



Being a homebirth midwife in the Nordic countries – a phenomenological study



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ABSTRACT

Objective: To describe the lived experience of being a homebirth midwife in the Nordic countries.

Methods: Interviews conducted with 21 homebirth midwives from the five Nordic countries were analyzed with a phenomenological approach.

Results: The essential structure of being a homebirth midwife in the Nordic countries can be understood as realizing altruistic values and fulfilling one's own desires for working life, by facilitating the desires of the women giving birth. By being "active-passive" – using all her senses and letting her intuition lead her – the midwife supports women during labor and birth. Medical skills, evidence-based knowledge and experience are important for providing the optimal care in each situation. Further this becomes the midwife's chosen lifestyle, which alters her own self, making her available to assist the mother-to-be in fulfilling her wishes for a good birth. Finally, being able to use one's own full potential during a home birth is experienced as the ideal way of working as a midwife, practicing the art of midwifery.

Conclusion: The experience of being a homebirth midwife in the Nordic countries includes making an adaption to a lifestyle that is considered the basis for a satisfactory and rewarding way of working. A sense of fulfillment is achieved through experiencing the possibility to work according to one's own ideals concerning the art of midwifery. The beliefs about a woman's ability to give birth and understanding the importance of a positive birth for both the mother and the newborn baby are essential.

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Background

In Europe, most births take place in hospitals, and the rate of home birth differs by country. The highest rate of planned home births in the Nordic countries – Denmark, Iceland, Norway, Finland and Sweden – is found in Iceland, with about two percent [1]. The rate in Denmark is about one and a half percent, in Sweden and Norway about one per mille and in Finland about one in three thousand. In Denmark, home birth is a publicly funded alternative and guidelines for home births are available. In Norway, Finland, Iceland and Sweden, the pregnant woman has to find a midwife willing to assist the birthing process; in Iceland and Norway home births are partly paid for by taxes and there are national guidelines to regulate the service. In Sweden and Finland women have to pay for the home birth themselves and there are no national guidelines available [1]. In Sweden, Stockholm County Council is an exception since

it gives financial support to midwives assisting home births under certain circumstances according to given guidelines [2]. Although the way that maternity home services are organized does not seem to affect the women's experience of the midwives' care [3], it may have an impact on the role of the midwife and practical issues in relation to securing a home birth. As the numbers of home births are small in the Nordic countries, the midwives assist just a few home births a year, at most one to two a month. It means they cannot make a living of it, and do it alongside other jobs. It is up to the individual midwives to decide how many births they are willing to assist a month, and how far they are willing to travel for assisting a home birth. The distance to the nearest hospital differs in the Nordic countries due to geographical differences [1]. In the guidelines for financial support for home birth in Stockholm there is a time limit of 40 minutes' transport to the nearest hospital for approval. The midwives most often work two by two, and have somebody in charge if they accidentally should not be able to assist as planned. They also usually arrange with some colleagues to get time off to go on a holiday.

All practicing midwives in the Nordic countries need to have license for their practice, irrespective of whether they are employed by a hospital or work independently. Midwife is a protected

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title for a licensed midwife and all midwives are obliged to follow the policy for licensed midwives [1].

Few studies have explored the experience of being a homebirth midwife. In 1995, Flloyd [4] found that the homebirth midwives had a strong conviction about women's right to choose the place of birth and that they found birth easier for women at home compared with hospital. Blix [5] reported that Norwegian midwives who assist births at home expressed a belief that protecting the birthing progress from disturbance was fundamental. They also stated that it was of importance for them to contribute to a positive experience of birth for the parents.

The experience of homebirth midwifery in the Nordic countries has not, to the best of our knowledge, been studied carefully. Deeper understanding of midwives' experiences of assisting birth at home can contribute new knowledge to the field of midwifery. The aim of this study was to describe the lived experience of being a homebirth midwife in the Nordic countries.

