



## Review Article

## What do we know about sibling attended birth? An integrative literature review

Nora L. Naber, RM, MM, (Independent Midwife)\*, Suzanne Miller, RCompN, RM, MM, GCTLT, (Principal Lecturer School of Midwifery), Sally A. Baddock, PhD, Dip Tchng, BSc., (Professor and Co-Head of School of Midwifery)

*Otago Polytechnic, School of Midwifery, Forth Street, Dunedin, Private Bag 1910, New Zealand 9054*

## ARTICLE INFO

## Keywords:

Siblings  
Children  
Childbirth  
Family relations  
Sibling relations

## ABSTRACT

**Objective:** to consolidate existing research in the field of sibling attended birth (SAB) into a body of knowledge to inform decision-making processes and guide midwifery practice throughout the sibling attended birth experience.

**Design:** An integrative literature review.

**Data Sources:** CINAHL Complete, Cochrane Library, PubMed, Index New Zealand, Australia/New Zealand Reference Centre, grey literature databases

**Review Methods:** An extensive search of five electronic databases as well as 17 grey literature databases was conducted. Abstracts of 2340 papers and full texts of 39 papers were scrutinised for inclusion criteria leading to 22 studies being included in this review. The Crowe Critical Appraisal Tool was used to facilitate a systematic quality appraisal process.

**Findings:** This review included 22 studies (13 qualitative, 4 quantitative and 5 mixed methods). Studies were analysed using a narrative synthesis approach. Publications mainly focussed on families' motivations for choosing SAB, the preparation for the event, and the impact of SAB on children's behaviour and the infant/sibling relationship.

**Conclusions:** This review identified that children experienced birth as a positive, exciting and important life event and parents viewed their SAB experiences as overwhelmingly positive and reported a heightened sense of family unity. Included studies did not address the long term effects of sibling attended birth, however, in the short-term, children did not show signs of trauma or severe distress, though differing levels of transient fear and anxiety were described.

**Implications for practice:** Families could benefit from receiving evidence based information to enable an informed decision regarding their children's involvement during pregnancy, birth and the immediate postpartum. Information shared by the midwife could focus on how families can achieve an optimal SAB experience for all family members.

## Introduction

Labour and birth are deeply interwoven with cultural norms and values (Kitzinger, 2015). How birth is perceived within a society, influences who attends births and where births take place (Coxon et al., 2014).

Throughout time and across different geographical locations, the concept of sibling attended birth (SAB) has evoked a wide variety of customs and beliefs. In some cultures, children were shielded from witnessing any processes of animal or human procreation. In other cultures, birth occurred openly with no restrictions on attendance (Anderson, 1983).

In the western world, the Victorian era introduced the notion of birth as an extremely private event (Wertz and Wertz, 1977). It is unknown how much involvement children had during the birth when home was still the most common place of birth. Proximity alone suggests that children had at least some point of contact with the birth event (Anderson, 1983; Fragner, 1979). After the 1940s, when birthing had shifted from the home to hospital, children became completely removed from the birth process (Anderson and Brown, 1979; Issokson, 1990). Inherent in the medicalised model of childbirth is the belief of birth as a pathological event that necessitates sterile surroundings and the attendance of specialists, which led to a dehumanisation of birth and the isolation of the birthing mother (Brubaker and Dillaway, 2009; Issokson, 1990).

\* Corresponding author.

E-mail addresses: [suzanne.miller@op.ac.nz](mailto:suzanne.miller@op.ac.nz) (S. Miller), [sally.baddock@op.ac.nz](mailto:sally.baddock@op.ac.nz) (S.A. Baddock).

The natural childbirth movement, which gained momentum in the 1960s and 70s challenged this existing paradigm. Natural childbirth methods, women's self-determination, the involvement of fathers in the birth and the notion of family-centred care were core concepts of the movement (Issokson, 1990; Shea and Webster, 1990). Once the involvement of fathers in the childbirth experience became a well-established concept, families expressed their wish to include older siblings during birth as well (Clancy, 1985; Daniels, 1983).

The United States Maternity Options for Mothers survey (Scaer and Korte, 1978) found that at the time, a third of women wanted the option to have children present during birth. The natural childbirth movement resulted in a rise in the number of out-of-hospital births, as well as the introduction of home-like birthing rooms and policies to include family members during hospital births (Anderson, 1983; Issokson, 1990).

The first documented sibling attended hospital birth in the United States is reported to have taken place in 1975 in the Mendocino Coast hospital in California (Young, 1982 cited in Clancy, 1985). The next two decades saw a rise in the number of hospitals and birthing units in the United States permitting children to attend births (Humrichouse, 1995). Several hospitals and birthing units introduced sibling participation programs, involving protocols and specific preparation regimens such as sibling birth preparation classes (Daniels, 1983; Leonard et al., 1979; Lumley, 1983).

In 1983 a survey of 78 family-centred birth facilities in the United States reported 34% of older siblings were present during labour and 23% during birth (Phillips, 1983 cited in Anderson, 1983).

