

Desirability for Companionship in Labour among Antenatal Attendees of the University of Ilorin Teaching Hospital: A cross-sectional study

Owolabi Beatrice Omolola¹, Oyewole Adewale Julius¹, Ezeoke Gwabachi Grace¹, Munir'deen A. IJAIYA¹, Owolabi James Idowu², and Arotiba Abayomi Ayorinde¹

¹University of Ilorin Teaching Hospital

²University of Ilorin

February 10, 2025

Abstract

Objective: To determine the awareness and desirability of pregnant women attending antenatal clinic of University of Ilorin Teaching Hospital (UITH), Ilorin UITH for companionship in labour **Design:** A descriptive cross-sectional study **Setting:** The study was conducted at the antenatal clinic in the department of Obstetrics and Gynaecology, University of Ilorin Teaching Hospital (UITH), Ilorin, Kwara State, Nigeria. **Population:** The study populations were pregnant women who attended Antenatal Care (ANC) services of the UITH. **Methods:** Data was collected through interviewer administered questionnaire between Jan to March 2022 and data was analyzed with SPSS IBM version 24 **Main Outcome Measure:** Awareness and desirability for companionship in labour. **Utilization of companion in labour** **Results:** Most of the respondents (57.2%) were aware of companionship in labour. Majority of the respondents (88.7%) had desire for companionship in labour though only few of them (18%) had companionship in their previous deliveries) or knew someone who had it before. All those who had companionship in their previous deliveries expressed satisfaction with it. Most of those who desired to have their delivery at facilities with provision for companionship in labour (63.7%) would prefer it even at an additional cost of care. **Conclusion:** The findings of this study showed that most of the respondents were aware of companionship in labour and majority of them desired it but its utilization is low.

Desirability for Companionship in Labour among Antenatal Attendees of the University of Ilorin Teaching Hospital: A cross-sectional study

Owolabi Beatrice Omolola^{1,2}, Oyewole Adewale Julius¹, Ezeoke Gwabachi Grace^{1,2}, Ijaiya Munir^{1,2}, Owolabi James Idowu², Arotiba Abayomi Ayorinde¹

University of Ilorin Teaching Hospital Ilorin, Kwara State Nigeria

University of Ilorin, Kwara State Nigeria

Corresponding Author: Dr Owolabi Beatrice Omolola o.omolola@yahoo.com 08035320429

Funding: This research was self-sponsored by the authors

Desirability for companionship in labour among Antenatal Attendees of the University of Ilorin Teaching Hospital: A cross sectional study

ABSTRACT

Objective : To determine the awareness and desirability of pregnant women attending antenatal clinic of University of Ilorin Teaching Hospital (UITH), Ilorin UITH for companionship in labour

Design: A descriptive cross-sectional study

Setting: The study was conducted at the antenatal clinic in the department of Obstetrics and Gynaecology, University of Ilorin Teaching Hospital (UITH), Ilorin, Kwara State, Nigeria.

Population: The study populations were pregnant women who attended Antenatal Care (ANC) services of the UITH.

Methods: Data was collected through interviewer administered questionnaire between Jan to March 2022 and data was analyzed with SPSS IBM version 24

Main Outcome Measure: Awareness and desirability for companionship in labour. Utilization of companion in labour

Results :

Most of the respondents (57.2%) were aware of companionship in labour. Majority of the respondents (88.7%) had desire for companionship in labour though only few of them (18%) had companionship in their previous deliveries) or knew someone who had it before. All those who had companionship in their previous deliveries expressed satisfaction with it.

Most of those who desired to have their delivery at facilities with provision for companionship in labour (63.7%) would prefer it even at an additional cost of care.

Conclusion : The findings of this study showed that most of the respondents were aware of companionship in labour and majority of them desired it but its utilization is low.

Keywords : companionship, labour, awareness, desirability, antenatal clinic, Ilorin.

