

Do Pregnant Women Want their Partners and Families with them at Birth?

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Abstract

Aim: This study aims to determine the person pregnant women want to be with during labor, the stage of labor at which this support is desired, how women evaluate the support provided after birth, and to identify the factors influencing these outcomes.

Method: The study included 381 pregnant women who applied to the maternity ward of Erzurum City Hospital. Data were collected through face-to-face interviews using a questionnaire form containing sociodemographic characteristics and information about the birth process and analyzed using IBM SPSS 25.

Results: 72.7% of the participants live in nuclear families, and 81.9% are unemployed. 88.6% of the pregnant women received prenatal care, and the rates of positive birth experiences were higher in this group. Spousal support during childbirth was limited (82.4% gave birth without a spouse), but family support also influenced the positive perception of the birth experience. The rate of pregnant women who wanted their partner present during childbirth was 59.3%, and the rate of those who wanted a family member present was 73.2%. The most important factor influencing the decision to have a partner (37.5%) or a family member (50.1%) present was the desire for support.

Conclusion: The study shows that prenatal care and spousal and family support have significant effects on positive birth experiences. As the level of education increases, the rate of participation in childbirth preparation classes increases. Pregnant women prefer to have their spouses or a family member present during labor and delivery.

Keywords: Family supports, midwifery, pregnancy, spouses.

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ETHICAL STATEMENT: This study was approved by Ataturk University Faculty of Medicine Clinical Research Ethics Committee (Date: 29/09/2022; Number: B.30.2.ATA.0.01.00/594) and by Erzurum City Hospital (Institutional Permission No.: E-76614443-799).

Gebeler Doğumda Eşlerini, Ailelerini Yanında İstiyor Mu?

Öz

Amaç: Bu araştırma, gebelerin doğum eylemi sırasında yanlarında bulunmasını istedikleri kişiyi belirlemeyi, bu desteğin doğumun hangi aşamasında istenildiğini, doğum sonrası sağlanan desteğin kadınlar tarafından nasıl değerlendirildiğini incelemeyi ve etkileyen faktörleri belirlemeyi amaçlamaktadır.

Yöntem: Araştırma, Erzurum Şehir Hastanesi doğumhane birimine başvuran 381 gebe kadını kapsamaktadır. Veriler, sosyodemografik özellikler ve doğum süreçleriyle ilgili bilgileri içeren bir anket formu aracılığıyla yüz yüze görüşmelerle toplanmış ve IBM SPSS 25 kullanılarak analiz edilmiştir.

Bulgular: Katılımcıların %72,7'si çekirdek ailede yaşamaktadır ve %81,9'u çalışmamaktadır. Gebelerin %88,6'sı doğum öncesi bakım almış olup, bu gruptaki olumlu doğum deneyimi oranları daha yüksektir. Doğum sırasında eş desteği sınırlı kalmış (%82,4'ü eşsiz doğum yapmıştır), ancak aile desteği doğum deneyimini olumlu algılama da etkili olmuştur. Gebelerin doğum anında eşlerini yanlarında isteme oranı %59,3, aileden birini yanlarında isteme oranı ise %73,2 olarak belirlenmiştir. Gebelerin eşlerini (%37,5) veya aileden birini (%50,1) yanında istemesinde de en önemli etkenin destek alma isteği olduğu belirlenmiştir.

Sonuç: Araştırma, doğum öncesi bakım alma ve eş ve aile desteğinin olumlu doğum deneyimi üzerinde belirgin etkileri olduğunu göstermektedir. Eğitim seviyesi arttıkça, doğuma hazırlık eğitimlerine katılma oranı artmaktadır. Gebeler doğum sürecinde ve doğum anında eşlerinin veya aileden birinin yanlarında olmasını tercih etmektedir.

Anahtar Sözcükler: Aile desteği, ebe, eş desteği, gebelik.

Introduction

The birth process is an intense and challenging experience for women, both physiologically and psychologically. Traditionally, birth has generally been viewed as a process under the responsibility and control of pregnant women. Still, this approach has led women to focus on a narrower perspective¹. Women state that they want support to have more control over the birth process². The feeling of being in control during childbirth has been defined as a subjective experience influenced by cultural norms and social practices². In this context, studies have shown that the presence of a support person during childbirth enables pregnant women to experience the birth process more healthily and positively, while also increasing their control over the birth process^{3,4}.

