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Experiences of women who planned birth in a birth centre compared to alternative planned places of birth. Results of the Dutch Birth Centre Study

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ABSTRACT

Objective: to assess the experiences with maternity care of women who planned birth in a birth centre and to compare them to alternative planned places of birth, by using the responsiveness concept of the World Health Organization.

Design: this study is a cross-sectional study using the ReproQ questionnaire filled out eight to ten weeks after birth. The primary outcome was responsiveness of birth care. Secondary outcomes included overall grades for birth care and experiences with the birth centre services. Regression analyses were performed to compare experiences among the planned places of birth. The study is part of the Dutch Birth Centre Study.

Setting: the women were recruited by 82 midwifery practices in the Netherlands, within the study period 1 August 2013 and 31 December 2013.

Participants: a total of 2162 women gave written consent to receive the questionnaire and 1181 (54.6%) women completed the questionnaire.

Measurements and findings: women who planned to give birth at a birth centre:

(1) had similar experiences as the women who planned to give birth in a hospital receiving care of a community midwife.

(2) had significantly less favourable experiences than the women who planned to give birth at home. Differences during birth were seen on the domains dignity (OR=1.58, 95% CI=1.09–2.27) and autonomy (OR=1.77, 95% CI=1.25–2.51), during the postpartum period on the domains social considerations (OR=1.54, 95% CI=1.06–2.25) and choice and continuity (OR=1.43, 95% CI=1.00–2.03).

(3) had significantly better experiences than the women who planned to give birth in a hospital under supervision of an obstetrician. Differences during birth were seen on the domains dignity (OR=0.51, 95% CI=0.31–0.81), autonomy (OR=0.59, 95% CI=0.35–1.00), confidentiality (OR=0.57, 95% CI=0.36–0.92) and social considerations (OR=0.47, 95% CI=0.28–0.79). During the postpartum period differences were seen on the domains dignity (OR=0.61, 95% CI=0.38–0.98), autonomy (OR=0.52, 95% CI=0.31–0.85) and basic amenities (OR=0.52, 95% CI=0.30–0.88). More than 80% of the women who received care in a birth centre rated the facilities, the moment of arrival/departure and the continuity in the birth centre as good.

Key conclusions and implications for practice: in the last decades, many birth centres have been

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established in different countries, including the United Kingdom, Australia, Sweden and the Netherlands. For women who do not want to give birth at home a birth centre is a good choice: it leads to similar experiences as a planned hospital birth. Emphasis should be placed on ways to improve autonomy and prompt attention for women who plan to give birth in a birth centre as well as on the improvement of care in case of a referral.

Introduction

Traditionally, the quality of maternity care is described in terms of perinatal morbidity and mortality outcomes. Currently, other aspects of health care, such as client experiences, are important as well, also in terms of their potential to affect clinical outcomes (Sitzia and Wood 1997; Wensing et al., 1998; Campbell et al., 2000; Valentine et al., 2008). The Dutch maternity care system is often set as an example to learn from, because of its high home birth rate, its low number of obstetric interventions and a consequence, low cost and yet high assumed health outcomes. (Oppenheimer, 1993; Mander, 1995; Bradley and Bray, 1996; Johnson et al., 2007; De Vries et al., 2009). In the Netherlands, the quality of care experienced by women during the maternity care process in general is high (Wiegers, 2009).

The Dutch maternity care system is based on primary care provided by independent community midwives caring for women with a 'normal', uncomplicated, or low-risk pregnancy. Obstetricians provide in-hospital secondary care for women with a complicated, or high-risk pregnancy or birth. When a complication occurs or the risk of a complication increases substantially during pregnancy or during labour, or when pharmacological pain relief is requested, a woman will be referred from primary to secondary care. For women who were referred to secondary care before the 36th week of pregnancy, their planned place of birth will by necessity be in a hospital, under supervision of an obstetrician. Low-risk women can choose where they want to give birth: in a birth centre, in hospital or at home, all receiving care from a community midwife. Dutch birth centres have been established in the last decade to accommodate the growing number of low-risk women who do not want to give birth at home. A birth centre is a setting where women with uncomplicated pregnancies can give birth in a home-like environment (Wiegers et al., 2012).

Several international studies have explored the influences of the birth settings on the experience of women. A randomized, controlled trial in Sweden showed that low-risk women giving birth in a birth centre expressed greater satisfaction with care than women who gave birth in a hospital (Waldenström and Nilsson, 1993). A study in Australia showed that a birth centre setting ensured that women received personalised, genuine care that transcended the entire childbearing continuum (Coyle et al., 2001b). Differences in philosophy between hospital and birth centre settings is seen as an important component of care experiences (Coyle et al., 2001a). It is also known that women who have given birth in a specific birth centre were less satisfied than those who have given birth at home (Borquez and Wiegers, 2006). In Australia, women giving birth at home rated their midwives higher than women giving birth at a hospital, with women giving birth in a birth centre generally scoring between the other two groups (Cunningham, 1993).

Currently we know very little of how women who planned to give birth in a birth centre experienced their care in the Netherlands. There is no study available that compares the experiences in birth centres with other birth settings in the Netherlands. Therefore the aim of this study was to assess the experiences with maternity care of women who planned birth in a birth centre and to compare them to alternative planned places of birth, by using the responsiveness concept of the World Health Organization. The World Health Organization introduced the concept of responsiveness as one of the available approaches to address service quality in an internationally comparable way (Valentine et al., 2003). The concept offers the opportunity to capture client's experiences on eight predefined domains. Responsiveness is defined as aspects of the way individuals are treated and the environment in which they are treated during health system interactions (Murray and Frenk, 2000; Valentine et al., 2003). The concept has been applied in the Dutch maternity care a few times before (van der Kooy et al., 2014; Scheerhagen et al., 2015).

This research is part of the Dutch Birth Centre Study (Hermus et al., 2015). This national project evaluates the effect of Dutch birth centres on aspects such as client and partner experiences, process and outcome variables, costs and professional experiences.

Methods

Setting

The study was designed as a cross-sectional study. A minimum of three midwifery practices working in the area of each of the 23 birth centres included in the Dutch Birth Centre Study, were randomly recruited. This resulted in the participation of 82 midwifery practices. During the study period from 1 August to 31 December 2013 these 82 midwifery practices recruited women for participation. The midwifery practices varied in size and were located all over the country.

Data collection

Almost all women in the Netherlands, including women who gave birth under responsibility of an obstetrician, receive postpartum care from community midwives. During the data collection period, the community midwives of the 82 practices asked the women who received postpartum care for permission to send them a questionnaire. In this way, data were obtained from women with different planned places of birth: at a birth centre, in a hospital, or at home and under care of a midwife or an obstetrician. Excluded were women who could not read or speak Dutch and women with no specific preference for a place of birth.

A total of 2162 women gave written consent either to receive the questionnaire through e-mail, as a hard-copy or to have an interview by phone. We explicitly tried to include women from different backgrounds, by giving the choice of an interview by phone. The women completed the questionnaire around eight to ten weeks after birth. A reminder was sent two weeks later, when needed.

Questionnaire

The ReproQ is a two-part questionnaire (part 1 prenatal, part 2 postnatal) and was developed to assess the responsiveness of the maternity care system in the Netherlands by evaluating client experiences. Responsiveness is defined as 'aspects of the way individuals are treated and the environment in which they are