

The Experience of Childbirth at a Midwife-run Birth Center

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Abstract

There are several factors that influence a woman's birth experience. A large portion of these factors is the preparation that she takes for the event of labor. This study focuses on both the motivation for and experience of labor at a midwife-run birth center. The data collected provides more information to better inform the field of labor and delivery on this population's experience. The findings can be applied both within the hospital and outside of the hospital setting. By applying these findings within the hospital, the healthcare team can better understand what planning and expectations mothers who desire a "natural" childbirth are coming in with and be able to provide more patient-centered and compassionate care.

Introduction

Families in the United States are becoming more and more curious about “natural” medicine and this trend is steadily spilling into the field of labor and delivery. The frequency of planned out-of-hospital birth in the United States has increased in recent years. Similarly, there has been an uptick in the use of free-standing birth centers, from 0.23% in 2004 to 0.39% in 2012 (Snowden, et. al, 2015). This turn toward natural, or outpatient, medicine is different from the previous norm of medicalized intervention in labor being seen as a priority in order to have a safe birth (Soliday & Mammenga, 2015). The aim of this research is to understand more about the motivation behind a woman’s choice and to describe the experience of a birth in a midwife-run birth center.

Review of the Literature

Research has found that those who give birth in a free-standing birth centers run by midwives are more likely to report a good experience, specifically naming the home-like environment it provides (Ford, 2014). A study looking at reasons for planning a home birth cites safety and better outcomes, being able to go intervention free, negative previous hospital experience, more control over care, and a comfortable environment as most important to expecting mothers (Boucher, Bennett, Mcfarlin, & Freeze, 2009). Research published uncovered many distinctions between women who chose birth centers and hospitals for their labor. The research showed that women who intended to have a birth center birth were significantly more likely to attend antenatal classes before labor. These women are also much less likely to opt for pharmacological means of pain relief in comparison to their hospitalized counterparts. More

women at the birth centers also reported having an intervention free third stage of labor and skin to skin contact within the first two hours of birth (Macfarlane, Rocca-Ihenacho, & Turner, 2014).

Studies have concluded that pregnancy is the time when someone is more likely to actively search for a provider that best fits their needs due to the timeline that comes along with pregnancy and not with an acute illness (Kozhimannil, Attanasio, Yang, Avery, & Declercq, 2015). Midwife care is associated with lower cost due to lower use of unnecessary and invasive interventions, cesarean section, augmentation of labor, anesthesia, and rate of third- and fourth-degree perineal tears (Walker, Lannen, & Rossie, 2014). A study reported average cost of home births in America to be around \$2,000 and hospital births closer to \$5,000 (Janssen, Mitton, & Aghajanian, 2015). Despite the clear benefit in cost, there are significantly less births attended by midwives in the United States, around 10%, as opposed to the 50-75% in other countries with high resources (Vedam, et. Al, 2018).

When discussing mothers who plan to deliver at a birth center, you must still consider those who prepare for that experience and were not able to deliver there for some reason. A recent study found that the rate of transfers from birth center to hospital is somewhere from 11.6 to 37.4% (Green & Martina, 2018). That study also found that a majority of transfers were for non-emergent needs, such as pain relief or progression failure (Green & Martina, 2018). This study also provided ways in which mothers can be better cared for upon transfer into the inpatient hospital setting. Some of those suggestions include, having a good working relationship between midwives in the community and the inpatient team, challenging bias against this population within the inpatient team, respecting each mother's specific process, assign staff who are supportive to mothers with alternative beliefs, and ensure a welcoming environment for all (Green & Martina, 2018).

Study Design

The study follows a phenomenological qualitative in order to discover information concerning specific personal experience in the event of labor and delivery. This study design was selected in order to give participants the most freedom possible for their answers. Committee members consulted on study design and on questions selected to be included in the questionnaire. The study questionnaire itself was formatted using multiple choice and free response anonymous survey questions (Appendix A). There were no minimum or maximum word counts to ensure participants could discuss as much or as little as desired for each particular question.

Setting/Participants

This research was conducted at a birth center in Southern California. This center was selected due to its screening techniques for expectant mothers such as: no past medical history, no previous cesarean sections, BMI below 40, clean drug screen, singleton pregnancy, and head down at the time labor begins. The researcher contacted the managers of the birth center and coordinated a meeting with managers and staff at the birth center. The objective, aim, questionnaire, and informed consent for the study were proposed to the center. Once the study was approved by the birth center staff, the survey was posted on the birth center's Facebook page.

