

# Level of Support during Labor and Delivery by Health Care Professionals at Sulu Provincial Hospital

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**Abstract:** *The study was conducted to determine the level of support during labor and delivery by healthcare professionals. A descriptive-correlational survey methodology was used in this study's quantitative research approach to answer the issues it posed. The information's primary source was used. The study included 15 healthcare professionals and 40 post-partum mothers who delivered through normal spontaneous vaginal delivery, admitted between the periods of October 20 to November 16 at the delivery room of the Sulu Provincial Hospital-Integrated Provincial Health Office. A total of 55 respondents participated and convenience non-probability sampling was employed to obtain the number of participants. The gathered numerical data were analyzed quantitatively through frequency counts and percentages, weighted mean, independent sample t-test, and multiple regressions. In this study, healthcare professionals employed in the delivery room of SPH-IPHO are young and middle age adults, educationally well trained in nursing care skills having graduated from private schools, with enough work experience in nursing services from 10 years and above, and the majority of their working status are contractual. Findings show that healthcare professionals perceived themselves as highly supportive and exerting their efforts to support the mothers all through the four stages of labor in terms of physical, emotional, and informational support. On the other hand, the mothers who have been assisted by the health care professionals were also given questionnaires to gather their perceptions on the level of support given to them, and the results reveal that they are highly supportive in all categories: physical, emotional, and informational. The level of physical support extended to mothers as self-assessed by the health care professionals did not differ significantly from their perception of the assistance that they acknowledged throughout labor and delivery. The results of this study may be an eye-opener or/ a tool for evaluating the performance of the workforce in the delivery room and may lead to the improvement of labor and delivery nursing care to encourage harmless, actual, and substantial evidence-based childbearing care at SPH-IPHO.*

**Keywords:** Level of Support, Labor, Delivery, Health Care, Health Care Professionals, Sulu Provincial Hospital

## 1. Introduction

Giving birth embodies a major transition in a woman's existence- not only is she becoming a mother, but she will also be growing and learning throughout the process. The memories and experiences of labor and birth stay with women throughout their lives. The support and care they received during this time is critical. The overall aim of caring for women during labor and birth is to engender a positive experience for the woman and her family, while maintaining their health, preventing complications, and responding to emergencies (Phillips 2003). Along with that, a recent United Nations world health report says that more than half a million women will die during pregnancy and childbirth (MNCHN EINC Advocacy Partner Handbook, 2011). In the Philippines, 3.4 million pregnancies occur every year, half are unintended, 1/3 of which end in abortions. The Philippines is among 68 countries that contribute to 97% of maternal, neonatal, and child health death worldwide. The Millennium Development Goals Report of 2014 reveals that 300,000 women died globally in 2013 from causes related to pregnancy and childbirth. The proportion of deliveries in developing regions attended by skilled health personnel rose from 5 to 68 percent between 1990 and 2012. In 2012, 40 million births in developing regions were not attended by skilled health personnel, and over 32 million of those births occurred in rural areas. Fifty-two percent of pregnant women had four or more antenatal care visits during pregnancy in 2012, an increase of 37 percent from

1990. Sulu has the highest maternal mortality rate (MMR) in the ARMM, 170 per 100,000 live births in 2007, while the ARMM makes the largest contribution to the national MMR, 90 per 100,000 live births; these indexes are identifying the gaps in meeting the Millennium Development Goals in reducing MMR. Inaccessibility and lack of personnel are the main factors that contribute to Mindanao having one of the highest MMRs in the country. The purpose of this research was to determine the level of support during labor and delivery by healthcare professionals at SPH-IPHO. The care women received during this time often determines whether they survive the birthing process or not. Postpartum infections will essentially be less common with proper treatment, and many illnesses and deaths from difficult labor and delivery would also be avoided. A lot will change with proper nursing care. Healthy women are less likely to give birth optimally, safely, and healthily if the healthcare provider and the setting don't deliver care that is based on the latest research. Women require care in an environment where they can feel emotionally secure, protected, and in their own space. Every woman should be mindful that the key to guaranteeing a healthy, safe birth is to select a healthcare practitioner and birth location that provides evidence-based maternity care and doesn't interfere with the normal, physiological process of birth unless there are compelling medical explanations to do so. The desire to emphasize the promotion of harmless, actual, and sustaining evidenced-based maternity care at SPH-IPHO and the need to stress that childbirth care should be

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woman-centered, holistic, and respectful of the woman's circumstances motivated the researcher to conduct this study.

