Why women and midwives choose to birth in primary birth centres in the Waikato region.

A descriptive study using a thematic analysis
Why?

- 10 primary birth units in Waikato region
- 30% of women use primary units
- 70% use tertiary facilities
Literature review

- Low risk women have better outcomes (fewer interventions/increase in normal birth) if they choose to birth in a primary unit (Davis et al, 2014; Dixon et al, 2014)
- Women will bypass primary unit citing safety concerns (Gibbons et al, 2016)
- Dominant discourse is hospital safest place (Grigg et al, 2015)
- Women’s choices often related to personal beliefs and philosophies about birth (Grigg et al, 2015)
- Women chose carer rather than place of birth (Patterson, 2007)
Participants

• 3 primary birth units – 2 rural/1 urban
• 6 women who birthed in the units
• 7 midwives who cared for women who birthed in the units
• In the last five years
Method

- Interview of 6 women
- Interview of 7 midwives
- Review transcripts and audio recordings
- Identify themes
- Review data for facilities (5 years)
Data

- Data from 2010-2015 reviewed
- Manually recorded
Ethnicity

- NZEuropean: 46%
- NZMaori: 40%
- Pacifica: 3%
- Asain: 5%
- Other: 6%
- Not stated

Legend:
- Ethnicity
- NZEuropean
- NZMaori
- Pacifica
- Asain
- Other
- Not stated
Parity

- Multiparous: 69%
- Nuliparous: 31%
Use of pharmacological pain relief

- Entonox: 34%
- No pharmacological pain relief: 64%
- Pethidine: 2%
Percent of transfers in labour

- Transferred in labour: 17%
- Birthed at primary birthing unit: 83%

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Findings - midwives

- Political
- Guardianship
- Ownership
- Collegiality
Political

- Role of midwife to advocate primary birth
- Midwives aware of risk culture
- Mindful of geographical distances
- Need to work with eligibility options
Guardianship

• Offering safe choices for women
• Protecting the birth space
• Build women's knowledge and confidence
• Work with woman’s timeline
• More time with women
Ownership

- Community involvement in unit
- Relationships with local services
- Need to support local service
- Access for support ie CTG
Collegiality

• Midwives feel welcomed
• Feel cared for
• Feel trusted
• Confidence in local ambulance service
Findings - women

- Women's expectations
- Belief in birth
- Choice
- Staff and facility
Women's expectations

• Expectations of normal birth
• Primary birth fitted their world view
• Wanted family/whanau included
• Felt more at home locally
• Michelle: my understanding is that women that are in a primary care facility have less intervention and therefore you have a higher chance of having a natural birth, which was certainly an aim of mine, to have a natural birth.
Belief in birth

• Shared belief and trust in midwife
• Shared confidence in normal birth
• Aroha: She was really good and reassuring, so positive – the whole time she was telling me how I was handling it so well, lots of positive reassurance to me, which was great, through the whole birth and that gave me a lot of confidence in myself. She kept saying it’s all normal, it’s all going great, you’re doing well, so I wasn’t worried about anything.

• Georgia: I couldn’t fault my midwife my midwife is very on to it and she just went click, click, click and I felt like I was in really good hands
Choice

• Woman's choice to birth at birth centre
• Attended the unit during pregnancy
• Liked atmosphere of the unit
• Hospitals for sick people
Jane: Women….just need the support from their friends and their family or whoever their birth team’s going to be, and from their midwife, and they need to believe in themselves
Jane: Women get a sense of fear and that they need to have the hospital
Abbey: My midwife obviously supported the decision….I wouldn’t say she influenced my decision, I made that on my own.
Staff & facility

• Staff there for me
• Felt respected and valued
• Staff knowledgeable and skilled
• Convenient for woman and whanau
• Facilities fresh, clean and of high standard
Michelle: The nurses there are really lovely and supportive. I have a bit of trouble breastfeeding. They’re just there really, really helpful. They popped in… if my husband went out then they would come in and have a chat, they were always friendly….they always came in and made sure that I was alright.

Georgia: I really felt like I was someone and I was being taken care of.
Michelle: *Convenience, being in the same town. That my husband could stay there and pop home if he needed to.*

Georgia: *I really enjoyed the food and stuff. Clean. I’m a clean freak. I could tell that they were hygienic.*

Aroha: *I signed up for antenatal classes and that was at Waterford, and from those classes I became more familiar with the options and what we wanted to do.*

Abbey: *To me, I don’t think there’s any point in being in hospital unless I need to be there. I’d rather be in a nice warm, comfortable, friendly, homely environment.*
Summary

• Benefits of online data
• Quality of the facility important to women
• Facility provides a support hub for midwife
Where next?

• Explore the reasons why women with no risk factors choose to birth at Waikato Hospital
• Explore midwives knowledge and confidence in primary birth
References


• Patterson, J. (2007). Rural midwifery and the sense of difference. *New Zealand College of Midwives Journal*.

• Surtees, R. (2010). Everybody expects the perfect baby…and perfect labour… and so you have to protect yourself’: discourses of defence in midwifery practice in Aotearoa/New Zealand. *Nursing inquiry*.