Objective: To review and synthesize qualitative research studies of women’s perceptions of professional labor support.

Data Sources: Journal articles dated from 1990 to 2001. Search terms included labor support, labor and delivery, childbirth, birth, and caring during labor. Qualitative studies and combined quantitative/qualitative studies with open-ended questions were included.

Study Selection: The focus of the 17 studies was laboring women’s rather than nurses’ perceptions of labor support or care during labor.

Data Extraction: Data describing methods, samples, and findings were extracted from study reports.

Data Synthesis: Similarities reported in the study findings were synthesized using a model of labor support. Synthesis of the study findings was reported using exemplary statements in the words of women who experienced labor support. Categories included expectations of labor support, physical comfort, caring and emotional support, interpersonal communication style, communication of information and instructions, advocacy, and competence of the professional.

Conclusions: There were a limited number of qualitative studies of labor support. Professional labor support was influenced by the interpersonal communication style of the caregiver. Cultural differences existed in caregiver actions considered supportive.

Method of Review

Sampling Strategy
CINAHL and Healthstar databases were searched using the keywords labor support, labor and delivery, caring (in labor and delivery), birth, and childbirth in various combinations from the time frame between 1990 and 2001. This search netted 17 qualitative studies that focused on women’s perceptions...
of labor events, labor support, or some other aspect of support during the childbearing experience, such as caring or communication.

**Description of the Studies**

Qualitative research methods included six phenomenologic studies, one grounded theory study, and one ethnographic study. However, the most predominant method, reported in nine studies, was content analysis or thematic analysis of interviews or open-ended questionnaires. Two studies (Bryant, Fraser-Davey, & Sullivan, 1993; Corbett & Callister, 2000) combined quantitative and qualitative methods but were included in this review because women's responses to the open-ended questions provided further insight into their perceptions of labor support. The 17 studies represented a combined sample of 533 women.

The selected studies described women's perceptions of labor support provided by caregivers, including nurses, midwives, and doulas, although their different roles during the birth process were not always clearly explained. Seven studies focused on women's perceptions of nurses, five studies focused on care provided by midwives, one study focused on care provided by doulas, and four studies focused on care provided by a mix of caregivers that included nurses, nurse-midwives, and lay midwives. The birth settings varied, from home births, to hospital settings, birthing rooms, and labor wards. Studies were conducted in international settings including Canada, Finland, Iceland, Mexico, Sweden, Taiwan, the United Kingdom, and the United States (see Table 1).

**Data Synthesis**

Despite differences in study designs, commonalities were identified regarding the types of nursing interactions that women perceived as supportive during childbirth. These supportive actions were analyzed by categorizing them according to the four dimensions of professional labor support: (a) physical comfort, (b) emotional support, (c) informational support, and (d) advocacy (Hodnett & Osborn, 1989). Three other categories were developed to address women's prenatal expectations of labor support, the caregiver's interpersonal communication style, and professional competence. Synthesis of findings of the 17 qualitative studies was reported within these seven categories. Selected comments made by women from various studies that seem to exemplify key points were threaded into the discussion.

**Findings**

**Expectations of Labor Support**

Women brought with them their personal expectations regarding the type of labor support that they hoped to receive from professional caregivers during the birth experience (Halldórsdóttir & Karlsdóttir, 1996b; Hanson, VandeVusse, & Harrod, 2001; Tumblin & Simkin, 2001; VandeVusse, 1999b). Women expected to have pain during labor and delivery; however, they also expected to receive culturally appropriate interventions to help them control and manage their pain. As one Finnish woman reported, “It is God’s will for women to feel pain when giving birth” (Callister, Vehvilainen-Julkunen, & Lauri, 2001, p. 30).

Pregnant women expected their nurse would support them during labor by (a) making them as comfortable as possible, (b) keeping them calm, (c) keeping their coach calm, (d) providing reassurance that everything would be all right, and (e) providing assistance with breathing and relaxation techniques (McKay & Smith, 1993; Tumblin & Simkin, 2001). They expected their nurse to keep them updated about their labor progress. They believed that they could ask questions without feeling that they were a bother to the nurse. Prior to going into labor, women expected that the nurse would “Focus on me, my needs, wants, as far as what experience I want” (Tumblin & Simkin, 2001, p. 54). Women expected to have the continuous presence of the nurse during labor and believed that the nurse would leave the bedside only to notify the physician of labor progress.