## 2. Materials and Methods

This research study utilized a quantitative research method. A descriptive-correlational survey design was used to address the questions posed in this study. Dr. Lydia M. Venzon (2004) described this design in her book as one that interprets what is and reveals conditions and relationships that exist or do not exist, practices that prevail or do not prevail, procedures that are continuing or otherwise, effects that are being felt or trends that are developing. This method involved classification and enumeration of collected data, which are gathered using questionnaires. This research hoped to provide accurate information on the level of physical, emotional, and informational support during labor and delivery that healthcare professionals provide to laboring women at Sulu Provincial Hospital.

The sources of data were primary. The study included all delivery room workforces; 8 contractual and 7 permanent with a total of 15 health care professionals composed of 11 midwives and 4 nurses, and 40 post-partum mothers who delivered through normal spontaneous vaginal delivery admitted between the periods of October 20 to November 16 at SPH-IPHO. It is located at Barangay Asturias Jolo, Sulu. It is a 100-bed capacity hospital with 179 actual bed admission and has two special areas; the operating room and the delivery room. The delivery room is located on the second floor of the hospital building, between the labor room and the newborn screening room. It is divided into three (3) areas. The first room is the receiving area where records are kept and transactions are made. The adjacent room has three (3) delivery beds and the next room has three (3) other beds intended for receiving newborn babies.

This research utilized a self-constructed survey questionnaire to measure the variables under study. The contents of the questionnaire were based on literature reviews and were validated and examined by 3 experts in the field concerning the study. The survey questionnaire was rated according to its relevance to the research objective by using the following scale: 3- Highly Relevant (to be included); 2-Relevant (to be revised); 1-Not Relevant (to be removed). The survey questionnaires included the following items: the 1st part has the socio-demographic profile of health care professionals assigned at the delivery room of Sulu Provincial Hospital (SPH). This included more importantly the name, age, civil status, school where graduated, employment status, number of trainings attended, and length of service of the participants. The 2nd part was the level of support during labor and delivery in terms of physical, emotional, and informational support as perceived by healthcare professionals in the delivery room of Sulu Provincial Hospital. The 3rd part pertains to the level of support during labor and delivery in terms of physical, emotional, and informational support as perceived by the mothers. A 5-point Likert Scale was utilized to obtain the responses in

Part II and Part III of the survey questionnaire. Respondents were requested to honestly check the box by giving a score of one (1) to five (5). 1 as strongly disagree; 2 as disagree; 3 as agree; 4 as moderately agree; and 5 as strongly agree.

Convenience, non-probability sampling was employed in this study. The researcher only included the most convenient and most readily available healthcare professionals at the delivery room and the mothers as well. There were 11 midwives, 5 of them are permanent and 6 are contractual. There are 4 nurses employed, 3 of them with contractual status and only 1 is permanent. The health care professionals have their respective duty dates depending on the schedule arrangements with their head nurse, and each of them has their schedule. Shifting for the staff is a cycle of 15 days with 4 days off after which they are rotated or assigned to either AM, PM, or Night shifts respectively. The morning shift starts from 8 am to 4 pm, the afternoon starts from 4 pm to 12 midnight, and the night shift starts from 12 pm to 8 am the following day. Each shift has 3 to 4 healthcare professionals on duty including the permanent and contractual midwives and nurses. Mothers who were admitted from October 20 to November 16, 2014, delivered through normal spontaneous vaginal delivery were included as the respondents of this study.

## 3. Results and Discussion

### Socio-Demographic Profile of Health Care Professionals in the Delivery Room of Sulu Provincial Hospital

Socio-demographic profiles of health care professionals include age, civil status, school where graduated, employment status, number of training attended, and length of service.