INTRODUCTION

Labour is an intensive, energy-sapping event that mothers undergo in the course of procreation, and it is associated with emotional, psychological, and occasional mortality.^{1,2} A woman's emotional well-being in labour determines the extent of her sense of control. Sense of control in labour has been found to reduce maternal anxiety during childbirth and ultimately leads to a more positive birth experience.³⁻⁵

Companionship in labour influences positive birth outcomes and a greater degree of personal control in labour.⁶ Evidence indicates that continuous support during labour has several measurable positive impacts on key birth outcomes.⁷⁻¹⁰ Social support in labour has significantly reduced the number of cesarean sections and operative vaginal deliveries, increased the number of normal births, a reduction in the use of analgesia, and decreased labour duration.¹¹

In the past, many parturients laboured in the confines of their homes where their family members¹² supported them. Though in recent years, spouses and relatives have been allowed into the labour rooms, a vast number of women still go through labour without much-needed support.^{8,12} Companionship by a family member or a Doula can be in the form of emotional support, advice regarding coping techniques, comfort measures, promoting adequate fluid intake and advocacy.^{2,4,6}

The preferred choice of support for most women during delivery is their spouse. As such, most women have reported a positive birth experience with the presence of their spouses.^{10,13} Spousal presence during childbirth is instrumental in relieving the distress associated with uncertainty and anxiety faced by parturients when they feel physically and psychologically vulnerable.^{8,13} Women's birth experiences have widespread and long-term implications for women and their families. Poor experience may contribute significantly to perinatal mental health problems, including post-traumatic stress disorder and postnatal depression, which could influence women's decisions about future childbearing.¹¹ The prominent social supporters in developed countries are usually close relatives. Conversely, in many developing countries like South America and Africa, companionship during labour is not routine.¹²

In February 2018, the WHO published a consolidated set of recommendations on intrapartum care for a positive childbirth experience (labour care guide).¹⁴ The recommendations were that through effective labour and childbirth practices and avoidance of ineffective practices, health personnel could support women to achieve their desired physical, emotional, and psychological outcomes for themselves, their babies, and their families.¹⁵⁻¹⁸ Hence the study aimed to determine the awareness and desirability of pregnant women attending the antenatal clinic in UITH for companionship in labour.

2.0 METHODOLOGY

2.1 STUDY SETTING

The study was conducted at the antenatal clinic in the Department of Obstetrics and Gynaecology, University of Ilorin Teaching Hospital (UITH), Ilorin, Kwara State, Nigeria. The hospital is situated at Oke-Ose in the Ilorin East Local Government area of Kwara State. It belongs to Nigeria's second generation of Teaching hospitals, established by law on 2nd May 1980. UITH is a significant referral centre offering primary, secondary, and tertiary healthcare services to all parts of Kwara State and the neighbouring Osun, Oyo, Ekiti, and Kogi.

The hospital is approved for undergraduate and postgraduate medical training and is a training centre for doctors, nurses, midwives, and community health workers. UITH also offers training in Health Information Management and Plaster Techniques.

The Obstetrics and Gynaecology Department is in building 7 of the hospital (a two-story building), and the Delivery Suite is beside the Emergency Pediatrics Unit. The antenatal clinic is on the first floor beside the family planning clinic. The antenatal care clinic is open daily from Mondays to Fridays. The booking clinic is on Monday. The nurses check the pregnant woman's height, weight, and vital signs. The nurses and physiotherapists give health talks. The doctors (house officer, resident, or consultant) see the pregnant women and conduct booking investigations. Then, the women present the booking investigation results at subsequent antenatal care visits.

2.2 STUDY DESIGN

It was a descriptive cross-sectional study. The study period was between January and March 2022.

2.3 STUDY POPULATION

The study population included pregnant women who used the University of Ilorin Teaching Hospital's antenatal care (ANC) services. The antenatal register recorded the booking records of the attendees to determine the total number of attendees per year. We booked 3,300 women in 2021. On average, we recorded about 62 antenatal bookings per week.

