



## Home birth constructed as a safe choice in Iceland: A content analysis on Icelandic media



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### ABSTRACT

**Background:** The rate of home birth in Iceland increased from 0.1% in the 90's, to 2.2% in 2012. As the media contributes to the development and public perceptions, engagement and use of health care, it is of interest to explore the media representation of planned home birth in Iceland.

**Objectives:** The aim of this study was to explore the way in which the constructions of planned home birth are represented in the Icelandic media; the frequency with which planned home birth was discussed and by whom it was discussed; whether the discourse was congruent with practice development in the country; and if so, how such congruency was effected.

**Methods:** Data from the main newspapers in Iceland published from the beginning of 1990 until the end of 2011 were explored using content analysis.

**Results:** In total, 127 items were summarized and we identified five themes: approach to safety, having a choice, the medicalization of childbirth, the relationship between women and midwives, and the reaction of the pregnant woman's local community. Central in the analysis were the importance of being able to choose a safe place of birth and the need for woman-centred care.

**Conclusion:** Overall planned home birth was not discussed with much intensity or frequency, but in general the discussion was shaped by a positive attitude. There was a distinction in the public media discourse among midwives and physicians or obstetricians who do not argue against planned home birth but who nevertheless speak with caution. The pregnant women who chose home birth found their own home to be safe and similar views were identified among women and midwives.

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### Introduction

Midwives' home birth services are based on a midwifery philosophy of woman-centred care, viewing birth as a natural process [1]. Randomized, controlled trials of planned place of birth are not feasible for studying the safety of planned home birth, but observational studies on low-risk women receiving professional, integrated midwifery care generally reveal that planned home birth is as safe as planned hospital birth [2–4]. Despite this, planned home birth still remains a debated choice.

In the beginning of the 20th century, almost all births in Iceland occurred in the pregnant woman's home. In 1931, the National Hospital in Reykjavik opened a delivery unit that was to become fashionable in a very short space of time, even though it was only recommended for women with a clinical risk because of increased risk of infection in the hospital. General use of antibiotics in the 1940s alleviated this risk and gave way to a boom in births in Icelandic

hospitals around 1950. An ongoing trend towards increased numbers of births in hospitals, along with increased freestanding birth centre services, resulted in a decline in the home birth rate to 2% in 1970 [5].

Home birth rates hit a historic low of 0.1% in the 1990s [6]. In 1994, the National University Hospital, where 75% of Icelandic births take place [7], established a unit offering team midwifery with continuous pre-, peri- and postnatal services. In 1995, the last Icelandic freestanding birth centre was closed down, leaving planned home birth as the only alternative to planned hospital birth. Within the National University Hospital an obstetric unit serviced most births, while the team midwifery unit offered home-like facilities, but only to their clients.

In 2006, the team midwifery unit was closed down and its facilities were opened up to the general public as a low-risk alongside midwifery unit. In 2007, the Directorate of Health issued guidelines for choice in place of birth, listing contraindications for planned home birth and indications for transfer [8]. The Icelandic home birth rates have been rising in the new millennia and quite rapidly so since 2005 [6]. In 2012, the rate had reached 2.2%, which is the highest home birth rate in Scandinavia and the third highest in Europe [7,9]. Iceland also has the highest fertility rates in Europe, but reveals low

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absolute numbers of births: 4450 in 2012, of which 99 were home births [7,9].

Icelandic home birth services are provided by independent midwives that are governmentally regulated and funded on a per capita basis. They provide continuity of care from the 37th week of pregnancy through the first week postpartum. The midwives can transfer the women to hospital, if needed, but do not have licence to care for them after admission [10]. Through the 1970s, 1980s, and 1990s only a few midwives attended planned home births in Iceland [11]. A recent reverse in trend showing an increase in the numbers of midwives offering home birth services may to some extent be related to an increased focus on midwifery ideology that accompanied the establishment of independent university education for Icelandic midwives in 1996. Access to online information may also have increased women's awareness of planned home birth as a viable option [12].

Changes in the attitudes of Icelandic women and midwives may have influenced the rates of planned home births, but their attitudes towards planned home birth have yet to be the subject of scientific studies. The mass media affects the use of health services, particularly in public health matters such as HIV, screening for breast cancer, and smoking and obesity [13], and is an important channel for communication that may influence the use of interventions [14]. As such, the media is one aspect in the Icelandic social and cultural context that facilitates the dissemination of information, but it has also been found to promulgate a discourse on risk, blame, and responsibility [15].