Table 1 shows that the selected respondents in this study totaled fifteen (15). Composed of five (5) or thirty-three (33) percent with age below forty (40) years old, while sixty-seven (67) percent or ten (10) persons, were (41) forty-one years old and above. Nine (9) or sixty (60) percent are married and six (6) respondents equal to forty (40) percent are still single. In terms of school last attended, thirteen (13) or eighty-seven (87) percent of the participants studied and graduated their Bachelor of Science in Nursing and Graduate in Midwifery from the Notre Dame of Jolo College (NDJC), and the remaining two (2) equal to thirteen (13) percent graduated from other schools. In terms of employment status seven (7) or forty-seven (47) percent of the respondents are with permanent status and eight (8) of fifty-three (53) percent are still contractual. In terms of training attended, eight (8) or forty (40) percent of the respondent attended three to six times and nine (9) or sixty (60) percent of the respondents have gone for training seven times and above. In terms of length of service, six (6) or forty (40) percent of the respondents have been employed with the Sulu Provincial Hospital for five to ten years, and nine (9) or 60 percent rendered service for more than ten years.

The data from Table 1 shows that the vast majority of research participants are in the forty-one (41) to and above age range, married, graduated from the NDJC, contractual in employment status, and attended training seven (7) times and above and has been working in the Sulu Provincial Hospital for ten years and above. The data

suggest that the professional nurses in the delivery room of Sulu Provincial Hospital are young to middle age adults, educationally well equipped with enough work experience in nursing services, and with appropriate training experience.

**Table 1:** Profile of Healthcare Professionals

Age	Frequency	Percent
below 40 years old	5	33.3
41 years above	10	66.7
<b>Total</b>	<b>15</b>	<b>100.0</b>
<b>Civil Status</b>		
Married	9	60.0
Single	6	40.0
<b>Total</b>	<b>15</b>	<b>100.0</b>
<b>School Last Attended</b>		
NDJC	13	86.7
Other schools	2	13.3
<b>Total</b>	<b>15</b>	<b>100.0</b>
<b>Employment Status</b>		
PERMANENT	7	46.7
CONTRACTUAL	8	53.3
<b>Total</b>	<b>15</b>	<b>100.0</b>
<b>Number of Training Attended</b>		
3 to 6	6	40.0
7 and above	9	60.0
<b>Total</b>	<b>15</b>	<b>100.0</b>
<b>Length of Service</b>		
5 to 10	6	40.0
Above 10	9	60.0
<b>Total</b>	<b>15</b>	<b>100.0</b>

### Level of Support during Labor & Delivery as Perceived by the Health Care Professionals in the Delivery Room of Sulu Provincial Hospital

The summary of the perceptions of the health care professionals on physical, emotional, and informational support during delivery is given in Table 2. The mean and standard deviation of the responses on physical support (M=4.31, SD=.381), Support for information (M=4.45, SD1.28), and emotional well-being (M=4.42, SD.769) are all within the rating scale interval of 3.50-4.49 given the verbal description of highly supportive.

The data indicate that healthcare professionals are providing the necessary support to mothers in the process of delivery. Physical support is making the mother the deliverer comfortable in all physical aspects. Emotional support is motivating the mother while delivery while

informational support is giving the mother proper information on matters of delivery.

The findings of this study may be linked to these statements quoted as: "Continuous labor support increased the chance of spontaneous vaginal birth had no harm, and women were more satisfied. Historically women have been attended to and supported by other women during labor and birth. However, in many countries, more women are giving birth in the hospital rather than the norm. This may contribute to the dehumanization of women's childbirth experiences. Modern obstetric care frequently subjects women to institutional routines, which may have adverse effects on the progress of labor. Supportive care during labor may involve emotional support, comfort measures, information, and advocacy. These may enhance physiologic labor processes as well as women's feelings of control and competence, and thus reduce the need for obstetric intervention".

**Table 2:** Level of Support during Labor and Delivery as Perceived by the Health Care Professionals

	Mean	Std. Deviation	Verbal Description
Physical Support Score	4.3133	.38148	Highly Supportive
Emotional Support Score	4.4200	.76923	Highly Supportive
Informational Support Score	4.4533	1.28167	Highly Supportive

**Level of Support during Labor & Delivery as Perceived by the Mothers**

On the other hand, the mothers who have been supported by the health care professionals were also given questionnaires to survey their perceptions on the support of the health care professionals during delivery. Table 3 provides the survey results, which demonstrate the mean and standard deviation of replies on physical support (M=4.10, SD=.500), emotional support (M=4.20, SD=.489), and informational support (M=3.95, SD=.586) are all within the rating scale intervals of 3.50-4.49 given the verbal description of highly supportive.

