Women and Birth 29 (2016) e13–e17

Contents lists available at ScienceDirect

Women and Birth

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

ORIGINAL RESEARCH – QUALITATIVE

How women with high risk pregnancies use lay information when considering place of birth: A qualitative study

Suzanne Lee [a,*], Des Holden [b], Susan Ayers [a]

[a] School of Health Sciences, City University London, Northampton Square, London EC1A 7QN, UK
[b] Surrey and Sussex Healthcare NHS Trust, East Surrey Hospital, Canada Avenue, Redhill, Surrey RH1 5RH, UK

ARTICLE INFO

Article history:
Received 4 May 2015
Received in revised form 5 July 2015
Accepted 26 July 2015

Keywords:
High risk pregnancy
Homebirth
Information

ABSTRACT

Introduction: Where to give birth is a key decision in pregnancy. Women use information from family, friends and other sources besides healthcare professionals when contemplating this decision. This study explored women's use of lay information during high risk pregnancies in order to examine differences and similarities in the use of information in relation to planned place of birth. Half the participants were planning hospital births and half were planning to give birth at home.

Methods: A qualitative study using semi-structured interviews set in a hospital maternity department in South East England. Twenty-six participants with high risk pregnancies, at least 32 weeks pregnant. Results were analysed using thematic analysis.

Results: Three themes emerged: approaches to research – how much information women chose to seek out and from which sources; selection of sources – how women decided which sources they considered reliable; and unhelpful research – information they considered unhelpful. Women planning homebirths undertook more research than women planning to give birth in hospital and were more likely to seek out alternative sources of information. Women from both groups referred to deliberately seeking out sources of information which reflected their own values and so did not challenge their decisions.

Conclusions: There are similarities and differences in the use of lay information between women who plan to give birth in hospital and those who plan homebirths. Professionals working with women with high risk pregnancies should consider these factors when interacting with these women.

1. Introduction

Women receive information about how best to manage pregnancy and birth from a multitude of sources including midwives and obstetricians, family and friends, and the internet and other media. This includes information on options regarding where to give birth. Women have to decide how much information they wish to access and which sources they will trust. They consider information deemed useful and trustworthy to be empowering and a source of support.[1,2] How women use information regarding where to give birth is of interest to all healthcare professionals involved in providing care during pregnancy.

Women may not prioritise advice from professionals above that from other sources. In a of study factors influencing women's decisions to have homebirths, Catling-Paull et al.[1] found women used information from their families and friends, blogs and chatrooms on the internet, books and other sources when considering their choice.[1] A study of general information-seeking among pregnant women found women rated information from books as most useful. Information from midwives was rated second and that from the internet third.[3] Information from family and friends was considered less useful than that from midwives but more so than advice from obstetricians. Women planning homebirths described hearing positive stories about other women's homebirths as influencing their decisions about where to give birth.[4] The beliefs and practices of family members can also exert a strong influence over decisions about birth location.[5]

Various factors may influence the way women seek and use information. This is important as the types of information women are accessing may form the basis of discussions with professionals and influence how women balance information from professional and other sources. Women who are confident using the internet in other spheres of life may consider it natural to do so for information regarding pregnancy.[2] However socio-economic factors influence

* Corresponding author. Tel.: +44 020 7040 5819.
E-mail address: suzanne.lee.2@city.ac.uk (S. Lee).

http://dx.doi.org/10.1016/j.wombi.2015.07.010
1871-5192/

internet availability and use; women from lower socio-economic backgrounds are less likely to access online information.[6] Planned location for birth is also related to information use with women planning homebirths less likely to rely on advice from healthcare professionals and more likely to rely on that from other sources.[7] Women who endorse standard care during pregnancy are more likely to rely on information from healthcare professionals and not seek information from other sources whereas women who question routine care are more likely to consult other sources.[8]

Women need to establish criteria to help them discriminate between multiple sources of information. A meta-analysis of how people select information demonstrated people are almost twice as likely to select information consistent with their beliefs, attitudes and behaviours than to select information which challenges or contradicts them.[9] They will also select information which best suits their goals. Research into who women discuss homebirth plans with shows similar results: women seek out like-minded associates to discuss their plans and avoid discussing them with people likely to express negativity towards their ideas.[10] This extends into discussion with healthcare professionals.[11]

The aim of this study was to investigate use of information from sources other than healthcare professionals among a group of women with high-risk pregnancies, half planning to give birth in hospital and half at home despite medical advice to the contrary. The women's perceptions of information and advice from healthcare professionals have been reported elsewhere.[12] The intention was to consider differences and similarities between the groups regarding the sources of information they used and the reliance they placed on these when deciding on their place of birth. It is acknowledged there exists a sociocultural element in the construction of the concept of risk in pregnancy[13] but all the women in the study were aware their pregnancies were defined as high risk by obstetricians and so were making choices against the backdrop of this information.

