



Plans, preferences or going with the flow: An online exploration of women's views and experiences of birth plans[☆]



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ABSTRACT

Objective: To explore women's views of birth plans, and experiences of their completion and use.

Design: A qualitative, descriptive study, using Internet-mediated research methods.

Setting: The discussion boards of two well-known, UK-based, online parenting forums, where a series of questions relating to birth plans were posted.

Participants: Members of the selected parenting forums who had written and used, or who had chosen not to write or use, a birth plan.

Findings: Women responded with a range of views and experiences relating to the completion and use of birth plans. The benefits of birth plans were described in terms of communication with healthcare professionals, potentially enhancing awareness of available options, and maintaining a sense of control during labour and birth. However, many respondents believed the idea of 'planning' birth was problematic, and described a reluctance to write a formal plan. The support of healthcare professionals, particularly midwives, was considered essential to the success of both writing and using birth plans.

Key conclusions: Our findings show a continued debate among women on the benefits and challenges involved in writing and using birth plans, suggesting problems for a 'one size fits all' approach often seen in the use of birth plan templates. In the context of maternity policy supporting women's choice and personalised care, and as a way of acknowledging perceived problems of 'planning' for birth, a flexible approach to birth plans is required, including the consideration of employing alternative nomenclature.

Implications for practice: Birth plans remain a point of contention in care contexts around the world. Midwives and other healthcare providers play a central role in supporting women to discuss available options, whether or not they decide to complete a formal birth plan.

Introduction

Birth plans have been incorporated into antenatal and intrapartum care provision in the National Health Service (NHS) in England for the past three decades. Many NHS organisations provide explicit guidance and space for the completion of birth plans in women's maternity notes, and there is a vast amount of information for parents available

on the Internet. Women's views and experiences of writing and using birth plans are explored in this paper, in the context of continuing debate about their benefits and disadvantages (Lothian, 2006; Divall et al., 2016).

Birth plans constitute an element of antenatal care in the NHS in England, with both the Department of Health (DH) and the National Institute for Health and Care Excellence (NICE) advocating their use.

[☆] Other contributor: Dr Julie Roberts (Division of Midwifery, School of Health Sciences, University of Nottingham, Floor 12, Tower Building, University Park, Nottingham NG7 2RD, United Kingdom) commented on the draft versions of this paper.

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Birth plans are framed as part of a commitment to individualised care (DH, 2003), and are associated with the involvement of women in their own care, information giving by healthcare professionals, the establishment of effective communication between women and their caregivers, and a means by which women are able to maintain a sense of control during childbirth (NICE, 2008, 2014).

A recent narrative review of published research related to birth plans (Divall et al., 2016) concluded that there remains a lack of consensus about their use in labour and birth. While little evidence suggests that writing a birth plan is associated with increased obstetric interventions and poorer outcomes for women (Deering et al., 2007; Jones et al., 2009; Hidalgo-Lopezosa et al., 2013; Afshar et al., 2015), many healthcare practitioners are unconvinced of this, instead suggesting the opposite view (Carlton et al., 2009; Grant et al., 2010; Thompson, 2013). There is similarly little robust evidence to suggest that birth plans improve women's experiences of labour and birth. Studies have found women struggling to attain the necessary support from healthcare professionals to write and use birth plans (Lewis et al., 2014; Whitford et al., 2014), and questions remain about whether birth plans can achieve their stated aim of enhancing women's choice and sense of control in labour and birth (Malacrida and Boulton, 2014). Furthermore, women have described healthcare professionals failing to recognise and respect their stated preferences and wishes during labour (Too, 1996a; Whitford and Hillan, 1998; Brown and Lumley, 1998; Whitford et al., 2014).

In the light of these findings, and as part of our preliminary exploration of UK women's contemporary opinions and experiences of writing and using birth plans, we accessed some well-known online discussion forums, sites where women congregate to explore issues and experiences relevant to pregnancy, birth and parenting (e.g. Mumsnet, Netmums, Emma's Diary, NCT). Numerous examples of women requesting peer opinions of and assistance in writing birth plans were found, and the subject appeared to elicit a diverse range of opinions and responses. Further, in our exploration of a sample of maternity 'handheld' notes, we found a number of very different templates available for writing a birth plan, ranging from a blank page to a detailed description of the kind of information required under various headings.

Given the lack of consensus in published literature and from our own narrative review (Divall et al., 2016), the fact that the majority of published studies relate to research undertaken outside the UK and often in highly dissimilar care settings, and the continued debate seen in our exploration of online discussion forums, this small scale study aimed to determine the ongoing relevance of birth plans as an area for further research in the UK context.

The primary aim of the study was to explore the views and experiences of women on the subject of writing and using birth plans. Secondary aims were to learn more about resources accessed by women when writing birth plans, and which elements of care they considered important to include in their birth plans.

Methods

Study design

A qualitative approach was taken to the design of this study, with data collected via the discussion boards of two well-known, UK-based online parenting forums. A qualitative design was considered appropriate due to the exploratory nature of the research (Robson, 2013). The use of Internet-mediated research (IMR) methods was considered appropriate for several reasons. In line with the increasing popularity of the Internet among pregnant women seeking information (Larsson, 2009; Bert et al., 2013) and peer support (Lagan et al., 2006, 2010; Lewallen et al., 2014), there has been increasing engagement with IMR among research communities. Reported benefits include reduced costs (Holmes, 2009), ease of access for participants and researchers

Table 1
Questions posted on discussion boards.

Question number	Question details
1	Birth plans: what do you think? Did you write a birth plan in preparation for labour and birth? We'd like to hear your experiences and opinions
2	Bringing up birth plans Did you or your midwife raise the topic of birth plans, either during your antenatal visits or in labour? We're interested to know whether birth plans are a normal part of discussions during pregnancy and birth
3	How do you find information to write a birth plan? We'd like to find out more about where you went to get information when you were writing a birth plan: the Internet? Your midwife? Friends and family? Or all of the above?

(Whitehead, 2007; Holmes, 2009), and a wide reach, particularly among respondents considered less likely to engage with traditional research methods (Whitehead, 2007; Holmes, 2009; Hunter, 2012). In the context of birth plans, we had noted considerable discussion among women on relevant parenting forums, from which we assumed a population likely to engage with the subject matter we were exploring and confident in utilising online forums. A more detailed description of and justification for the use of Internet-mediated research (IMR) in this context is provided in a separate paper reflecting on the study methodology.

Participants

A convenience sample of women accessing the selected parenting websites, Mumsnet and Netmums, was recruited. We did not specify a sample size, due to the exploratory nature of the study. Inclusion criteria were women who were planning to use, had already used, or chose not to use a birth plan, and who were registered users of one or other of the parenting websites. Participants would need to be able to participate in English, and competent in using a computer or Internet-enabled mobile device to access the discussion forums. We did not specify any age restrictions. Women would self-exclude from the study by not being registered users of the sites, or by choosing not to respond to our questions.

Data collection

Data were collected via discussion boards in specific areas of the selected parenting sites: 'Not for profit surveys' on Mumsnet, and 'Survey requests' on Netmums. All data were collected from responses to a series of three questions (Table 1, below), each posted as a new thread on the relevant discussion boards. The first author engaged in discussion with respondents, highlighting significant points and encouraging further discussion throughout the process. Data were collected between August and September 2015. At the end of this period, a message of thanks was posted on each thread, and visitors to these boards were informed that no further comments were being collected.

Table 2
number of responses to each discussion question.

Question	Number of responses
1. Birth plans: what do you think?	27
2. Who brings up the subject of birth plans?	5
3. How do you find information to write a birth plan?	2

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