Methods Recruitment Strategy

The method of recruitment in this study was done through a Facebook post by the selected birth center with a link to complete the online survey. Inclusion criteria were: most recent delivery within the last 365 days, 18 years of age or older, and at least part of labor taking place in a midwife-run birth center.

Sample Strategy

The sample strategy was quota based with a goal of 12-20 participants. This number of participants was preferred in order to receive a manageable amount of data. With the use of content analysis computer programming, this number could be increased to gather more data.

Sample Size

A total of 19 women met inclusion criteria and participated in the study. 15 of the participants labored and delivered at the birth center and the remaining four had at least part of their labor in the birth center but were ultimately transferred to the hospital for delivery. See Table 1 for more demographic information. Some of these women were first-timers in the outpatient birth setting and others were not. For pain management in past births, seven participants reported using an epidural or IV pain medications and the remaining 12 used non-pharmacologic methods such as; counter pressure, hypnobirthing, essential oils, water birth, and breathing techniques.

Table 1

Demographic Information: Age, Marital Status, Number of Pregnancies

<u>Age</u>	<u>Number of participants</u>
18-25	3
26-35	15
36-45	1
<u>Marital Status</u>	<u>Number of participants</u>
Single	3
Married	15
Other	1
<u>Number of Pregnancies</u>	<u>Number of participants</u>
1	5
2	6
3	5
4+	3

Data Collection

The survey contained two demographic questions, five open-ended questions concerning past pregnancies and births, and five open-ended questions concerning most recent labor preparation and experience. The participants took between five and 20 minutes to complete the survey in its entirety.

Data Analysis

Conventional content analysis was used to assess the data from each individual question. Analysis was performed without software, due to small sample size. Inductive analysis was used in order to allow for participant answers to dictate the findings. The findings were compiled into major themes based on identifying repetitive concepts and phrasing, supported by narrative provided by participants.

Rigor

The rigor of this study was a limitation. Research committee members were only utilized in the selection of questions, not within the analysis portion of the study.

Ethics

IRB approval was given by Point Loma Nazarene University (IRB #17438) for this study to take place (Appendix B). Informed consent, with a confidentiality section, was considered as a portion of the IRB approval (Appendix C). Participants had to acknowledge their receipt of the informed consent before participating in the study. After survey completion, participants were redirected to a page with links and information on support groups and postpartum depression.

Findings**Motivation:**

Study questions focus on two main areas; motivation for choosing this mode of labor and birth and actual birth experience. For the purpose of this study, motivation is defined as the intrinsic and extrinsic reasoning one has for making a decision or plan. The prominent theme in motivation to deliver at a birth center was the desire for a “natural” birth. Many participants described this “natural” birth as one with minimal medical interventions. The following comments exemplify this theme when describing their birth plan:

“Trusting my body and what it was made to do”

“Water birth as natural as possible”

“Planned to deliver naturally using hypnobirthing techniques”

“A birth center with as little intervention as possible. I wanted a water birth, delayed cord clamping, natural 3rd stage, occasional fetal monitoring, no IVs or meds.”

The participants informed and reinforced their decision to deliver at a birth center by reading books, hiring a doula, and taking childbirth classes. Three participants reported that this method of labor was recommended to them by a family member or friend. Personal experience also informed their decision, three reported past positive experience with the same method of labor and five reported past negative experience with another method of labor. There were also specific reasons for choosing a birth center. One reason mentioned was, “wanting to be able to labor freely and naturally”.

Several participants named “support”, as a factor within their choice to deliver outside of the inpatient setting. 15 of the participants mentioned a significant other as their primary labor support. They provided support by coaching, comforting, providing emotional support, and meditations. Doulas were identified as labor support 10 times as well for their assistance with pain relief and advocacy.

Experience:

For the purpose of this study, the term experience refers to the knowledge or memory gained from a lived event. Within this study, the birth experience was unique to each participant but, with a few similarities. There were several mentions of words like “loved”, “happy”, and “great.” The prominent theme was a positive outlook on how they felt about their birth.

“Great experience, it took just under six hours.”

“Amazing. Couldn't have gone any better.”

“Awesome! It hurt, yeah, but I was happy with the way it went”

“Amazing! It was only four hours, heal time was so much faster. I felt loved and supported.”

Changes to initial birth plan were discussed in the survey. 11 of the 19 participants reported having some kind of deviation from their original birth plan. Some of the changes mentioned were:

“We manually broke my waters”

“I initially had a birth center birth planned but due to my labor being stalled I was sent to the hospital”

“I opted for IV pain management, since I had been awake the past two nights laboring and I wanted some medicated rest”

Of this group, there was a higher number of mentions of the baby, as opposed to only mention of the mother. This became a theme only for those who had to deviate from their original birth plan.

