Birth ‘Outside the System’ or Broken by the System? A hermeneutic synthesis of women’s and midwives’ influences and experiences in relation to alternative birth choices

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In societal norms, the birth of a child is a major life event (Redshaw et al., 2019) which most women only embark upon an average of twice in their reproductive lives (United Nations, 2020).

The experiences a woman has during her pregnancy and birth can have lasting physical, psychological, social and existential influence (Held, 1989) which can be empowering, traumatic, magical, intense or satisfying (Karlström, Nystedt and Hildingsson, 2015; Aune et al., 2015; Elmir et al., 2010; McKenzie-McHarg et al., 2015).
Current State of Birth in the UK

Women’s choice is a central tenet of maternity care and is vital in ensuring that women are free to make autonomous informed choices about the care they wish to receive or decline (Nolan, 2011).

There has been growing evidence to support women experiencing low-risk pregnancies to birth in out of hospital birth settings, which has been increasingly linked to positive outcomes (Brocklehurst et al, 2011; Dixon et al, 2014; Scarf et al, 2018; Hutton et al, 2019; Reitsma et al, 2020).

However, for a woman with additional risk factors who is experiencing a high-risk pregnancy, to birth in a midwifery-led out of hospital setting would be against medical advice. (NICE, 2019).

As more women are choosing to make autonomous informed choices to birth ‘outside the system’ or against medical advice, there is emerging evidence about what influences women to make this decision, women’s experiences of birthing against medical advice and how midwives experience facilitating these choices.
The Pandemic of Medicalising Birth

The majority of births in high income countries take place in hospitals, with homebirth and birth centres being the exception to the rule (Sjoblom et al., 2012) and medical intervention and pharmacological analgesia are conventional (Dahlen et al., 2014; Cole et al., 2019).

The rise of medicalisation of the pregnancy and childbirth continuum is alarming on an international level and could be considered an epidemic, with research showing an almost twofold increase in the Caesarean Section rate over the last 20 years from 12% to 21% (Boerma et al., 2018) and increasing rates of induction of labour (Miller et al., 2016).

There are international calls for an abatement to rising rates of futile medicalisation and intervention in pregnancy and birth (Renfrew et al., 2014; WHO, 2018).
Birth ‘Outside the System’

- Ideally women who choose to plan a home birth or birth in a freestanding midwifery-led unit would be experiencing a low-risk pregnancy and be following a midwifery-led care pathway (NICE, 2017), however women are free, and indeed encouraged, to make informed choices about the care that they wish to accept and decline.

- Therefore, some women for whom it would be recommended that they follow the high-risk obstetric-led pathway may choose to plan a midwifery-led birth, be that a home birth, birth in a freestanding midwifery-led unit or birth in an alongside midwifery-led unit.

- This would usually be against medical advice on account of the increased risk of perinatal mortality and morbidity associated with birthing in midwifery led areas in high-risk pregnancies (NICE, 2019).

- Some women also choose to freebirth, which is also described as unassisted birth, where women elect to not have any healthcare professionals present for birth.

- Freebirth has been considered to be the ‘end of the choice continuum’ (Nolan, 2011, pp. 104) and could be deemed to be the most radical form of birthing ‘outside the system’.
Birth ‘Outside the System’

- Women do not elect to birth ‘outside the system’ because they have an abundance of birth choices; the choice to birth ‘outside the system’ is influenced by the system causing harm to women and a failure of the system to acknowledge the dysphoria of women in relation to these issues (Dahlen et al, 2020).

- Women are influenced and indeed railroaded into birthing ‘outside the system’ owing to a culmination of restrictive mainstream maternity care provision, the lack of flexibility within the system, a dearth of evidence-based practice within the system and contemptuous attitudes towards women and their choices within the system (Dahlen et al, 2020).

- Maternity care providers need to recognise the importance attached to the birth process – it is not merely a clinical process or event (Cheyney, 2020).

- Birth is a pivotal event in a woman’s lifeworld, which has deep cultural and social underpinnings, and the conduct of birth attendants is profoundly embedded in the woman’s experience of birth, therefore it is vital that our practice is reflective of this importance (Cheyney, 2020).
Role of the Midwife

 Whilst it is recognised that midwives cannot decline to provide care and that they are bound by a duty of care, it is also conceded that midwives must not practice outside their sphere of practice or competence (NMC, 2018).

