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CENTRE FOR RESEARCH ON FAMILIES AND RELATIONSHIPS
RESEARCH BRIEFING NUMBER 12 JANUARY 2004

Home Birth in Scotland: *exploring women's views*

Planning a home birth within a hospital birth-based culture presents possibilities and challenges for women, their families and their attendants.

The study reported here sought to increase understanding about women's experiences of planning home births. It focused on the interactions between women and current maternity ideology and services. It found that decision-making processes during pregnancy and birth are complex, and that gaps between maternity policies and practices, and women's definitions of childbearing reduce the potential for supporting women's beliefs and meeting their perceived needs.

Key Points

- The women in this study believed that safety in childbirth meant more than having a live baby at birth. Birth outcomes need to be viewed in terms of healthy babies, mothers and families, where health includes physical, emotional and often spiritual well-being.
- Women felt that social support for birth and motherhood is as important as medical support, and that forming family relationships was a very important aspect of the experience of giving birth.
- Women felt that the negative attitudes and/or a focus on fear from those around them was seen as counter-productive to safe and satisfying birth.
- Many women in this study felt that the medical model of childbirth was contrary to their beliefs and that a home birth would offer some protection against invasive and routinised procedures.

About the study

This study followed 30 women who planned home births. Each woman was interviewed at length on four occasions, in early and late pregnancy, shortly after birth and between 8-12 months after giving birth. 23 of the woman had their babies at home and 7 women had their babies in hospital. 2 of these women had caesarean sections, and one baby was born with the assistance of forceps.

Home birth in a hospital birth culture

The overall home birth rate in Scotland is under 1%. However, where it is a supported option in England, rates have increased to as high as 25%. At least two thirds of the women in this study found that their plans to have a home birth were met with a lack of enthusiasm or negativity by GPs and obstetricians. Some found midwives, family and friends unsupportive, though some found them a consistent source of information, support and encouragement. Most family members and friends became supportive as they found out more about home birth and were able to distinguish between cultural beliefs that deem home birth unsafe and actual outcomes that suggest home births are as safe as hospital births, providing all is well. Many women found support through voluntary childbirth organisations outside the NHS. Having support affected women's confidence, and most did not want to exert their rights to a home birth in the face of opposition.

'The most important thing to me was to feel supported. From what I could gather a home birth wasn't going to have much benefit if I wasn't with people who I felt were supportive'

Why a home birth

Women had different views on birth and parenting and had their own personal reasons for planning home births. Some women chose home birth as their preferred option, some chose this in relation to previous negative experiences of hospital births. Other women had had positive experiences of hospital birth that gave them the confidence to plan home births. Others were concerned about relinquishing decision-making to strangers who may not share their beliefs and concerns. Some women focused on the celebratory aspects of birth, it's spiritual, emotional and sensual potential and believed that their homes offered the best environment for this intimate experience. Others believed that home birth would provide the gentlest experience for their babies. All the women wanted to enable their bodies to birth in their own time and way, were keen to avoid routine obstetric practices and procedures, and wanted to maintain family integrity during this rite of passage.

Safety and risk

In a hospital birth-based culture, all the women felt obliged to confront the medical belief that home birth is dangerous for their babies and potentially for them. Initially women approached this by researching the statistics on home birth outcomes. Women who had had hospital births said that they had not had access to full information previously:

> *'I didn't actually have the facts the first time round. You're always told that it's safer to have your baby in hospital and the risks are less. But actually reading the books, the research doesn't seem to prove that.'* (Judy)

The medical research confirmed their views that home birth was a reasonable option to choose and holds some advantages if they and their babies were well during pregnancy.