The concept of including children at birth triggered strong and opposing responses. Those who welcomed the idea, pointed out natural and effective teaching opportunities for children, as well as positive effects of SAB on family unity and the sibling-baby relationship (Feldman, 1999; Hathaway and Hathaway, 1978; Kitzinger, 2002; Kuhn and Kopcinski, 1984; Parma, 1979; Perez, 1979; Pestlin, 1999; Simpkin, 1993).

Reasons listed against the involvement of children at birth, were similar to those once listed against the involvement of fathers: fear of contamination of the sterile field, obstruction of doctors and nurses and possible psychological repercussions (Anderson and Brown, 1979; Trause and Irvin, 1982). Concerns were also voiced about the impact the presence of children could have on physiological processes and the mother's ability to be fully immersed in the work of labour and birth (Gaskin, 1990).

The lack of clear guidance on the potential benefits and hazards inherent in SAB revealed the necessity to create an evidence base to inform current policies. The majority of research on SAB was conducted in the late 1970's and 80's and will be reviewed in the body of this paper. Only very few studies have been undertaken more recently (Jouhki et al., 2015; Okubo et al., 2008).

It is unclear why fewer studies exploring the SAB experience have been published in the last 20 years. This may be related to a decrease in SAB occurring, but there is no evidence available to support this conclusion. An internet search for current lay articles on SAB, showed that most of the currently available articles are positive accounts of women's and midwives' experiences of sibling attended homebirth, often including suggestions on how to prepare children for birth (England, 2011; Foster, 2013; Hippie Housewife, 2012; Hunter, 2014; Lapp Cryns, 2009; Littlejohn, 2011; Ohm, 2015; O' Mara, 2015; Pekin, 2015; Rüdiger, 2014; Wattis, 2015; Wayne, 2011; Wright, 2009).

Responses to articles on SAB as well as discussion threads in parenting chatrooms (Berkley Parents Network, 2009; Huggies.co.nz. 2009) suggest that most SABs take place at home, and show a range of opinions on the topic still exist. Recently the SAB experience of renowned chef and television personality Jamie Oliver has sparked renewed debate on the topic (Durnin, 2016).

No systematic literature review and very few recent studies on the subject have been identified. This apparent gap in research revealed the need to consolidate the findings of the diverse literature in the form of

an integrative literature review led by the research question: *what do we know about SAB?* The aim of this process was to provide women, their families and midwives with evidence-based information as a basis for informed decision making and guidance during different aspects of the SAB experience. Lastly, this review aims to inform future research into SAB by pinpointing gaps in knowledge and suggesting suitable approaches to fill these gaps.

## Methodology

### Design

The body of research analysed in this review consists of quantitative, qualitative and mixed-methods studies. An integrative review method was chosen, as it enables synthesis and analysis of both quantitative and qualitative methods, therefore providing a more complete and holistic picture of the research landscape of a specific topic area (Grant and Booth, 2009). Integrative reviews are particularly suitable in midwifery research, as they can generate answers to more complex questions which midwives may encounter in practice (Healy et al., 2016).

The systematic approach to integrative reviews by Whittmore and Knafl (2005) provided the methodological framework for this review.

### Literature search

The literature search comprised a primary search strategy: a database search and a grey literature search, as well as a secondary search strategy: a bibliography search and a secondary search after a revision of the search terms. Grey literature sources were included to increase the pool of potential studies and to reduce the effect of publication bias (Booth et al., 2012).

Suitable search terms were identified by analysing a number of previously identified articles on SAB. The terms sibling/siblings and birth/delivery appeared in each title and were identified as the most sensitive search terms. Other potential search terms (attendance, presence, participation, family-centred, family event, and family unit) were not included as they were either not specific to the topic of SAB or not used consistently.

The databases CINAHL Complete, Cochrane Library, PubMed, Index New Zealand, Australia/New Zealand Reference Centre, as well as 17 databases that include or specialize in grey literature (only three databases yielded results: Google Scholar, BASE and WorldCat) were searched using the terms sibling\*, or other truncation symbol, AND (birth OR delivery) as keywords. If a database did not enable a search for (birth OR delivery) the terms sibling\* AND birth as well as sibling\* AND delivery were searched for separately.

Whenever a keyword search produced an unmanageable number of results, the results were limited to articles containing the search terms in the title of the document. In addition documents with the words 'weight' and 'order' in the title (referring to 'birth weight' and 'birth order') were excluded, as these terms have no relevance to the research question.

In addition to free text searching, thesaurus searching, citation searching and the 'find similar results' function were used where available.

During the bibliography search, reference lists of all identified studies were searched for further relevant studies. This led to the identification of a study using the term children rather than siblings in the title. In response, a secondary literature search using the terms children AND birth/delivery was carried out using selected databases.

### Data extraction and analysis

Data analysis followed a narrative synthesis approach, which is particularly suited when reviewing diverse studies (Popay et al., 2006; Riddle, 2012).

Download English Version:

<https://daneshyari.com/en/article/7523873>

Download Persian Version:

<https://daneshyari.com/article/7523873>

[Daneshyari.com](https://daneshyari.com)