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Under scrutiny: Midwives' experience of intrapartum transfer from home to hospital within the context of a planned homebirth in Western Australia

Colleen Ball [a], Yvonne Hauck [b,c,*], Lesley Kuliukas [b], Lucy Lewis [b,c], Dorota Doherty [a,d]

[a] Women and Infants Research Foundation, King Edward Memorial Hospital, Perth, Australia
[b] School of Nursing, Midwifery and Paramedicine, Curtin University, Perth, Western Australia, Australia
[c] Department of Nursing and Midwifery Education and Research, King Edward Memorial Hospital, Perth, Australia
[d] School of Women's and Infants' Health, The University of Western Australia, Perth, Australia

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ABSTRACT

Background: Women's experience of homebirth has been a focus of research, with limited international research and no Australian evidence of the experiences of midwives in relation to their experience of intrapartum transfers within the context of a planned homebirth.
Objective: To explore the experience of Western Australian midwives involved in an intrapartum transfer from home to hospital.
Methods: A descriptive phenomenological study was conducted. Women who elect to have a homebirth in Western Australia have the choice of care from privately practising midwives or a publicly funded program. Midwives who were currently practising or had practised within the past three years and experienced an intrapartum transfer were invited to participate. In-depth interviews were conducted with 13 midwives and data analysed using the Stevick–Colaizzi–Keen method.
Results: Analysis revealed an overarching theme "under scrutiny" which captured four themes: "decision to transfer: getting the timing right"; "reception at the hospital: welcoming or not"; "maintaining continuity of carer" and "reflections: coming to terms with the experience".
Conclusion: The decision to transfer to hospital represents a profound shift in expectations for the woman and midwife that is often not recognised by hospital staff. Intrapartum transfer is a challenging clinical decision for all parties; midwives, women, partners and health services. Increased effort by maternity health professionals to improve communication and collaboration must be a priority to better support women and their partners who make an informed decision to have a planned homebirth.

Background

Prevalence of planned homebirth has ranged from 0.6% to 0.8% in Western Australia (WA) between 2005 and 2012 and has remained stable [1,2] with 262 of the 33,308 birthing WA women in 2012 intending to birth at home [2]. The proportion of WA women achieving their planned homebirth has been steady as the 2012 report confirms that 79% of planned homebirths occurred at home [2] compared to 81% over two decades ago [3]. Many transfer rates reflect combined antepartum and intrapartum transfers so without clarification, caution must be applied when interpreting results. A recent systematic review of 15 international studies of transfer to hospital in planned homebirths at the onset of labour reported a range from 9.9% to 31.9% with the most common reason being labour dystocia (5.1 to 9.8%) [4]. Janssen et al. [5] confirmed that 78.8% of Canadian women planning a homebirth were successful in birthing at home with an American study reporting similarities with approximately 20% of planned homebirths requiring transfer [6]. In a Dutch study by Amelink-Verburg et al. [7] 68.1% of women completed childbirth in their home.

Women's experience of homebirth has been a focus of researchers. Women planning a homebirth invest a great deal of effort physically and mentally to prepare in taking ownership for their decision, in addition to dealing with the controversy and negative reaction relating to homebirth [8,9]. Having a homebirth has been reported as a positive birth experience due to the autonomy, involvement of family, and trust in one's ability to birth without intervention [10]. When the plan to have a homebirth does not come to fruition, it is frequently met with disappointment and sometimes resistance to accept that homebirth is no longer an option [11].

* Corresponding author. School of Nursing, Midwifery and Paramedicine, Curtin University, Perth, Western Australia, Australia. Tel.: +61 426245722.
E-mail addresses: y.hauck@curtin.edu.au, yvonne.hauck@health.wa.gov.au (Y. Hauck).

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Two studies have explored homebirth midwives' experiences of intrapartum transfer; however findings differ due to local healthcare contexts [12,13]. British researchers, Wilyman-Bugter and Lackey [12] explored ten midwives' experiences of homebirth transfers and identified themes with difficulties around the transfer decision, the importance of supporting parents, the significance of collaborative working within organisational challenges and the need for reliable ambulance services. These midwives highlighted the interplay between the parents' expectations and accepting advice, the importance of working in partnership with parents and the effort made in this regard. A recent ethnographic study explored the experiences of American homebirth midwives and hospital-based healthcare providers in instances of intrapartum transfers for planned homebirths [13]. Midwives offered a defence of their more "holistic and co-negotiated construct of risk"; expressing concern that physicians tended to judge them "by exception, rather than the rule" and suggested a failure by the physicians in taking responsibility for their role in poor outcomes (p. 449) [13]. There is no evidence of the experiences of Australian midwives in relation to intrapartum transfers and this study addressed this gap in knowledge.