Methods

A descriptive phenomenological method based on the work of the philosopher Husserl [6] was used for this study. Phenomenology goes back to the Greek word "phainesthai," meaning an object as it is experienced by a subject. The purpose of phenomenology is to describe phenomena as lived and experienced by individuals [7]. The phenomenon focused on in this study is being a homebirth midwife in the Nordic countries. A central concept within phenomenology is the lifeworld perspective, that is, finding meaning in humans' everyday worlds of experience. In a lifeworld perspective, openness and a bridling attitude are of great importance. Bridling means restraining previous experience, knowledge and assumptions of the phenomenon by being open to what the phenomenon means to the informants [7]. Further, communication and interaction with the phenomenon are of importance, and to deal with this the researcher must not rush to make definite what is indefinite, but instead display a respectful attitude and allow time for the phenomenon to present itself. During the analysis, there is a movement from understanding the whole interview text, through to understanding the single meaning units, to seeing a new whole wherein the essential structure of the phenomenon is understood [7].

Participants and data collection

In all, 23 Nordic midwives were invited, and 21 agreed to participate: eight from Sweden, five from Denmark, four from Norway, two from Finland and two from Iceland. One Danish and one Norwegian midwife declined, due to lack of time and a health problem. The Norwegian and Icelandic midwives were informed and asked by a contact person in the Nordic Homebirth Project, the Danish and Swedish ones were found on webpages for home births, and the Finnish by a known midwife in Finland. The number of participants from each country was chosen in order to mirror the relative number in each country. However, more Swedish midwives than the correct relative number responded to the invitation and we did not want to deny any midwife participation in the study. The midwives had different levels of experience assisting home births, having worked with home births from two to 38 years, and the number of assisted home births they had been responsible for ranged from eight to 520.

The criteria for inclusion were having assisted at least five home births, and not having a close relationship with the interviewer. The interviews started with an open question: "Will you please tell me about your experiences of being a homebirth midwife?" This was followed by clarifying questions designed to get a deeper understanding

of the phenomenon. The interviews lasted from 43 to 94 minutes, were tape-recorded, and thereafter transcribed verbatim.

Data analysis

The data analysis was based on the description by Dahlberg et al. [7], influenced by Giorgi's phenomenological method [8]. The aim is to describe a phenomenon and its meaning, avoiding interpretation, construction and explanation and staying as close as possible to the original data [7]. First the interviews were transcribed by the first author [JS]. Then the interviews were read through several times to get an understanding of the whole. The texts were thereafter divided into smaller segments, meaning units [8], which contain statements about the phenomenon of being a homebirth midwife in the Nordic countries. The texts were read again with the aim to unpack the meaning of the text, that is, to understand the intentionality of the meanings. In a third step, the meaning units with similarities were put together in clusters. From the clusters an essential structure of the phenomenon was formulated [7]. The whole research group was involved in the process of formulating the essential structure. During these stages, the researchers moved from the parts to the whole and back again in order to detect all meanings corresponding to the research question. In the final step, the constituents further described the essential structure, i.e. parts of meaning that constitute the essential structure [7].

The Regional Ethical Review Board Committee, Lund, Sweden, approved the study [reg. number 2012 156]. Written consent was collected from all participants, and the interviews were coded to ensure confidentiality.

Results

The essential structure of being a homebirth midwife in the Nordic countries can be understood as resulting from realizing one's own altruistic values and fulfilling one's own desires for working life by facilitating the desires of the women giving birth. This means that the midwife has chosen a lifestyle whereby she makes herself available at any time to assist another woman to fulfill her wishes for having a good birth experience. A driving force for being a homebirth midwife includes the high-lighting of a positive birth experience as empowering for women that, in turn, promotes health as well as the belief that the way a human being is born into the world will affect the life of this person. The midwives have a fundamental confidence in a woman's ability to give birth on her own. The midwives believe that there is an inner universal wisdom for the women to listen to when giving birth and one task is to support women to listen to that voice. The midwives support normality by being "active-passive" by "being with the woman", following a woman during labor and birth in a free-flowing attentiveness, in the rhythm of each mother as a unique human being. Midwives use all of their knowledge and senses and let intuition lead them. This is the way of working that they want to practice, without limitations and disturbances, understood as performing the art of midwifery, containing both earthly and spiritual dimensions. Of importance for assisting a home birth is having a relationship with the woman, wherein the midwife, through the meetings during the pregnancy, can create a connection with the mother to be. Being a homebirth midwife has some consequences for private life, especially such as being on duty most of the time. In addition, homebirth midwives are sometimes questioned about their choice to assist in home births, by those who believe it exposes mother and baby to potential life and health risks.

The essential structure can be further described by its three constituents; a unique way of care in the home birth environment, using their full potential as midwives, and practicing a chosen lifestyle which alters the self, illustrated by quotations from the informants.

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