Before the onset of labor, women expected that the nurse would provide direct care activities during labor, including monitoring of (a) labor progress, (b) maternal physical status, and (c) fetal status. They also expected the nurse to perform technical nursing tasks such as starting the IV, doing vaginal examinations, and responding to emergency situations proficiently (Tumblin & Simkin, 2001). Multiparae probably based their expectations upon past experiences with childbirth, whereas primiparae could have developed preconceived ideas during childbirth classes through viewing videos, television dramatizations, or documentaries, or via attendance at the birth events of friends or relatives. Some childbirth educational materials may have set up unrealistic portrayals of the nurse’s role, thereby establishing high expectations that might not have been met by the caregiver. When the mother’s expectations are unfulfilled by the actual birth event, dissatisfaction with the birth experience might result (Tumblin & Simkin, 2001). One mother said:

On the videos that I’ve seen of labor . . . I thought that that was normal, you know, or the way you should be. They were in control, they did the great breathing, they did the walking, when it came to the actual time, they did the focusing . . . I never did any of that. . . . They’re not yelling, they’re not screaming, and they’re not writhing in agony, even though they obviously looked in pain. They’re responding appropriately to their [partners] . . . I thought that was what I was expected
<table>
<thead>
<tr>
<th>Author/Location</th>
<th>Methodology</th>
<th>Study Focus</th>
<th>Sample</th>
<th>Themes or Topics</th>
</tr>
</thead>
</table>
| Berg, Lundgren, Hermansson, & Wahlberg (1996), Sweden | Phenomenology        | The encounter with the midwife during childbirth                             | 18 postpartum women (6 primiparae, 12 multiparae)                      | To be seen as an individual
To have a trusting relationship
To be supported and guided on one's own terms |
| Bryanton, Fraser-Davey, & Sullivan (1993), Canada   | Content analysis of comments on questionnaire | Perceptions of nursing support during labor                                 | 80 women (34 primiparae, 46 multiparae)                                | Emotional support
Informational support
Tangible support |
| Callister (1993), United States                     | Content analysis of semistructured interview | Perceptions of nurse’s role during childbirth                              | 26 primiparae with uncomplicated vaginal births                         | Emotional support
Informational support
Tangible support or aid |
| Callister, Vehvilainen-Julkunen, & Lauri (2001), Finland | Phenomenology     | Perceptions of the meaning of the childbirth experience                     | 20 postpartum women                                                     | Bittersweet paradox of childbirth
Maternal self-efficacy
Childbirth as a transcendent experience |
| Campero et al. (1998), Mexico                       | Open-ended questions within structured interviews | Perceptions of hospital, labor experiences and themselves during labor, and having a companion during labor (doula) | 16 women (8 labored with doula companions, 8 had no labor companion) | Perceptions of the way they had been treated by medical staff
Perceptions about medical information and routines
The labor experience and self-perceptions during the process
Opinions about being in labor with a companion |
| Chen, Wang, & Chang (2001), Taiwan                  | Analysis of taped interviews | Perceptions and evaluations of helpful and unhelpful nurse behaviors during labor | 50 women (36 primiparae & 14 multiparae) after uncomplicated vaginal deliveries | Helpful nursing actions: Nurses as emotional support providers, comforters, information/advice providers, professional technical skill providers, and advocates