The data indicate that mothers have the perception that healthcare professional as highly supportive while they were in the process of labor and delivery in three aspects such as physical, emotional, and informational aspect. The data suggest that the health care professionals are giving their support to the mothers in the delivery room throughout the labor and delivery process.

Bowers (2002) analyzed and consolidated results from qualitative research on women's views of qualified labor sustenance to examine mothers' experiences of labor support. According to the findings, women anticipated experiencing pain during labor and delivery as well as

receiving culturally appropriate interventions to assist them to manage and control their discomfort. Pregnant women anticipated that nurses would support them during labor by providing comfort measures to help with pain relief, keeping them as calm as conceivable, charging them and their instructors guaranteed them that the whole thing was tranquil will be okay, and helping by means of breathing and calming methods. They also anticipated a nurse's constant attendance during childbirth. Effective birthing care encourages physiological birth, which has numerous compensations for the woman, her baby, and her family. This requires an amount of comparable mechanisms, plus advocacy, information and supervision facility, reassurance of the woman to grow coping mechanisms, and comfort measures. Effective labor support may help the fetus move through the pelvic and soft tissues and lessen the stress reaction. (Payant et al., 2008)

Effective support during childbirth is a vital aspect of intrapartum care. Healthcare professionals need to understand the benefits of continuous support to women in childbirth and how it can enhance normal childbirth physiology. More importantly, healthcare professionals need to identify women in their care who do not have access to a supportive birth companion and work with them to facilitate their needs (Payant et al., 2008).

**Table 3:** Level of Support as Perceived by the Mothers

	Mean	Std. Deviation	Verbal Description
Physical Support Score	4.1025	.50051	Highly Supportive
Emotional Support Score	4.2050	.48987	Highly Supportive
Information Support Score	3.9550	.58571	Highly Supportive

**Difference between the Level of Support as Perceived by Health Care Professionals in the Delivery Room of Sulu Provincial Hospital and the Level of Support as Perceived by the Mothers.**

Provisional analysis was done to determine whether or not the data sets are parametric. To do this, the Kolmogorov-Smirnov test was used and the results are shown below.

Since the  $p < .05$  for all data sets except for the ISS score for mothers, the data sets except the ISScore were different from normal therefore, the appropriate comparison test to use was the Wilcoxon rank-sum test.

**Table 4:** Test of Normality of Level of Support

	Group	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
		Statistic	Df	Sig.	Statistic	Df	Sig.
PSScore	health care professional	.190	15	.151	.872	15	.036
	Mother	.174	40	.004	.914	40	.005
ESScore	health care professional	.259	15	.008	.778	15	.002
	Mother	.140	40	.047	.921	40	.008
ISScore	health care professional	.350	15	.000	.480	15	.000
	Mother	.081	40	.200*	.964	40	.225

The analysis of the difference between the level of support of health care professionals and mothers using the Mann-Whitney and Wilcoxon test is shown in Table 5. For the physical support, Wilcoxon's statistics  $W = 1.052$  with a  $p > .05$ , indicates that there is no significant difference between the health care professionals and the mothers.

Findings show that the level of physical support extended to mothers as self-assessed by the health care professionals did not differ significantly from the mother's perception of the level of physical support that they received during labor and delivery. Physical comfort is achieved through practices including therapeutic touch, massage, and promoting liquid consumption and production. (Payant et al., 2008). Interventions that promote ease throughout labor might enable the laboring

woman to vigorously participate in her labor, giving her self-assurance and forte. (Schuiling & Sampelle, 1999).

However, the health care professionals reported significantly higher levels of emotional support  $W = 1.016$ , with a  $p = .05$ , and informational support  $W = 926.5$ , with a  $p < .01$  than the mother's perceived levels of emotional and informational support that was extended to them at the delivery room of Sulu Provincial Hospital. The decrease of pressure and pressure retorts a woman may experience during labor is offered as the theoretical foundation for the advantages of labor support. (Corbet & Calister, 2000). Additionally, the nurse offering labor support may promote labor postures and activities that are known to advance labor. (Hodnett et al. 2007).