In studies exploring topics in the context of pregnancy and childbirth, analysis of the public media has been used to identify how information regarding controversial phenomena has been constructed. For example, fetal screening has been a debatable topic. An Icelandic study on the media discourse on fetal screening revealed that the positive side of the screening was emphasized, while the ethical implications of the procedure were hardly brought up [16]. A UK study showed how breastfeeding was more often presented as problematic than bottle feeding in the media [17], and an analysis of how births are presented in reality television programmes in the US showed that they did not give a true picture of women's experiences or of evidence-based care [18]. Over the years, popular media and the Internet have been shown to contribute to decisions about birthplace that women make before pregnancy or during the first trimester [19,20].

In our review of the existing literature, studies on the media discourse on planned home birth are scarce. The aim of this study was therefore to explore the media discourse on planned home birth in Iceland, how the concept of planned home birth was constructed and what purpose these constructions might serve, and how the discourse has evolved in a period of marked change in home birth rates.

## Methods

The study used a content analysis method, which is an accepted method of textual exploration in the field of mass communication [21]. This method is an objective way of evaluating written communication from a quantitative perspective and has developed from a practice of counting the occurrence of a particular item to the description and interpretation of the artefacts of a social group or social context [22]. As planned home birth safety is a controversial issue [3,23], it was important to have a clear study aim and to choose a method that offers knowledge on how provision of planned home birth in the context of a national maternity care system is presented in the media.

We limited our search to the largest newspapers in the country, excluding TV programmes and web-based media, both of which will be the subject of future studies. We explored how the discourse was framed, the frequency with which planned home birth was

mentioned, who spoke in the discussion, and what the main patterns or arguments in the texts were. The collection of the data from 1990 to 2011 was contemporaneous with the increase in planned home birth rates, and our aim was to shed light on ideas and practices during that time period. Although we conducted a background analysis for our study, we did not engage in in-depth historical analysis. We sought rather to combine the historical context and the data from the media and to use the step approach developed by Marshall and Rossman [22].

## Data collection

This study explored the representation of planned home birth in the media and was based on the assumption that the view of pregnant women is, at least to some extent, influenced by public media discourse. The data included all articles, news reports, editorials, and feature articles in the main newspapers in Iceland published in the period from the beginning of 1990 until the end of 2011, covering both the historical low in home birth rates in the 1990s and the rapid rise in home birth rates in the new millennium. A total of 127 items were obtained through a media database and selected with the help of three specific keywords: *home birth*, *home births*, and *born at home*. These 127 items can be summarized thematically, following Marshall and Rossman's seven step analysis [22].

## Analysis

A coherent interpretation depends on an earlier theoretical grounding and planning [22]. We performed a preliminary search on planned home birth in the Icelandic media to gain insight into the available data. From that search we detected that the media interest in the topic was hardly visible before 1990. From 2010 the media representation of planned home birth expanded and we decided to limit our search to items found in newspapers published from the beginning of 1990 until the end of 2011. The sources selected for our analysis were from the main newspapers in Iceland: *Morgunblaðið*, *Fréttablaðið*, *DV*, *Fréttatíminn*, and *24 Stundir*. These newspapers enjoyed a wide circulation in the country and with increasing online services at the time were likely to reach readers of different age groups. Only two newspapers, *Morgunblaðið* and *DV*, were in circulation during the whole study period and subsequently most of the data were obtained from those sources. Both of these newspapers were open for discussion for and against home birth.

The first step of the analysis refers to organizing the data, and was guided in this study by specific questions based on the study aim. Questions and answers are presented in Table 1. The next two steps – reading through the data and identifying themes – constitute the most extensive part of the process. Two of the study authors explored the data both together and separately to discover a logically constructed matrix [22]. We then coded the analysed data, a process which represented the formal execution of analytic thinking. We subsequently added the reflective notes that we had used to spur our thinking throughout the analytic process. In the last step, we organized the suitable patterns that we found and searched for explanations and linkages among them.

## Results

Overall 127 items were identified, ranging in length from a few sentences to three pages, in all totalling over 70 pages. Most of the data were obtained from the newspaper *Morgunblaðið*, 72 items in all. In the first part of the study period, *Morgunblaðið*, a right-wing outlet, was the leading newspaper on the market and as such was a popular venue for people to express their views in opinion pieces and letters – important platforms before the rise in online

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