Unhelpful nursing actions: Failure to provide emotional support, comfort, correct or adequate information or advice, failure to perform technical duties
Overall appreciation of nursing behavior |
| Corbett & Callister (2000), United States           | Content analysis of written comments | Nurse behaviors that were supportive during labor                            | 88 postpartum women                                                      | Emotional support
Tangible support
Informational support |
<p>| Halldórsdóttir &amp; Karlslóttir (1996a), Iceland       | Phenomenology        | Perceptions of caring and uncaring by nurse midwives during labor           | 14 postpartum women with uncomplicated hospital births                   | Caring nurse-midwife: An indispensable companion through the journey of labor and delivery |</p>
<table>
<thead>
<tr>
<th><strong>Author/Location</strong></th>
<th><strong>Methodology</strong></th>
<th><strong>Study Focus</strong></th>
<th><strong>Sample</strong></th>
<th><strong>Themes or Topics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Halldórsdóttir &amp; Karlsdóttir (1996b), Iceland</td>
<td>Phenomenology</td>
<td>The lived experience of giving birth</td>
<td>10 postpartum women with uncomplicated births</td>
<td>Uncaring nurse-midwife: An unfortunate hindrance to a successful birth experience Effects of caring: Empowerment Effects of uncaring: Discouragement Before the journey’s commencement: the influence of circumstances, the influence of expectations Sense of self during the journey: Sense of being in a private world, perceived needs during the journey The journey itself: Travelling through labour, Travelling through delivery At the journey’s end: The first sensitive hours of motherhood, the uniqueness of birth as a life experience</td>
</tr>
<tr>
<td>Hanson, VandeVusse, &amp; Harrod (2001), United States</td>
<td>Thematic analysis</td>
<td>Analogy of birth to the theater, with rethinking of nurses’ roles within the theater of birth</td>
<td>37 women told 84 birth stories</td>
<td>Setting the stage Casting Costumes Props Set Behind the scenes Script roles Favorable nurse evaluation Participation Acceptance Information giving Encouragement Presence Competence</td>
</tr>
<tr>
<td>Mackey &amp; Stepans (1994), United States</td>
<td>Exploratory qualitative analysis of open-ended intensive interviews</td>
<td>Experiences of what nurses do during labor, what was or was not helpful, what else could have been done, what nurses should do to meet the needs of women during labor and delivery</td>
<td>61 Lamaze-prepared multiparae with uncomplicated deliveries</td>
<td></td>
</tr>
<tr>
<td>McKay &amp; Smith (1993), United States</td>
<td>Ethnography: analysis of videotapes of second stage, and interviews of mothers and their caregivers</td>
<td>Perceptions of information sharing during the second stage of labor; women’s experiences and responses to care they received</td>
<td>20 women (5 hospital, 7 Level II birth center, 3 free-standing birth center, 5 home birth)</td>
<td>Women’s perceptions Women’s fears Explaining in detail Accuracy of information Anticipation of events Caregiver directions to push Caregiver’s perceptions</td>
</tr>
<tr>
<td>Probst, Schenk, &amp; Clarain (1994), United States</td>
<td>Phenomenology</td>
<td>Birth experience with focus on thoughts and feelings about caring that was experienced</td>
<td>9 low-risk women after vaginal delivery</td>
<td>Techniques of the professional Constant presence Need to be in company Going beyond the limit Nurse’s positive manner of being</td>
</tr>
</tbody>
</table>
In addition to her personal expectations of labor, each woman approached labor with certain societal expectations concerning the types of behaviors considered “acceptable” for women to exhibit during labor. These expectations exerted an influence on the women’s self-appraisals of her labor experience (VandeVusse, 1999b).

