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Making physiological birth possible: Birth at a free-standing birth centre in Berlin

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ABSTRACT

Background: the practical training in midwifery education in Germany takes place predominantly in hospital delivery wards, where high rates of intervention and caesarean section prevail. When midwives practice birth assistance at free-standing birth centres, they have to make adjustments to what they learned in the clinic to support women without the interventions common to hospital birth.
Objectives: the primary aim of this study was to investigate and describe the approach of midwives practicing birth assistance at a free-standing birth centre.
Methodology: a qualitative approach to data collection and analysis with grounded theory was used which included semi-structured expert interviews and participant observation. Five midwives were interviewed and nine births observed in the research period. The setting was a free-standing birth centre in a large German city with approximately 115 births per year.
Findings: the midwives all had to re-learn birth assistance when commencing work outside of the hospital. However, having been trained predominantly in hospital maternity wards, they have retained many aspects characteristic of their training. The midwives use technology, although minimal, and medical discourse in combination with 1:1, woman-centred care. The birthing woman and midwife share authority at birth. The fetus is treated as an ally of the mother, suited for birth and cooperative. Through use of objective and subjective criteria, the midwives have their own approach to making physiological birth possible.
Key conclusions and implications for practice: to prepare midwives to support low-intervention birth, it is necessary to include training in birth assistance with women who birth physiologically, without interventions common to hospital birth. The results of this study would also suggest that the rate of interventions in hospital could be reduced if midwives gain more experience with women birthing without the above-mentioned interventions.

Introduction

Birth in Germany has become synonymous with a highly medicalised event, apparent in caesarean section rates for 2009 of over 30% (Bölt, 2009; Gesundheitsberichterstattung, 2010) and high rates of interventions in births taking place in hospital delivery rooms, leaving only an estimated 7% of women who birth without any interventions (Schwarz, 2008). German midwifery laws support midwives' autonomy regarding birth, mandating that a midwife must be present at each birth, whereas this is not true for physicians, as is stated in Part II, Section 4 of the German Midwife Laws (Horschitz and Kurtenbach, 2003). Nevertheless, the fact that midwives are in attendance at each birth has not contributed to the amelioration of rates of intervention. Further, the practical training for midwifery certification takes place almost exclusively in hospital delivery rooms (Pädigogischer Fachbeirat des DHV, 2004), leaving newly certified midwives with almost no experience attending births without interventions.

Less than 2% of women in Germany opt for an alternative to hospital birth, and can choose between a free-standing birth centre or home (Loytved and Wenzlaff, 2007). Midwives who practice birth assistance outside of the hospital accompany women without the routine use of invasive interventions, including continuous fetal heart monitoring, epidurals and augmentation with oxytocin, and have, therefore, developed profound experience in this area. This study arose out of the desire to research, and describe the birth assistance at a free-standing birth centre through expert interviews with the midwives who work there and through participant observation at births. Underlying the choice for the research location was the assumption that the low rate of interventions at births taking place outside of the hospital rests significantly on the approach that the midwives use to care for women during the birth process. In analysing this approach, the knowledge and practical work of midwives was evaluated to understand their interaction with birthing women

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and how this supports the physiological birth process, thereby lowering the necessity for interventions.

Background

Birth in Germany

As in many other western countries, by the 1960s, birth in Germany had largely moved to the hospital (Schumann, 2009). Choice of birth place is seen as having been connected to the type of care that a woman received in pregnancy; women who were cared for by midwives during pregnancy were more likely to have their babies at home—while those cared for by physicians were more likely to give birth in a hospital. Obstetricians promised women a safer and more secure birth in the hospital, and the women followed their advice (Schumann, 2009).

In 2008, 682,514 live births took place in Germany (Statistisches Bundesamt, 2010), less than 2% of which occurred outside the hospital. Of those women who gave birth in hospitals in 2008, 200,452 (30.2%) underwent a caesarean section (Gesundheitsberichterstattung, 2010). In addition, according to a study by Schwarz (2008), only 6.7% of women who gave birth in hospitals in Lower Saxony did so without any medical intervention.

In order to document the outcomes of out-of-hospital births and put widespread criticism from the obstetrical community to rest, an organisation called QUAG e.V. (Quality of Out-of-Hospital Birthing Care in Germany) has been collecting data on home- and birth centre births since its inception in 1999. The outcome of these efforts was published in the first study of its kind in Europe, the 5 year study published in 2007 entitled 'German Out-of-Hospital Birth Study 2000–2004' (Loytved and Wenzlaff, 2007). The study, which included 47,453 births, revealed that 36,883 (87.5% of the study group) succeeded in giving birth at the place where the birth was initiated (out-of-hospital). Further results showed that 39,557 women or 93.9% gave birth spontaneously. The rate of caesarean section was 4.3% of the total number of births begun outside of the hospital, while 1.8% of the babies were delivered by vacuum extraction.