Support for pregnant women during childbirth is a factor that significantly affects the course of labour, and the need for support from a partner, family members, or psychological support providers stands out as an important factor in pain management, the healthy progression of labour, and a positive experience of childbirth⁵. Spousal and family support during childbirth enhances the emotional well-being of pregnant women, and it has been noted that social and cultural factors, along with the pregnant woman's expectations regarding childbirth, influence the provision of this support^{3,6-8}. The World Health Organisation (WHO) emphasises the importance of every woman in labour having a support person present and states that this practice will positively affect women's birth experiences⁹. However, this recommendation is not frequently

implemented in Turkey and many developing countries^{1,10}. One study indicated that support during childbirth is not generally a priority for health systems and is therefore not sufficiently valued as part of quality and respectful maternity care⁶.

Providing partner and family support during childbirth is hindered by differences in healthcare approaches between countries, cultural diversity, and the lack of national guidelines⁶. Although women often prefer female partner support over their spouse, the spouse's participation in childbirth has been reported to positively affect the relationship with the woman and the baby^{4,11-13}. Lack of privacy in the delivery room, uncertainties about the role of the support person, and crowded delivery rooms are among the factors limiting this support^{14,15}. Furthermore, partner and family support sometimes leads to conflicts and fails to contribute sufficiently to the process^{4,5,8}.

Birth support facilitates coping with labour pain by increasing the sense of control in pregnant women and prevents negative experiences^{10,16}. Studies have reported that partner and family support shortens the birth process, reduces the need for medical intervention, and improves the birth experience by reducing postnatal depression and anxiety^{4,17-19}. Furthermore, it has been emphasised that supportive approaches enhance well-being by reducing the risk of premature birth and low birth weight²⁰. Although women's views, preferences, and needs regarding childbirth is an indispensable element of quality, family-centred care, it has been noted that sufficient support is not provided during childbirth^{6,21}.

Sociocultural norms influence the autonomy of women and healthcare services during the birth process, shaping perceptions of support during childbirth⁴. The literature indicates that spousal or family support during childbirth varies by culture and country, and that respectful birth care positively affects maternal and newborn health. However, studies on women's expectations before, during, and after childbirth are limited^{5,6,10,15,22-24}. In this context, the research aims to determine who pregnant women want to be with them during childbirth, at which stages this support is requested, and how the support provided after childbirth is evaluated.

Material and Methods

Type of Research

This research is descriptive in nature.

Population and Sample of the Research

The research population consists of pregnant women who applied to the maternity ward of Erzurum City Hospital between January 2024 and December 2024. When determining the sample, the sampling formula was used in conditions where the population was unknown. The study included n=381 pregnant women who applied to the delivery ward using the non-probability random sampling method. Our inclusion criteria for the study included being over 18 years of age, having a single fetus, and between 32

and 40 weeks of gestation. The study did not include those who had developed any complications in the mother or baby during the prenatal or postnatal period.

Data Collection Tools

The data for the study were collected face-to-face using a questionnaire.

Personal Information Form: The form, prepared by the researcher, consisted of 31 questions about the sociodemographic characteristics of the pregnant women who applied to the maternity ward and their support systems before and after delivery^{1,25-27}.

Data Collection

Erzurum City Hospital, where the study was conducted, has Mother-Friendly Hospital status. The delivery room units where the study was conducted have TDL (Labour-Delivery-Postpartum) rooms. These rooms are single rooms, suitable for continuous companion services. The research data were collected from pregnant women through face-to-face interviews. The data collection process was conducted in two stages for each pregnant woman. The first stage was conducted during the action process, and the first 23 questions were asked of the pregnant women. The second stage was performed after delivery. The last 8 questions were asked of the postpartum women.

Ethical Statement

Ethical approval for the study was obtained from the Clinical Research Ethics Committee of Atatürk University Faculty of Medicine on 29 September 2022 (decision number B.30.2.ATA.0.01.00/594), and institutional permission was obtained from Erzurum City Hospital, where the study was conducted (number E-76614443-799). Before the researchers collected the data, the pregnant women were informed about the research, and their verbal consent was obtained; those who volunteered were included in the study. The principles of the Helsinki Declaration were adhered to at every stage of the study.