**Physical Comfort**

Pain was a major concern during labor, and comfort measures to help the woman cope with pain were consid-
ered essential. Women perceived labor as a painful experience and were fearful of the pain as well as their ability to bear it (Campero et al., 1998). In this study from Mexico, the presence of a supportive person, such as a doula, helped laboring women feel that pain was more bearable and that they were able to do something about it, such as to use breathing and relaxation techniques. The simple supportive act of talking to the doula acted as a distraction and lessened the woman’s perceptions of labor pain (Campero et al., 1998).

Touch was an important supportive nursing action during childbirth. Touch conveyed to the woman a “message of caring, of comfort, of wanting to be with her, and to help her” (Simkin, 1995, p. 167). The nurse’s use of touch was considered to be intuitive and seemed to convey caring. Physical contact offered support, reassurance, and security to the woman. The most commonly reported types of touch during childbirth included effleurage, holding hands, back rubs, and massage. Other comfort measures included provision of ice chips, drinks, pillows, blankets, and cool washcloths. “Any little comfort thing that I needed or asked for, they did immediately . . . those little things meant so much” (Mackey & Stepans, 1994, p. 415).

Culturally appropriate nursing interventions that helped women manage pain included nonpharmacologic techniques such as breathing, partner support, walking, the use of a rocking chair, and position changes. Tactile interventions included acupressure, massage, and hydrotherapy for patients with intact membranes. One woman described the importance of comfort measures that were done for her: “They distracted my attention from labor pain by massaging my sacral area and allowing me to grasp their hands. At that moment I felt a sense of security and felt less pain” (Chen, Wang, & Chang, 2001, p. 182). However, not all women wanted to be touched when in pain. “We were alone, me and my pain. I focused only on the pain and how I could work with the pain” (Callister et al., 2001, p. 30).

Caring and Emotional Support
The demonstration of caring and provision of emotional support to laboring women were recurrent themes of the reviewed studies. Perceptions of emotional support included the caregiver being friendly, open and gentle, communicating a warm positive regard for the laboring woman, and being able to convey a sense of security and tranquility (Berg, Lundgren, Hermansson, & Wahlberg, 1996; Walker, Hall, & Thomas, 1995). “They [the nurses] are friendly and they are talking you through it so you’re not panicking . . . they calm you down . . . it makes the whole thing much easier” (Walker et al., p. 126). Some women reported that they enjoyed establishing rapport with the labor nurse. “I enjoyed the nurses helping by telling about themselves, asking about me, making me feel comfortable and getting to know me. It made me feel like a person rather than a patient” (Corbett & Callister, 2000, p. 78).

Words of praise from the nurses were considered helpful to many women. “In my opinion, the praise given to me from the nurses was truly helpful. Praise such as ‘You are doing great’ and ‘Keep going’ made a big difference to me” (Chen et al., 2001). Another woman reported, “Praising me for the work I was doing made me feel good” (Bryanton et al., 1993, p. 642).

Words of encouragement and positive affirmations promoted a sense of caring and helped protect the woman’s self-esteem. One new mother reported, “I cried out loud [because of the labor]. Sometimes I felt embarrassed, but they assured me it was OK, and that women giving birth to their first babies are just like that” (Chen et al., 2001). Another woman who reported she felt out of control and was unable to follow the nurse’s instructions during labor seemed to appreciate the nurse’s praise, “The labor nurse tells me I did wonderfully. You know, she told me I was great” (VandeVusse, 1999b, p. 181).

When the laboring woman perceived that the nurse-midwife was caring, a sense of trust was developed, which helped her feel safe and at ease. “I felt so good, I felt safe . . . I was without anxiety. I had the feeling that nothing would go wrong” (Hallðórsdóttir & Karlödottir, 1996a, p. 369). This sense of “being cared for” allowed the woman to feel free to be herself during labor. One woman described her feelings as follows: “This connection was very natural, and that was very important for me, to be able to be completely myself and not having to put up some kind of front” (p. 369).

Constant presence was another important aspect of emotional support, and women preferred not to labor alone. “She stayed the whole time” (Probst, Schenck, & Clarain, 1994, p. 256). Women who labored in a setting that restricted family members appreciated the continuous presence of a doula. “Alone, I wouldn’t have known what to do,” they reported (Campero et al., 1998, p. 401). In this same study, those women who labored alone stated they would have liked to have someone who cared about them with them during labor. Merely being present, however, did not automatically mean that the nurse was supportive.
Continuity of the caregiver during labor seemed to create a sense of emotional support. Women appreciated when their nurse stepped back at times and allowed the couple to be alone. “They weren’t pushing in and trying to control the situation with my husband and I; they let us maintain a unit that we wanted to be together” (Mackey & Stepans, 1994, p. 413). Although many women preferred to be left alone with their partner during the early stage of labor, they felt supported when they received continuity of care from a caregiver who inspired their confidence and trust. “They didn’t leave my side, they were there the whole time—talking, helping me, they were brilliant . . . the balance was perfect for me. . . . They treat you as if you’re the only person there” (Walker et al., 1995, p. 122).

Changing caregivers was a source of increased anxiety. It was difficult for the laboring woman to establish communication with someone new as labor progressed. Changing caregivers seemed to take the focus of the experience away from the laboring woman (Hanson et al., 2001). One mother explained:

I don’t know why I had so many different nurses, but I had four different nurses and a resident nurse and I was kind of like, who is coming in here next? And they came in and checked what they needed to check and left and I felt like I couldn’t ask them questions or get help from them. (pp. 24-25)

Women wanted to be seen as individuals, to establish a trusting relationship, and to be supported and guided on their own terms (Berg et al., 1996). It was important for the midwife to be intuitive about the woman’s needs and to assist the laboring woman without being asked. Women reported they needed greater support and guidance during the more intense parts of labor. As one new mother stated, “I won’t forget her [the midwife], she was brilliant, she came in and she completely took over and she was in complete control of the situation . . . there was confidence there” (Walker et al., 1995, p. 122). Some women reported negative feelings if they perceived that the caregiver exerted too much control.