**Table 5:** Difference between the Level of Support of Health Care Professionals and Mothers

	Physical Support Score	Emotional Support Score	Informational Support Score
Mann-Whitney U	231.500	196.500	106.500
Wilcoxon W	1.052E3	1.016E3	926.500
Z	-1.302	-1.963	-3.676
Asymp. Sig. (2-tailed)	.193	.050	.000
Point Probability	.002	.001	.000

Socio-Demographic Profile of Health Care Professionals in the Delivery Room of Sulu Provincial Hospital as Predictive of the Level of Support Given to Mothers in Terms of Physical, Emotional, and Informational Support.

**Physical Support**

The data in Table 6 presents the model summary of whether or not the socio-demographic profile of healthcare professionals is predictive of the level of

support during labor and delivery in terms of physical support.

As shown in Table 6, the coefficient determination  $R^2 = .521$  or 52.1%. This means that the model can explain 52.1% of the total variation in the physical support score.

The physical support used depends upon the woman's comfort level, which can be expected to change as labor progresses. Physical support was designed to help control pain, foster deeper relaxation and even hasten labor.

**Table 6:** Model Summary of Socio-Demographic Profile as Predictor of Level of Physical Support

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.722 <sup>a</sup>	.521	.162	.34918	.521	1.452	6	8	.305

a. Predictors: (Constant), Length of Service, School Last Attended, Civil Status, Number of Trainings Attended, Employment Status, Age Group

b. Dependent variable: Physical support score

Table 7 shows the  $p$ -value  $> .05$ , the model is no better than the mean in predicting the level of physical support. The model does not fit the data well. This indicates that the profile of healthcare professionals is not a good predictor of their perceptions of the physical support given to mothers during labor and delivery. Therefore, the data suggest that the profile of the healthcare professionals does not influence their perceptions of the level of

physical support given to mothers during labor and delivery at Sulu Provincial Hospital. Physical assistance and comfort techniques improve labor efficiency and boost maternity experience satisfaction. Healthcare practitioners may employ partner care, cold and heat therapy, right positioning, touch, and environmental control to achieve this (Adams & Bianchi, 2008).

**Table 7:** Analysis of Variance of Socio-Demographic Profile as Predictor of Level of Physical Support

Model	Sum of Squares	Df	Mean Square	F	Sig.	
1	Regression	1.062	6	.177	1.452	.305 <sup>a</sup>
	Residual	.975	8	.122		
	Total	2.037	14			

a. Predictors: (Constant), Length of Service, School Last Attended, Civil Status, Number of Trainings Attended, Employment Status, Age Group

b. Dependent Variable: Physical Support Score

Table 8 reveals that the coefficients of the demographic profile variables had p.values > .05 which indicates that none of this profile significantly influences the perceptions of the healthcare professionals.

Therefore, none of the profile variables are significant predictors of the level of physical support given to mothers during labor and delivery.

Physical support for laboring women speeds up labor and improves birth pleasure. Nurses can achieve this by controlling the environment, placing themselves correctly, touching patients, using cold and heat, and providing partner care. Intercessions that promote ease throughout birth can enable the laboring woman to vigorously participate in her labor, strengthening her confidence (Schuilling & Sampsele, 1999).

Table 8

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(Constant)	5.658	1.241		4.560	.002
	Age Group	-.272	.442	-.348	-.615	.556
	Civil Status	-.101	.242	-.134	-.416	.688
	School Last Attended	.123	.274	.113	.449	.665
	Employment Status	-.173	.330	-.234	-.524	.615
	Number of Trainings Attended	.119	.314	.158	.378	.715
	Length of Service	-.509	.478	-.677	-1.064	.318
a. Dependent Variable: Physical Support Score						

**Emotional Support**

The data in Table 9 presents the model summary of whether or not the socio-demographic profile of healthcare professionals is predictive of the level of support during labor and delivery in terms of emotional support.

As shown in Table 9, the coefficient determination R2=.556 or 55.6%. This means that the model can explain

55.6% of the total variation in the emotional support score.

It is an important task to meet the woman's emotional needs with understanding, nurturing, and respect. The strategies on emotional support throughout labor will ensure that the birthing woman stays calm and controlled (Milter, 2000: Payant et al., 2008).