Data Analysis

The research data were evaluated using the IBM SPSS (Statistical Package for Social Sciences) 25 software package. Percentages, means, standard deviations, and chi-square tests were used to assess the data. The statistical significance level was set at $p < 0.05$ in the study.

Limitations of the Study

This study was conducted with pregnant women who applied to the maternity unit in Erzurum province, so it cannot be generalized to all pregnant women. Another limitation of the study is that data collection was conducted on days when the researchers were available.

Results

The descriptive characteristics of the pregnant women, their preferences regarding antenatal care and the delivery process, and the distribution of the pregnant women's and their families' preferences regarding the delivery process are presented in Table 1. The mean age of the pregnant women participating in the study was 29.23±6.626 years. 22.1% of the pregnant women were primary school graduates, 30.4% were middle school graduates, 26.2% were high school graduates, and 21.3% were university graduates. 81.9% of the pregnant women were not working, and 72.7% lived in a nuclear family. Regarding income, 38.1% stated that their income was less than their expenses, 53.5% stated that it was equal, and 8.4% stated that it was higher. The rate of first pregnancy was 30.4%, second pregnancy 28.1%, third pregnancy 19.7%, and fourth or more pregnancies 21.8%. The rate of planned pregnancies was 64.6%, while unplanned pregnancies account for 35.4%. 88.2% of pregnant women stated that they did not experience mental health issues, 78.2% did not read books related to childbirth, and 90.6% did not participate in any education or preparation programs. 88.6% received prenatal care. 55.1% of pregnant women attended check-ups with their partner, while 11.8% did not. Similarly, 22.8% attended check-ups with a family member, while 38.3% did not. 14.2% stated that their partner was present during previous births, while 55.4% stated that a family member was present. 54.6% wanted their partner present at all stages of the birth process, while 46.5% wanted a family member present. Of those who did not want their partner present, 24.4% cited personal reasons, while 40.4% did not wish a family member present. 79.8% did not want to give birth at home.

Table 1. Distribution of pregnant women's demographic characteristics, preferences regarding prenatal care and the birth process, and preferences of the pregnant woman and her family regarding the birth process (n=381)

Variables	$\bar{x} \pm SS$		
Age	29.23±6.626		
		Number (n)	Percent (%)
Employment Status	Employed	69	18.1
	Unemployed	312	81.9
Educational Status	Elementary school	84	22.1
	Middle school	116	30.4
	High school	100	26.2
	College and above	81	21.3
Family Type	Nuclear family	277	72.7
	Extended family	104	27.3
Perception of Income Status	Income is less than expenses	145	38.1
	Income is equal to expenses	204	53.5
	Income is more than expenses	32	8.4
Number of Pregnancies	One	116	30.4
	Two	107	28.1
	Three	75	19.7
	Four and above	83	21.8

Planned Pregnancy	Yes	246	64.6	
	No	135	35.4	
Experiencing Psychological Problems During Pregnancy	Yes	45	11.8	
	No	336	88.2	
Reading Status of Books etc. Related to Birth	Yes	83	21.8	
	No	298	78.2	
Participation in Childbirth Education or Preparation Programs	Yes	36	9.4	
	No	345	90.6	
Prenatal Care Status	Yes	330	86.6	
	No	51	13.4	
Attending Prenatal Appointments with Your Partner	Yes	210	55.1	
	Sometimes	75	19.7	
	No	45	11.8	
	If no, the reasons	Physical separation	40	10.5
		I didn't feel the need	5	1.3
Attending Prenatal Appointments with a Family Member	Yes	87	22.8	
	Sometimes	97	25.5	
	No	146	38.3	
	If no, the reasons	I went with my spouse	84	22
		I didn't feel the need	43	11.3
		They're out of town	19	5
Whether Your Partner Was Present During Your Previous Birth	Yes	54	14.2	
	No	211	55.4	
Whether a family member was present during your previous birth	Yes	222	55.4	
	No	43	14.2	
At what stage of the birth process would you like your partner to be with you?	During labor	43	11.3	
	At the moment of birth	59	15.5	
	In the postpartum period	71	18.6	
	At every stage of the birth process	208	54.6	
At what stage of the birth process would you like a family member to be present?	During labor	60	15.7	
	At the moment of birth	44	11.5	
	In the postpartum period	100	26.2	
	At every stage of the birth process	177	46.5	
Requesting Your Partner to Be Present During Childbirth	Yes	223	58.5	
	If yes, the reasons	For support	143	37.5
		To feel safe	25	6.6
		Because I'm scared	10	2.6
		So they can understand me	45	11.8
	No	158	41.5	
	If no, the reasons	I don't want him to see me like that	43	11.3
		I'd be embarrassed	50	13.1
My husband wouldn't want that		65	17.1	
Requesting a Family Member to Be Present During Childbirth	Yes	227	59.6	
	If yes, the reasons	To provide support	191	50.1
		To feel safe	7	1.8
		To feel comfortable	13	3.4