Nurses who were perceived as the most caring and supportive seemed to demonstrate genuine concern and respect for the woman and her partner, go beyond the limit, and do more than expected for the patient and her family (Halldórssdóttir & Karlsdóttir, 1996a; Probst et al., 1994; Walker et al., 1995). “Always asking very politely when to leave the room and went to get them [the family] as soon as they were through: never forgot about them” (Probst et al., 1994, p. 256).

**Interpersonal Communication Style**

The personal characteristics of the nurse, nurse-midwife, or doula influenced the mother’s perceptions of the emotional support and caring that were provided. “What you do doesn’t matter as much as how you do it,” said one mother (Mackey & Stepans, 1994, p. 415). A friendly, relaxed atmosphere and the nurse’s “positive mental attitude” seemed to set the tone for the nurse-patient encounter (Halldórssdóttir & Karlsdóttir, 1996a; Tumblin & Simkin, 2001). It was important that the nurse was cheerful, positive, and trustworthy, as well as understanding and considerate. “All her conduct was very kind, she listened to you. She answered questions, for example, from my husband regarding things that he found odd” (Halldórssdóttir & Karlsdóttir, 1996a, p. 367). The manner in which the nurse communicated with the laboring woman influenced the mother’s perceptions of support. “I felt that she was so reliable and trustworthy . . . and she was always calm and you know, smiling and relaxed, and in both births I felt this was tremendously important” (p. 366). A calm manner in the nurse produced a calming effect on the woman in labor (Mackey & Stepans, 1994). “All nurses were very calm and seemed to have complete confidence in their abilities. This in turn made me feel secure knowing I was in their care” (Bryanton et al., 1993, p. 642).

It was important that the nurse share the birth experience with the woman and her partner.

When it’s your first time [to have a baby] you want the nurses to be excited for you and work with you. . . . They were happy and excited and really supportive. That’s what I had hoped for. (Callister, 1993, p. 292)

Another woman stated, “I remember so well how she shared our joy and laughed with us and admired the baby” (Halldórssdóttir & Karlsdóttir, 1996a, p. 367).

In contrast, Fowles (1998) reported that women who perceived their nurses as negative or uncaring tended to have more negative perceptions of the labor experience. Chen et al. (2001) reported that nurses who were perceived as unhelpful by women in labor failed to (a) provide emotional support, (b) promote comfort, (c) provide correct or adequate information, or (d) perform technical duties. One woman described her encounter with an unhelpful nurse:

While I was suffering, I asked her whether she could teach me measures to stop that terrible pain. Instead of a soothing response, she only gave me a casual glance and walked away. They must have gotten used to seeing labor pain. (p. 183)

**Communication of Information and Instructions**

Women valued information, explanations, advice, and individualized nursing care while in labor (VandeVusse, 1999b). Personalized information from the nurse was important during all stages of labor, especially prior to the performance of procedures (Walker et al., 1995). One woman identified the important elements of nurse-patient communication during childbirth as,
What the doctor’s instructions are, how the doctor feels you’re progressing, what the results of any physical examination are, if anything is being done before the doctor gets there, what specifically is being done and why it’s being done and how it helps you labor or whatever. (Mackey & Stepans, 1994, p. 416)

Women wanted to be informed of their progress during labor. One mother commented, “The nurse informed me of my progress and went to great lengths to answer questions and concerns” (Corbett & Callister, 2000, p. 79). Some women reported feeling frustrated during labor due to a lack of information about what was happening to them (Fowles, 1998).