2.4 INCLUSION CRITERIA

Pregnant women accessing antenatal care services of UITH irrespective of their gestational age.

Pregnant women who consented to participate in this study.

2.5 EXCLUSION CRITERIA

Pregnant women who have contraindications to vaginal delivery.

Mentally challenged pregnant women might alter the survey's smooth operation.

2.6 SAMPLE SIZE ESTIMATION

The sample size for the study was determined by Fischer's formula using the prevalence rate of 75% found in a study in Nigeria by Morhason-Bello *et al*.¹³

$$n = p(1-p)z^2/d^2$$

where n = sample size, z = Z-score, d = desired error margin and p = prevalence.

Using a prevalence of 75% and 95% confidence interval, $d = 0.05$, $Z = 1.96$, $p = 0.75$

Therefore, $n = 0.75(1-0.75) \times 1.96^2 / 0.05^2$

= 288.

The population size (N) is less than 10,000 (3300).

Therefore, we calculated the desired sample size (nf) was calculated as $nf = n/1+n/N$

= $288 / 1 + 288/3300 = 288/1 + 0.087 = 288/1.087$

= 265.

We added a 10% attrition rate of (27).

Thus, the total sample size will be a minimum of 292 respondents for the study.

2.7 SAMPLING TECHNIQUE

A systematic random sampling technique was used for sampling.

Eligible and consenting pregnant women who presented at the antenatal clinic and satisfied the inclusion criteria were included in the research..

We calculated the sampling interval (k) as:

$K = \text{population size (N)}/\text{desired sample size (nf)}$

The average number of pregnant women per booking clinic was 62, and there were 14 booking clinics within the proposed study period.

Therefore, the population size = $62 \times 14 = 868$.

Sampling interval (k) = $868/292 = 3$.

So, every third, sixth, and ninth consenting pregnant woman who met the inclusion criteria was enrolled until we completed the sample size.

2.8 METHOD OF DATA COLLECTION

Data collection was through an interviewer-administered questionnaire. The interviewer was the researcher and four research assistants (2 junior residents and two nurses from the antenatal clinic). The research assistants were trained to administer the questionnaires, tackle the questions that could arise during the interview, and strictly follow research ethics.

The questionnaire consists of the first part, which involves the participants' sociodemographic characteristics. In contrast, the second and third parts assess the awareness and desirability of parturients regarding companionship in labour, respectively. The research tools were pre-tested for consistency.

2.9 METHOD OF DATA ANALYSIS

The data collected was analyzed using IBM-SPSS (Statistical Package for Social Sciences) version 24.0 software. We presented the data in tables. Chi-square was used for categorical variables. The level of significance was [?] 0.05

2.10 ETHICAL CONSIDERATION

We obtained ethical approval from the Ethical Review Committee of the University of Ilorin Teaching Hospital with reference number UITH/189/19^B/289

Participation in the study was voluntary, and we obtained written informed consent from each participant at recruitment. Information and data obtained from the study were treated with confidentiality and used solely for the study.

2.11 SPONSORSHIP

The study was self-sponsored by the researchers.

2.12 CONFLICT OF INTEREST

There was no conflict of interest to be declared.

3.0 RESULTS

Majority of the respondents 148(50.7%) were between the age of 31-40 years while 134(45.9%) were between 21-30 years. The mean age was 31.8 years while the age range was 18-46 years (with standard deviation of 4.65)

Two hundred and eighty-four (97.3%) of the respondents were married, 6(2%) were single while 2 (0.7%) were widowed.

Islam was the predominant religion of the respondents 166(56.8%), 124(42.5%) of the respondents were Christians while 2 (0.7%) were traditionalists.

Majority 149(51%) were self-employed, 62 (21.2%) were professionals, 50 (17.1%) were skilled workers, 26 (8.9%) were unemployed while 5 (1.7%) were unskilled workers.

Majority 213 (72.9%) had tertiary level of education, 64(21.9%) had secondary level of education, 9 (3.1%) had primary level of education while 6 (2.1%) had no formal education.