How women defined safety

Having established that reputable research lends support to the belief that home birth is safe, women then explored other meanings of safety. While some women found that their qualitative concerns about safety could be dismissed by obstetric ideology, women clarified that all their concerns were about broader meanings of safety:

> *'He [obstetrician] directly said I was being foolish - 3 or 4 times in the conversation. "I think you're being very foolish". And he implied that I didn't care about the safety of my baby. "I don't know where you get your research from but if I thought home births were safe then I'd be advocating them". And he gave me no credit for being an intelligent woman. He didn't give me credit for having read in the field or for the fact that it's me that's having the baby and of course the baby's safety is paramount to me.'* (Susan)

The women felt that their care focused on physical checks, risk and fear rather than social support, safety and confidence. The women included the quality of the new baby's life, their lives and those of their families in their definition of safety. As long as they and their babies were in no immediate danger, women were concerned with longer term aspects of health which contributed to physical, emotional and often spiritual well-being. Many described pregnancy and birth as a transformative rite of passage during which a new person would become part of their family. Women were concerned with nurturing this new life and creating the best circumstances they could for healthy relationships within the family:

> *'My responsibility is to form a relationship. It's almost like that the birth is a rite of passage and by the end of it you've been through it together and you're in relationship to the baby. The baby is what comes at the end of the process of giving birth, and I think the more connected I am with the birth, the more connected I am with the baby.'* (Linda)

Focusing on confidence rather than on fear: accepting uncertainty

The women believed that fear is disempowering and contagious. They believed that fear could introduce risks of its own and that feeling confident and being given confident support would contribute to the safety of birth:

> *'You know, it was like their focus was very much on fear, which I found completely disempowering. It felt like all my grand ideas of being in control were silly fantasies or something. So when I spoke to the independent midwife, the confidence came surging back. It was like, no, this wasn't a figment of my imagination. It is possible to have a home birth. There are alternatives to all these disaster stories. And these disaster stories happen in hospitals as well. So why bring out all these negatives when they talk about home birth but not when they talk about hospital birth, which is what they do.'* (Carol)

Respecting but not dwelling on risk

As the quotation from Susan suggests, some women felt that their optimism was defined as a lack of morality, responsibility, and concern. But for the women, focusing on risk was experienced as counter-productive to safe birth. Thus their focus on optimism was a responsible moral position, based on the desire to develop and maintain confidence in their bodies and the birth process, in the knowledge that birth usually unfolds straightforwardly with the help of skilled and trusted midwives.

However, the women's desire to focus on confidence was grounded in a realistic assessment about the uncertainty of birth. Although they believed that

having a home birth may increase the likelihood of the birth process going well, most spontaneously talked about the potential for death at birth wherever birth takes place. A number of women expressed the view that if their babies were going to die, that they should be allowed to die with respect and in their parents arms. Some women also questioned the notion of life at all costs and wondered if some costs may be too high and that they would then have to live with the consequences:

'I think if anything was seriously wrong I think it would be so much better just to let the baby die in your arms. I mean, I can't think of anything worse than your baby being rushed away and its body battered to try and bring it back to life. And it may be severely handicapped. If anything is really wrong we don't want any intervention. If the baby's going to die, it will do it in it's own house.' (Hannah)

'We talked about you know if the baby ... cos I suppose it's something you have to talk about if the baby was born very badly handicapped or died shortly afterwards, how we'd feel about it. And I said well I'd probably prefer to have a baby at home in that situation because you can be with the baby. The baby's not whisked away to special care or to resus or whatever, where you're suddenly separated and you haven't got those few minutes. And also if the baby is very badly handicapped and isn't going to survive do you really want someone to intervene and keep the baby alive when it really shouldn't be alive, you know. And we discussed that and we both felt that we were happier at home in that situation.' (Judy)

Within an obstetric model where most practitioners and parents are strangers to each other, many women felt they could not discuss their deeply held beliefs about this or other matters of concern to them. Indeed one of the issues all the women agreed on was the importance of getting to know the midwives who would be attending them during labour and birth.

Getting to know and trust midwives

All the women would have preferred to have booked with one or two midwives who would then provide their prenatal, birth, and postnatal care. Most women booked with teams of 6-8 NHS community midwives and 2 women booked with an independent midwife. Some women felt very strongly about the issue of continuity, but often felt obliged to accept the situation:

'To me it's anathema to have someone you don't know and if you're lucky it might be the person you like. I wouldn't do that to fix a car.' (Vanessa)

'I suppose I feel a kind of acceptance that that's the way it works. And yet, you know, I'm not happy with it.' (Linda)