“My son was delivered safely”- Referring to hospital transfer from the birth center

“Although I was very happy with my delivery, I wasn't as thrilled with my postpartum stay at the hospital. I know that is where we needed to be and my baby did spend one night in the NICU,

but I don't have the best memories of the postpartum nurses or the NICU nurses.”- Referring to a hospital transfer from the birth center

“I did not get the water birth I had hoped for, but I know that I had the exact birth that I was supposed to have to bring baby earth side safely”

Discussion

The findings from this study should be used to better inform the health care team of the planning, expectations, and past experiences of patients who opt for non-hospitalized births. This information can improve care within the outpatient and inpatient birth areas. Understanding what expectant mothers mean by “natural” in relation to their labor helps the healthcare team to be able to provide care tailored to these patients. These findings will be useful to midwives who assist in labor outside of the inpatient setting because they will understand patient’s motivation for choosing a birth outside of a traditional hospital setting being informed by past experiences, having support from partners and doulas, childbirth education, and desire for minimal intervention. Should a patient be transferred into the hospital from a midwife-run birth center, the health care team can be more aware of what this patient has planned and was expecting out of her labor experience. Having more knowledge on this subject should lead to higher satisfaction rates among women who have to be transferred to a hospital because the healthcare team can provide care that is more patient specific.

Conclusions and Further Research

The findings of this research show a sample of what the motivation and experience of mothers who intend to give birth in a midwife-run birth center in a large city in Southern California. The purpose for uncovering this information is to advance and improve care of laboring mothers by having a deeper understanding of their perceptions of their own birth plan

and labor. Findings from this study align with the current research, particularly on the subjects of birth preparation and interventions used in similar populations.

The questions designed to explore the mother's motivation for choosing a midwife-run birth center demonstrated information about how the participants came to decide upon a midwife-run birth center. The strongest theme throughout this portion of the research was the desire for a "natural" childbirth. The participants describe a natural birth as one with minimal medical and free of pharmacological intervention. Additionally, some participants identified past experiences and labor support such as spouses and doulas as part of their decision making for choosing a midwife-run center.

The experience questions showed a lot of variance in answers due to the unique experience of each participant. Overall, most participants described their experience as positive. An area where there were clear themes in the answers were for those who described some type of change to their initial birth plan. A few of the changes described were, needing to transfer to a hospital, inability to birth in the position they wanted, and AROM. The participants who reported a change to their initial birth plan were also the only participants to mention their baby in their responses, as opposed to only speaking of themselves. It could be inferred that having to change their birth plan made them make decisions with their baby in mind, rather than just themselves.

This research can be continued in the area of birth experience in order for health care providers to be able to better care for their patients. Having more information about how mothers perceive the experience of labor can lead to better patient care and higher patient satisfaction. This would improve patient satisfaction by informing healthcare staff of what women who desire a "natural" birth are looking for and be able to cater their care more toward each patient's specific desires.

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Appendix A

Childbirth Experience Survey

Childbirth Experience Survey

Childbirth Experience Survey

This study is designed to learn more about your experience with natural childbirth. Write as much or as little as you like. Survey completion time averages between 10 and 20 minutes.

Informed Consent to Participate in Research

Introduction/Purpose

I understand that I am being invited to participate in a research study. Samantha Archer is sponsoring this study at Point Loma Nazarene University. The purpose of this research is to learn more about the childbirth experience at a midwife-run birth center.

Procedures

I understand that the proposed length of my participation in this study consists of one session. The entire project will last approximately 10-20 minutes. During this time, I will complete the survey attached.

Risks

Some of the questions ask about your birth experience and your expectations for birth. It is possible that you may have some distress when thinking about your birth experience. Contact information for community resources will be provided to each participant

Benefits

A benefit of participation in the study will be adding to the research available for healthcare workers, practitioners, and expectant families on the experience of mothers who deliver children in a setting that is outside of the hospital.

Voluntary Participation

After choosing to be a part of the study, the participant will receive a survey at that time. If they chose to complete the survey, their answers will be completely anonymous. Any names or identifying data will not be published. I understand that my participation is voluntary and that I may refuse or withdraw from the study at any time without penalty.

Confidentiality

I understand that data collected will remain confidential. Only signatures are required for proof of consent and they will be kept separate from the other materials.