Most of the respondents 224(76.7%) were Yoruba, while 28 (9.6%) were Hausa/Fulani, 16 (5.5%) of the respondents were Igbo and 24 (8.2%) of the respondents were from other tribes

Majority (262) of the respondents were booked, accounted for 89.7% while 30 (10.3%) of them were unbooked.

3.1 AWARENESS OF COMPANIONSHIP AMONG THE RESPONDENTS

From table I, majority of the respondents 167(57.2%) were aware of companionship in labour, 123 (42.1%) were not aware of companionship in labour. The p-value (0.00004), thus, there was significant level of awareness among the respondents.

Thirty (18%) of those who had awareness of companionship in labour experienced companionship in their previous labour and delivery whereas a large number 132(82%) did not experience companionship in their previous deliveries

3.2 ASSOCIATION BETWEEN SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS AND THEIR DESIRABILITY FOR COMPANIONSHIP IN LABOUR

Table II above showed various sociodemographic characteristics of the respondents as it relates to their desirability for companionship in labour. Age and marital status of the respondents had no significant relationship with their desire for companionship in labour as their p-values (0.747 and 0.621 respectively) were not statistically significant.

On the other hand, parity (p-value 0.008), religion (0.003), occupation (0.002), ethnicity (0.004) and level of education (0.0018) of the respondents were statistically significant and so, there was a significant relationship between these variables and the desirability for companionship in labour.

Majority 222(76%) of the antenatal attendees believed companionship is necessary in labour, 48 (16.4%) believed companionship was not necessary in labour while 22 (7.5%) of the respondents did not state whether it was necessary in labour or not.

Majority 259(88.70%) of the respondents were desirous of a companion during labour, 30 (10.3%) of the study participants had no need for a companion in labour while 3 (1.0%) did not respond whether they were desirous of it or not.

3.3 PREFERRED COMPANIONS BY THE RESPONDENTS

In figure 1, 188(64.4%) of those who desired for companionship in labour preferred their partner/husband as a companion in labour. Thirty-Three (11.3%) preferred their mother, 19 (6.5%) preferred their mother-in-law while 12 (4.1%) preferred their sibling/sister as a companion in labour.

3.4 DESIRE FOR DELIVERY AT HOSPITAL WITH PROVISION FOR COMPANIONSHIP IN LABOUR

From table III, two hundred and sixty-eight respondents (91.8%) desired to deliver their baby(ies) at a hospital where there is provision for companionship in labour while 24 (8.2%) did not want to deliver at hospital with companionship in labour

3.5 DESIRE FOR COMPANIONSHIP IN LABOUR AT AN ADDITIONAL COST

One hundred and eighty-six (63.7%) of the respondents would prefer to have a companion during labour even at an additional cost while one hundred and three would not have it at an additional cost and three of them did not respond whether they preferred it at an additional cost or not

4.0 DISCUSSION

4.1 Main findings

Some respondents 57% were aware of companionship in labour which was statistically significant. Ethnicity, occupation, level of education had a significant relationship with desirability for companionship in labour. Most respondents 88.7% were desirous of a companion in labour. Most 64% of those who desired for companionship preferred their spouses. Most of those who desired to have their delivery at facilities with provision for companionship in labour (63.7%) would prefer it even at an additional cost of care.

4.2 Interpretation

Despite being recommended by the World Health Organization as one of the components of respectful maternity care, there is a dearth of studies on companionship in labour in our setting. Therefore, this study aimed to determine the awareness of companionship and desirability of pregnant women attending the antenatal clinic in UITH for companionship during labour. Exploring the desire of pregnant women for birth companionship for their future labour and delivery is very important to make the health facility ready to accommodate those companions, and it is essential to create a positive impression on health care providers about those companions.¹⁹

Although the benefits and promotion of support during labour and delivery have been in the past, most developing nations, such as Nigeria, still practice it below expectation.¹³ Lack of companionship in labour deprives women of cost-effective care.^{2,20} That might be because of the cultural background and poor architectural design of labour rooms in this environment, which discourages companionship during labour and delivery.

