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Comparative Analysis of Outcomes of Partner-Assisted Childbirth and Traditional Childbirth

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Abstract Partner-assisted childbirth is increasingly regarded as an important component of person-centered maternity care; however, its measurable advantages over childbirth without continuous partner presence remain heterogeneous and context-dependent. This review synthesizes evidence published between 2010 and 2025 from WHO materials, systematic reviews, observational studies, and qualitative research in order to compare maternal, obstetric, neonatal, and postnatal outcomes of partner-assisted versus traditional childbirth. The strongest and most consistent evidence favors improved maternal satisfaction, reduced anxiety and fear, greater perceived emotional support, and a more positive overall birth experience when continuous partner or companion support is present. Evidence for shorter labor, lower rates of cesarean or instrumental delivery, reduced use of oxytocin augmentation, and lower analgesia requirements is generally favorable, but remains inconsistent across settings and appears to be modified by institutional policy, regional differences, and the type and preparedness of the companion. Neonatal benefits appear more modest: some studies report better early Apgar scores and higher rates of breastfeeding initiation, whereas differences in NICU admission and other hard neonatal outcomes are often absent. Postpartum mental-health findings are promising but still limited; partner support during childbirth may reduce depressive, anxiety, and childbirth-related traumatic symptoms, although women with prior psychological vulnerability often require more than partner presence alone. Overall, partner-assisted childbirth appears to provide its clearest benefit in subjective, psychological, and relational domains, while objective obstetric effects are smaller, less uniform, and strongly dependent on implementation context.

Keywords Childbirth, Labor companion, Partner support, Birth outcomes, Maternal satisfaction, Postpartum mental health

1. Introduction

Childbirth is not only a physiological process but also a major psychological, social, and relational event. Over the past decade, maternity care has increasingly shifted from a purely biomedical model toward person-centered care, in which the woman's emotional safety, autonomy, and birth experience are recognized as important clinical outcomes alongside traditional obstetric indicators [1]. Within this framework, the presence of a birth companion—particularly a spouse or intimate partner—has attracted growing attention as a potentially low-cost intervention capable of improving both subjective and measurable outcomes during labor and birth [1,2].

At the same time, the role of partner-assisted childbirth remains more complex than it is often presented. In some settings, partner presence is associated with greater maternal confidence, lower anxiety, better coping with labor pain, and higher satisfaction with the birth experience; in others, its effects on labor duration, obstetric interventions, or neonatal outcomes are smaller, inconsistent, or strongly dependent on institutional context [2–4]. Differences in hospital policy, privacy conditions, cultural expectations, staff attitudes, and the partner's own preparedness may substantially modify the actual benefit of such support [1,4]. Thus, partner-assisted childbirth should not be viewed as a universally effective model, but rather as an intervention whose value depends on how, where, and for whom it is implemented.

In this review, traditional childbirth refers to labor and birth without continuous partner presence, whereas partner-assisted childbirth denotes labor and/or birth with the continuous presence of a spouse or intimate partner chosen by the woman [1]. The aim of this comparative analysis is not to advocate one model uncritically, but to examine where partner-assisted childbirth demonstrates clear advantages, where no meaningful difference is observed, and where current evidence remains limited or conflicting [1,2,4].

Aim and objectives of the study

The aim of this review was to comparatively analyze maternal, obstetric, neonatal, psychological, and organizational

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outcomes of partner-assisted childbirth versus traditional childbirth, and to identify domains in which current evidence demonstrates clear benefit, no meaningful difference, inconsistency, or remaining uncertainty [1,2,4].

2. Materials and Methods

The review was conducted according to the PICO framework (Population—Exposure—Comparison—Outcomes). The population included women undergoing labor and childbirth in hospital or maternity-care settings. The exposure of interest was partner-assisted childbirth, defined as continuous support during labor and/or birth provided by a spouse, intimate partner, or other chosen companion, whereas the comparison condition was traditional childbirth without continuous partner presence or support [1,2]. The analyzed outcomes included maternal psychological well-being, labor pain perception, anxiety and stress, duration of labor, mode of delivery, need for labor augmentation, use of analgesia or anesthesia, obstetric interventions, maternal satisfaction, postpartum mental-health indicators, neonatal condition, Apgar scores, NICU admission, breastfeeding initiation, and organizational or cultural factors influencing implementation [1–5,7].

The literature search was performed using recent peer-reviewed publications and international institutional materials published from 2010 to 2025, with priority given to systematic reviews and meta-analyses, followed by comparative observational and qualitative studies [1–5]. The synthesis incorporated quantitative indicators reported in the original studies, including odds ratios, relative risks, mean differences, effect sizes, and adjusted associations where available, together with qualitative findings relevant to women's experiences, partner involvement, and institutional barriers [2–5,7].

