

LETTER TO THE EDITOR

Call for policy reform: The role of husbands in labour rooms in Pakistan

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Dear Editor, The experience of childbirth is not merely a clinical event—it is an emotional, psychological, and transformative milestone in a woman's life. Global medical literature consistently affirms the benefits of continuous emotional and physical support during labour, especially when provided by a companion of the woman's choice—often her husband. Yet in Pakistan, many hospitals, both public and private, do not allow husbands to be present in labour rooms. This policy, often rooted in tradition rather than evidence, deserves critical re-evaluation.

The World Health Organization (WHO) recommends that every woman should have access to a companion of her choice during labour and delivery as part of Respectful Maternity Care.¹ Evidence shows that continuous support from a partner or trusted companion improves maternal outcomes and enhances the birthing experience. A 2017 Cochrane review found that women who received continuous support were more likely to have spontaneous vaginal births, less likely to use intrapartum analgesia, and reported higher satisfaction with their childbirth experience.²

The presence of the husband during delivery not only improves maternal outcomes but also has psychological benefits. Studies have shown that the emotional support of a husband can reduce maternal stress, anxiety, and perception of pain during labour.³ Additionally, it facilitates early bonding between the father and newborn, encourages paternal responsibility, and strengthens the parental partnership.⁴ In cultures where men are traditionally excluded from childbirth, allowing husbands into labour rooms can be a positive step toward gender-sensitive, inclusive healthcare.

In Pakistan, the exclusion of husbands from labour rooms is rarely supported by medical necessity. It is often justified on the grounds of space constraints, privacy issues in shared wards, or prevailing cultural norms. While these concerns are valid, they can be addressed through

administrative and infrastructural modifications—such as

1. Separate birthing suites
2. The use of curtains for privacy
3. Proper staff training

Importantly, excluding a woman's preferred support person during labour is inconsistent with the principles of patient autonomy and dignity.

A study conducted in Iran found that the presence of husbands during childbirth led to a significant reduction in the need for pharmacological pain relief and increased maternal satisfaction.⁵ Similar results have been observed in multiple other low- and middle-income countries, demonstrating that such policies are feasible even in settings with limited resources.

It is time for Pakistan's healthcare institutions and policymakers to revisit and revise existing policies regarding labour room access. Hospitals should adopt evidence-based guidelines that prioritize the well-being, autonomy, and psychological comfort of the birthing woman. Allowing husbands to be present during labour is not just a clinical improvement; it is a step toward compassionate, family-centred, and rights-based maternity care.

Disclaimer: None.

Conflict of interest: None.

Funding disclosure: None.

DOI: <https://doi.org/10.47391/JPMA.32696>

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Submission completed: 19-10-2025 **1st Revision received:** 16-04-2026

Acceptance: 22-04-2026

Last Revision received: 21-04-2026

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Author Contribution:

MRF: Concept, design, data acquisition, analysis, interpretation, drafting, revision, final approval and agreement to be accountable for all aspects of the work.