	To be helpful	16	4.2
	No	154	40.4
If no, the reasons	I don't want him to see me like that	30	7.9
	I'd be embarrassed	117	30.7
	I want my spouse	7	1.8
Your Spouse's Desire to Be Present at the Time of Birth	Yes	226	59.3
	No	155	40.7
Request for a Family Member to Be Present During Childbirth	Yes	279	73.2
	No	102	26.8
Desire to Give Birth at Home	Yes	77	20.2
	No	304	79.8

Table 2 contains information regarding the birth experience of pregnant women. 71.4% of pregnant women rated their birth experience as positive, 19.2% as negative, and 9.4% as undecided. When asked about the support needed during childbirth, 41.2% of pregnant women stated that they did not need support; 31.8% stated that they needed support from midwives, 18.6% stated that they needed support from their partner, and 8.4% stated that they needed support from a family member. 91.3% of pregnant women stated midwives provided the necessary support during childbirth. 53% of pregnant women stated that they needed psychological support during childbirth. 82.4% of pregnant women stated that their partners did not visit them at all during the birth process, and that this was due to the institution not allowing it in 78.7% of cases. 61.9% of pregnant women stated that a family member visited them four or more times during birth. When asked about their preferences for their next birth, 56.7% of pregnant women stated that they were not considering another pregnancy; 37.5% stated that they wanted to give birth in a state hospital, and 5.8% stated that they wanted to give birth in a private hospital.

Table 2. Distribution of support, experience, and future preferences of postpartum women during the birth process

Variables		Number (n)	Percent (%)
Birth Experience	Positive/Good	272	71.4
	Negative/Bad	73	19.2
	Undecided	36	9.4
The Need for Support During Childbirth	I didn't need it	157	41.2
	I needed my spouse's support	71	18.6
	I needed support from a family member	32	8.4
	I needed support from a midwife	121	31.8
The Status of Providing Necessary Support to Midwives	Yes	348	91.3
	No	33	8.7
Type of Support Needed During Childbirth	Psychological	202	53
	Psychological	91	23.9

	Other (Both)	88	23.1
Number of Visits by Spouse During Childbirth	0	314	82.4
	1	29	7.6
	2	16	4.2
	3	22	5.8
Number of Family Visits During Childbirth	0	57	15
	1	44	11.5
	2	24	6.3
	3	20	5.2
	4 and above	236	61.9
The reason why no one was with you at the time of birth	I didn't want to	32	8.4
	My spouse didn't want to	11	2.9
	The institution didn't allow it	300	78.7
	Other (My spouse is out of town)	10	2.9
Where would you like to have your next birth?	I am not considering pregnancy	216	56.7
	At a public hospital	143	37.5
	In a private hospital	22	5.8

According to the data obtained from the research, the assessment of participation and preparedness for pregnancy and childbirth according to demographic factors is presented in Table 3. As the level of education increases, the rates of reading books related to childbirth and receiving prenatal care increase ($p < 0.05$). Men who attend check-ups with their partners are more likely to want to be present during childbirth ($p < 0.05$). Younger pregnant women are more likely to have planned pregnancies and receive antenatal care ($p < 0.05$).

