



## Midwifing the notion of a 'good' birth: a philosophical analysis

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### ABSTRACT

**Objective:** to ponder afresh what makes a good birth experience in a listening manner.

**Design:** a hermeneutic approach that first explores the nature of how to listen to a story that is already familiar to us and then draws on Heidegger's notion of the fourfold to seek to capture how the components of a 'good birth' come together within experience.

**Setting:** primary birthing centre, New Zealand

**Participants:** the focus of this paper is the story of one participant. It was her second birth; her first birth involved a lot of medical intervention. She had planned to travel one hour to the tertiary birthing unit but in labour chose to stay at the Birth Centre. Her story seems to portray a 'very good birth'.

**Findings:** in talking of birth, the nature of a research approach is commonly to focus on one aspect: the place, the care givers, or the mode of care. In contrast, we took on the challenge of first listening to all that was involved in one woman's story. We came to see that what made her experience 'good' was 'everything' gathered together in a coherent and supportive oneness. Heidegger's notion of the fourfold helped reveal that one cannot talk about one thing without at the same time talking about all the other things as well. Confidence was the thread that held the story together.

**Key conclusions:** there is value in putting aside the fragmented approach of explicating birth to recognise the coming together of place, care, situation, and the mystery beyond explanation. Women grow a confidence in place when peers and community encourage the choice based on their own experience. Confidence of caregiver comes in relationship. Feeling confident within 'self' is part of the mystery. When confidence in the different dimensions holds together, birth is 'good'.

**Implications or practice:** one cannot simply build a new birthing unit and assume it will offer a good experience of birth. Experience is about so much more. Being mindful of the dimensions of confidence that need to be built up and sheltered is a quest for wise leaders. Protecting the pockets where we know 'good birth' already flourishes is essential.

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What makes a 'good' childbirth experience? It is about 'no one thing'. Most research focuses on a particular aspect of the experience, for to do otherwise is to go into a study with too big a question. Thus we turn our eyes to such aspects as 'care', 'place', 'relationship', 'attitudes', 'outcomes' and such like. Yet we know that each of those is somehow dependent on the other, each bringing a valuable perspective but few seeking to draw together a sense of the whole. Further, while we listen to stories from each participant, we reduce those accounts to themes, and then pluck snippets to show meaning. Once again we lose the whole.

### Methodological approach

This hermeneutic paper, drawing attention on the writings of Heidegger (1889–1976) and Gadamer (1900–2002), knowingly dares to be different. We will turn mainly to philosophical writing to explore the emergent ideas for the purpose of thinking-together. Heeding that: 'Thinking is not a means to gain knowledge. Thinking cuts furrows into the soil of Being' (Heidegger, 1959/1971a, p. 70). We invite the reader to engage with us rather than to expect 'to be told'. Heidegger argues that 'method' has 'pressed the

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sciences into its own services' (Heidegger, 1959/1971a, p.74). Thus we have freed ourselves from some 'methods'. While it is convention to background a paper with recent research that links to the issue, we argue that would detract from the listening we seek to evoke. We have instead cleared a listening space. We draw on only one woman's story, simply letting the story speak to us. In the footsteps of Socrates we 'midwife' this story of birth (Fiumara, 1990).

The story came from one interview that was part of a research collaboration with Warkworth Birthing Centre. Primary Units in New Zealand have long been under political threat of closure (Donley, 1986). Our research (Smythe et al., 2009; Smythe et al., 2012; Smythe et al., 2014b) revealed that at this birthing centre 90% of the women who initially booked to birth in this unit achieved a normal birth without intervention. Birth numbers from 2005–2008 averaged 163 per year, with an average of 51 primi-gravid women. The average transfer rate was 20 per year, 12%. These figures continue to improve. In 2015 the normal birth rate was 92%. Of 142 women admitted in labour, 132 achieved a normal birth at the birthing unit, and 5 at the destination to which they were transferred. In the period of our research women told us of the confidence they had in their ability to birth which transferred to their mothering experience. It was also important for them to birth within their own community; place mattered.

Farry's (2015) recent New Zealand based research in which she compared low risk women who birthed at tertiary unit with those who birthed in a primary unit such as Warkworth found those in the tertiary unit were four times more likely to have an emergency caesarean section and significantly more likely to experience a PPH. At the tertiary unit their babies were three times as likely to have an Apgar below 7 at five minutes, and twice as likely to be admitted to the neonatal unit. Davis et al (2011) mirrored these findings in an analysis of planned place of birth data of low risk births in New Zealand over the period of 2006–7, with 16,453 births meeting criteria. Of this sample, 2877 women had birthed in primary units. Their findings revealed that for women who birthed in the tertiary units there was increased risk of assisted or operative modes of birth, increased interventions such as augmentation and episiotomy, and more likelihood that their baby would be admitted to a neonatal intensive care unit. They call for more research on the impact of the place of birth. The Birth Place study in England (2011) confirms that for low risk women, there is something about primary birthing units that facilitates better outcomes than the bigger, technologically equipped, and medically staffed tertiary units.

