Midwifery 63 (2018) 46–51

Contents lists available at ScienceDirect

Midwifery

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

A quantitative investigation into women's basic beliefs about birth and planned birth choices

Heidi Preis, MSW (Social Work PhD candidate)[a,*], Miri Gozlan, MSW (Clinical social worker and researcher)[b], Uzi Dan, MD (Gynecologist and researcher)[b], Yael Benyamini, PhD (Professor in Social Work)[a]

[a] Bob Shapell School of Social Work, Tel Aviv University, Tel Aviv 69978, Israel
[b] Women's Health Center, Maccabi Health Services, 1 Lishansky Street, Rishon LeZion, Israel

ARTICLE INFO

Keywords:
Birth beliefs
Birth plan
Natural birth
Home birth
Fear of childbirth

ABSTRACT

Objective: Perceptions about the nature of the birth process are important in determining women's birth choices regarding labour and delivery but are scarcely the subject of empirical research. The aim of the current study was to assess women's beliefs about birth as a natural and safe or medical and risky process and study the associations of these beliefs with fear of childbirth and planned birth choices.
Design: An observational study using self-administered questionnaires during pregnancy.
Setting: 1. Community women's health centres in a metropolitan area in Israel; 2. Purposeful sampling of women who plan to birth naturally, through home midwives and targeted internet forums.
Participants: 746 women with a singleton pregnancy in their second and third trimester.
Measurements: Beliefs about birth as a natural and a medical process, fear of childbirth, and a range of natural birth choices.
Findings: The birth beliefs were associated with women's birth intentions. The more women believed birth to be natural and the less they believed it to be medical, the more likely they were to make more natural birth-related choices. In the presence of the birth beliefs, fear of childbirth no longer had an independent association with birth choices. The beliefs interacted with each other, revealing a stronger association of viewing birth as natural with planning more natural choices among women who did not view birth as very medical.
Key conclusion: It is important to recognize women's beliefs about birth and how they may affect their fear of childbirth and birth intentions. Further studies on the origin of such beliefs and their development are needed.
Implications for practice: Women should be allowed to choose how they would like to birth in accordance with their beliefs. At the same time, strengthening women's belief in the natural birth process and their body's ability to perform it, could help lower fear of childbirth and medical intervention rates.

Introduction

Many women nowadays take part in the decision-making process regarding their labour and delivery. Although birth has been medicalised throughout most of the Western world, there is a wide spectrum of birth-related choices women can make. On the medical end of the range are caesarean deliveries on maternal request (McCourt et al., 2007) and on the natural end are homebirths (Hadjigeorgiou et al., 2012). Between these two extremes, women can and are often expected to state their preference regarding their labour and delivery. They can decide about interventions during birth such as epidural analgesia (Horowitz et al., 2004) or birth induction (Moore et al., 2014), mode of delivery such as repeat caesarean delivery (Shorten et al., 2015) or breech vaginal delivery (Catling et al., 2016), birth attendant, such as midwife, obstetrician (Wilson and Sirois, 2010) or the company of a doula (Zielinski et al., 2016), and the birth environment, such as out-of-hospital natural birth centre (Wood et al., 2016).

These choices are important and often determine mode of delivery and birth satisfaction, which can have serious implications on both societal and personal levels. On the societal level, birth interventions could result in a cascade of subsequent interventions, which increase cost to the health care system in the short and long term (Gibbons et al., 2010; Tracy and Tracy, 2003). Home births are associated with fewer interventions (Johnson and Daviss, 2005; Miller and Skinner, 2012) and greater birth satisfaction and thus end up costing less to the health care system. On the personal level, for example, caesarean deliveries are associated with increased morbidity and mortality and can negatively affect future reproduction (Deneux-Tharaux et al., 2006).

* Corresponding author.
E-mail addresses: heidibracp@mail.tau.ac.il (H. Preis), Gozlan_m@mac.org.il (M. Gozlan), Dan_U@mac.org.il (U. Dan), benyael@tauex.tau.ac.il (Y. Benyamini).

https://doi.org/10.1016/j.midw.2018.05.002
Received 19 April 2017; Received in revised form 7 March 2018; Accepted 1 May 2018

Similarly, homebirths of women in high-risk pregnancies and/or those which are attended by unskilled professionals could increase negative outcomes (Holten and de Miranda, 2016). Emergency modes of delivery (caesarean delivery and instrumental) (Lobel and DeLuca, 2007) and unmet birth expectations (DeLuca and Lobel, 2014) are linked to a decrease in birth satisfaction and are associated with postpartum depression. Studies have also shown that women who change their mind about not wanting to use analgesia, report being less satisfied with their births compared to women who initially wanted pain relief and received it (Kannan et al., 2001; Soliday et al., 2013). This was also corroborated by a study that found that the more birth-related choices women planned to make, the lower their birth satisfaction but the more their plans were fulfilled, the higher their satisfaction (Mei et al., 2016). Moreover, satisfaction is suggested to mediate the association of predisposing factors such as fear of childbirth or the actual birth with post-partum stress symptoms (Garthus-Niegel et al., 2013). Recently, the World Health Organization recognized emotional well-being during the perinatal period as an important birth outcome (World Health Organization, 2018). Because of the potential repercussions of birth-related choices, it is important to investigate psychosocial factors which influence them. Perceptions of birth, especially the beliefs about birth, play a major role in the decision-making process regarding labour and delivery.

