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The Canadian Birth Place Study: Describing maternity practice and providers' exposure to home birth

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ABSTRACT

Objectives: (1) to describe educational, practice, and personal experiences related to home birth practice among Canadian obstetricians, family physicians, and registered midwives; (2) to identify barriers to provision of planned home birth services, and (3) to examine inter-professional differences in attitudes towards planned home birth.
Design: the first phase of a mixed-methods study, a quantitative survey, comprised of 38 items eliciting demographic, education and practice data, and 48 items about attitudes towards planned home birth, was distributed electronically to all registered midwives ($N=759$) and obstetricians who provide maternity care ($N=800$), and a random sample of family physicians ($n=3{,}000$).
Setting: Canada. This national investigation was funded by the Canadian Institutes for Health Research.
Participants: Canadian registered midwives ($n=451$), obstetricians ($n=245$), and family physicians ($n=139$).
Findings: almost all registered midwives had extensive educational and practice experiences with planned home birth, and most obstetricians and family physicians had minimal exposure. Attitudes among midwives and physicians towards home birth safety and advisability were significantly different. Physicians believed that home births are less safe than hospital births, while midwives did not agree. Both groups believed that their views were evidence-based. Midwives were the most comfortable with including planned home birth as an option when discussing choice of birth place with pregnant women. Both midwives and physicians expressed discomfort with inter-professional consultation related to planned home births. In addition, both family physicians and obstetricians reported discomfort with discussing home birth with their patients. A significant proportion of family physicians and obstetricians would have liked to attend a home birth as part of their education.
Conclusions: the amount and type of education and exposure to planned home birth practice among maternity care providers were associated with attitudes towards home birth, comfort with discussing birth place options with women, and beliefs about safety. Barriers to home birth practice across professions were both logistical and philosophical.
Implications for practice: formal mechanisms for midwifery and medical education programs to increase exposure to the theory and practice of planned home birth may facilitate evidence based

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informed choice of birth place, and increase comfort with integration of care across birth settings. An increased focus among learners and clinicians on reliable methods for assessing the quality of the evidence about birth place and maternal-newborn outcomes may be beneficial.

Introduction

Recent cohort studies from Canada (Hutton et al., 2009; Janssen et al., 2009) and elsewhere (de Jonge et al., 2009; Brocklehurst et al., 2011) indicate that planned home births result in similar maternal and perinatal outcomes but with fewer obstetric interventions compared to hospital births. Planned home births are defined as those involving healthy term parturients who are cared for by qualified birth attendants, and have access to medication, consultation, and hospitalization when necessary. There is public demand for home birth (Longworth et al., 2001; Banyana and Crow, 2003; Ministry of Health and Long-Term Care, 2011; MacDorman et al., 2012) and women who plan home births indicate high satisfaction (Janssen et al., 2006; Christiaens and Bracke, 2009; Janssen et al., 2012). A recent study (n=3,680) found that 19% of Canadian university students (the next generation of maternity care consumers) are also interested in out-of-hospital birth settings (Carty et al., 2007).

Public health advisory boards and professional organizations in many jurisdictions recommend that a woman's informed choice of place of birth be respected, including access to planned home birth maternity services (World Health Organization, 1997; National Institute for Health and Clinical Excellence (NICE), 2007; Royal College of Obstetricians and Gynaecologists & Royal College of Midwives, 2007; Society of Obstetricians and Gynecologists of Canada, 2009; Canadian Association of Midwives, 2010). Yet, other professionals and professional associations have concluded that there is insufficient evidence on safety of home birth to support this option (Wax et al., 2010a, b; American College of Obstetricians & Gynecologists, 2011; Royal Australian and New Zealand College of Obstetricians and Gynecologists, 2011).