Table 9: Model Summary of Socio-Demographic Profile as Predictor of Level of Emotional Support

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.745 <sup>a</sup>	.556	.222	.67833	.556	1.667	6	8	.246

a. Predictors: (Constant), Length of Service, School Last Attended, Civil Status, Number of Trainings Attended, Employment Status, Age Group

b. dependent variable: emotional support score

Table 10 reveals that the p-value> .05, the model is no better than the mean in predicting the level of emotional support. The model does not fit the data well. This indicates that the profile of healthcare professionals is not a good predictor of their perceptions of the emotional support given to mothers during labor and delivery.

Therefore, the data suggest that the profile of the healthcare professionals does not influence their perceptions of the level of emotional support given to mothers during labor and delivery at Sulu Provincial Hospital.

Table 10: Analysis of Variance of Socio-Demographic Profile as Predictor of Level of Emotional Support

Model	Sum of Squares	Df	Mean Square	F	Sig.	
1	Regression	4.603	6	.767	1.667	.246 <sup>a</sup>
	Residual	3.681	8	.460		
	Total	8.284	14			

a. Predictors: (Constant), Length of Service, School Last Attended, Civil Status, Number of Trainings Attended, Employment Status, Age Group

b. Dependent Variable: Emotional Support Score

Table 11 reveals that the coefficients of the demographic profile variables had p.values > .05, thus, it is remarkable that the civil status that has B=.912, p=.912, and length of service which has B=-1.928, p=.072 in the emotional support model, had significant values in the .05 threshold.

These results appeared to indicate that those married health-care professionals tended to give better emotional support than their singular counterparts. Moreover, those relatively longer in the service seemed to have been giving lower emotional support than their juniors.

**Table 11:** Coefficient of Socio-Demographic Profile as Predictors of Level of Emotional Support

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	
	B	Std. Error	Beta			
1	(Constant)	2.299	2.410		.954	.368
	Age Group	1.471	.859	.933	1.712	.125
	Civil Status	.912	.469	.601	1.943	.088
	School Last Attended	.663	.532	.303	1.247	.248
	Employment Status	-.617	.641	-.414	-.962	.364
	Number of Trainings Attended	1.043	.610	.688	1.710	.126
	Length of Service	-1.928	.929	-1.271	-2.074	.072

a. Dependent Variable: Emotional Support Score

Providing emotional support to laboring Women can exhibit a variety of behaviors, including distraction, nursing occurrence, actual helpful attitudes, religiousness, and companion care. It focuses on actions like constant presence, encouragement, and adulation (Milter, 2000: Payant et al., 2008).

The data in Table 12 presents the model summary of whether or not the socio-demographic profile of healthcare professionals is predictive of the level of informational support during labor and delivery. As shown in Table 12, the coefficient determination R<sup>2</sup>= .548 or 54.8%. This means that the model can explain 54.8% of the total variation in the informational support score

**Informational Support**

**Table 12:** Model Summary of Socio-Demographic Profile as Predictor of Level of Informational Support

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.740 <sup>a</sup>	.548	.209	1.14019	.548	1.615	6	8	.259

a. Predictors: (Constant), Length of Service, School Last Attended, Civil Status, Number of Trainings Attended, Employment Status, Age Group

b. Dependent Variable: Informational Support Score

Table 13 shows the p. value > .05, the model is no better than the mean in predicting the level of informational support. The model does not fit the data well. This indicates that the profile of healthcare professionals is not a good predictor of their perceptions of the informational support given to mothers during labor and delivery.

Therefore, the data suggest that the profile of the healthcare professionals does not influence their perceptions of the level of informational support given to mothers during labor and delivery at Sulu Provincial Hospital.