Methods

The study objective was to explore the experience of WA midwives during an intrapartum transfer from home to hospital within the context of a planned homebirth. Qualitative research is designed to facilitate the understanding of "naturally occurring social events through exploring the attitudes, beliefs, meaning, values and experiences" (p. 105) [14]. A descriptive phenomenological approach was used to provide insight into the lived experience with an emphasis on the richness, breadth and depth of experiences [15]. Ethics approval was obtained from the university human research ethics committee (SONM21-2014).

Context of the study: homebirth services in WA

Women who elect to have a homebirth have the choice of a publicly funded program or to receive care from privately practicing midwives. This care is guided by the policy for publicly funded homebirths [16], the Australian College of Midwives (ACM) guidance regarding homebirth services [17] and Nursing and Midwifery Board of Australia safety and quality framework for privately practising midwives [18]. In 2014, there were 12 (full time equivalent) midwives employed in the publically funded program and 36 midwives on the database who had informed the Executive Director of Public Health of their intention to practice privately although not all provide intrapartum care. Recommended eligibility criteria for being accepted for a planned homebirth include women with low obstetric risk.

Participants

Homebirth midwives who were currently practising or had practised within the past three years and had experienced an intrapartum transfer were invited to participate. Midwives were recruited through an e-Bulletin through the ACM and through networking or snowball sampling where participants informed colleagues and used the contact details in the e-Bulletin to refer their colleague to the researchers [14,19].

Data collection and analysis

Once a midwife contacted the researchers confirming their interest, the information letter was emailed or posted along with a consent form. The signed consent was posted or emailed to the researchers. Midwives had the option of a face to face interview at a convenient location or a telephone interview with all preferring to participate in a telephone interview. The interviewer reinforced the study objective and answered queries. All interviews were conducted between June and October 2014.

Interviews were digitally recorded and transcribed verbatim. To reduce bias, interviews were conducted by a research midwife not involved in direct clinical care in the community or a hospital setting and with no vested interest or influence from either sector [20]. Unstructured interviews were guided by one question: "Tell me about your experiences of transferring women from home to hospital during labour." Prompt questions such as "can you tell me more about that" or "can you offer an example" were used as needed. Data analysis commenced with the first interview and collection continued until data saturation was achieved [15], in this instance with 13 midwives' stories. Each transcript was allocated a code to ensure de-identification and names and organisations were removed. The data analysis method chosen was Creswell's [21] modified version of the Stevick–Colaizzi–Keen method. Four members of the research team were midwives, two of whom had previous experience as a homebirth midwife. Consequently, researchers explicated any personal assumptions to ensure focus was directly to the participants' experiences; significant statements from the transcripts were extracted and grouped into units of information or tentative themes; a textural description of the experience with verbatim examples was developed; a structural description reflecting the setting and context was determined and finally, a composite description of the phenomenon was delineated incorporating both textural and structural descriptions [21]. Member checking was undertaken by sharing the preliminary findings with six midwives who validated the themes as an accurate reflection of their experiences.

Findings

Thirteen midwives shared their experiences of intrapartum transfer: seven privately practising midwives and six employed in a publicly funded homebirth program. The midwives average caseload of women per year was 20 with full time employees in the funded program having up to 40 women. Years of midwifery experience ranged from 3 to 24.5 years (mean 10.2) with 1 to 14 years (mean 5.1) as a homebirth midwife. Ten of the 13 midwives practiced in the Perth metropolitan area. An overarching theme "under scrutiny" captured the journey midwives experienced from the decision to transfer through to reception at the hospital and with ongoing care (Table 1). Quotes supporting themes and subthemes are presented using a confidential coding system (P1 to P13).

Throughout the process of an intrapartum transfer from the decision to transfer to reception at the hospital and ongoing care where the midwife strives to maintain continuity, the participants shared how they felt they were under scrutiny. Although all health professionals must be accountable for their clinical practice, the midwives suggested that this scrutiny was pervasive and beyond what staff working in mainstream maternity services experience.

Table 1
Themes and subthemes under the overarching theme of Under Scrutiny.

Decision to transfer: getting the timing right
Challenges of guidelines, policies and processes
Communication is the pillar
Reception at the hospital: welcoming or not
Known or not known to hospital staff
Staff attitudes towards homebirth
Maintaining continuity of carer
Able or not able to stay with the woman
Transfer viewed in the continuum of care
Concern with ongoing hospital care
Reflections: coming to terms with the experience