



ORIGINAL RESEARCH – QUANTITATIVE

Home or hospital? Midwife or physician? Preferences for maternity care provider and place of birth among Western Australian students

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ABSTRACT

Background: Australian caesarean birth rates have exceeded 30% in most states and are approaching 45%, on average, in private hospitals. Australian midwifery practice occurs almost exclusively in hospitals; less than 3% of women deliver at home or in birthing centres. It is unclear whether the trend towards hospital-based, high interventionist birth reflects preferences of the next generation of maternity care consumers.

Aim and methods: We conducted a descriptive cross-sectional online survey of 760 Western Australian (WA) university students in 2014, to examine their preferences for place of birth, type of maternity care, mode of birth and attitudes towards birth.

Findings: More students who preferred midwives (35.8%) had vaginal birth intentions, contested statements that birth is unpredictable and risky, and valued patient–provider relationships. More students who preferred obstetricians (21.8%) expressed concerns about childbirth safety, feared birth, held favourable views towards obstetric technology, and expressed concerns about the impact of pregnancy and birth on the female body. One in 8 students preferred out-of-hospital birth settings, supporting consumer demand for midwife-attended births at home and in birthing centres. Stories and experiences of friends and family shaped students' care provider preferences, rather than the media or information learned at school.

Conclusion: Students who express preferences for midwives have significantly different views about birth compared to students who prefer obstetricians. Increasing access to midwifery care in all settings (hospital, birthing centre and home) is a cost effective strategy to decrease obstetric interventions for low risk women and a desirable option for the next generation.

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Summary of relevance:

- Problem or issue: Hospital based, high interventionist birth is the norm in Australia, especially for women with private health insurance.
- What is already known: Interest in midwifery care and out-of-hospital birth is increasing and provision of publically funded home birth services has expanded across Australia.

- What this paper adds: One in 10 young Western Australian women and men who plan to have children in the future would prefer to give birth in out-of-hospital settings. Attitudes towards birth varied, depending on care provider preferences. Students who preferred obstetricians were significantly more likely to be fearful of birth and prefer obstetric interventions, compared to students who preferred midwives or GPs.

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1. Background

In Australia, 32.4% of women experienced a caesarean birth in 2012.¹ The caesarean rate for mothers who gave birth in private

hospitals in 2012 was 43.6%, over 10% higher than the caesarean rate among mothers who gave birth in public hospitals (29.2%).¹ The increases in caesarean births in private hospitals are driven by increases in pre-labour caesareans that cannot be explained by a higher prevalence of breech presentations or pregnancy complications; they are a result of differences in obstetric practice between private and public hospitals.² The government promotes private health insurance by imposing a Medicare levy surcharge on high-income families without private hospital cover.³

Fewer than 1300 women (0.4%) give birth at home in Australia.¹ Prior to the release of the 2009 Maternity Services Review, consumers were encouraged to send personal stories and recommendations for maternity care improvements to the review team; 450 of the 832 submissions were from consumers of maternity care, 470 (60%) mentioned home birth and 197 (24%) referred to birth centres.^{4,5} Birth centre care and homebirth represent continuity of care models and the submissions highlight an increasing demand for midwifery continuity of care models.⁶ In response to growing interest in midwifery models, the provision of publicly funded home birth services has expanded across Australian states as has case load midwifery within Midwifery Group Practices in community and Birth Centre contexts.⁷ For example, there were 12 publicly funded homebirth programs in Australia in 2010.⁸ Private practice homebirth services, although not publically funded, remain another option for Australian women. One priority area reinforced in the National Maternity Services Plan⁶ was the need to increase access for Australian women to local, woman-centred maternity care through an expansion of a range of models of care.

