Sexual & Reproductive Healthcare 18 (2018) 24–29

Contents lists available at ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.elsevier.com/locate/srhc

Working with home birth – Swedish midwives' experiences

Maria Ahl, Ingela Lundgren*

Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Box 457, 405 30 Gothenburg, Sweden

ARTICLE INFO

Keywords:
Home birth
Midwife
Experience
Work environment
Normal birth
Practical skills

ABSTRACT

Objective: The aim was to describe Swedish midwives' experiences of working with home birth.
Methods: Two focus group interviews were conducted with eight home birth-attending midwives. Data were analysed with qualitative content analysis.
Results: Four main categories were identified: *the birth as a meaningful moment*; *to fully focus on the birth*; *to practise the craft*; and *not to be part of the health care system.* The midwives viewed childbirth as a significant moment that should be conducted on the woman's terms. Working with home birth enabled them to work at their own pace and focus fully on the woman. During home births, they learned more about normal birth, and developed their practical skills and professional knowledge with little reliance on technology. They did, however, not feel fully accepted in the maternity care system.
Conclusion: This study contributes to the discussion about midwives' experiences of working with home birth in contexts where home birth is not covered by public health care. The study shows that the work environment influences how midwives perform their craft, how they follow and support normal birth, and how the birth setting influence valuing their work.

Introduction

Historically in Sweden home births predominated until the late 1800 s. Gradually, maternity care was transferred to hospitals. In 1960, home births were taken out of the public health care regime and could only be conducted under private care [1]. Since home births are not covered by Swedish health care, women have to make arrangements with an independent midwife or obstetrician and finance the home birth themselves, except in Stockholm County, where multiparous women who meet certain medical criteria may qualify for public funding [2].

In Sweden approximately one woman in 1000 have a planned home birth, and about ten times more women would make that choice if home birthing was an option in the health care system [3]. There are only approximately 20 home birth-attending midwives in the country [2], and most of them have other jobs and are not always available when the woman goes into labour. In one study, 14% of women who had planned a home birth were transferred to hospital because of midwife unavailability [4].

In Swedish maternity care, midwives are the primary caregivers; they are responsible for managing normal birth, and further for prenatal and postnatal care if there are no complications. They have competence to identify and evaluate anomalies and complications during the normal course of pregnancy and labour [5].

Several studies show that, in countries with well-functioning prenatal care, where there are skilled attendants during birth, and where fast transport to hospital is available if needed, home birthing is a safe alternative for a healthy woman with a low-risk pregnancy [6–8]. According to the Birthplace in England Collaborative Group [9], home birthing is a safe alternative for healthy multiparous women with a previous normal birth. A Swedish study [10] shows that home births result in fewer medical interventions and lower risk of sphincter rupture.

A home birth can have many advantages according to women with experiences of giving birth at home. Privacy during labour can lead to a calm and harmonious birthing process [11], and having authority and autonomy during the birth means being able to choose and get to know the assisting midwife before the birth, and to give birth on one's own terms [11,12].

According to British and American midwives [13,14], a home birth can be beneficial for both the mother and the infant. It can ease mother-child bonding and the establishment of breastfeeding. Home birthing can also improve the experience of birth, as labour can be easier and less traumatic because the woman tends to be more relaxed and calm. In a Norwegian study [15], midwives stressed that all disturbance should be avoided; birthing women need a quiet, private and safe place

* Corresponding author.
E-mail address: Ingela.Lundgren@gu.se (I. Lundgren).

https://doi.org/10.1016/j.srhc.2018.08.006
Received 24 June 2018; Accepted 30 August 2018

to fully concentrate on labour and enter an inner world and the birthing process.

Regarding the midwife's experience, community midwives in England described a range of experiences, from a feeling of isolation, which led to stress and anxiety, to feeling more relaxed and in control [13]. Presence of support from the surroundings and society affected American nurse-midwives' decisions regarding whether to attend home births or not [14]. Home birth-attending midwives in the Nordic countries described their work as highly satisfactory. They said that it was rewarding to be able to work according to their ideals, and that being a home birth midwife was a lifestyle [16].

There is some research about home births related to medical safety and women's experiences; however, only a few studies have been done about midwives' attitudes and experiences of working with home birth, and none exclusively from Sweden, a country where home birth is not covered by public health care. Consequently, the aim of this study was to describe Swedish midwives' experiences of working with home birth.

