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ORIGINAL RESEARCH – QUALITATIVE

Birthplace as the midwife's work place: How does place of birth impact on midwives?

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ABSTRACT

Background: In, many high and middle-income countries, childbearing women have a variety of birthplaces available to them including home, birth centres and traditional labour wards. There is good evidence indicating that birthplace impacts on outcomes for women but less is known about the impact on midwives.
Aim: To explore the way that birthplace impacts on midwives in Australia and the United Kingdom.
Method: A qualitative descriptive study was undertaken. Data were gathered through focus groups conducted with midwives in Australia and in the United Kingdom who worked in publicly-funded maternity services and who provided labour and birth care in at least two different settings.
Findings: Five themes surfaced relating to midwifery and place including: 1. practising with the same principles; 2. creating ambience: controlling the environment; 3. workplace culture: being watched 4. Workplace culture: "busy work" versus "being with"; and 5. midwives' response to place.
Discussion: While midwives demonstrate a capacity to be versatile in relation to the physicality of birthplaces, workplace culture presents a challenge to their capacity to "be with" women.
Conclusion: Given the excellent outcomes of midwifery led care, we should focus on how we can facilitate the work of midwives in all settings. This study suggests that the culture of the birthplace rather than the physicality is the highest priority.

Summary of relevance:

Problem

Birthplace has a significant impact on childbearing women but we know little about how it might impact on midwives.

What is already known

Midwifery led care and birth in primary settings result in excellent outcomes for women though most births in the western word continue to occur in birthplaces situated in acute care settings. Midwives are generally dissatisfied with these work environments from a practical perspective and they understand that the aesthetic of place impacts on their mood.

What this paper adds

Midwives can manage many aspects of the physical environment to make it more conducive to childbearing women. Creating an appropriate ambience for birth is recognised as a key feature of midwifery practice though all those who occupy birthplaces do not appreciate this. The same environment that is most conducive to birth is also conducive to safe midwifery practice.

1. Introduction

Childbearing women have a variety of birthplaces available to them including home, birth centres and traditional labour wards situated in high acuity hospitals. There is good evidence indicating

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that planned birthplace impacts on outcomes for childbearing women.[1–5] Women for whom a normal labour and birth can be anticipated, who plan to give birth at home or in birth centres experience less obstetric intervention and have higher rates of normal birth than comparable women planning to give birth in traditional hospital settings. While there is potential for selection bias in the observational studies that inform this understanding, the findings of research examining the impact of birthplace on childbirth outcomes are robust and remarkably consistent internationally. Women's maternity outcomes vary considerably according to planned place of birth. This means that either the choices and behaviours of childbearing women or the physiology of labour and birth varies in different types of settings (and that these choices, behaviours and physiology impact on their outcomes), and/or the practices of maternity caregivers vary in different settings.

Women who plan to give birth at home or in birth centres usually have a desire for a normal birth but it is difficult to understand how desire alone can impact on birth outcomes. Desire for a normal birth however leads to choices that increase the chances of a normal birth like for instance, waiting for labour to commence spontaneously rather than inducing labour and eschewing pharmacological pain relief in preference for non-pharmacological methods.[6]

Women who labour at home or in birth centres may also behave differently. For example, these settings encourage women to be active during labour whilst the dominance of the obstetric bed in traditional hospital settings invites a more passive response to labour.[7] In addition, the physiology of labour and birth may be altered by place. Researchers have hypothesised that different places elicit responses in women that can promote or inhibit the physiology of birth. The "fear cascade" is initiated by places that induce anxiety and stress, resulting in increased secretion of catecholamines (such as adrenaline), which diminish the secretion of oxytocin thus disrupting the physiological progress of labour. The opposite is true of places that induce feelings of safety and calm.[8] These issues influence women and probably also the midwives who care for them.