Our research collaboration with Warkworth Birthing Centre began in 2008 with one study asking 'what works well in this Centre?' The results were so inspiring that we went back in 2010 to continue the conversations. We used a hermeneutic approach with an appreciative lens, seeking to uncover meaning. Both studies were approved by the AUTC Ethics Committee, with data returned to participants for approval soon after the interview.

From a total of forty seven interviews with women, midwives, nurses, and various other stakeholders there was a very consistent story that this was a place where 'good' birth was the norm. As we listened to all those stories, there was one that seemed to capture a holistic sense of the many factors that came together to influence 'good'. It came from an interview held, by the woman's choice, at the Birthing Centre, some weeks after she had given birth. It was recorded and transcribed. We followed the process as described by Caelli (2001) of removing extraneous material from the transcript, tidying the grammar and crafting the data into a style that privileged the story. Parts of this story were included in a conference presentation (Gunn and Wilson, 2010). For this paper we have returned to the original transcript and gone through it once again asking: What matters in this story? What are the parts within the

whole? What distracts? What tells the story of the things that come together to make a birth experience 'good'. The story offered in this paper is 500 words less than the original transcript. There was one section on how the woman felt mothered by the staff that has been trimmed back as it moved away from our focus on the constituents of 'good birth'. That portion of data has been analysed in a previous publication that focused on the postnatal experience (Smythe et al., 2012).

### Philosophical preparedness to listening

Many years ago, as midwives we were drawn to a book chapter entitled 'Midwifery and philosophy' by Fiumara (1990). Socrates mother was a midwife. He too claimed himself a midwife, defining midwives as 'persons capable of fostering the birth and life of thought' (1990, p. 147). To midwife thinking is to take leave, to stand aside, to make room for the thinking to emerge, to have 'an attention' which only very skilled and authoritative midwives can teach us' (Fiumara, 1990, p. 145). It is a quest for the treasure that is 'undescribed and indescribable' (p. 154). To listen attentively to the unsaid is to take on a commitment to thinking about what is 'worthy of being asked' (p. 157); dwelling with the possible meanings, letting them ripen. It is to be attuned to our feelings and our moods for they reveal our understanding prior to language (Heidegger, 1927/1995). Listening requires our whole selves; 'patience, irony, tenacity and assiduity' (p. 166). Fiumara reminds us that others may understand the insights we offer with greater insight than ourselves. It is always a journey towards, never an arrival.

Both researchers and readers come to listen to a story with their own pre-understandings (Gadamer, 1982). Heidegger says 'language is always ahead of us' (Heidegger, 1959/1971a, p. 75) in that we already have a way of talking about what is a 'good birth' and as such 'remain entangled in a speaking that is persistently inadequate' (Heidegger, 1959/1971a, p.75). As authors we acknowledge the biases that infuse our listening. As our previous writings infer (Smythe et al., 2009; Smythe et al., 2012; Smythe et al., 2014a; Smythe et al., 2014b) we believe the Warkworth Birthing Centre offers a unique place in which women experience a safe birth they describe as 'very good' without on-site technical intervention. Further, we acknowledge our commitment to doing whatever we can to protect and preserve (Heidegger, 1993a) this space where normal birth remains the expected 'normal' outcome. We have our own backgrounds as midwives, our own learnings of how to attune to labour and birth, trusting a woman's remarkable ability to be at-one with her 'labouring' body, while ever watchful for signs of untoward stress that may point to a situation that becomes unsafe (Smythe, 2003, 2010).

To listen afresh is to be attuned to that which is granted to us: 'to think is before all else to listen, to let ourselves be told something and not to ask questions' (Heidegger, 1959/1971a, p. 76). Rather than speaking 'of birth or even 'about' birth, we seek to let one woman's story of birth speak to us 'from within' (Heidegger, 1959/1971a, p.85) the saying. Our interest is not the object of knowledge but rather the 'way making movement' (Heidegger, 1959/1971a, p.91). In opening ourselves we are touched, summoned, and in such a way sense our concern, our interest, our delight or despair. Thus the reading/listening is an attunement to feelings, to excitement, anxiety, head-nodding, or deep sighing. At the end of such listening we may not yet have the language to 'say' but rather carry within us a knowing that there is something that needs to be said. It is to begin by acknowledging that 'we have not yet properly reached what concerns our being, not even approached it' (Heidegger, 1959/1971a, p.93).

To set us thinking, let us turn to Heidegger's question of what it

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