The importance of a supportive labor companion and information sharing was exemplified in the study conducted in Mexico, where the usual standard of care was to give laboring women very little information about what was happening to them (Campero et al., 1998). A group of women who labored without a doula reported they were uninformed of their progress. They perceived that information was given to them in such an authoritative manner that it discouraged them from speaking or asking questions. They also reported losing track of time. One mother commented, “I didn’t know what time it was. I didn’t know if it was morning, noon or night” (p. 400). The women who labored with a doula as a labor companion reported that they felt informed of their labor progress. These women felt empowered to ask questions of the hospital staff and stated that the presence of the doula permitted them to ask questions. The doula’s explanations of what the doctors and nurses said helped the laboring women understand what was happening to them and reduced their feelings of fear and guilt. They perceived the doula as a communication bridge between themselves and the hospital.

McKay and Smith (1993) studied videotaped interactions between women and their caregivers during the second stage of labor and interviewed women about their perceptions at the time. Some women reported that they were too tired during labor to expend the effort to ask questions. Other women perceived that caregivers were busy and therefore did not always ask for the information they wanted. A major concern of the laboring women was pain and its management. They stated that communications between the nurse and laboring woman should include (a) information to address the woman’s fears about her pain experience, (b) reassurance that what she is experiencing is normal, and (c) suggestions to help her cope with her pain. In the same study, women perceived that the following types of information were helpful and supportive: (a) assistance with breathing and relaxation techniques, (b) pushing techniques (including information of the effectiveness of pushing efforts), (c) assistance with imagery, and (d) repetition. Another woman emphasized the importance of helping to coach during labor. The nurses “were understanding when I felt like I couldn’t go on and helped encourage me by reminding me how to breathe” (Corbett & Callister, 2000, p. 79).

Women reported that understandable, accurate, and detailed explanations were more supportive than vague explanations. Provision of detailed information about the course of labor, maternal and fetal status, and fetal monitoring helped orient women to the reality of the labor experience and alleviated fears (Chen et al., 2001). One mother recounted her experience with a labor nurse who provided detailed explanations:

**Personality characteristics of the nurse, nurse-midwife, or doula may influence the mother’s perceptions of labor support.**

She kept explaining every little detail—what was happening and how long things were going to be and when something was changing. She’d tell me what they were doing and she wouldn’t do anything before she’d tell me. When you’re more informed of what’s going on instead of them just doing their business and leaving you out of it, that helps a lot. (McKay & Smith, 1993, p. 144)

Women reported that they became confused if they received conflicting pushing instructions from more than one caregiver or if the advice given conflicted with their bodily sensations, such as being told to push when they did not feel the urge to push. One mother summarized the importance of communication during labor: “It’s such tiny little things [that] can affect you in such large ways . . . they can affect your labor. I mean, one positive word or touch can make, for me, a grand difference” (VandeVusse, 1999b, p. 182).

Women perceived nurses as knowledgeable when they communicated information, instructions, and advice. One woman reported, “I didn’t realize that they would know as much as they know . . . they made me feel a lot more confident and secure that they really knew what they were doing” (Callister, 1993, p. 292).

**Advocacy**

Advocacy was an important aspect of perceived labor support. One mother described the essence of advocacy: “The nurses are supportive of what you want, who you are, and how you want to do things” (Mackey & Stepans, 1994, p. 416). Women reported they wanted to have real options from which to choose, including the location of the birth and designation of their birth companions (Cal-
lister et al., 2001; Walker et al., 1995). During labor, women were very sensitive to sources of conflict and needed to be involved in decision making. Mothers appreciated when the nurse timed required interventions to accommodate the women's needs and wishes (Mackey & Stepans, 1994; VandeVusse, 1999b).

When options or choices were not given during labor, women reported that they assumed that any procedures done to them were the expected norm (Campero et al., 1998). Women who were not given choices reported that they felt unable to participate in birth events or to exert any type of influence on the events of labor. Women with doulas as birth companions reported more positive attitudes about their ability to participate in the birth, which enhanced their feelings of control and led to a greater sense of self-esteem (Campero et al., 1998). In another study, lack of control over decision making was a source of dissatisfaction with labor caregivers and led to negative emotional consequences for the mother, such as unhappiness, regret, or displeasure (Fowles, 1998).