Table 3. Comparison of participation and preparation for pregnancy and childbirth according to certain demographic factors

	Attending a Childbirth Education or Preparation Program			X ²	p	
	Yes	No	Total			
Educational Status	Literate	0	28	28	38.083	.000
	Elementary school	0	56	56		
	Middle school	5	111	116		
	High school	10	90	100		
	University and above	21	61	81		
	Reading Status of Books and Other Resources Related to Childbirth					
Literate	0	28	28	57.731	.000	
Elementary school	3	53	56			
Middle school	14	102	116			
High school	27	73	100			

	University and above	39	42	81		
	Prenatal Care Status					
	Literate	19	9	28	16.946	.002
	Elementary school	44	12	56		
	Middle school	102	14	116		
	High school	88	12	100		
	University and above	77	4	81		
Accompanying Your Spouse to Medical Appointments	The Situation Where the Partner Wants to Be Present During the Birth					
		Wanting	Not wanting	Total	7.595	.0022
	Yes	146	82	228		
	No	37	25	62		
	Sometimes	43	48	91		
Age	Prenatal Care Status					
		Receiving	Not receiving	Total	69.691	.000
	19-29 years old	201	22	223		
	30-40 years old	115	17	132		
	41-53 years old	16	10	26		
Age	Whether the Pregnancy Was Planned or Unplanned					
		Planned	Unplanned	Total	57.249	.004
	19-29 years old	163	63	226		
	30-40 years old	79	53	132		
	41-53 years old	5	18	23		

According to the data obtained from the research, there is a significant relationship between pregnant women receiving antenatal care and a positive birth experience, and pregnant women who received antenatal care had a positive birth experience ($p < 0.05$). There is a significant relationship between whether pregnant women were visited by their family during childbirth and their birth experience, and the birth experiences of pregnant women whose family visited during childbirth were positive ($p < 0.05$).

Table 4. Birth experience according to receiving prenatal care and being visited by spouse and family during birth

Variables	Perceived Birth Experience					X ²	p
		Positive/ Good	Negative /Bad	Undecided	Total		
Status of receiving prenatal care	Yes	240	65	25	330	10.141	.006
	No	32	8	11	51		
Number of visits by family at birth	Never	37	12	8	57	20.021	.010
	Once	35	5	4	44		
	Twice	17	2	5	24		
	Three times	9	6	5	20		

	Four times or more	174	48	14	236		
Number of visits by spouse during childbirth	Never	227	62	25	315	6.199	.401
	Once	18	6	5	28		
	Twice	11	3	2	16		
	Three times	16	2	4	22		
	Four times or more	-	-	-	-		

Discussion

Accurately assessing pregnant women's perceptions, experiences, and expectations of childbirth is essential in providing support during birth⁷. The literature contains numerous studies on the people pregnant women prefer to have with them during the birth process, the types of support these people need, and the evaluation of birth experiences. In this study, it was observed that pregnant women had their partners or family members present during their previous birth experiences, and that they generally preferred to attend antenatal appointments with their partners rather than with their families. During the birth process, it was determined that most pregnant women wanted their spouse or family members to be present at every stage. These findings, in line with studies in the literature on spousal support during childbirth, show that women benefit from the presence of their spouses during childbirth as an essential source of confidence and support, strengthening their sense of control^{4,10}.

The literature emphasises that women's preferences regarding the person providing support during childbirth may vary^{6,7}. This study found that pregnant women wanted their partner or a family member to be present at every stage of the birth process. Similarly, studies conducted in Tanzania and Kigoma have indicated that women want their partners to be present during birth^{16,28}. However, there are also findings that some pregnant women do not want their partners to participate in the birth process. It was understood that some of the pregnant women who participated in our study wanted their partners to be present during childbirth to support them, to feel safe, and to feel understood by their partners. In contrast, others did not want their partners present because they felt embarrassed or were concerned that their partners would not want to be there. The main reasons for this may include their fear that their partners will lose sexual desire and/or their fear that their partners will not agree to this¹⁶.