Choice of birth place

While safety of birth in all settings is the first priority for all stakeholders, choice and self-determination are also highly valued in North American maternity care. A woman's choice of birth place assumes that she has a range of options and access to qualified providers. Despite mounting evidence that planned home births are safe (Janssen et al., 2009; Hutton et al., 2009), cost-effective (Anderson and Anderson, 1999; O'Brien et al., 2010), and in demand in urban and rural Canada (Grzybowski et al., 2007; Norberg, 2007), the majority of women in Canada give birth in hospitals and access to birth at home or in birth centres is limited. Ten per cent of women in Canadian provinces where regulated midwifery is available are attended by midwives, and approximately 20% of those births are planned home births (3% of all births) (Canadian Institute of Health Information, 2007).

Women who choose home birth report that their ability to control the birthing environment and process of care is a key determinant of their choice of birth place. Specifically, women note that planned home births increase their privacy, comfort, and convenience, decrease the rates of medical interventions, provide greater cultural and spiritual congruency, change the provider-patient power dynamics, and facilitate family involvement and a relaxed, peaceful atmosphere. Women who have chosen home births consistently report that these factors increase their sense of safety, and allow them the self-determination and empowerment necessary to fully participate in decision making around aspects of their care (Cunningham, 1993; Banyana and Crow, 2003; Janssen et al., 2006; Christiaens and Bracke, 2009; Lindgren and Erlandsson, 2010; Janssen et al., 2012).

In Canada, primary maternity care may be provided by registered midwives, family physicians or obstetricians. There are provincial/territorial differences in how midwifery is legislated and organized, but the Canadian model of midwifery practice is similar across all regulated jurisdictions, and is unique internationally. Registered midwives are autonomous primary care providers, who provide continuous care to mothers and newborns throughout pregnancy, birth and postpartum periods. They collaborate with obstetricians and other health professionals as indicated and as guided by regulation, legislation, and standards of practice. They must be competent and willing to provide care in a variety of settings, including homes, birth centres, and hospitals. Registered midwives are currently the only maternity care providers in Canada who routinely offer choice of birth place (Canadian Midwifery Regulators Consortium, 2012).

In most provinces, physicians face significant regulatory, legislative, and logistical barriers to the provision of home birth services. Recently, physician regulators in Ontario and British Columbia have rescinded policies which would have left physicians open to charges of 'professional misconduct' for attending home births (College of Physicians and Surgeons of Ontario, 1994; The College of Physicians and Surgeons of British Columbia, 2009). It remains to be seen whether this will lead to an increase in physicians who offer out-of-hospital birth.

Although Canadian health policy and decision-makers support choice of birth place in the provinces with regulated midwives (Society of Obstetricians & Gynaecologists of Canada, 2003), the rate of planned home birth is influenced by availability of attendants, access to unbiased information, perinatal profile and eligibility, and cultural norms. Provider attitudes towards certain maternity care options have been demonstrated to influence women's choices (Cheyney, 2008; Lindgren et al., 2010). For example, studies have shown that providers' knowledge, attitudes, and experiences with breast-feeding correlate with rates of successful breast-feeding initiation and duration (Burglehaus et al., 1997; Hillebrand and Larsen, 2002; DiGirolama et al., 2003). Similarly the opinions of their primary care givers and the nature and length of discussion about caesarean section on demand influence women's choices regarding mode of delivery (Al-Mufti et al., 1997; McGurgan et al., 2001; Finsen et al., 2008). Because only midwives offer home birth in Canada, choice of maternity provider and choice of birth place are often linked.

Existing studies on attitudes toward home birth

No previous investigations have focused on Canadian maternity care providers' attitudes towards planned home birth. There are a limited number of international studies on provider attitudes toward home birth, none of which used a quantitative instrument with validated psychometric properties to examine attitudes.

The only Canadian study that collected any data on this issue asked midwives, family physicians, obstetricians, doulas, and nurses one question about attitudes towards home birth (Klein et al., 2009; McNiven et al., 2011). Findings of that study suggest that maternity care providers do not agree about the safety of planned home birth: 88.9% of obstetricians and 73.3% of family physicians agreed with the statement '*Homebirth is more dangerous than hospital birth, even in uncomplicated pregnancies*',