A study of women's birth stories to identify patterns of decision making used during childbirth supported the role of the nurse as an advocate for the woman's decisions (VandeVusse, 1999a). Dissonance or disagreement between the caregiver and laboring woman or her family was a source of emotional discomfort to birthing women and decreased the woman's feelings of being supported by her caregivers. Decisions made unilaterally by either the nurse or the laboring woman led to more negative expressions of the woman's emotions such as feeling unsettled, punished, or devalued. However, when joint decision making was exercised, laboring women reported more positive emotions such as feeling appreciated, honored, and confident. One mother summed up her feelings about support for her own decision making:

I think it's quite nice to make your own decision actually ... it's your labor isn't it and it's your time rather than what the hospital says. I mean if things had gone differently and perhaps there were complications or something ... it would be nice to have someone step in and make a decision, but everything was alright so ... . (Walker et al., 1995, p. 125)

**Competence of the Professional**

The competence of the professional caregiver, defined as possessing the requisite knowledge and skills needed to coach a woman safely through the birth experience, involved the attributes of being responsible, attentive, deliberate, and communicating effectively (Halldórssdóttir & Karlsdóttir, 1996a). One woman commented about her perceptions of the midwife's competence: “She was very observant and very attentive regarding what was happening” (Halldórssdóttir & Karlsdóttir, 1996a, p. 367). When nurses were perceived as highly competent, the laboring woman was instilled with confidence.

I felt so safe in her hands. I felt she sensed so well what I needed. I felt she coached me so completely throughout the labor and delivery. ... I felt she coached my husband so well in what he could do for me, and he was really her assistant. They both helped each other and helped me through this birth. (p. 366)

Probst et al. (1994) used the term “techniques of the professional” to explain how each nurse uses a personal repertoire of techniques, the art and science of nursing, to attend to the physical needs of the woman in labor, such as for relief of pain or oxygen administration. Timing of interventions to accommodate the woman's needs and wishes was one supportive technique of the professional. One mother commented about her nurse's techniques: “She really helped me through the epidural . . . it was a big help” (p. 256).

Finn (1993) reported that the professional nurse has specialized knowledge about labor as well as prior experience in caring for women in labor. Therefore, the nurse is able to provide anticipatory guidance early in labor and help the woman cope with childbirth in a way that non-professionals or laypeople cannot. The following statement reflects one mother's perceptions of her nurses’ competence: “They seemed to know what they were doing and they carried out their procedures well. They handled themselves professionally” (Mackey & Stepans, 1994, p. 417).

Women in another study appreciated the nurse’s competence in performance of technical skills. “Most important of all, their knowledge of technological equipment in the hospital and their professional technical skills gave us the greatest reassurance” (Chen et al., 2001, p. 183).

**Conclusions: Implications for Nursing Practice**

This review of qualitative studies has provided important insights into laboring women's perceptions of the supportive actions provided by professional caregivers. Understanding the actions that birthing women have reported as important to them can guide the practice of those who provide intrapartum care. Nursing implications of the findings of this review will be further discussed. One consideration, however, is that these studies were conducted in a variety of cultural settings. These variations in cultural settings might limit the transferability of the findings because the cultural beliefs that profoundly affect childbirth were often ill-described.

Because pregnant women think about and plan their childbirth experience before the actual event, the types of supportive nursing actions that they expect during labor may be idealized or affected by previous experiences.
appropriate anticipatory guidance should be provided to help women form realistic perceptions of what will happen during childbirth. Prenatal education is one way to provide this anticipatory guidance; however, the information and materials provided in prenatal classes should present a realistic picture of the birth experience that is congruent with the philosophy of the birth setting. Explanations about the role of the labor nurse or nurse-midwife will help foster realistic expectations of the kind of support that will be available. Referral to a doula might be necessary for women who expect to need additional support during labor.

**Labor support provided by the professional caregiver is based on specialized knowledge and skills as well as previous experience of supporting women during childbirth.**

Women in labor expect that they will be supported through the promotion of their physical comfort using a blend of pharmacologic and nonpharmacologic methods. The use of touch during labor is an important means to promote physical comfort and a sense of support (Simkin, 1995). As with any type of supportive intervention, the acceptability of the intervention to the woman must first be assessed. Professionals should develop awareness of culturally acceptable ways to work with women in order to help promote comfort during labor and delivery (Callister et al., 2001). A birth plan or questionnaire covering options for comfort measures allows women to express their preferences and may promote the sense of being supported.