Regardless of the midwife’s beliefs as to the safety or ethical soundness of a woman’s choices, they are bound by the Nursing and Midwifery Code (NMC, 2018) to have a full and frank discussion of the risks and benefits of any choice the woman makes, so that she is making a fully informed choice.

It is then the midwife’s duty to support the woman in exercising her choice, ideally with the support of and in communication with the wider multidisciplinary team (NMC, 2018; Magill-Cuerden, 2012), ideally to include opinions of and support from midwifery advocates/supervisors of midwives and consultant midwives.
Justification and Aims of Review

The evidence base exploring women’s reasons for birthing ‘outside the system’ and midwives’ beliefs about this group of women’s choices is expanding exponentially. This review aims to draw together the themes from the literature and synthesise the experiences and influences of both women and midwives in relation to birth ‘outside the system’.

One of the main recommendations of The Birthplace Study is that further research is carried out to examine the reasons behind

“a small, but important, group of women with commonly occurring risk factors (e.g. post-term pregnancy, BMI > 35kg/m², previous caesarean section) choose to plan birth in non-OU settings, and in particular at home, and to consider what service, environmental or behavioural changes might enable OUs, or some MUs, to adequately meet the clinical needs, values and preferences of these women.” (Hollowell et al, 2015, pp. 155)

This recognises that although the group of interest is a small proportion of the women cared for in maternity services, it is important that we gain an understanding of what influences women to make these choices and what changes can be made within maternity services to facilitate these choices.
Theoretical Framework - Hermeneutics
# Methodology: Inclusion Criteria

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Methodology – Search Strategy
Methodology: Analysis

The analysis was separated into two sections: women’s influences and experiences of birth ‘outside the system’, and midwives’ influences and experiences of birth ‘outside the system’.

Within these two streams, an in-depth critical analysis was undertaken of the final sample of papers using Downe et al.’s (2009) Quality Assessment Tool and the SRQR (O’Brien et al., 2014).

Thematic synthesis was used to extrapolate themes and synthesise the literature within each theme (Thomas and Harden, 2008). This is a critical inductive technique which aims to produce higher order themes and analyses (Nicholson et al., 2016).

Line-by-line coding of the literature was carried out using NVIVO 12.0, which was then analysed using thematic synthesis.
Reflexivity: Looking into oneself

*Left,* artwork by Deborah Price 2012 as a gift when I qualified as a midwife;  
*Top centre,* photograph with thanks to Kelly Davies, the first birth I facilitated as a qualified midwife;  
*Bottom centre,* presenting a poster at the Normal Birth Conference, 2019;  
*Right,* working as an integrated midwife during the pandemic, 2020.
Women’s Experiences and Influences of Birth ‘Outside the System’
Escaping a Technocratic, Paternalistic System

The System

Iatrogenic Harm and the Cascade of Intervention

Escaping the System

External Factors

Intimations of being an ‘unfit mother’

External influences

Making The Choice

Rejection of Biomedical and Midwifery Models of Care

Being ‘Backed into a Corner’

‘Going into battle’

Making the Decision

‘The Rhetoric of Birthplace Choices

Experiences

Traumatic Experiences

Coercion

Maternity Care Professionals Causing Harm

Positive Experiences

Preparation for Birth ‘Outside the System’

Awareness of Physiology of Birth

Becoming Expert

Doing Their Research

Preparations

Sources of Information
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<td>‘There’s No Place Like Home’</td>
<td>Matrescence</td>
<td>Dignity and Privacy</td>
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<td>Philosophy and Beliefs</td>
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Midwives’ Experiences and Influences of Birth ‘Outside the System’
Themes

Being ‘With Woman’
- 'With Woman'
- Empowering Women
- Relationship With Women
- Requests Outside Sphere of Practice

Experiences
- Professional and Clinical Experience
- Knowledge
- Unexpected Events

Fear, Risk and Legal Implications
- Fear
- Risk
- Legal

Midwifery Skills
- Negotiation
- Unconscious Knowing
- Skills
Organisational Influences
- Organisational and Professional Support
- Improving Care
- Cultural Influences

Personal Influences
- Negative Emotions
- Ethical and Moral Issues
- Personal Factors

Professional Influences
- Professional Obligations
- Multidisciplinary Issues

The System
- Biomedical Model in the System
- Conflict in the System
- Intervention and Medicalisation in the System
- Women Being ‘Broken by the System’
- The Antithesis to the System
Acknowledgements

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