# Cochrane review abstract and plain language summary

This is an abstract and plain language summary of a regularly updated, systematic review prepared and maintained by The Cochrane Collaboration. The full text of the review is available in [The Cochrane Library](http://www.thecochranelibrary.com/) (ISSN 1464-780X).

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## Continuous support for women during childbirth

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Plain language summary

Continuous labour support reduces a woman's likelihood of having pain medication, increases her satisfaction and chances for 'spontaneous' birth, and has no known risks

Supportive care during labour may involve emotional support, information, and comfort measures. Such care may enhance normal labour processes and thus reduce need for obstetric intervention. Women who received continuous labour support were less likely to use pain medications and were more likely to be satisfied and to give birth 'spontaneously' (with neither caesarean nor vacuum nor forceps). In general labour support was more effective when it was provided by women who were not part of the hospital staff.

Abstract

Background

Historically, women have been attended and supported by other women during labour. However, in recent decades in hospitals worldwide, continuous support during labour has become the exception rather than the routine. Concerns about the consequent dehumanization of women's birth experiences have led to calls for a return to continuous support by women for women during labour.

Objectives

Primary: to assess the effects, on mothers and their babies, of continuous, one-to-one intrapartum support compared with usual care. Secondary: to determine whether the effects of continuous support are influenced by: (1) routine practices and policies in the birth environment that may affect a woman's autonomy, freedom of movement, and ability to cope with labour; (2) whether the caregiver is a member of the staff of the institution; and (3) whether the continuous support begins early or later in labour.

Search strategy

We searched the Cochrane Pregnancy and Childbirth Group trials register (30 January 2003) and the Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 1, 2003).

Selection criteria

All published and unpublished randomized controlled trials comparing continuous support during labour with usual care.

Data collection and analysis

Standard methods of the Cochrane Collaboration Pregnancy and Childbirth Group were used. All authors participated in evaluation of methodological quality. Data extraction was undertaken independently by one author and a research assistant. Additional information was sought from the trial authors. Results are presented using relative risk for categorical data and weighted mean difference for continuous data.

Main results

Fifteen trials involving 12,791 women are included. Primary comparison: Women who had continuous intrapartum support were less likely to have intrapartum analgesia, operative birth, or to report dissatisfaction with their childbirth experiences. Subgroup analyses: In general, continuous intrapartum support was associated with greater benefits when the provider was not a member of the hospital staff, when it began early in labour, and in settings in which epidural analgesia was not routinely available.

Authors' conclusions

All women should have support throughout labour and birth.

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