Women in labor expect to receive emotional support and to be cared for by a professional caregiver. Caring and emotional support are conveyed through presence, words of encouragement, and the continuity of caregiver. The personal communication style of the professional caregiver determines a caring or uncaring tone during labor (Tumblin & Simkin, 2001). A friendly, open manner helps promote a sense of caring. Nonverbal communication also can display caring, such as making eye contact and smiling at the patient. Presence at the bedside is an important way to convey support, although in tact and smiling at the patient. Presence at the bedside is also an important way to convey support, although in today's health care setting, one-to-one nursing care may not always be possible during labor. Labor nurses have to intuitively decide when their presence is needed most. If the nurse is unable to be continuously present, reassurance that he or she is readily available and checking on the woman frequently may help maintain a sense of support.

Communication of information and instructions was another important theme of labor support. Providing instruction to the woman regarding the labor process is a supportive role that belongs to the nurse (Association of Women's Health, Obstetric and Neonatal Nurses, 2000). Explanations of the expected sequence of events should be provided upon admission and before the performance of procedures. These explanations convey support and also help decrease maternal anxiety. Women should be continuously informed of the progress they are making during labor, including the results of vaginal examinations and the status of the fetus as determined by fetal monitoring. Explanations of the physiologic basis for sensations that the woman may be feeling during labor, such as back pain, may also help promote her perceptions of the normalcy of the birth process. Information should be offered freely rather than only at the request of the laboring woman because she may not be sure what questions to ask, may be too fatigued to ask questions, or may feel that she is bothering the caregiver by asking questions. Provision of information about breathing and relaxation techniques and actually coaching the woman during labor contractions are other ways to provide support.

Most women want to be included in the decision-making process during childbirth. The professional caregiver plays an important role as an advocate to help the woman achieve her goals and desires for the birth event. Determining and supporting the woman's birth plan promotes support through advocacy (Callister et al., 2001; Tumblin & Simkin, 2001; Walker et al., 1995). Another benefit of a birth plan is that it may eliminate the need to ask the laboring woman to make decisions while she is concentrating on the labor process. Caregivers need to assess how much the woman wants to be involved in decision making, as some women prefer to delegate decision making to others during labor. Women without birth plans should be advised of the types of decisions that they might be involved in during birth, and their preferences should be communicated to other caregivers. Laying the groundwork for decision-making expectations early during labor may help avoid later situations that could lead to the woman feeling unsupported.

A nurse experienced in the care of women in labor can be a reassuring presence to both the mother and the father (Klaus, Kennell, & Klaus, 1993). Competence is probably a unique component of professional labor support that needs further exploration. The laboring woman expects that the professional caregiver will have the necessary knowledge and experience to help her navigate safely through her labor and delivery (Halldórsdóttir & Karlsdóttir, 1996a; Probst et al., 1994; Tumblin & Simkin, 2001). Significant others are not expected to have this specialized knowledge. Women's perceptions of the
nurse’s competence may actually reflect their impressions of how well the nurse communicated, performed technical skills, or responded to emergency situations (Tumblin & Simkin, 2001). Care providers need to establish a professional relationship with the woman and her family to promote perceptions of competence. Projection of a confident, self-assured image during initial contacts with the woman and her family will help reassure them that she is in good hands. The professional nurse should perform necessary technical skills proficiently. In addition, the nurse should utilize effective interpersonal communication skills with the woman, her family, and other care providers.

No matter what the birth setting, the presence of a supportive companion or caregiver during childbirth can make it easier for women to deal with the stresses of labor. Qualitative research promotes greater depth and understanding of what women perceive as supportive during childbirth. This analysis and synthesis of 17 qualitative studies reinforces the importance of the professional caregiver as a provider of labor support. Promotion of physical comfort, emotional support, informational support, and advocacy, as well as a positive caregiver communication style and professional competence are expressions of labor support. Further qualitative studies are needed to enrich our understanding of the uniquely supportive role of the professional caregiver during childbirth.

REFERENCES


Beverly B. Bowers is an assistant professor/coordinator, The University of Oklahoma, College of Nursing, Oklahoma City.

Address for correspondence: Beverly Bowers, PhD, RN, CNS, The University of Oklahoma, College of Nursing, 1100 N. Stonewall Avenue, Oklahoma City, OK 73117-1200. E-mail: Beverly-Bowers@ouhsc.edu.