**Table 13:** Analysis of Variance of Socio-Demographic Profile as Predictor of Level of Informational Support

Model	Sum	Deg.F	Mean
1	Regression	12.597	2.100
	Residual	10.400	1.300
	Total	22.997	14

a. Predictors: (Constant), Length of Service, School Last Attended, Civil Status, Number of Trainings Attended, Employment Status, Age Group

b. Dependent Variable: Informational Support Score

Table 14 reveals that the coefficients of the demographic profile variables had p.values > .05 except for the civil

status which has a B=1.91, p<.05 as a significant predictor. Any unit increase in the civil status would raise

the ISScore by 1.906. In particular, this means that the married groups among the health care professionals tended to give better informational support to the laboring mothers than their singular counterparts. Therefore, the civil status profile of the health care professionals is a significant predictor of the level of informational support. On the other hand, as we look at the age group of the health care professionals from the result, it has a  $B=3.04$ ,  $p=.069$  in the informational support model, had significant values in the .05 threshold. This result appeared to indicate that those in the younger age bracket tended to

give better informational support than their more senior colleagues.

This finding tells us that the young ones gave their informational support and concerns to the mothers during the labor and delivery process. Providing informational support and advice calms women's nervousness toward childbirth especially instructing explaining breathing techniques and the use of various breathing rates, which can boost a woman's self-assurance and capacity to handle contractions. (Adams & Bianchi, 2008).

**Table 14:** Coefficient of Socio-Demographic Profile as Predictors of Level of Informational Support

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.300	4.051		-.321	.756
	Age Group	3.036	1.445	1.156	2.101	.069
	Civil Status	1.906	.789	.754	2.416	.042
	School Last Attended	.832	.894	.228	.930	.379
	Employment Status	-.658	1.078	-.265	-.611	.558
	Number of Trainings Attended	1.322	1.026	.523	1.289	.234
	Length of Service	-2.514	1.562	-.995	-1.609	.146

**a. Dependent Variable: Informational Support Score**

According to a Mother's Advocate Blog: "I believe women are entitled to complete, accurate, and up-to-date information that is supported by evidenced-based research on their full range options, including all procedures, drugs, and tests suggested for use during birth, postpartum and breastfeeding."

Labor and birth are very demanding to everyone involved. The laboring mother needs physical, emotional, and mental (informational) support before, during, and after labor. Having someone with laboring women at all times, keeping her well informed, reminding her to change position and urinate frequently, encouraging her, reminding her of why she is doing this, and many other jobs are needed in labor.

The results of this research study could increase cognizance of the delivery room healthcare professionals regarding the support they provide to birthing women and their support persons as well. Through this, chances of upgrading the delivery of labor and delivery services and improving birthing facilities would likewise increase. These should all be directed at improving women's well-being during the entire childbirth process

**4. Conclusions**

The results of this study can be an eye-opener or/and an affirmation of the performance of the workforce assigned at the delivery room of Sulu Provincial Hospital and connotes a need for improvement of labor and delivery of nursing care to meet the varying needs of birthing women. Based on the results of the various analyses, the researcher, therefore, concluded that healthcare professionals are highly supportive of laboring mothers

during labor and delivery in terms of physical, emotional, and informational aspects. Implementation of these levels of support varied from stages as the needs of women in labor and their support persons changed over time. Factors inherent to health care professionals also contribute as to what and how the level of support was provided. In addition, the mothers have also perceived healthcare professionals as highly supportive while they are in the process of labor and delivery concerning physical, emotional, and informational support. So, although both healthcare professionals and mothers gave agreeing assessments of the level of physical, emotional, and informational support during labor and delivery, significant differences were found in the emotional and informational categories. It is remarkable that in these two areas, the married healthcare professionals tended to give better physical support while the relatively young in terms of length of service and age, scored significantly higher in the emotional and informational aspects, respectively.

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**Declaration of Conflict**

The author affirms that they have no identified monetary connections that appeared to disturb the work related in this research study.



