Midwifery 44 (2017) 41–47

Contents lists available at ScienceDirect

Midwifery

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

‘Stress, anger, fear and injustice’: An international qualitative survey of women's experiences planning a vaginal breech birth

Karolina Petrovska, MJ Student[a,*], Nicole P. Watts, MMid Faculty of Health Lecturer[a], Christine Catling, PhD Midwife[a], Andrew Bisits, MD Medical Co-Director-of-Maternity[a,b], Caroline SE Homer, PhD Professor of Midwifery[a]

[a] *Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, Level 7, 235 Jones St, Ultimo NSW 2007 (PO Box 123), Sydney, Australia*

[b] *Royal Hospital for Women, Barker St, Randwick, NSW 2031, Australia*

ARTICLE INFO

Keywords:
Vaginal breech birth
Support
Decision-making
Women's experiences

ABSTRACT

Objective: the outcomes of the Term Breech Trial had a profound impact on women's options for breech birth, with caesarean section now seen as the default method for managing breech birth by many clinicians. Despite this, the demand for planned vaginal breech birth from women does exist. This study aimed to examine the experiences of women who sought a vaginal breech birth to increase understanding as to how to care for women seeking this birth option.

Design: an electronic survey was distributed to women online via social media. The survey consisted of qualitative and quantitative questions, with the qualitative data being the focus of this paper. Open ended questions sought information on the ways in which woman sourced a clinician skilled in vaginal breech birth and the level of support and quality of information provided from clinicians regarding vaginal breech birth. Thematic analysis was used to analyse and code the qualitative data into major themes.

Findings: in total, 204 women from over seven countries responded to the survey. Written responses to the open ended questions were categorised into seven themes: *Seeking the chance to try for a VBB; Encountering coercion and fear; Putting the birth before the baby?; Dealing with emotional wounds; Searching for information and support; Traveling across boundaries; Overcoming obstacles in the system.*

Key conclusions: for women seeking vaginal breech birth, limited system and clinical support can impede access to balanced information and options for care. Recognition of existing evidence on the safety of vaginal breech birth, as well as the presence of clinical guidelines that support it, may assist in promoting vaginal breech birth as a legitimate option that should be available to women.

Introduction

The outcomes of the Term Breech Trial had a profound impact on women's choices for birth of their breech presenting baby, with the findings of the Trial concluding that caesarean section (CS) was the safest mode of birth for babies in the breech position (Hannah et al. 2000; Glezerman 2006; Kotaska et al. 2009; Lawson 2012). The swift response from maternity facilities across the world was to virtually abandon planned vaginal breech birth (VBB) in favour of elective CS for management of breech presentation at term (Berhan and Haileamlak 2016). The design and recommendations of the Term Breech Trial have since been the subject of significant critique (Catling et al. 2016; Glezerman 2006, 2012; Lawson 2012). Additionally, subsequent research has also shown that vaginal breech birth can be a safe option for carefully selected women with the appropriate care and expertise (Goffinet et al. 2006; Kotaska et al. 2009; Glezerman 2012; Lawson 2012; Borbolla Foster et al. 2014).

For the 3–5% of women who have a breech presentation at the end of their pregnancy, the options for birth in many high income countries have largely diminished with CS now seen by many facilities as the default method for managing breech birth (Guittier et al. 2011; Kotaska et al. 2009; Borbolla Foster et al. 2014). This has contributed to the rise in CS (and its associated morbidity), a lack of support for women who may seek a VBB, and a lack of clinicians who have the skills to provide that care (Homer et al. 2015; Berhan and Haileamlak 2016; Catling et al. 2016; Petrovska et al. 2016; Walker et al., 2016).

Clinician skill in supporting VBB, once an integral part of obstetric and midwifery training, virtually disappeared, with the number of

* Corresponding author.
E-mail address: Karolina.Petrovska@student.uts.edu.au (K. Petrovska).

http://dx.doi.org/10.1016/j.midw.2016.11.005
Received 12 April 2016; Received in revised form 9 October 2016; Accepted 20 November 2016

clinicians skilled in facilitating VBBs decreasing to almost non-existent levels in many institutions (Glezerman 2012; Lawson 2012; Borbolla Foster et al. 2014; Walker et al., 2016). Recent research has suggested that in order to address the shortage of skilled clinicians, structured training programs may contribute to increasing professional competence and confidence in physiological VBB as a normal practice (Walker et al., 2016). These programs may facilitate maternity services to address the lack of options many women currently face when seeking the opportunity to birth their breech baby vaginally. Without the availability of skilled clinicians, women considering planned VBB face numerous obstacles in seeking information for this birth option as facilities that support VBB continue to be largely unavailable (Hogle et al., 2003; Phipps et al., 2003; Kotaska et al., 2009; Glezerman, 2012; Homer et al., 2015; Catling et al., 2016).

