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Review article

The journey from pain to power: A meta-ethnography on women's experiences of vaginal birth after caesarean

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ABSTRACT

Background: Vaginal birth after caesarean can be a safe and satisfying option for many women who have had a previous caesarean, yet rates of vaginal birth after caesarean remain low in the majority of countries. Exploring women's experiences of vaginal birth after caesarean can improve health practitioners' understanding of the factors that facilitate or hinder women in the journey to have a vaginal birth after caesarean.

Methods: This paper reports on a meta-ethnographic review of 20 research papers exploring women's experience of vaginal birth after caesarean in a variety of birth locations. Meta-ethnography utilises a seven-stage process to synthesise qualitative research.

Results: The overarching theme was 'the journey from pain to power'. The theme 'the hurt me' describes the previous caesarean experience and resulting feelings. Women experience a journey of 'peaks and troughs' moving from their previous caesarean to their vaginal birth after caesarean. Achieving a vaginal birth after caesarean was seen in the theme 'the powerful me,' and the resultant benefits are described in the theme 'the ongoing journey'.

Conclusion: Women undergo a journey from their previous caesarean with different positive and negative experiences as they move towards their goal of achieving a vaginal birth after caesarean. This 'journey from pain to power' is strongly influenced by both negative and positive support provided by health care practitioners. Positive support from a health care professional is more common in confident practitioners and continuity of care with a midwife.

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Abbreviations: VBAC, vaginal birth after caesarean; GP, general practitioner; COC, continuity of care; HBAC, homebirth after caesarean.

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Statement of significance

Issue

VBAC rates remain low despite offering a largely safe alternative to caesarean section.

What is already known

Women can face difficulties with decision-making when exploring their options regarding a repeat caesarean or a VBAC.

What this paper adds

This meta-ethnography identifies the journey women take when planning a VBAC, including the benefits of continuity of care and support from family and friends. Women who experienced a VBAC felt a sense of achievement.

1. Introduction

Internationally the caesarean section rate is rising and there are mounting public concerns about this, making vaginal birth after cesarean section (VBAC) an area of importance. VBAC can be a safe and satisfying alternative option for many women.[1–3] Attitudes and beliefs around VBAC vary greatly and VBAC rates are often low.[4] In Australia in 2013, only 12% of women with a history of a previous caesarean had a vaginal birth and the most common reason given for the need for a caesarean is a previous caesarean.[5] Research exploring the decision-making process associated with VBAC highlights the factors that can inhibit or facilitate VBAC.[6–8] There are a growing number of international qualitative studies focusing on women's experiences of VBAC across birthing settings and models of care.[9–12] These qualitative studies allow the researcher to gain a greater understanding of the motives and experiences of women having a VBAC. Bringing these studies together creates a broader and deeper level of knowledge and, by using meta-ethnography, leads to the development of a conceptual model.

Two meta-ethnographies have been conducted focusing on different aspects of VBAC. Black et al. conducted a meta-ethnography on 'what influences women to choose VBAC or elective caesarean', whilst Lundgren et al. analysed papers on the experiences of women who have had a VBAC in hospitals. Black et al. reviewed eight of the papers included in the Lundgren et al. meta-synthesis along with 12 additional papers. Although the review by Black et al. encompassed women's experiences of VBAC, the focus of the synthesis was on the decision-making aspects of either VBAC or elective caesarean and the results reported on the reasons women chose VBAC, elective caesarean or were undecided. This meta-ethnography explores women's experiences of VBAC, similar to Lundgren et al., but with the addition of studies exploring VBAC across different birth locations and models of care. The aim of the meta-ethnography was to explore women's experiences of VBAC across a variety of birth locations.

2. Method

Meta-ethnography is a method of qualitative research synthesis introduced by Noblit and Hare with an aim to discover new interpretations through the experiences and perspectives of individuals. They articulated a seven-phase process to guide the conduct of a meta-ethnographic synthesis.[13] The phases are: (1) getting started; (2) deciding what is relevant to the initial interest; (3) reading the studies; (4) determining how the studies are related; (5) translating the studies into one another; (6) synthesising translations and (7) expressing the synthesis.[13]

2.1. Getting started: search methods

The databases searched were CINAHL, ProQuest, PubMed, Scopus and Medline. Search terms were 'vaginal birth after caesarean' and 'VBAC'. Inclusive dates were limited to 2000–2016. Exclusion criteria included studies that used a quantitative methodology/reviews/opinion papers/medical reports and non-English language research. Studies included were those that used qualitative and mixed methods approaches and where Full text articles were accessible. The reference lists of previous papers including the two previous meta-syntheses were searched for additional references.[6,11]

2.2. Getting started: search outcome

Phases 1 and 2 of meta-ethnography is deciding what research is relevant to the initial interest.[13,14] This was undertaken by the search described above and depicted as per the PRISMA flowchart in Fig. 1.[15] The total number of studies retrieved from the databases and previous meta-ethnographies was 61 studies. Once duplications were removed the amount was reduced to 26 studies. The 26 studies were screened for eligibility and 10 were removed at this stage for not fulfilling the inclusion criteria. The remaining 23 studies were tabled and further reviewed by the three authors.

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