Basic birth beliefs can be defined as the general view of the physical nature of the birth process. The birth beliefs, which comprise two separate dimensions, convey ideas about what birth is and how it should be managed. The medical beliefs imply ideals that birth is a risky process that should be managed by medical professionals with the latest technology and that the pain of birth is a needless inconvenience (Gibson, 2014; Howell-White, 1997; Kringeland and Möller, 2006; Wilson and Sirois, 2010). The natural beliefs imply that birth is a natural and safe process and that a woman's body knows how to birth with minimal intervention (Coxon et al., 2014; Haines et al., 2012b; Howell-White, 1997). These beliefs are closely linked to the medical/technocratic birth model and the natural/holistic/social/midwifery birth model. These models are common cultural and social ways of thinking about birth and are held by women, practitioners and popular media (Bryers and Van Teijlingen, 2010; Davis-Floyed, 2009; Klein et al., 2006; Reiger and Dempsey, 2006). Beyond their socio-cultural foundations, the beliefs are also associated with women's bio-psycho-social characteristics: Stronger natural beliefs were found to be associated with greater optimism, spontaneous conception, low-risk pregnancies and less income; stronger medical beliefs were found to be associated with greater pessimism, health-related anxiety, use of fertility treatments, not suffering pregnancy loss and lower education (Preis and Benyamini, 2017; Preis et al., 2018).

Women's basic beliefs about the nature of the birth process seem to be the basic building blocks that make up their perceptions of birth and influence birth choices. Even though the beliefs have hardly been studied quantitatively, several studies have incorporated items about birth as a natural or medical process into their questionnaires. These studies found birth beliefs to be associated with fear of childbirth, birth choices and satisfaction. For example, an Australian study on non-pregnant college students found that choosing to deliver with an obstetrician was related to viewing birth as medical and risky, requesting epidural or caesarean, desiring technological assistance and being more fearful of birth (Stoll et al., 2015). A Swedish-Australian longitudinal study found that pregnant women who are more afraid of birth tended to view it as less natural, riskier, preferred caesarean delivery, were more likely to receive epidural analgesia, and had more negative birth experiences (Haines et al., 2012a). Wilson and Sirois (2010) found that a natural birth philosophy was associated with more negative attitudes towards medicalization of childbirth and preferring a midwife. The basic birth beliefs were closely linked with women's main birth plan – women who had strong beliefs that birth is natural and weak beliefs that it is medical were more likely to choose to birth at home or in natural birth centres and women with opposite beliefs were more likely to plan birth with epidural anaesthesia or via caesarean delivery (Preis and Benyamini, 2017).

Qualitative studies report a complex relationship between the birth beliefs and how they affect women's preferences (Hadjigeorgiou et al., 2012). The medical and natural beliefs are separate factors, they are not mirror images of each other and do not make up a dichotomous continuum (Brubaker and Dillaway, 2009; Coxon et al., 2014; Preis and Benyamini, 2017; Wilson and Sirois, 2010). The basic belief that birth is a natural process is widespread (Crossley, 2007; Fenwick et al., 2005). At the same time, women are constantly receiving messages that birth is risky and that it should take place in a hospital (Coxon et al., 2014). These messages raise women's fears and decrease their confidence in their bodies ability to birth naturally (Fleming et al., 2014; Stoll et al., 2014; Zeldes and Norsigian, 2008). Albeit the importance of the birth models and the basic birth beliefs, there have hardly been investigations that used them as a central measurable construct, and only recently they have been operationalized with a distinct and validated instrument (Preis and Benyamini, 2017).

Many studies used fear of childbirth as a predictor of birth-related choices and mode of delivery. Most of these studies examined specific birth choices. For instance, several studies examined the association between fear of childbirth and elective caesarean delivery (Handelzalts et al., 2012) or emergency caesarean delivery (Jespersen et al., 2014; Ryding et al., 1998), choosing hospital or home delivery (Sluijs et al., 2015), using epidural analgesia (Alehagen et al., 2005) and duration of labour (Adams et al., 2012). Fewer studies have empirically investigated how fear of birth is related to basic beliefs about birth and how they are associated with a wide range of birth-related choices.

The current study

We will assess the association of basic birth beliefs, fear of childbirth and birth-related choices among a cohort of Israeli pregnant women. In Israel, labour and delivery are highly medicalised (Benyamini et al., 2017; Morgenstern-Leissner, 2006) but at the same time there is an increasing number of birth-related choices women can make. Nearly all births occur in hospitals, caesarean delivery rates are around 20%, epidural analgesia is used in close to half the births (Aviram, 2015), with certain hospitals reaching around 90% among primaparae (Bar-On et al., 2014). Homebirths are allowed and are on the rise but are discouraged by the State (Cohen-Shuval and Landau, 2009). In contrast to hospital births, which are fully funded by the state, homebirths are out-of-pocket, which is one of the explanations why only 0.5% of mothers choose to deliver at home (Shiftan et al., 2009). Simultaneously, more women seek a natural birth alternative and there are a variety of forums and activists' groups that raise awareness regarding birth options and women's right to choose a less medicalised birth. This has brought to the recent opening of free-of-charge in-hospital natural birth suites.

The aim of the current study is to investigate women's basic beliefs about birth as a natural or medical process and examine their association with fear of birth and birth-related choices. We hypothesized that more natural beliefs and less medical beliefs will be associated with less fear of childbirth, which in turn, will be related to more natural birth choices. In addition, since it is emerging that the two types of beliefs are distinct yet intertwined, we wished to explore a possible interaction between the natural and medical beliefs.

Method

Procedure

The study was approved by the Research Ethics Committees at the University and the health care service where the study took place and was carried out according to the ethical standards of research with human beings. Recruitment for the study took place between May 2012 and December 2013 in two fashions: (1) Pregnant women