This study showed that pregnant women most wanted their partners to be present during childbirth, while they needed more support from family members in the postnatal period. Furthermore, the partner's presence during childbirth is essential in meeting women's emotional needs^{1,10}. During the birth process, women's need for psychological support comes to the fore, and this support is usually provided by their partners⁷. The literature indicates that the support provided during childbirth varies regarding physical, psychological, informational, and social needs^{5,7}. This study concluded that pregnant

women need psychological support the most during childbirth. Psychological support is an essential factor that increases a woman's confidence in the birth process and positively affects the birth experience. Furthermore, it has been revealed that pregnant women want their emotional and psychological support needs to be met during childbirth, not just their physical needs^{1,10}.

Historically, women usually sought the support of another woman during childbirth, but with the advent of hospital births, the support of spouses and families has declined. However, in recent years, there has been an increase in women requesting their partners to be present during childbirth⁸. This change demonstrates the growing importance of social support during childbirth and that ensuring women's psychological security enables them to have more positive experiences during birth. The choice of who women want to be with them during the birth process is a strong call for the provision of women-friendly birth services.

This study found that women received support from healthcare professionals, particularly midwives, and their partners during childbirth. This is consistent with the literature, which indicates that midwifery services are an essential source of support during the birth process and play a significant role in meeting women's psychological and emotional needs²³. However, it has been stated that some pregnant women reported being deprived of support from healthcare personnel during childbirth, thus emphasising the importance of midwives and healthcare workers providing more emotional support to pregnant women during the birth process¹⁰. These findings demonstrate that women need not only medical assistance during childbirth but also psychological support and a sense of security.

This study found that women receiving antenatal care positively impacted their birth experience. It was determined that pregnant women who preferred to attend check-ups with their partners during pregnancy were likelier to have their partners present at the birth. The literature states that antenatal care positively affects women's birth experiences and that antenatal education is associated with partner support during childbirth^{29,30}. This study also found that receiving antenatal care increased women's preparedness for the birth process and their sense of confidence.

Limitations of the Study: The limitations of the study include the fact that the data was collected in a single city and a single hospital, that the study was conducted on healthy pregnant women, that it cannot be generalized, and that it was not possible to reach all pregnant women who applied to the delivery room.

Conflict of Interest Statement: The authors have no conflicts of interest to declare.

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REFERENCES

1. 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 Childbirth*. 2012;12:49. doi: 10.1186/1471-2393-12-49.
2. Larkin P, Begley CM, Devane D. Women's experiences of labour and birth: An evolutionary concept analysis. *Midwifery*. 2009;25(2):e49–e59.
3. Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. *Cochrane Database Syst Rev*. 2012;(10):CD003766.
4. Afulani P, Kusi C, Kirumbi L, Walker D. Companionship during facility-based childbirth: Results from a mixed-methods study with recently delivered women and providers in Kenya. *BMC Pregnancy Childbirth*. 2018;18:150. doi: 10.1186/s12884-018-1806-1.
5. Munkhondya BM, Munkhondya TE, Chirwa E, Wang H. Efficacy of companion-integrated childbirth preparation for childbirth fear, self-efficacy, and maternal support in primigravid women in Malawi. *BMC Pregnancy Childbirth*. 2020;20:36.
6. Wanyenze EW, Byamugisha JK, Tumwesigye NM, Muwanguzi PA, Nalwadda GK. A qualitative exploratory interview study on birth companion support actions for women during childbirth. *BMC Pregnancy Childbirth*. 2022;22(1):63.
7. Iravani M, Zarean E, Janghorbani M, Bahrami M. Women's needs and expectations during normal labor and delivery. *J Educ Health Promot*. 2015;4:6.
8. Dunne CL, Fraser J, Gardner GE. Women's perceptions of social support during labour: Development, reliability and validity of the Birth Companion Support Questionnaire. *Midwifery*. 2014;30(7):847–852. doi: 10.1016/j.midw.2013.10.010.
9. World Health Organization. *WHO recommendations on health promotion interventions for maternal and newborn health*. Geneva: World Health Organization; 2015.

