



## INTRODUCTION

Childbirth is a global life-giving phenomenon and yet a stressful and one of the most important events of the women's life. Women during childbirth, due to its painful nature and consequences, need support. Therefore, factors leading to reduce pain and duration of delivery the least intervention are a priority for the researchers (Firouz Bakht 2013 ; Khavandizadeh Aghdam 2015). The women would remember the childbirth experience until their last moment. This memory forms their mind about themselves as a woman and as a mother and it could affect their positive relationship with other members of the family, therefore, the quality of support which the mother receives while labour and childbirth is important for continuous health of all family members (Sangestani, 2013). The supportive escort or dula could reduce the mother's stress via massage and emotional supports (Toosi 2013). The findings of the study showed that the support of a companion during childbirth significantly reduced apparent anxiety, onset early breastfeeding increases maternal satisfaction with childbirth (Nobakht 2012). Severe labor pain has deleterious effects on the mother and fetus, including increased cardiac output, increased blood pressure and mother's heart rate, decreased contractility, slowed labor, decreased placental blood flow, and limited oxygen supply to the fetus (Pashib 2016). Severe labor pain, in addition to its detrimental effects on maternal physical and mental health, also affects maternal sexual intercourse due to fear of future pregnancies (Beigi 2010).

The factors affecting the childbirth period are psychosocial, biochemical, physiological, cultural and ethnic factors. Fear and anxiety are two of psycho-social factors which could extend the childbirth period, because fear and anxiety usually results in less contractile activities and blood flow in the uterus and more resistance against dilatation of the cervix which finally contribute to extended childbirth period (Khavandizadeh Aghdam 2015). Given the high prevalence of labor pain and its adverse effects, safe and effective control of labor pain is essential (Dowell 2016).

Maternal support during labor and childbirth can be provided by your spouse, family, friends or by professionals who are trained in the field of pregnancy (Dadshahi 2018). World Health Organization considers the women's health needs as an important priority due to close relationship of their health with the future generation's health and announces that mothers should be supported during labour and childbirth. And this support should be provided by those with whom the mother feels convenient (Bruggemann 2007). Thus, in the developed countries, in 95% of the cases, the mother receives support from the spouse or other family members (Essex 2008). Researches in the developed countries indicate that continuous presence of midwife at the bedside of the woman and providing effective emotional and physical support during childbirth shortens the childbirth period and specifically reduces cesarean (Khavandizadeh 2015). According to studies birth as the most stressful physical and mental

event for women affects the physiological and psychological parameters of women during childbirth (Salary 2013). Severe pain of childbirth not only damages the physical and mental health of mother and fetus, but also the proper relationship between the mother and fetus and it will have bad effects on the sexual relationship of the mother due to fear of future pregnancies (Ahmadi 2010). Childbirth's severe pain, specifically the second stage pain leads to intense fear of natural childbirth and increase in cesarean rate about 8 to 22 percent among pregnant women in the society which accompanies surgery and anesthesia side effects. According to widespread pain of childbirth and its undesired and harmful effects on the mother, fetus and the parturition and pregnancy results, safe and effective control of childbirth pain is of most necessity (Ahmadi 2010). One of non-medical, yet effective methods to relieve the childbirth pain is continuous support of midwife and massage during labour and childbirth (Mutawali). These supports could be provided by a doula. Doula is a person which attends the childbirth room as a supporter of the mother and brings about safety and security feeling for the mother by providing continuous physical and emotional support (Khavandizadeh Aghdam 2015).

According to different viewpoints about presence of private midwife or mother's company during the childbirth and necessity of studying its effects on the mother, fetus and the childbirth. This study, aiming to compare the effect of presence of private midwife by the mother, with a trained company of the mother herself for the nulliparous women on the apparent anxiety during childbirth and its effects on labour period and surveying the problems arising from such intervention in the childbirth from the viewpoint of midwives was designed in Sabalan hospital, Ardabil, Iran.