This study found the awareness of companionship in labour among antenatal clinic attendees in UITH to be relatively high (57.2%). However, only 18% of those aware of it had some form of companionship in their previous childbirth. The result is similar to the case in an Ethiopia study, which showed that only 13.8% of mothers utilized companionship during labour and delivery.²¹ The result from the index study, as regards utilization of companionship during labour, is low when compared with a study done in Saudi Arabia, which found that 59% of women in labour had support during labour¹¹ and the one conducted in Denmark, where 95% of women in labour had companions.¹⁰ That could be due to socio-cultural differences and better-planned healthcare facilities to accommodate companions during labour, unlike in our environment where women labour primarily in open spaces without required privacy.

This study also found a high desire for companionship among the respondents (88.7%), similar to the finding from Abakaliki, where 92% of the respondents desired companionship in labour.²² Similarly, another

study at the University College Hospital, Ibadan, Nigeria, reported that 75% of the respondents desired companionship in labour.¹³ That showed that Nigerian women desire companionship in labour. However, its utilisation is low, and efforts must be made to prevent them from being deprived of this important supportive care as recommended by the WHO.

In this study, most women 64.4% preferred their husbands/partners as labour companions. The finding is similar to the findings from Abakaliki, which reported that 67.25% of the respondents preferred their husbands as companion in labour²². However, the finding in this study is in contrast to reported study from Russia where 68% of the women declined to have male partners present during labour.⁷ This difference may be due to individual, socio-cultural, or societal perceptions of the role of male partners.¹⁶ It could also be due to differences in family structures, relationships, and ties.

This study also found that the majority of the respondents (92%) expressed a desire to deliver their babies in a hospital with provision for companionship in labour. Most of these women would prefer to experience this, even at an additional cost. That agrees with a study conducted in Abakaliki.²²

This study also revealed that most respondents (72.9%) had a tertiary (post-secondary) level of education. Most of these women opted for companionship in labour. However, it is unsurprising that those more educated women opted for companionship in labour. Enhanced efforts should also be made to propagate the role and value of companionship to less educated people. It agrees with another study, which demonstrated that the educational level of women was an important determinant.¹³ There was a statistically significant relationship in relating educational level of the respondents to the desire for companionship in labour in this study, This is comparable to the findings by Muluaem where there was a lower desire for companionship in labour in those with secondary educational status whereas in a study done by Moharson Bello et al, women with post-secondary education were more likely to want their husbands as companion during labour.^{13,23} There was a statistically significant relationship between ethnicity and desire for companionship in labour. Moharson Bello et al showed that ethnicity influences the desire for companionship in labour with non-Yoruba women more likely to want a companion in labour¹³. Similarly in a study done at Abakaliki Nigeria, most antenatal clinic attendees who were predominantly Igbo preferred their husband as companions during labour.²² Also, in a study done by Essex, mothers of certain ethnicities particularly black or Pakistan were at higher risk of being unaccompanied during childbirth which is associated with adverse maternal and infant outcomes.²⁴ Therefore ethnicity plays a significant role in desiring for companionship in labour.

The association between parity and desire for companionship in labour was statistically significant in this study, more women carrying first and second babies were more likely to desire for companionship in labour. Similarly in a study done by Muluaem, there was an association between the number of pregnancies and desire for labour.²³ Similarly in a study done by Beyenne, more primiparous women were more likely to utilize companion in labour²¹. In contrast to the findings in this study, Moharson Bello showed that nulliparous women had greater desire for companionship in labour.¹³

4.3 Strength of the study

In this part of the world where it is believed that women should go through the labour processes in pain, there are fewer studies on desire for companionship in labour. Companionship in labour influenced positive birth outcomes and a greater degree of personal control in labour. Emphasis is on respectful maternity care, and as such, knowing the level of awareness and desirability of companionship in labour among antenatal attendees at this facility would guide policy-making regarding the proper implementation of companionship in labour as recommended by WHO.