Debriefing

I understand that I have the right to have all questions about the study answered in sufficient detail for me to clearly understand the level of my participation as well as the significance of the research. I understand that at the completion of this study, I will have an opportunity to ask and have answered all questions pertaining to my involvement in this study by contacting Samantha Archer at sarcher1212@pointloma.edu after the study is complete, around April 2019.

Receipt of informed consent

I acknowledge having received two copies of the consent form, one to be returned to the researchers and one for me to keep for my reference. I may call the investigators involved in the study, or supervising professor, Mary Adams, in order to discuss confidentially any questions about participation in the study. Also, should I have any concerns about the nature of this study I can also contact the Chair of PLNU's IRB (IRB@pointloma.edu).

By participating in this survey, I am stating that I am age 18 or older, have read the informed consent, and am willing to release this information to be used in research.

Investigator(s):


Samantha Archer, sarcher1212@pointloma.edu, (850) 502-6931

Supervising professor:


Mary Adams, madams1@pointloma.edu

- * 1 Age: (Select one) 
- 18-25 36-45
- 26-35 46-50


- * 2 Marital Status: (Select one) 
- Married Single
- Other (please specify)
-

* 3 How many times have you been pregnant? 


1 2 3 4 5+


* 4 How many children do you have? 

1 2 3 4 5+


* 5 What was your method of pain management in past births? 

* 6 What was your birth plan for your most recent birth? 

* 7 How did you prepare for your most recent labor? 

* 8 What led you to choose this birth plan? 

* 9 Did you have labor support for this delivery? If so, describe their role: 

* 10 Describe your birth experience for this labor: 

* 11 Did your initial birth plan change during the labor? If yes, how so? 


* 12 How do you think the change(s) impacted your birth experience? 




Childbirth Experience Survey

Postpartum Resources

<https://postpartumhealthalliance.org>

Postpartum Health Alliance is a non-profit organization dedicated to raising awareness about perinatal mood and anxiety symptoms and disorders and providing support and treatment referrals to women and their families. 

<https://www.babiesbythebeach.com/support-groups>

Gather with other new parents for support, education and friendship. Some groups are free, while those led by licensed professionals often charge (but may be especially helpful for emotional well being). Individual therapy may also be beneficial during this time. 

OK



Appendix B

IRB Approval Letter



September 24, 2018

Dear Samantha,

Congratulations! Your research project, *The Experience of Childbirth at a Midwife Run Birth Center* (PLNU IRB ID# 17438), has been approved by the Institutional Review Board of Point Loma Nazarene University. What this means is that the PLNU IRB has determined that the proposed research and research plan, as they have been described to us, have been designed in accordance with the ethics guidelines for human subjects research set forth by the federal government of the United States of America in the Code of Federal Regulations Title 45 (Public Welfare), Part 46 (Protection of Human Subjects).

Your approval is valid for one year from today's date, after which time it will be considered closed. If you need to make non-trivial amendments to your current proposal at any time during the current approval period, please submit an amendment statement. If you wish to continue your research after one year has passed, please submit a continuation application.

Please keep this communication for your records. Best of luck with your research!

A handwritten signature in blue ink, appearing to read "Holly Irwin".

Holly Irwin, Ph.D.
Institutional Review Board Chairperson
Vice Provost for Academic Administration
Point Loma Nazarene University

Appendix C

Informed Consent

Informed Consent to Participate in Research

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Procedures I understand that the proposed length of my participation in this study consists of one session. The entire project will last approximately 10-20 minutes. During this time, I will complete the survey attached.

Risks Some of the questions ask about your birth experience and your expectations for birth. It is possible that you may have some distress when thinking about your birth experience. Contact information for community resources will be provided to each participant

Benefits A benefit of participation in the study will be adding to the research available for healthcare workers, practitioners, and expectant families on the experience of mothers who deliver children in a setting that is outside of the hospital.

Voluntary Participation After choosing to be a part of the study, the participant will receive a survey at that time. If they chose to complete the survey, their answers will be completely anonymous. Any names or identifying data will not be published. I understand that my participation is voluntary and that I may refuse or withdraw from the study at any time without penalty.

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Debriefing I understand that I have the right to have all questions about the study answered in sufficient detail for me to clearly understand the level of my participation as well as the significance of the research. I understand that at the completion of this study, I will have an opportunity to ask and have answered all questions pertaining to my involvement in this study by contacting Samantha Archer at sarcher1212@pointloma.edu after the study is complete, around April 2019.

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Name: _____ Age: _____
 Signature: _____ Date: _____
 (I am 18 years old or older.)