## METHODOLOGY

This half-experimental trial study, after obtaining permits from the deputy research of the Azad University and after required coordinations with the hospital authorities, was performed in 2018 on a number of 100 nulliparous women who referred to Sabalan Hospital in Ardabil for natural childbirth. The sample size was determined to be 50 people in each group based on previous studies with confidence factor of 95% and test power of 80% using compare means formula. There was no decline in the sample size until the end of the study. Data collection tool in this study included demographic questionnaire, standard partograph form and pain measurement questionnaire (T-square). The information registration form consisted of two parts, first of which included personal information of the study units (age, education, occupation, etc.) and the second part included registration of active phase period (from 3 centimeters dilatation until 10 centimeters dilatation), childbirth second stage period (since complete dilatation until fetus exit) which were registered by observation and examination in this section (partograph form). Information registration form was prepared according to the study goals and using credible scientific books, articles, and sources. Then using

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was significantly shorter ( $p < 0.01$ ). These results was in compliance with the results of stated that in the group supported with trained midwife, the childbirth period is shorter (Lundgren I 2010, Javadnoori 2008, Samieizadeh T 2011). Also in Brugmen's study, there was a statistically meaningful difference in the childbirth period of the women who were supported by a midwife (doula) during labour and childbirth, compared to the women who were not. However, in the supported group, satisfaction rate of the childbirth was higher and meconium excretion of the fetus was lower. Also the women who were supported by a midwife during the childbirth had no statistically meaningful difference with the group without company in terms of childbirth period which might be due to difference of the current study because of cultural, social and ethnic differences in the two societies (Bruggemann2007). One of the most important stages of any woman's pregnancy and childbirth is the role of the midwife in this area not covered by anyone. Today, international organizations, including the WHO(2014) , have realized that the Millennium Development Goals can be achieved, this is not possible unless the midwifery and services provided by the midwife are strengthened(Pourassad2014). In a study by JavadNooriin Dezfool, the active phase period of childbirth, need for parturition intensification using oxytocin, pain intensity and cesarean was reduced in the supported group. Moreover, mother's satisfaction of the childbirth experience was much better (Javadnoori 2008). In the study by Parvin Salary(2013) it has been illustrated that women who have stress have a lot of anxiety, experience more severe childbirth pain too (Parvin Salary2013). Several other studies show that continuous support of mother by the midwife has countless physiological and psychological benefits, since it reduces the pain intensity, less pain killer medicine is required and pregnancy and childbirth results are improved (Pashib2016).

In the study Darwish Masoumeh, According to the results of one-way ANOVA test, the lowest duration of labor in both stages belonged to the midwife group ( $p < 0.05$ ). The results also showed that the midwifery group used less oxytocin compared to the other groups ( $p = 0.004$ ), thus, having a midwife beside the mothers of mothers gave a non-invasive and effective intervention in physical and mental health. It is psychological during labor and delivery (Darvishi 2019). A look at studies shows that there are different results about using the results of incorporating supportive treatments during childbirth process. Moreover, some unsatisfied people in the supported group also indicates that presence of the company in all cases might not be beneficial. Maybe because the company might not be the most important of supporters or since these women have not experienced unsupported childbirth. On the other hand, the support provided by the family or friends during childbirth has not always been a positive experience. Hence, although supporting women during childbirth seems useful, yet the nature and scope of these benefits are not exactly examined and more research has to be done to determine the effect of supporting women during childbirth by different people. Since the cesarean delivery rate is growing in the countries and also that providing midwifery care during labour and childbirth is one of the issues affecting the childbirth results.

One of the limitations this study faces was the difference in mental state of research units and their personal understanding of childbirth and also cervix's different response to uterine contractions so that the researcher was unable to homogenize the personal features of people and their cervix's response to the uterine contractions. Since in this study only the nulliparous women were considered, therefore, we recommend that a similar study take place on multiparous women as well. Also, considering some other beneficial effects of midwife presence at the bedside of the mother that might be seen in short or long term, it is suggested that a study take place regarding the effect of midwife presence on the childbirth type, oxytocin usage, baby appgar, infection and depression after childbirth, continuity of breastfeeding and stronger relationship between mother and the child. Therefore, this study was done to compare the effect of private midwife with trained company at the bedside of the mother on the labour and childbirth process in nulliparous women referring to Sabalan Hospital in Ardabil. In the end, it is suggested that in order to shorten the childbirth period, a private midwife be hired instead of company midwife at the mother's bedside in the hospitals. The ethical considerations of this study included obtaining written permit from the honorable deputy research of Ardabil Medical Sciences University, Dear Management of SabalanHospital in Ardabil and obtaining written consent letter from the participants and announcing the results to the authorities.

## CONCLUSION

Presence of company midwife from the beginning of admission until childbirth reduces the childbirth period which in turn has positive effects on the mother and baby's relationship without considerable intervention by the company midwife in the midwifery and medical cares. Also the cesarean rate in people who were supported by private midwives was less compared to those who were not. Hence this method, which is a suitable, feasible, easy, without side effects, and cost effective, is suggested to be used for supporting the mother and reduce the childbirth period.

authorities of the childbirth room of SabalanHospital in Arabil who helped us throughout this study.

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