4.4 LIMITATIONS TO THE STUDY

This study has some limitations. It is one of the few of its kind on the subject matter and an eye-opener at our facility to the wish of our women. However, it does not represent the opinion of the entire society.

Most respondents who had companions in their previous delivery(ies) did so in facilities outside the teach-

ing hospitals (place of study) because companionship in labour was uncommon at UITH. Therefore, a community-based study would be preferable.

4.5 CONCLUSION

Companionship in labour is an intense aspiration of parturients in our societies.

Most respondents know and desire it, but its utilization is low. Institutions and caregivers should make provisions to improve this low utilisation, provide information about it during antenatal care attendance, and establish clear guidelines to govern its practice. Permitting women to have a companion of choice during labour and delivery can be a cost-effective intervention to improve the quality of maternal care with a positive birth experience.

5.0 Author Contributions

Dr Owolabi BO, Oyewole J, Owolabi JI Conceptualized the study, data collection and write up

Prof Ijaiya, Ezeoke GG write up, Data analysis

Dr Arotiba Data collection, write up and analysis

6.0 Acknowledgement

The authors have nothing to report

7.0 Conflict of Interest

The authors declare no conflicts of interest

8.0 REFERENCES

1. Bennett T, Proudfit C, Roman AS. *Normal and abnormal labour and delivery* . In: Alan HD, Nathan L, Roman A, Laufer N. (eds). *Current Diagnosis and Treatment; Obstetrics and Gynecology*. 12th Ed. New York; McGraw Hill. 2019; 156-163.

2. Sapkota S, Kobayashi T, Kakehashi M, Baral G, Yoshida I. In the Nepalese Context, Can a Husband's Attendance during Childbirth Help His Wife Feel More in Control of Labour? *BMC Pregnancy and Childbirth* . 2012; 12, 49.

<https://doi.org/10.1186/1471-2393-12-49>. Assessed 25th February, 2022.

Vehvilainen-Julkunen K and Emelonye AU. Spousal Participation in Labour and Delivery in Nigeria. *Ann Med Health Sci Res* . 2014; 4: 511-515.

Diniz SG, Dominguez R, Torres J, Dias M, Schneck C, Lansky S, et al. Implementation of Presence of Companions during Hospital Admission for Childbirth: Data from the Birth I Brazil National Survey. *Cadernos de Saude Publica, Rio de Janeiro* . 2014; 30: 140-153.

Kungwimba E, Malata A, Maluwa A, Chirwa E. Experience of Women with the Support They Received from Their Birth Companions during Labour and Delivery in Malawi. *I Health* . 2013; 5: 45-52.

Alexander A, Mustafa A, Emil SA, Amekah E, Engmann C, Adanu R *et al* . Social Support during Delivery in Rural Central Ghana: A Mixed Method Study of Women's Preference for and against Inclusion of a Lay Companion in the Delivery Room. *J Biosci* . 2013; 46: 669-685.

Bakhtin Y, Lee RH. A Survey of Russian Women Regarding the Presence of a Companion during Labour. *Int J Obstet Gynaecol*. 2010; 109: 201-203.

Oboro VO, Oyeniran AO, Akinola SE, Isawumi AI. Attitudes of Nigerian Women toward the Presence of Their Husband or Partner as a Support Person during Labour. *Int J Obstet Gynaecol* . 2011; 112: 56-58.

Kabakian-Khasholian EA, Bashour H. Perceptions about Labour Companionship at Public Teaching Hospitals in Three Arab Countries. *Int J Obstet Gynaecol* . 2015; 129: 223-226.

Bruggemann OM, Parpinelli MA, Osis JD, Neto AS. Support to Woman by a Companion of Her Choice during Childbirth: A Randomized Controlled Trial. *Reprod Health* . 2007; 4(5), 98-108.

