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Deciding on home or hospital birth: Results of the Ontario choice of birthplace survey

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ABSTRACT

Objective: decision-making autonomy regarding where to give birth is associated with maternal satisfaction with childbirth but how women decide their location of birth is poorly understood. The aim of this study was to understand how pregnant women in Ontario, Canada decide to give birth at home or hospital and why they choose one birthplace over another.
Design: a mixed methods survey completed by midwifery clients in Ontario pertaining to sources of information about choice of birthplace and decision-making priorities.
Findings: decisions about choice of birthplace are made before becoming pregnant or during the first trimester. Books and research are important sources of information for women when deciding where to give birth. Women who planned home birth wanted to avoid interventions and felt most comfortable at home. Those who planned hospital birth wanted access to pain medication and found the idea of home birth stressful. Questions about the safety of home birth are a critical barrier to those who are undecided about where to give birth.
Key conclusions: beliefs and values about birth and the desire for pain relief options play significant roles in women's decisions, but are balanced with views of safety and risk. Regardless of where they have their baby, midwifery clients believe that birth is a natural process.
Implications for practice: the findings provide health care providers and women with a deeper understanding of the factors for consideration when deciding where to give birth.

Introduction

Choice and autonomy to determine where to give birth are significant factors in maternal satisfaction with childbirth, yet little is known about what motivates women to choose one place of birth over another (Hadjigeorgiou et al., 2012). Previous literature, focused on the decision to give birth in hospital, highlighted women's belief that hospital was safer than home should complications arise (Madi and Crow, 2003; Houghton et al., 2008; Pitchforth et al., 2008). Other motivations for having a hospital birth included feeling 'protected' by the medical environment, wanting easier access to pain medication and increased monitoring, and the belief that it is cleaner than home birth (Houghton et al., 2008; Pitchforth et al., 2008). For many women, hospital birth was seen as the 'default' choice due to lack of availability, lack of information, or due to a higher risk pregnancy (Madi and Crow, 2003). All midwives in the province of Ontario, Canada offer a choice of birthplace of home or hospital thus providing an ideal setting to study women's decision-making around choice of birthplace.

Our review of the existing literature on choice of birthplace revealed that most studies focused on either home or hospital in isolation, rather than comparing or contrasting the choice for one over the other. Much of the research on choice of birthplace was based on retrospective satisfaction with one's birth experience and did not consider decision-making prior to birth. Satisfaction with birth was not consistently higher in one birthplace or another, but was more closely associated with the woman's perception of her involvement in shared decision-making about the birth, feelings of control and having adequate information (Christiaens and Bracke, 2007; Christiaens et al., 2007; Cheyney, 2008; Houghton et al., 2008; Christiaens and Bracke, 2009; Hadjigeorgiou et al., 2012).

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There was also limited research from the Canadian context with the exception of a study from Ottawa in 1987 that considered women's preference for giving birth in hospital, birth centres or home (Soderstrom et al., 1990). The authors described demographic characteristics for women choosing home or hospital, and provided a description of the rationale for women's choices. However, the study was done prior to legislation and regulation of midwives in Ontario. At that time, women wanting midwives as care providers were only able to have home births and paid for midwifery services out of pocket. Thus, these findings may not reflect current options where women can choose midwives as their primary care provider paid for by the health care system and can choose to have either a home or a hospital childbirth. The purpose of our study was to understand how pregnant women in Ontario decide to give birth at home or hospital and why they choose one birthplace over another.

Methods

Ethical approval was obtained from the McMaster University Research Ethics Board. Data were collected between January and July 2012 using a mixed methods survey design. Data collection was done using a self-administered questionnaire. Questions were developed based on the themes identified in our previous qualitative study which investigated motivations for choosing home birth and focused on sources of information, influential factors in decision-making and the role of health care providers (Murray-Davis et al., 2012). The questionnaire was structured in three sections. The first addressed sources of information used to make a decision. The second section had three separate subsets of questions unique to the identified choice of birthplace – home, hospital or undecided. Many questions overlapped across the three subsets, but there were some unique questions relevant only to the specified location of chosen birthplace. The final subsection asked those planning home or hospital to rank their top three decision-making priorities. The questionnaire included seven-point Likert scales with options from 'very important' to 'very unimportant', open-ended questions. The questionnaire was tested for face validity by convenience sample of 10 women and five midwives. Minor revisions were made to questions following their feedback but full testing of validity and reliability of the tool was not done.