Free-standing birth centres in Germany

The birth centres in Germany grew out of second wave feminism in the 60s and 70s, which encouraged women to become more knowledgeable about their bodies and take back the control that they had put into the hands of the medical community (Stolzenberg, 2000). In 1982, the self-help group, 'Birth Centres for a Self-Determined Birth' was established in Berlin. It was an officially registered organisation inspired by Hanne Beittel, who at the time was a nurse with experience in hospital delivery wards in Chicago, Pittsburgh and Paris, and in Berlin at a maternity ward. After several of her own birthing experiences in which she was forced to fight hospital personnel to remain conscious during birth, she became interested in alternatives to hospital birth. Her search brought her in contact with birth activists such as Michel Odent, Kitty Reid, and Sheila Kitzinger (Beittel, 2010).

In its early years, the organisation offered counselling and advice to pregnant women and parents. At informational evenings, lectures were presented on various topics relating to pregnancy, birth and infant care. But 5 years would pass before the first free-standing birth centre, the Birth Centre at Klausenerplatz in Berlin, finally offered birth assistance (Geburtshaus, 1992). Beittel, equipped with an instruction manual from Kitty Ernst in the USA which she translated herself, helped adapt the information to the German health-care system. Since midwives had legislation on their side designating them the experts of normal birth, the greatest hurdle was the search for a midwife team with the courage to challenge the status quo and offer this new alternative to hospital birth (Beittel, 2010).

The first team of midwives experienced extreme resistance from obstetricians and the media, who branded the midwives as potential baby murderers (Beittel, 2010; Wepler, 2010). To counteract the numerous accusations, the midwives decided to incorporate certain safety strategies familiar to them from hospital births, including the use of a fetal heart monitor. While they employed it only intermittently during birth, the midwives felt that it was indispensible—in part to underline the professionalism of the service they offered (Hepper, 2010; Wepler, 2010). The fetal heart monitor was firmly established in hospital births at that time, and was believed to save the lives of unborn babies (Wepler, 2010). Another component of the births in the birth centre was the presence of a second midwife at each birth. Beittel encouraged this practice as a way to create quality standards. She emphasised the importance of teamwork with common guidelines. The midwives discussed each birth and, at times, felt as if they were reinventing the wheel, since their hospital experience contributed little to understanding birth without the typical interventions that they had worked with at hospital deliveries, such as epidurals, oxytocin drips, and opiates.

Today, approximately 100 birth centres exist in Germany. They face various challenges, including an increase of almost 50% for liability insurance premiums for midwives practicing birth assistance outside a hospital, and the high cost of internal audits to qualify for operating-cost reimbursement by the statutory health insurance companies. The survival of birth centres, especially the smaller ones, is threatened.

The socialisation and training of midwives

Preparing women to become midwives, as is true of all professional education, is as much a process of socialisation and integration in the profession, as it is the acquisition of theoretical and practical knowledge. According to Benoit (2001, p. 139), midwifery education 'refers to the formal requirements and organisation of the midwife training programme,' while socialisation 'signifies the informal process…by which a midwife acquires the shared culture of midwifery.' Illich (1973 in Benoit (1989, p. 139)) called this 'hidden curriculum.'

The shift from apprenticeship training to midwifery-school training in 18th century Germany removed the midwife from the community. Having learned the practice of midwifery in a large city hospital with physicians lacking the experience of normal labour and birth, she was unprepared to assist women at home (Labouvie, 2007). What these midwives had learned was how to fill out papers, properly document their work with the village families, and report to public authorities and institutions.

Research in different settings concerning learning through participation has found that it is more than just 'learning by doing' (White, 2010). It is a way of creating an identity in a social context while becoming a member of the profession for which one is training—Lave and Wenger (1991) in Fuller et al. (2005) and White (2010). In midwifery training in Germany, students spend the majority of their practical training in birth assistance in hospital delivery rooms, with only a 6-week internship spent with an independent midwife or in a free-standing birth centre (Brauen et al., 2004). This equation leaves midwife students in Germany with little, if any, participatory experience at out-of-hospital birth.

The setting where midwifery training is located and the competencies that are taught and assessed as valuable at that location are of paramount importance to the way a midwife will