Methods

In this study, two semi-structured focus group interviews were conducted and analysed using qualitative content analysis [17]. The group interaction during a focus group interview can give depth as well as a broad spectrum of opinion. A semi-structured interview with prepared open research questions allows the participants to steer the course of the conversation to topics that are important for them [18]. In qualitative content analysis, categories are created in order to get a condensed, but broad, description to increase comprehension and knowledge about experiences [17].

Participants and data collection

An interview guide was constructed; the interview guide included the following three questions: Why do you work with home births? Describe your experience regarding the work environment and risks during a home birth. How does working with home birth differ from working at a hospital maternity ward? We e-mailed midwives and asked them to participate. If they answered they received further information about the study. The inclusion criteria for the study were midwives with experiences attending home births in Sweden.

The first interview was part of a master thesis; the study was expanded with one more interview with four midwives in another region of Sweden in 2017. The interviews included eight midwives, they were all women aged 30–64 years, and had worked as midwives for 4–37 years. They had assisted home births between four and around 80 times. The interviewers started off by asking the first question, and then gave the participants the opportunity to freely discuss the topic. The interviewers asked follow-up questions to get further clarification if needed, keep the discussion going, and keep the focus on the midwives and their own experiences. The interviews lasted for 78 and 77 min. In both groups the midwives had a wide variety of experience of midwifery. All participants had experience of work on maternity wards in hospitals; five were still working there.

The interview guide and the first interview and the analysis were conducted by MA and IL. An assistant, AA, who is a midwife, assisted during this process. The second interview and final analysis was conducted by MA and IL. The two interviews were analysed together. The two authors have different experience and, therefore, pre-understanding of the phenomenon of home birth. MA has experiences of hospital maternity care while IL has past experiences of working both in hospital maternity care and with home birth.

When conducting this study, we followed the Codex Rules and Guidelines for Research regarding information, confidentiality, consent, and ethical use of data [19]. The participants received written information about the study and gave their informed consent. All material has been handled confidentially to ensure anonymity. Approval for the study was obtained from the Gothenburg University Ethics Committee.

Data analysis

The data were analysed according to Lundman and Hällgren-Graneheim [20]. First, the interview was recorded, transcribed literally, and read through thoroughly to get familiar with the data and gain a sense of the whole. Sections of meaning of relevance to the research question were extracted from the transcript, then shortened and condensed into codes. The most central content was retained without omitting anything essential. Codes with the same content and meaning were organized into subcategories with focus on similarities and differences, keeping in mind the three research questions. During categorization, a new pattern emerged and a more inductive approach was chosen. The subcategories were merged into main categories. To ensure that the contents and context of the data were retained during the analysis, the authors moved back and forth between the sections and the whole. Categorization was achieved through collaboration between the authors.

Findings

During analysis, four main categories emerged: *the birth as a meaningful moment*; *to fully focus on the birth*; *to practise the craft*; and *not to be part of the health care system*, as discussed below:

The birth as a meaningful moment

The category 'The birth as a meaningful moment' includes two aspects: giving women the option of home birthing and seeing childbirth as a significant moment for the birthing woman as well as the midwife.

Giving women an option

The midwives saw a need for options in maternity care, because there are some women with a strong wish to give birth at home. They thought that it is important for women to be able to choose the place where they give birth. They did not want women to take risks by giving birth without professional assistance.

> *I want to give women who need to birth at home the opportunity to give birth – they need the security, and to keep their integrity, and decide for themselves.*

Childbirth as a significant moment for the midwife

The midwives considered childbirth a unique, existential and life-changing for the birthing woman, with potential for personal growth. Childbirth was significant for the midwife as well. The participants described it as a divine moment; it gave them gratification and they wanted to be present in that moment and be part of the magic. It was powerful to be a part of the experience when women grew by giving birth. Compared with hospital births, home births were meaningful moments that would be remembered fully, and was described as extra magical.

> *… but a home birth you carry with you through life … then that happened, then it was like this, then I felt like that; it has another place in your conscience.*
> *I feel like my whole body absorbs that experience.*

To fully focus on the birth

To fully focus on the birth means to be able to work at your own pace with the natural process in mind and to give full focus to the birthing woman.