1.1. The birthplaces of women are the workplaces of midwives

The birthplaces of childbearing women are the workplaces of midwives. Workplaces or any place for that matter, are comprised of both tangible and non-tangible elements. The tangible elements include the physical characteristics of the place such as the layout, design and equipment. The non-tangible elements include things like the workplace culture. Both these elements of the workplace have the potential to impact workers. Studies have demonstrated that midwives are affected by the design of maternity settings.[9–11] Design can affect physical and psychological health and also impact on the ability of midwives to do their job effectively. In an Australian study midwives raised concerns about their ability to care for women in cramped and cluttered spaces, particularly in emergency situations, the difficultly in providing for their own comfort whilst supporting labouring women and occupational health and safety concerns in relation to supporting women using water immersion for labour and birth. Midwives in this study also acknowledged the impact of aesthetics on their own mood.[11]

Similarly, in a UK study, midwives were generally dissatisfied with their workplaces citing issues of privacy, security, lack of spaces that provide for their own respite and lack of visual access to outdoors as their main concerns.[9] Again in the UK, Symon et al.[10] found that many maternity units were not providing adequate facilities for staff respite, showering and changing. Maternity units varied in relation to the way the layout facilitated observation of mothers and babies and promoted positive staff interaction, with midwifery led units scoring more favourably in these areas than obstetric led units. Air quality, lighting and lack of access to rest areas were the most commonly cited factors impacting on personal health.

The non-tangible elements of the workplace also influence midwives in a variety of ways. Non-tangible elements of the workplace include the workplace culture; a nebulous concept but something that nonetheless has a powerful impact on the wellbeing and behaviours of employees. Workplace culture has been defined as "... the shared values, beliefs, assumptions and norms that affect the way people and groups in an organisation interact with each other" [12(p5)]. Workplace culture is comprised of four elements; artefacts, behavioural norms, values and assumptions. Artefacts include symbols and objects that express cultural messages. In the maternity context these might include the equipment or signage visible in a birthing room or the way a room is set up in expectation of a particular type of birth. Behavioural norms are the behaviours and practices that are expected and "allowed" within a workplace. Values are not always those articulated in advertising materials but are most clearly illustrated by the practices, outcomes and priorities encouraged and rewarded by a workplace. While an organisation might state that they value woman centred care they may in fact prioritise and encourage efficiency. Finally, assumptions are the beliefs that underpin all other aspects of workplace culture. In the maternity setting, assumptions may include that birth is inherently risky or that all women will require pain relief in labour. Studies examining midwifery practice in hospital settings suggest that powerful cultural norms shape practice in these settings [13] and point to issues of power and obstetric dominance,[14] practices underpinned by the assumption that birth is inherently risky,[15] and concerns for efficiency over a woman-centred approach to care.[16]

Given the evidence that shows different outcomes for women in different settings and the challenges facing midwives in supporting physiological birth in some settings, it is essential to better understand how different sorts of places (or birth environments) impact on midwives. This is particularly so for midwives who work across different settings and therefore may alter their behaviour or approach according to their setting. The aim of this study therefore was to explore the way that different places of birth (home, birth centre, labour ward) impact on the behaviours, emotions and experiences of midwives in Australia and the United Kingdom. It is not the intention of this paper to pit one setting against another but rather to use the comparisons and contrasts of/between settings to highlight aspects of midwifery work that midwives consider important and to consider how this is impacted by place. Given that midwives provide the mainstay of labour and birth care in all birth settings, it is important to understand their experience of place so as to better understand how we can optimise the environment to enhance midwifery care in all birthplaces.

2. Methods

2.1. Design

A qualitative descriptive study[17,18] was undertaken to explore the perceptions of midwives who worked across different birth settings in two countries. The relevant Research Ethics Committees approved the study.

2.2. Participants and settings

The participants were midwives who practise concurrently in a variety of settings including traditional labour wards (also known as birth or delivery suites), a birth centre co-located with tertiary maternity services and home as part of publicly funded homebirth services. In this paper home and birth centres are sometimes

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