Midwifery 39 (2016) 12–19

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

Choosing an out-of-hospital birth centre: Exploring women's decision-making experiences

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ARTICLE INFO

Article history:
Received 30 June 2015
Received in revised form
10 March 2016
Accepted 9 April 2016

Keywords:
Birthplace decision-making
Birth centre
Out-of-hospital birth
Midwifery
Interpretive phenomenological analysis

ABSTRACT

Objective: the primary objective for this study was to explore women's experiences of choosing to plan a birth at an out-of-hospital birth centre. We sought to understand how women make the choice to plan for an out-of-hospital birth and the meaning that women ascribe to this decision-making process.
Design, setting, and participants: a qualitative phenomenological study was conducted in Winnipeg, Canada with a sample of seventeen post partum women who represent the socio-demographic characteristics of the actual users of the Birth Centre in Winnipeg. The women participated in semistructured interviews. Through a feminist perspective and using interpretative phenomenological analysis (IPA), each participant's experience of birthplace decision-making was explored.
Findings: six themes emerged through the analysis: (1) Making the decision in the context of relationships; (2) Exercising personal agency; (3) An expression of one's ideology; (4) Really thinking it through; (5) Fitting into the eligibility criteria; and (6) The psychology of the space. The findings suggested that a woman's sense of safety was related to each of these themes.
Key conclusions and implications for practice: the birth centre decision-making experience has many similarities to the homebirth decision-making process. The visceral impact of the physical design of the facility plays an important role and differentiates the birth centre decision from other birth setting options. The concept of relational autonomy was emphasised in this study, in that women make the decision in the context of their relationships with their midwives and partners. The study has implications for midwifery practice and health-care policy related to: client education on birth settings, design of birth environments, validation of the birth centre concept, and upholding the women-centred midwifery model of care. The study highlighted the importance of increasing access to out-of-hospital birth centres.

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Introduction

Over the last five years, there has been a substantial increase in out-of-hospital birth centres in Canada and the United States (U.S.). In the U.S., the number of birth centres has increased by 66% from 2010 to 2015; there were 195 American birth centres in 2010 and 295 birth centres in 2015 (AABC, 2015). Over the last five years in Canada there have been three new government funded birth centres established in provinces where previously there were none (Women's Health Clinic, 2013; AOM, 2015), in addition to close to twenty existing centres in the province of Quebec and territory of Nunavut. Furthermore, there has been a notable increase in the number of women considering birth centres as an option for place of birth in Canada and the U.S. (Declercq et al., 2013; Murray-Davis et al., 2014). The term "birth centre" refers in Canada and the U.S. to facilities that are freestanding and outside of hospitals. In the

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http://dx.doi.org/10.1016/j.midw.2016.04.003
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Ontario *Choice of Birthplace* survey, 77% of participants who had midwifery care and were planning their birth in homes and in hospitals expressed that they would like to have access to birth centres (Murray-Davis et al., 2014). In the U.S. survey, *Listening to Mothers III: New Mothers Speak Out* (Declercq et al., 2013), 25% of respondents who had given birth in a hospital in the previous 21 months said they would definitely want to give birth in a birth centre for their next birth and another 29% said they would consider it. Of note, a birthplace study in the United Kingdom (UK) proposed that all women should be offered more choices for place of birth (Birthplace in England Collaborative Group, 2011).

UK, New Zealand, and Australia studies have reported high satisfaction rates and positive experiences of women using out-of-hospital birth centres (Barlow et al., 2004; Skinner and Lennox, 2006; Deery et al., 2007; Smythe et al., 2009; Birthplace in England Collaborative Group, 2011). Some studies suggest that women who make out-of-hospital birth choices have a sense of autonomy that contributes to a positive experience (Walsh, 2007; Murray-Davis et al., 2012). Studies on birth settings consistently recommend midwife-led birth centres for maternity care because of safety and the positive experience of women (Stapleton et al., 2013; Birthplace in England Collaborative Group, 2011).