The sample was drawn from 85 midwifery practices in Ontario. Using six geographical regions in the Province, as determined by the Association of Ontario Midwives, nine practice groups were randomly selected per region and invited to participate as recruitment sites. Recruitment sites were sent posters and survey packages to distribute to all eligible women. 600 surveys were distributed in total, with 100 per region. Recruitment in midwifery practices was variable with some sites making the poster visible, whereas at other sites the midwife or the practice administrator informed the women about the study.

Women at greater than 24 weeks gestation, older than 16, who had an equal opportunity to give birth at home or hospital, and who had no contraindications to vaginal birth were eligible to participate. The questionnaire was filled out on paper and sent back by postage paid envelope or online using SurveyMonkey. Women were asked where they planned to give birth and were provided with the following options: home, hospital or undecided (at the time of survey completion). The data will be presented in these three cohorts. Data analysis of Likert scales were done using Excel to generate descriptive statistics, and open-ended questions were analysed thematically.

Findings

Twenty-four of the 54 midwifery practices invited agreed to participate as recruitment sites. Two hundred and nineteen surveys were returned and 214 were included in the final analysis. Five surveys were excluded from the final analysis, four because the woman had already given birth at the time the survey was completed, and one because the woman was pregnant with twins and was therefore not able to make a choice to have a home birth (College of Midwives of Ontario, 1999). One hundred twenty-two (57%) surveys were completed on paper and 92 (43%) surveys were completed online.

Demographics of participants are listed in Table 1. Of the 24 recruitment sites, three (14.3%) practices were designated rural/remote and the other 85.7% designated as urban. This is somewhat reflective of the distribution of midwifery practices in the province of Ontario where 19 of 85 (22%) are designated as rural/remote.

The majority were aged 30–34 (54%), married (85%), had completed college or university (65%), and described their income bracket as 'medium' (69%). Eighty-two (38%) were nulliparous, 130 (61%) were multiparous and two participants did not answer. The mean gestational age at the time of survey completion was 32 weeks.

Seventy-eight respondents (36.4%) indicated 'home' as their choice of birthplace, 123 respondents (57.5%) identified 'hospital' and 13 respondents (6.1%) were still undecided. Most participants indicated choice of birthplace was decided either before becoming pregnant or within the first trimester.

The questionnaire was divided into three sections: sources of information used when deciding about birth place (Table 2), reasons for choosing place of birth (Tables 3 and 4), and decision-making priorities (Table 5). Results are presented here according to the three sections of the questionnaire and then described more fully for each cohort – home, hospital and undecided at the time of completing the questionnaire.

Participants were asked to also identify their top three reasons for choosing home or hospital birth. Five women from the hospital group selected more than three reasons when completing this question. The cohort of women who had not yet made a decision about where to give birth was excluded from this question.

The top three decision-making priorities were that they felt safer and more comfortable in their chosen location and they believed that birth was a natural process. Those planning a home birth most frequently identified: birth as a natural process (65.7%); wanting to avoid interventions (46%); and feeling more comfortable at home (34.2%). Those planning hospital birth most frequently identified feeling safer in hospital (74.7%) as their decision-making priority. Other top priorities included wanting access to pain medication (38.2%) and feeling more comfortable (35.7%).

Those planning a hospital birth were more likely to identify a history of a complicated birth as a factor in their decision-making (19.5%) over those planning home birth (0%). Concerns about the mess of home birth (30%) and previous positive hospital experiences (20.3%) were identified by women planning hospital birth, whereas neither were identified by those planning home. Eighteen per cent of those choosing home birth cited wanting to have water births and to control their surroundings compared to 2% in the hospital group.

Participants were invited to identify additional decision-making priorities in an open-ended question. Several women planning hospital births expressed a desire for access to interventions and services only provided in the hospital. Also, they stated that living one to two hours from the nearest hospital played a role in their decision.

Participants in all cohorts (77%) expressed a desire to have access to birth centres in Ontario (72% home group, 79% hospital group, 85% undecided group):

> Best of both worlds, less clinical, busy, stressful than hospital, more comfortable.

Participants expressed a belief that birth centres would provide an environment for labour and birth without intervention and