In keeping with other research findings (Smythe 1998) many women believed that developing a trusting relationship with a midwife forms the basis for safe and empowering birth experiences. But many women became aware that because of the lack of continuity, along with the medicalised policies and practices in place, the potential for these relationships was limited. While women chose a home birth to avoid routine obstetric practices, some saw midwives as adopting an attenuated version of this medical model. Many women came to understand that their midwives could be competent and trustworthy in relation to the model that they were practicing in, but that difficulties may arise if their own and the midwives' values differed:

'If there seems to be a problem, I don't want to hold out and have a bloody natural childbirth and a dead baby, or a really unhealthy baby. I'm just really anxious that they'll kind of panic and want to take charge really quickly. If the baby's in danger, then of course, do anything. But I suppose it's just if I don't know I'm coming from the same value basis as somebody, then I don't know if they're going to be making decisions on the same basis as I would.' (Rachael)

The benefits and dangers of mutual distrust or trust are evident in the following two quotations:

'I don't trust her [midwife] not to panic and send me off to hospital just because things are a bit slow or something. And if there was a good reason for me going into hospital I still wouldn't trust that it was a good reason, because I wouldn't know that she wasn't just panicking or like plotting to get me away, you know. And I don't think they trust me at all. I think [midwife] is very frightened that I'll stand there saying, I'm not going into hospital, and I'm staying here, you know, and just be really uncooperative and put her in a really difficult situation of not knowing what to do.' (Liz)

'The difference of just knowing I'd have someone more in line with my thinking, I didn't feel that I needed a birth plan any more. I don't need these things any more. I don't need all these things because I trust her opinion and that way I don't have any fear.' (Carol)

Women's concerns about obstetric policies and practices

It appears that there are two different belief systems around birth, one that is rather more medicalised and one that is based on a social midwifery approach (Davis-Floyd 1992, Davis-Floyd and Sargent 1997). These positions are not discrete or mutually exclusive. However a midwifery approach tends to trust the birth process and treat each woman and baby individually. A medical model tends to manage the birth process using routine policies and practices. The women were concerned that obstetric practices are based on clock time, rather than individual body

rhythms and that because of this, interventions may be advised unnecessarily. They were aware that invasive, potentially harmful procedures might be carried out on their bodies, at a time when they would feel sensitive and vulnerable. They were concerned about the unacknowledged pain and violence of these procedures and that harmful bodily practices could have a negative affect on how they felt about themselves, their babies and their partners after birth. Given what they perceived as the coerciveness of obstetric ideology, they felt that their homes offered them some protection from invasive, routine procedures.

Importantly, the women demonstrated the impact of being unsupported or supported in their decision-making, its potential for lowered or raised self-esteem and its influence on well-being. The first of the following two quotations comes from a woman who felt persuaded, against her better judgement, to abandon her planned home birth and have an induction of labour in hospital because her pregnancy had apparently reached 42 weeks. The second is from a woman who booked with a midwife she trusted and who supported her beliefs about birth:

'I just want to forget about it [birth]. You know it's not a period of my life I look at gladly. I think it's left me with a feeling that I didn't handle the situation very well. I think it's left me with a feeling that I should have really handled the situation better. I should have been stronger. Sort of held out. And I mean I know why I didn't, but I just sort of feel I probably made the wrong decision. It was not a good choice I made.' (Zoe)

'I find I still get great stuff out of it [home birth]. If I'm down about anything or I may have doubts about something I'm doing with [baby] you know. If I have a crisis of confidence, I think back to the birth and it's a very good anchor for me in that way. You know it makes me believe in my ability to make good choices and I think it's made a tremendous impact on how I can make decisions.' (Vanessa)

Policy and Practice implications

- There is a cultural gap between the medical model of childbirth and the views of women planning home births. An increased focus on woman-centred services, and a social approach to childbearing, supported by appropriate medical practices and technology would help address this.
- Midwifery could and should be organised to ensure that women can have the same one or two midwives supporting them before, during and after birth.

Author: Nadine Edwards

This paper was written by Nadine Edwards based on her doctoral research at the University of Sheffield.

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Contact details for CRFR

Centre for Research on Families and Relationships
The University of Edinburgh
23 Buccleuch Place
Edinburgh EH8 9LN
Tel: 0131-651 1832 Fax: 0131-651 1833
E-mail: crfr@ed.ac.uk