If a woman receives continuous one-to-one support during labour, does this benefit the mother and baby?

Continuous support during labour is associated with better outcomes in the mother.

Inclusion criteria

**Studies:**
Randomized controlled trials.

**Participants:**
Pregnant women in labour.

**Intervention:**
Continuous presence and support during labour and birth, provided by a health care professional (nurse or midwife), a specially trained doula or childbirth educator, or a family member, friend or stranger with no training, compared with usual care.

**Outcomes:**
Labour events; birth events; newborn events; immediate maternal psychological outcomes and longer-term maternal outcomes.

Results

- Fifteen trials involving 12,791 women were included; 13 trials were adequately concealed.
- Women with continuous, one to one support were more likely to have a spontaneous vaginal birth (relative risk 1.08, 95% confidence interval 1.04 to 1.13, random effects model; 14 trials).
- In addition, women who had continuous, one-to-one support during labour were less likely to require analgesia or anaesthesia (RR 0.87, 95% CI 0.79 to 0.96; 11 trials); report dissatisfaction with childbirth experience; or feel that they were not in control during labour and birth. One trial showed a slight decrease in the use of electronic fetal monitoring (RR 0.95, 95% CI 0.92 to 0.97).
- No effect was demonstrated on neonatal outcomes, including low 5-minute Apgar scores; admission to special care nursery.
- Subgroup analysis suggests larger effects in trials which engaged lay staff, where support started early, and in hospitals where epidural analgesia was not available.


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Implications for practice:
Continuous support during labour should be encouraged for women delivering in health facilities.

Implications for research:
Trials that compare the different models of continuous support to determine the best approach are needed.