Choosing and planning the location for birth is an evolving and complex process of decision-making throughout pregnancy. Over the past decade, the question of how women make the choice to plan an out-of-hospital birth has emerged. The homebirth decision seems to be an expression of a desire for safety, autonomy, and a natural physiological birth experience (Edwards, 2005; Boucher et al., 2009; Lothian, 2012; Hadjigeorgiou et al., 2012; Jhouki, 2012; Murray-Davis et al., 2012). Themes of control, confidence, relationships, natural birth, information seeking, avoiding intervention, feeling safe, and familiarity consistently appear in homebirth decision-making research (Edwards, 2005; Boucher et al., 2009; Lothian, 2012; Hadjigeorgiou et al., 2012; Jhouki, 2012; Murray-Davis et al., 2012, 2014; Grigg et al., 2015). At the same time it has been found that women who choose hospitals base their decision on a desire for an environment which they associate with safety that comes with technology and surgical services available in hospital (Chadwick and Foster, 2014; Coxon et al., 2014). Previous birth experiences, both normal and medicalized, affect future place of birth decision-making. For instance, a previous normal birth often supports the expectation of another normal birth and a medicalized birth can lead a woman to seek a non-medical experience or conversely, it can set an expectation for possible future medical intervention (Coxon et al., 2015).

Canadian studies that have assessed the outcomes of planned out-of-hospital births with registered midwives provide strong supporting evidence for out-of-hospital births when midwifery care is well integrated into health care systems with the availability of emergency transportation services (Hutton et al., 2009; Janssen et al., 2009). The primary controversy in the literature in terms of outcomes of homebirths relates to a reported increased risk of neonatal complications for nulliparous women who have a planned homebirth. For example, the *Birthplace in England Collaborative Group* (2011) identified an increased risk in adverse perinatal outcomes including neonatal morbidity or mortality for newborns of nulliparous women with a planned midwife-attended homebirth, regardless of where the birth eventually took place, compared to planned births in an obstetrical unit. However, the same study did not show an increased risk for low-risk planned nulliparous births at out-of-hospital birth centres compared to in-hospital obstetrical units. Midwifery and birth centres in Canada are fully integrated into the healthcare system in similar ways as the UK with clear standards for consultation and emergency transport services for intrapartum transport to hospital.

Despite midwives' enthusiasm for out-of-hospital births and growing research about the safety of out-of-hospital births, the majority of women continue to choose hospital birth (Kightly, 2007; Coxon et al., 2014). Uncertainty and fear about birth are prominent messages communicated through media, familial and friendship relations, and health care practitioners (Scamell and Alaszewskib, 2012). Current societal discourse about safety and pain in birth heavily influence women's decisions (Edwards, 2008; MacKenzie Bryers and van Teijlingen, 2010; Coxon et al., 2014; Murray Davis et al., 2014). Birth centres are considered as halfway between home and hospital, where the decision of a birth centre birth is not considered as radical as a homebirth (Murray-Davis et al., 2014). At the same time, freestanding birth centres have the benefits of a homebirth in regards to privacy, woman-centred care, and a non-medical approach to birth (Griew, 2003; Dahlen et al., 2011). Consequently, understanding the decision-making process of women who choose a freestanding birth centre rather than hospital or homebirth merits being studied. The existence since 2011 of a birth centre in Winnipeg, Manitoba, Canada, made it possible to examine birth centre decision-making in a context where home, hospital, and birth centre are all publicly funded options for birthplace.

The objective of this study was to explore women's experiences of planning to give birth at a birth centre. In particular, we sought to understand women's birth centre decision-making experiences, by asking two key questions: (1) How do women make the decision to give birth at the birth centre? (2) What does the birth centre decision-making experience mean to women?

Methods

Setting

Midwifery in Manitoba, Canada is publicly funded with midwives employed by regional health authorities. Continuity of care, choice of birthplace, and informed decision-making are foundational to the Canadian model of midwifery care (Canadian Association of Midwives, 2015). The Birth Centre in Winnipeg which opened in 2011 is a midwife-led centre that has the goal of achieving high normal birth rates with low rates of interventions (Women's Health Clinic, 2010; Boscoe et al., 2007). It offers community services including childbirth and parenting classes, support groups, and counselling, in addition to midwifery services and birthing rooms. The space is characterised by natural light, warm colours, and curving lines. The birthing area has four large birth rooms, a family room, an indoor garden room, and an outdoor garden. Each birth room has a large birthing tub, a private bathroom, features for active birth, a double bed, and equipment that may be needed for use by the midwife. The Birth Centre is located on a prominent street corner close to a tertiary hospital. Admission criteria ensure that women are good candidates for normal birth. The Birth Centre has clear systems to activate emergency medical services for transport to hospital as needed. The facility was built for an intended future capacity of 500 births per year; capacity has not been reached in part because there are not enough funded positions for midwives. A central challenge for midwifery services in Manitoba is the insufficient volume of midwives to meet the demand; more than half of all requests for a midwife in Manitoba are not accepted into care, consequently place of birth options are only available to a small percentage of women (Thiessen et al., 2015).

Interpretive phenomenological analysis

Phenomenology is a qualitative method of enquiry that seeks to find deep understanding and meaning in specific human

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