



KEY POINT SUMMARY

OBJECTIVES

This qualitative study explores birth companions' birthing room experience to identify essential design elements needed to facilitate support during labor and birth.

The birth companions' experience of the birthing room and how it influences the supportive role: A qualitative study

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Key Concepts/Context

Research shows that receiving support from non-health-professional companions during birth results in healthier outcomes, but there is a lack of information on what companions, who typically are not associated with the healthcare facility, need. Designated space or amenities for companions may help them feel more at ease in the otherwise unfamiliar birthing environment and therefore better situated to provide support during labor.

Methods

This qualitative study was conducted in Sweden. Birthing companions were recruited from a university hospital, a transcultural doula organization serving non-Swedish-speaking patients, and a midwife team that facilitated at-home births, so companions with a variety of birth support experiences were represented. All companions consenting to participate (eight fathers, four doulas, two relatives, and one friend) were contacted by one of the researchers one week after birth for an interview about their experience. One interview was conducted in-person and the other 14 were done virtually. All interviews were audio recorded and lasted an average of 36 minutes. The interviews were semi-structured, with an informal tone allowing companions to describe their perceptions of the birthing room, how the room affected them, their level of comfort in the space, and any other topics that facilitated or distracted from their support role.

The transcribed data was analyzed and coded jointly by the co-investigators and subsequently sorted into themes and subthemes. Researchers repeated review of the data and themes to assess for completeness. Because both researchers were experienced midwives who were familiar with qualitative research methods, they were careful to recognize and discuss potential experiential influences on their data interpretation and resulting insights.



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Quantitative data were gathered using observation sheets featuring three elements: a spatial movement map (SMM), a clinical activity map (CAM), and a surface contact transmission map (SCFM). Qualitative data came from all behavioral observations and semi-structured interviews.

A total of 35 hours of observation over five consecutive weekdays took place within three identical spatial layouts. Interviews lasted 15 to 30 minutes and were conducted during normal work hours.

Findings

Researchers identified a single overarching theme of *creating a supportive birth space in an unfamiliar environment* and three subthemes: 1) not being in the way, 2) finding one's role, and 3) being close to the birthing woman. The main theme represented companion perceptions of feeling isolated and out of place in an unfamiliar environment. Subtheme 1, *not being in the way*, captured participant perceptions that the physical environment of the birthing room engendered feelings that they were intruding, so they sought places for themselves and their belongings that would not hinder staff activities. Medical equipment perpetuated an environment of medical risk which subordinated the role of birth companions who felt that in order to offer support they had to be out of the way. Subtheme 2, *finding one's role*, depicted participants' efforts to be present for their loved one in an unfamiliar context, with one participant describing it like visiting another country where they didn't know the culture or behavior expectations. Birthing companions often found orienting themselves to the cascade of labor events to be difficult to the degree that their basic needs were often neglected. One participant mentioned the challenge of getting rest, another mentioned the need to grab convenient food quickly, and yet another mentioned a lack of privacy for toileting. The final subtheme of *being close to the birthing woman*, represented the need for companions to be physically near their partner so they could hold hands, provide massage, or make eye contact. Unfortunately, companions perceived that the design of typical birthing rooms mitigated such closeness in favor of monitors, equipment, and beds that only accommodated one person. Companions that had experience in both hospital and home birth environments shared that fostering a sense of closeness was easier in a home setting.

Limitations

Participants were recruited from a single hospital in Sweden and their experiences may not be generalizable to other contexts. Although researchers worked to resist bias in interpreting the themes, their previous experience with the labor and delivery environment may have inadvertently influenced the results.



Design Implications

The authors provide an extensive list of recommendations to be considered when adapting existing or designing new facilities to better accommodate companions, including storage for patient and companion belongings, comfortable furnishings for multiple companions, concealing medical equipment to foster a homey environment, windows with adjustable treatments, and clear signage directing companions to food, drink, and toileting facilities.

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