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## References

- [1] Adams E, Bianchi A., (2008) A practical approach to labor support. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*.
- [2] Barnett G. V., (2008) A new way to measure nursing: Computer timing on nursing time and support of laboring patients. *Computers, Informatics, Nursing*.
- [3] Bowers B.B., (2002) Mother's experiences of labor support: Exploration of qualitative research. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*.
- [4] Bryanton J, Fraser-Davey H, Sullivan P., (1994) Women's perceptions of nursing support during labor. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*.
- [5] Characteristics of a positive experience for women who have unmedicated childbirth/labor and delivery. Retrieved from <http://www.ncbi.nlm.nih.gov/m/pub/med/11264629>
- [6] Childbearing women's perceptions of nurse during childbirth. Retrieved from <http://www.ncbi.nlm.nih.gov/m/pubmed>
- [7] Childbirth connection's pregnancy website for women and families. Retrieved from <http://www.Childbirthconnection.org/home.asp?visitor-woman>
- [8] Comfort measures during labor/pain relief techniques or options: Childbirth connection. Retrieved from <http://www.childbirthconnection.org/article.asp?CK=10421>
- [9] Continuous support for women during childbirth/cochrane summaries. Retrieved from <http://summaries.cochrane.org>
- [10] Doulas – A risk-free option for pain relief during childbirth process. Retrieved from <http://www.midwiferytoday.com/articles/support/MidwivesTouch.asp>
- [11] Factors associated with labor support behaviors of nurses & midwives. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/article/pmc>
- [12] Kozier, Barbara, et.al (2004). *Fundamentals of nursing: concepts, process, and practice*. Pearson Education South Asia PTE LTD, 7TH Edition
- [13] McEwen, Melanie, et.al(2007). *Theoretical basis for nursing*. Lippincott Williams &Wilkins. 2nd Edition
- [14] Merriam-Webster's intermediate dictionary (2004). (Merriam-Webster, Incorporated) Springfield, Massachusetts, U.S.A.
- [15] MNCHN EINC Advocacy Partners Handbook (2001). For safe and quality care of birthing mothers and newborns. Essential intrapartum and newborn care scale-up team.
- [16] Microsoft Encarta (2008). *New proposals related to child health*. Microsoft Corporation 1993-2007
- [17] Midwives Informational Resource Service/Essence Midwifery News Letter
- [18] (2012). Support in labour. Retrieved from <http://www.midirs.org/devt/MIDIRSEssence.nsf/articles>
- [19] Nurses for healthier tomorrow. Retrieved from <http://www.nursesource.org/labor.html>
- [20] Nursing support during Labor. Retrieved from <http://www.cnr.sagepub.com/content/9/1/70.abstract>
- [21] Olds, Sally, et.al (2004). *Maternal-newborn nursing & women's health care*. Pearson Education Inc., (7th ed.)
- [22] Pain management during labor and delivery process. Retrieved from <http://www.birthingnaturally.net/birthingplan/manage.html>
- [23] Philippine birth rate- demographics on maternal health. Retrieved from [http://www.birth/indexmudi.com/phils/birth\\_rate](http://www.birth/indexmudi.com/phils/birth_rate)
- [24] Philippine Government Policies on Maternal, Newborn & Child Health & Nutrition. Retrieved from <http://www.scribd.com/mobile/doc/3289150>
- [25] Privacy (Encyclopedia of Everyday law) support for women. Retrieved from <http://www.enotes.com/labor-law-reference/privacy>
- [26] Pilliteri, Adele (2007). *Maternal & child health nursing: Care of the childbearing & childrearing family*. Lippincott Williams & Wilkins. 5th edition
- [27] Rivera, Jhocelyn (2010). *Maternal & child nursing; A Research of theory and practice in nursing mother & child: A global standard*, (1st ed.).
- [28] Stright, Barbara R. (2005). *Maternal-newborn nursing: The ideal study Aid*. Lippincott Williams & Wilkins, 4th edition
- [29] Social & Professional Support in Childbirth Process. Retrieved from [http://www.health.am/ab/more/social\\_&\\_prof\\_support\\_in\\_CB/](http://www.health.am/ab/more/social_&_prof_support_in_CB/)
- [30] Social support during labor and early postpartum period.(Douglas, n.d.). Retrieved from <http://www.turner-white.com>
- [31] Systematic Review/Continuous Support for Women during Childbirth: Childbirth Connection Retrieved from <http://www.childbirthconnection.org/article.asp?CK=10272>
- [32] The Influence of emotional support during childbirth: A clinical study/birth psychology. Retrieved from [http://birthpsychology.com/journal\\_article/influence\\_emotional\\_support\\_during\\_childbirth\\_clinicak\\_study](http://birthpsychology.com/journal_article/influence_emotional_support_during_childbirth_clinicak_study)
- [33] The meaning of nurse's presence during labor and delivery. Retrieved from <http://www.ncbi.nlm.nih.gov/m/pubmed/15673643>