Table 1
Women's obstetric and demographic details.

Women's details	Planning homebirth	Planning hospital birth
	n = 13 (%)	*n* = 13 (%)
Medical/obstetric conditions		
Diabetes (inc Type 1 & gestational)	2 (15)	9
Previous caesarean section	7 (54)	6[a] (46)
Hypothyroidism	2 (15)	1[a] (8)
Von Willebrand's disease	1 (8)	–
Previous postpartum haemorrhage	1 (8)	–
Twin pregnancy	–	1 (8)
Osteoarthritis & hypermobility syndrome	–	1 (8)
Polycystic kidneys	–	1 (8)
Cardiac condition	–	1 (8)
Ethnicity		
White European	11 (84)	12 (92)
Hispanic	1 (8)	–
Mixed	1 (8)	1 (8)
Marital status		
Married/living with partner	13 (100)[b]	12 (92)
Separated	–	1 (8)
Education		
None	1 (8)	–
GCSE	–	2 (15)
A level/Diploma/City & Guilds	3 (23)	3 (23)
Undergraduate	7 (54)	3 (23)
Postgraduate	2 (15)	5 (39)
Social class[c]		
Class I	–	3 (23)
Class II	11 (84)	8 (62)
Class III	1 (8)	2 (15)
Unemployed	1 (8)	–

[a] One woman had a previous caesarean and hypothyroidism.
[b] One woman living with female partner.
[c] Determined by occupation according to Office for National Statistics Socio-economic Classification.

2. Methods

This was a qualitative study using semi-structured interviews to examine risk perception and decision making processes in women with high risk pregnancies booked to give birth at home or in hospital. This paper reports the analysis and results of the use of information from sources other than healthcare professionals. Ethics approval for the study was obtained from the Newcastle and North Tyneside 2 Research Ethics Committee.

Women were eligible to participate if they were pregnant and had a medical or obstetric condition which meant their pregnancy was at higher risk and homebirth would not be recommended. Conditions defined as high risk included any that could potentially have an impact on the pregnancy and required referral to an obstetrician. Women were recruited via a hospital maternity department. Information about the study was available in the antenatal clinic and women were given verbal information by obstetricians and midwives. Women who gave their permission were then contacted by the first author. They were provided with written information about the study and an opportunity to ask questions. All women gave written consent to participate.

Seventeen women planning hospital births were approached to participate in the study and 14 women planning homebirths. Thirteen women from each group agreed to participate. Details of participants' medical and obstetric conditions and demographic data are reported in Table 1. Women's conditions varied across the groups but all meant women fell within clinical categories advised to give birth in hospital.

Interviews were conducted from 32 weeks of pregnancy onwards in a location chosen by participants. Interviews were carried out by the first author, an experienced midwife, under the supervision of the third author, a psychologist with experience of perinatal research. Women were aware the interviewer was connected with the hospital but were reassured about confidentiality. The interviewer was not involved in the participants' healthcare. The interview schedule consisted of open-ended questions to explore (i) which sources of information women utilised when deciding on their planned place of birth and (ii) how they perceived those sources (Table 2). The interviewer also had the freedom to follow lines of enquiry introduced by women.

Interviews took place between April 2012 and November 2013. Data collection ended when no new information emerged from the interviews and data saturation was achieved.

Systematic thematic analysis was used to analyse the transcripts.[14] Interviews were transcribed with all identifying data removed. The transcripts were read several times to ensure

Table 2
Interview questions.

Lay advice
Have you discussed where you would like to give birth with anyone else?
What was helpful about this conversation?
Was anything about the conversation unhelpful?
Have you done any research for your birth, e.g. read books, attended classes, used the internet?
What was helpful about this information?
Was anything about the information unhelpful?
Was there any information you would have liked but could not find?
How did you decide which of the information or advice to follow?