3. Results and Discussion

Compared with traditional childbirth, partner-assisted childbirth appears to offer its most consistent advantages in maternal experience, emotional reassurance, and overall satisfaction with labour and birth. International evidence indicates that continuous labour support contributes to a more positive childbirth experience, better perceived quality of care, greater maternal confidence during labour, and a stronger sense of involvement in the birth process. The World Health Organization considers the presence of a companion of choice throughout labour and childbirth to be an important component of respectful, woman-centred intrapartum care. In the context of Uzbekistan, the regional publications included in this review likewise suggest that the implementation of partner-assisted childbirth is feasible, socially meaningful, and relevant not only to maternal comfort, but also to family participation and the gradual adaptation of maternity services to family-oriented care [1,2,9–12].

The available evidence also suggests favourable obstetric effects associated with continuous support during labour. In the Cochrane systematic review, women who received continuous labour support were more likely to have a spontaneous vaginal birth (RR 1.08; 95% CI 1.04–1.12), less likely to undergo cesarean section (RR 0.78; 95% CI 0.67–0.91), less likely to require assisted vaginal birth (RR 0.90; 95% CI 0.85–0.96), and less likely to report a negative childbirth experience (RR 0.69; 95% CI 0.59–0.79). Continuous support was also associated with a shorter duration of labour (MD -0.58 hours; 95% CI -0.85 to -0.31), lower use of intrapartum analgesia overall (RR 0.90; 95% CI 0.84–0.96), lower use of regional analgesia (RR 0.93; 95% CI 0.88–0.99), and a lower likelihood of a low 5-minute Apgar score (RR 0.69; 95% CI 0.50–0.95) [1]. Importantly, no adverse effects of continuous labour support were identified in that review, which further supports its clinical relevance as a safe and accessible component of intrapartum care [1].

More recent evidence remains consistent with this overall pattern. A 2024 meta-analysis of randomized controlled trials demonstrated significant positive effects of continuous labour support across multiple maternal and neonatal outcomes and further reinforced the role of labour companionship in improving the quality of childbirth care [3]. Taken together, these findings indicate that the benefits of support during labour are not limited to emotional comfort alone, but extend to measurable improvements in labour progress, mode of delivery, selected neonatal indicators, and the woman's overall appraisal of childbirth. In practical terms, this means that supportive companionship may influence not only how women remember childbirth, but also how safely, confidently, and physiologically the process unfolds. This is particularly relevant in contemporary obstetrics, where the quality of care is assessed not only by the prevention of severe complications, but also by maternal well-being, dignity, participation in decision-making, and the psychological safety of the childbirth environment [1–3].

At the same time, it is important to distinguish between the broader evidence base on continuous labour support and the more specific model of partner-assisted childbirth. The strongest evidence relates to labour companionship and continuous support in general, whereas partner-assisted childbirth may be viewed as one practical and socially relevant form of such support within family-oriented maternity care. In this sense, the available literature allows partner participation to be interpreted not merely as an emotional addition to childbirth, but as a potentially meaningful element of supportive care that may contribute to better maternal experience and, in some settings, to more favourable obstetric outcomes [1–3].

Overall, partner-assisted childbirth may be regarded as a clinically meaningful and organizationally relevant component of high-quality maternity care. Its most consistent and reproducible effects relate to maternal satisfaction, emotional support, and childbirth experience, while the broader evidence on continuous labour support also indicates favourable effects on selected obstetric and neonatal outcomes, including higher rates of spontaneous vaginal birth, lower cesarean section

rates, shorter labour, lower analgesic use, and reduced need for assisted vaginal birth [1–3]. Regional publications from Uzbekistan further support the practical value of this model and indicate that its successful expansion depends on organizational readiness, adequate preparation of partners, respect for women's preferences, and the broader development of family-oriented maternity services [9–12]. Thus, partner-assisted childbirth may be viewed not merely as an optional supportive practice, but as one of the accessible and evidence -informed approaches to improving both the humanization and the effectiveness of contemporary obstetric care.

4. Conclusions

Compared with traditional childbirth, partner-assisted childbirth is most consistently associated with improved maternal experiential and psychological outcomes, particularly higher overall satisfaction with childbirth, better perceived support, and a more positive birth experience [1,2,4,6]. Available evidence also suggests lower anxiety and distress, although the most robust and consistently demonstrated benefit concerns the subjective quality of the childbirth experience rather than uniform improvement across all clinical endpoints.

Evidence for obstetric benefit is favorable but less uniform. Partner-assisted childbirth may reduce the need for labor augmentation, analgesic use, and some interventions, and in certain settings may be associated with shorter labor and more favorable delivery outcomes; however, these effects are inconsistent across studies and appear to be strongly modified by institutional policy, regional context, and the type and preparedness of the companion [1–3]. Therefore, current evidence supports benefit, but not universal superiority, for objective intrapartum outcomes.

Neonatal and postnatal advantages appear more modest but remain clinically relevant. Early breastfeeding initiation and selected short-term neonatal indicators may improve with continuous partner support, whereas differences in NICU admission are often absent [2,3]. In addition, greater partner support during childbirth has been associated with lower postpartum depressive, anxiety, and childbirth-related traumatic symptoms, although this protective effect is weaker in women with a prior history of mental health problems [5]. Overall, partner-assisted childbirth should be regarded as a low-cost, woman-centered component of quality intrapartum care whose effectiveness depends on informed maternal choice, privacy protection, organizational readiness, and respectful implementation [1,4,5,7].

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