10. Timur Taşhan S, Duru Y. Views on spousal support during delivery: A Turkey experience. *BMC Pregnancy Childbirth*. 2018;18:245. doi: 10.1186/s12884-018-1779-0.
11. Banda G, Kafulafula G, Nyirenda E, Tauro F, Kalilani L. Acceptability and experience of supportive companionship during childbirth in Malawi. *BJOG*. 2010;117(8):937–945.
12. Montagu D, Sudhinaraset M, Diamond-Smith N, et al. Where women go to deliver: Understanding the changing landscape of childbirth in Africa and Asia. *Health Policy Plan*. 2017;32(8):1146–1152. doi: 10.1093/heapol/czx060.
13. Bohren MA, Berger BO, Munthe-Kaas H, Tunçalp Ö. Perceptions and experiences of labour companionship: A qualitative evidence synthesis. *Cochrane Database Syst Rev*. 2019;3:CD012449. doi: 10.1002/14651858.CD012449.pub2.
14. Kabakian-Khasholian T, Portela A. Companion of choice at birth: Factors affecting implementation. *BMC Pregnancy Childbirth*. 2017;17:265.
15. Adeyemi AB, Fatusi AO, Phillips AS, Olajide FO, Awowole IO, Orisawayi AO. Factors associated with the desire for companionship during labor in a Nigerian community. *Int J Gynaecol Obstet*. 2018;141(3):360–365. doi: 10.1002/ijgo.12471.
16. Mwakyusa MO, Said A, Selemani S, et al. "If my husband was in the labor ward with me, my baby wouldn't have died": Experiences on birth companionship from a tertiary health facility, Tanzania. *PLoS One*. 2025;20(1):e0309602. doi: 10.1371/journal.pone.0309602.
17. Zamani P, Ziaie T, Lakeh NM, Leili EK. The correlation between perceived social support and childbirth experience in pregnant women. *Midwifery*. 2019;75:146–151.
18. Demir R. Kadınların doğumda sosyal destek tercihleri ve deneyimleri: Nitel bir çalışma. *Bahkesir Sağlık Bilimleri Dergisi*. 2023;12(1):201–210.
19. Dellmann T. "The best moment of my life": A literature review of fathers' experience of childbirth. *Aust Midwifery*. 2004;17(3):20–26. doi: 10.1016/S1448-8272(04)80014-2.
20. Mehran N, Hajian S, Simbar M, Alavi Majd H. Spouse's participation in perinatal care: A qualitative study. *BMC Pregnancy Childbirth*. 2020;20:373.
21. Lazoğlu M, Apay SE. Obstetride aile merkezli bakım. *Ebelik ve Sağlık Bilimleri Dergisi*. 2019;2(2):71–75.

22. Hawkins M, Misra D, Zhang L, Price M, Dailey R, Giurgescu C. Family involvement in pregnancy and psychological health among pregnant Black women. *Arch Psychiatr Nurs*. 2021;35(1):42–48. doi: 10.1016/j.apnu.2020.09.012.
23. Kashaija DK, Mselle LT, Mkoka DA. Husbands' experience and perception of supporting their wives during childbirth in Tanzania. *BMC Pregnancy Childbirth*. 2020;20:573.
24. Beyene Getahun K, 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 One*. 2020;15(10):e0240239.
25. Saeieh SE, Rahimzadeh M, Yazdkhasti M, Torkashvand S. Perceived social support and maternal competence in primipara women during pregnancy and after childbirth. *Int J Community Based Nurs Midwifery*. 2017;5(4):408.
26. Tani F, Castagna V. Maternal social support, quality of birth experience, and post-partum depression in primiparous women. *J Matern Fetal Neonatal Med*. 2017;30(6):689–692.
27. Mete S, Çiçek Ö. Doğum desteği: Yeniden önem kazanmaya başlayan bir uygulama. *Bezmialem Sci*. 2018;6:138–142. doi: 10.14235/bs.2017.1635.
28. Chaote P, Mwakatundu N, Dominico S, et al. Birth companionship in a government health system: A pilot study in Kigoma, Tanzania. *BMC Pregnancy Childbirth*. 2021;21:135.
29. Redshaw M, Henderson J. Fathers' engagement in pregnancy and childbirth: Evidence from a national survey. *BMC Pregnancy Childbirth*. 2013;13:70.
30. Lisnawati L, Sumiaty S, Fadliah U. Husband support and the activity of health officers to antenatal care (ANC) visits of pregnant women. *Urban Health*. 2019;2(1).