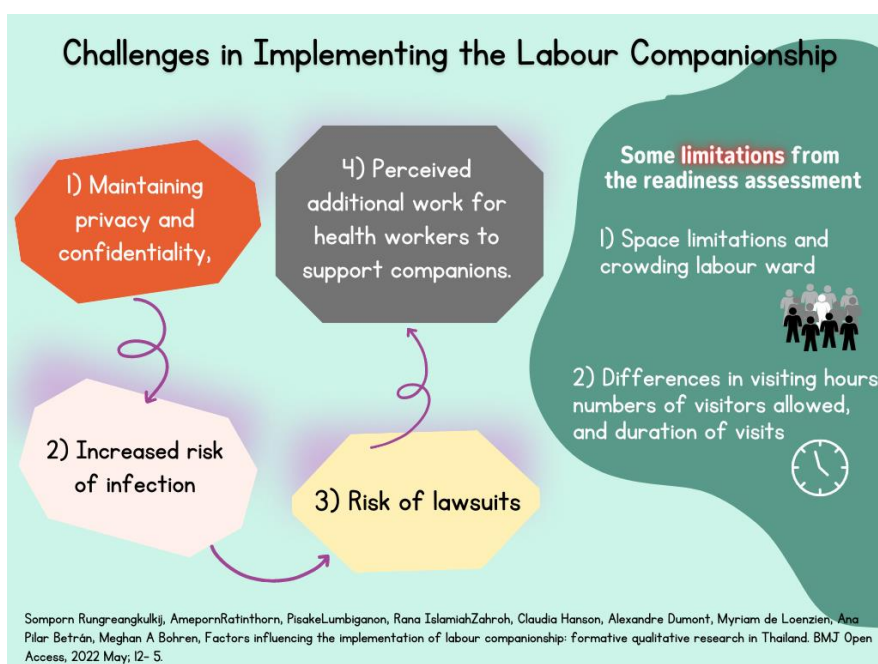
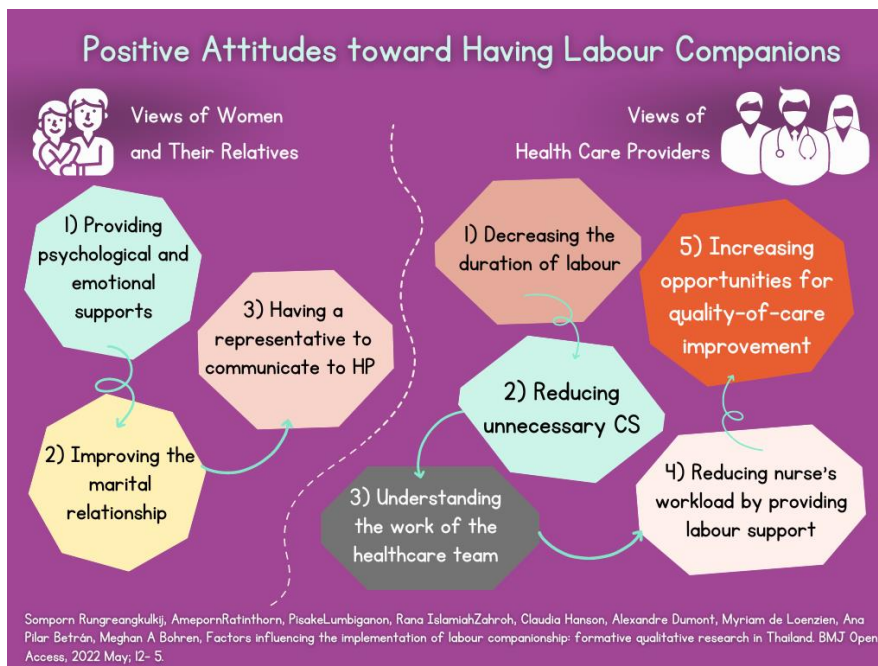


Facilitators and Barriers for Implementing Labour Companionship in Thailand

According to the formative research on implementation of Labour Companionship in Thailand, the results showed that healthcare providers, women, and their relatives, all had positive attitudes toward having companions. The readiness assessment highlighted implementation challenges related to training the companions, physical space constraints, overcrowding, and facility policies, reiterated by the qualitative reports.

Main Results

Labour Companionship is viewed by women, potential companions, and health workers as highly beneficial and acceptable in the Thai context, if the companions are well-trained on how to best implement the intervention in the study hospitals. However, there are also some challenges in the implementation which raise concerns of healthcare staff, women, and their family.



Recommendations

The formative research on Labour Companionship in Thailand has led to the following seven key recommendations for the implementation of labour companionship:

1. The hospitals may need to change their visitation policies to allow women's families to be on the labour ward.
2. Some reorganization of the physical space of the labour ward will be needed.
3. The woman herself should be the person who chooses the companion to provide her the supports she needs.
4. Training the labour companion through childbirth education classes or during antenatal visits is important to ensure that the companion knew how to support the woman and understood what

to expect during labour and birth.

5. Healthcare providers will also need the training to understand how to engage with labour companionships as part of a woman's care team and understand how companionship can be mutually beneficial.
6. Context-specific solutions may need to be developed to relieve health provider concerns about potential misunderstandings, lawsuits, or reputational risks stemming from the introduction of labour companionship.
7. Participatory engagement through engagement with hospital leaders, seminars with healthcare providers, communications materials for companions, and changes to the physical space may also be a helpful approach to inform the QUALI-DEC implementation.

Further reading

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