Western Australia (WA), where the current study took place, has the highest caesarean rate (34.6%), the highest proportion of women with private health insurance, and the highest home birth rate in the country (0.8% planned a home birth; 0.6% delivered at home).¹ There is one family birthing centre and a publicly funded home birth program in the Perth Metropolitan area. Access to publicly funded out-of-hospital birth is restricted by quotas in WA. At the same time, normal birth clinical guidelines have been instituted at the state level,^{9,10} with the goal of reducing unnecessary obstetric interventions and associated iatrogenic risks. In Australia, several structural factors increase rates of interventions, i.e. access to high-risk specialists for low risk women, limited access to out-of-hospital birth,¹¹ and the option to deliver in private hospitals, where caesarean rates tend to be higher.¹ We were interested in finding out whether the maternity care preferences of the next generation of childbearing women and their partners are congruent with best practice guidelines around care of low risk women during childbirth¹¹ or whether the next generation has adopted, on average, a high interventionist attitude towards birth.

Four studies have reported on maternity care preferences among the next generation of maternity care consumers. All of the studies were conducted in North America.^{12–16} Only one study specifically examined maternity care provider preferences among students.¹² A Canadian survey was conducted in 2006 with 3680 students at the University of British Columbia. Students were asked to report which care provider they would prefer in a future pregnancy and to explain their choice; 2149 women and 647 men provided open-ended comments. More than half of students preferred obstetricians; regardless of which care provider preferred, students most often reported safety and expertise as reasons for their choice. Students who chose obstetricians were more likely to prefer CS and epidural anaesthesia, compared to students who preferred midwives or family physicians.¹³

As we contemplate the future of maternity care in Australia, it is important to understand the preferences and expectations of the next generation of maternity care consumers. In this paper, we

report on birth preferences of Australian students who plan to have children. Specifically, we wanted to answer the following research questions: (1) what are students' preferences for place of birth and type of maternity care provider?; (2) what are reasons for preferring midwives, obstetricians or general practitioners?; and (3) do students with different care provider preferences have different attitudes towards birth?

2. Methods

2.1. Participants

A cross sectional online survey was conducted with Australian students (18–40 years of age) attending one metropolitan Western Australian (WA) university. Students were eligible to participate in the study if they were 40 years or younger, and had never had children but confirmed an intention to be parents in the future. Men were invited to participate in the survey because the attitudes of partners towards birth influence mode of birth¹⁷ and should be taken into consideration.

Students received an e-mail message that was sent on behalf of the researchers by the Office of Strategy and Planning at the university. The e-mail included an explanation of the purpose of the study and the eligibility criteria. Students then clicked on a hyperlink that directed potential participants to the online survey (hosted by Fluid Surveys). Students had the option of completing the survey on any device, including mobile phones. The invitation to participate in the survey was sent out to approximately 8000 domestic students between the ages of 18–40 by the Office of Strategy and Planning in March 2014. This represented approximately 15% of the total student body ($N = 53,617$ domestic and international). It is the university's policy that research requests are only forwarded to a sample of students, to reduce the number of requests that students receive. A reminder e-mail was sent to students one month after the initial circular email. The online survey was open for 8 weeks. The study was approved by the Human Research Ethics Committee at Curtin University (approval number: HR15/2014).

2.2. Survey instrument

The survey instrument was based on a pregnancy and birth survey that was administered at the University of British Columbia (Vancouver, Canada) in 2006. Many of the original items were retained in the current survey version. Other items were revised or added, based on feedback from peer reviewers and research expertise of the current co-investigators. Two Australian researchers reviewed the survey, and adapted response options to the local context. The original survey was pilot tested with 10 university students, and revised, based on feedback from participants. The current survey was pilot tested several times by the study research assistant (who met study eligibility criteria), to ensure functionality of logic branching and relevance of the items to the target population. A major difference between the 2006 and 2014 survey versions was the omission of almost all open-ended responses in the 2014 version. A thematic analysis of open-ended responses of the 2006 survey^{13,18} informed creation of response options for the current survey. For instance, in the 2006 version, students were asked to explain their maternity care provider preferences. Analysis of over 3000 text responses informed the predefined response options in the 2014 survey.

The current survey includes questions about: student demographics (age, gender, field of study); birth preferences ('Assuming the pregnancy is low-risk and you could choose the type of birth for your baby, would you prefer it to be a: vaginal birth or caesarean birth'); and two 100 mm fear of birth visual analog scales that are

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