Few studies exist on the experience of women who are seeking information to assist them in their decision-making for VBB. The limited research that does exist suggests that accessing support for vaginal breech birth can be challenging for women seeking this option for birth (Guittier et al., 2011; Homer et al., 2015). Given a demand for VBB does exist, and there is continuing support in the literature about the need to increase the availability of this option for birth, it is important to examine the experiences of women to increase understanding as to how care for planned VBB can be optimised (Kotaska et al., 2009; Glezerman, 2012; Lawson, 2012; van Roosmalen and Meguid, 2014). Little is known about the global experiences of women from high income countries and the similarities and differences in their experiences in seeking the option of VBB. Therefore, the aim of this study was to examine the views and experiences of women from a number of high income countries who sought a VBB, with a view to increase understanding as to how these women can be best supported should they choose this option for care.

Methods

An electronic survey was developed by the research team for distribution to women online via social media. The aim of the survey was to gather data on women's expectations and experiences surrounding planned VBB. The survey was targeted at women who have planned a vaginal breech birth at or close to full term in the past 7 years, regardless of whether the final outcome was a vaginal breech birth or a caesarean section. The survey was designed to gather both qualitative and quantitative data. Data from the open ended questions included in the survey were analysed for this paper. The open ended questions focused on the methods used by the woman to source a clinician skilled in VBB; use of the internet to source information on vaginal breech birth; the level of support from family and friends; and the level of support and quality of information provided from clinicians regarding VBB. Survey questions were developed and informed by the data gathering methods used in previous qualitative research that involved semi- structured interviews with women who planned a VBB (Homer et al., 2015). The survey was piloted with two women who had planned a VBB; one had a VBB, the other a CS in labour. Following feedback, the survey was modified to ensure survey questions were accessible and unambiguous.

Data collection

Previous research shows that women access social media to gather information and interact with other women who have had or are planning a VBB (Homer et al., 2015). This method of information gathering is frequently used by pregnant women for decision-making about birth (Munro et al., 2009; Romano et al., 2010; Dahlen and Homer, 2011; Lagan et al., 2011). It was therefore decided to use social media to distribute this survey. In order to facilitate sharing of the survey, it was first uploaded onto SurveyMonkey®, an online platform that allows the distribution of research surveys for a nominal fee. Once uploaded, a link to the survey was distributed via closed membership Facebook groups from the United States, United Kingdom and Australia that had a focus on VBB and whose membership to these groups is not limited to women from each of these countries. Ethical approval for distribution of the survey was granted by both the Local Health District and the University's Human Research Ethics Committee.

The survey was posted from April 2014 to January 2015. This extended period of data collection was implemented to maximise the sample size of respondents, given planned vaginal breech birth is a relatively rare occurrence. During this period, one researcher was responsible for providing two reminders to ensure as many women as possible viewed the link to the survey. Women who were involved in previous research on women's experiences in planning vaginal breech birth (Homer et al., 2015) were also invited by email to complete the survey anonymously via SurveyMonkey®.

All potential respondents were provided with clear information about the nature of the data being collected and the identity of the organisation holding the data where the research team was based. They were also advised of the purpose for which the data were going to be used and informed that all responses were anonymous. The survey took approximately 30 minutes to complete. A research team member checked social media pages regularly to respond to any further questions that may have arisen from potential respondents.

Data analysis

Two members of the research team used inductive thematic analysis to analyse and code the data (Liamputtong, 2005). Thematic analysis was used as it has been cited as a process that identifies patterns that uncover true meanings in the data (Boyatzis, 1998; Grbich, 2007; Betts et al., 2014).

The qualitative components of the survey were read and re-read by two members of the research team with the intention of gaining familiarity with the text. Following this process, initial identification of codes and potential themes occurred through colour coding of transcripts by hand. The accuracy of how to sort codes with similar content into sub-themes was confirmed in discussions between the two researchers.

Major themes were generated from the sub themes and then compared with the entire data set to confirm authenticity and to ensure the experience of the respondents were captured (Taylor et al., 2006). Where there was divergence of opinion the data was re-examined, themes revisited and refinements or changes were made (Dahlen and Homer, 2011). Themes have been generated using the women's exact words as they provided compelling examples of the responses included in the survey and were representative of the themes (Betts et al., 2014; Homer et al., 2015). A third and fourth researcher then critiqued these findings and themes, which allowed for further refinement of the results.

Findings

In total 204 women responded to the survey. Table 1 outlines the demographic characteristics of survey respondents. Most of the participants (44.3%) were between 31–35 years of age and were from the United States of America or Australia. More than three-quarters of the women had tertiary education (76.3%). Over one third of those who responded to the question relating to parity (62.9%) had given birth more than once. Of the 164 who disclosed their mode of birth, 104 women had a VBB (63.4%).

Written responses to the open ended questions in the survey ranged widely from a few words to longer, more detailed answers. Seven themes were generated from these responses: *Seeking the chance to try for a VBB; Encountering coercion and fear; Putting the birth before the baby?; Dealing with emotional wounds; Searching for informa-*