Al-Mandeel HM, Almuffeh AS, Al-Damri AT, Hajr EA, Bedaiwi NA, *et al* . Saudi Women's Acceptance and Attitudes Towards Companion Support during Labour: Should We Implement an Antenatal Awareness Program? *Ann Saudi Med* . 2013; 33: 28-33.

Hodnett ED, Gates S, Hofmeyr GF, Sakala C, Weston J. Continuous Support for Women during Childbirth. *Cochrane Database of Systematic Reviews*, 2011; No. 2, CD003766. <https://doi.org/10.1002/14651858.CD003766.pub3>. Assessed 28th February, 2022.

Morhason-Bello IO, Olayemi O, Ojengbede OA, Adedokun BO, Kuyemi OO, Orji B. Attitude and Preferences of Nigerian Antenatal Women to Social Support during Labour. *J Biosci* . 2008; 40: 553-562.

WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience. Geneva: World Health Organisation; 2018. Accessed 1st February, 2022.

Oladapo O.T, Tuncalp O, Bonet M, Lawrie TA, Portela A, Downe *Set al* . WHO model of intrapartum care for a positive childbirth experience: transforming care of women and babies for improved health and wellbeing. *BJOG* . 2018; 125(8): 918-922.

Adeniran AS, Aboyeji AP, Fawole AA, Balogun OR, Adesina KT, Adeniran PI. Male Partner's Role during Pregnancy, Labour and Delivery: Expectations of Pregnant women in Nigeria. *Int J Health Sci, Qassim University* . 2015; 9(3): 305-313.

Lindner S, McGrath J. Family-centered care and continuous labour support. NAINR(Internet). 2012(cited 2015 March 21); 12(2): 70-2. Available from: <http://www.medscape.com/viewarticle/765545>. Accessed 28th February, 2022.

Morhason-Bello IO, Adedokun BO, Ojengbede OA, Olayemi O, Oladokun A, Fabanwo AO. Assessment of the effect of psychosocial support during childbirth in Ibadan, South-west, Nigeria: A randomized controlled trial. *Aust New Zeal J Obstet Gynaecol* . 2009; 49(2): 145-50.

Assfaw HM, Abuhay M and Asratie MH. Desire for Birth Companionship Among Pregnant Women Attending Antenatal Care in Debremarkos City, Northwest Ethiopia: Magnitude and Associated Factors. *Front Glob Womens Health*. 2022; 3: 823020. doi:10.3389/fgwh.2022.823020.

The Royal College of Midwives. Evidence-Based Guidelines for Midwifery-Led Care in Labour. *Supporting Women in Labour* . 2012.

Beyene GK, Ukke GG, Alemu BW. Utilization of companionship during delivery and associated factors among women who gave birth at Arba Minch town public health facilities, Southern Ethiopia. *PLOS* . 2020; 15 (10): e0240239

Doi: 10.1371/journal.pone.0240239

Asogwa SU, Nwafor JI, Obi CN, Ibo CC, Ugoji D-PC, Ebere IC, *et al*. A Study on the Attitude and Preference of Antenatal Clinic Attendees to Companionship during Labour and Delivery in Alex Ekwueme Federal University Teaching Hospital, Abakaliki. *Adv Reprod Sci*. 2019; 7: 71-81.

<https://doi.org/10.4236/arsci.2019.74009>.

Mulualem S, Tesfanesh LD, Kiddist AA, Birhan T. Desire for labour companionship and its associated factors among pregnant women attending antenatal care at public health facilities in Debre Berhan City: A cross sectional study. *Frontiers in Global Women's health*. 2025; 5: ID:275391974.

Essex H,Pickett K. Mothers without Companionship during Childbirth:An analysis within the millennium Cohort study. Birth.2008;35(4):266-276.

Hosted file

RESULTS companionship.docx available at <https://authorea.com/users/890153/articles/1267412-desirability-for-companionship-in-labour-among-antenatal-antendees-of-the-university-of-ilorin-teaching-hospital-a-cross-sectional-study>