

Women's views of the place of confinement

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SUMMARY

Background. The proportion of births taking place in the home of the mother has declined to less than 1% of the total, in spite of the lack of evidence of the benefits of hospitalization. Home confinement remains rare when supported by general practitioners; little is known of the preferences of women of childbearing age.

Aims. To examine the beliefs of women of childbearing age concerning the advantages and disadvantages of giving birth in hospital or their own homes, the choices of place of birth open to them, and the information required to enable an informed choice.

Method. A self-administered postal questionnaire was sent to a sample of 340 women aged 20-40 years who were registered with the study practice — a single-handed urban general practice that supports home confinement.

Results. Completed questionnaires were received from 68% (241) of subjects. Parity of respondents ranged from zero (24%) to five. Altogether, 76% (159) of the respondents had previously had children. A total of 97% (154) of the parous respondents had prior experience only of delivery in hospital. In all, 86% (198) of the respondents expressed a preference for hospital delivery for any future children, with 3.5% (8) preferring home and 10.5% (24) undecided. Preference for home birth was associated with multiparity and indecision with nulliparity (Kruskal-Wallis, $P=0.040$). Most women believed that giving birth in hospital was safer than at home. Most women had little knowledge of the advantages and disadvantages of giving birth at home and in hospital, although there was substantial demand for further information, and a minority who were better informed than their peers. A minority of respondents spontaneously expressed hostility to all home confinements.

Conclusions. Women show a wide spectrum of opinion on this subject. Further information is needed for women to make a free and informed choice of place of birth; providing this in an acceptable form is likely to require knowledge of the individuals concerned.

Keywords: Home confinement; patient choice; maternity care.

Introduction

THE issue of the place of birth can arouse strong feelings. The publication by the Department of Health of the report *Changing Childbirth*¹ aims to give greatest influence to the views of the woman giving birth. This marks a departure from 30 years of government policy aiming for all babies to be born in hospital,^{2,3} based on a belief that hospitalization must necessarily be the cause of reduced perinatal mortality. That period also saw a reduction in the proportion of babies born at home to less than 1% of the total;⁴ a marked reduction in the involvement of general practitioners in intrapartum care;⁵ uncertainty in the role of

the general practitioner in maternity care;⁶ resistance to continuing involvement by some general practitioners;⁷ and reluctance by midwives to participate in home deliveries.⁸

The assumption of reduced perinatal mortality risk in hospital has not been confirmed by research. Prospective⁹ and retrospective¹⁰ studies in the UK have shown no significant difference in perinatal mortality rate for planned home deliveries compared with births in hospital, as have studies in The Netherlands, where sample sizes are much larger.^{11,12} The minuscule number of home births now precludes a randomized controlled trial,¹³ and the current consensus view is that '...the policy of encouraging all women to give birth in hospitals cannot be justified on grounds of safety'.¹⁴ Research has also revealed psychosocial advantages of home birth, including greater maternal satisfaction and preference for primary care facilities,^{15,16} and improved relationships between mothers and babies,^{17,18} and between other family members. There have also been reports suggesting that social support in pregnancy and childbirth may contribute to shorter labours, fewer complications and increased birth weight.^{19,20}

A knowledge of patients' preferences is essential for patient-centred care, and factors governing the eventual place of birth must be understood if a free and informed choice is to be offered.²¹ Studies of women's experiences²² (Salford Community Health Council, unpublished data 1992) suggest that many are unaware of having any choice. Those who choose to give birth at home have been shown to come from a wide variety of backgrounds and to be well informed of the differences between birth in home and in hospital.²³ A general preference for primary care facilities for antenatal care has been noted,²⁴ as has a desire by about 10% of women for home delivery to be an available option.^{25,26} Part 2 of *Changing Childbirth*²⁷ points out that, in order to make a free and informed choice of place of birth, women must have information before they become pregnant; yet all of the studies referred to examined the opinions of women attending for antenatal care or in the first few weeks after delivery, or studied separate samples of women who had delivered at home and in hospital. Little is known of the views of the general population of women of childbearing age. This study sought to examine the beliefs of women of childbearing age concerning the advantages and disadvantages of delivering at home and in hospital, the choices available to them, and the information required to enable an informed choice.

Method

A self-administered postal questionnaire was used. Information was sought concerning age, occupation, parity, place of birth for past confinements, and preference for future children, if any, as well as past experience of complications requiring treatment. There was space for free text responses to questions about: (a) the main reason for the future preference expressed; (b) what information might be required to enable a woman to make an informed choice; (c) how a woman might go about arranging a home delivery.

Views on the advantages and disadvantages of home and hospital birth were sought, using five-point Likert scales of agreement or disagreement ('strongly agree' marked as 1, 'strongly disagree' marked as 5) with statements concerning the following

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aspects of parturition:

- Safety
- Morbidity, including pain, length of labour and iatrogenic morbidity, and
- Psychosocial aspects, including stress, autonomy and relationship with the child.

Setting and target population

The setting for this study was a single-handed general practice in a large conurbation. The target population consisted of all women aged 20–40 years registered with the practice on 7 April 1995, excluding those known to have experienced:

- Stillbirth or perinatal death of a previous child
- Cot death of a previous child
- Miscarriage within the preceding 6 months
- Unsuccessful treatment, or current investigations, for subfertility, or
- Severe mental handicap.

The age range was chosen because the practice has recorded no births in mothers over the age of 40 years, and because of possible negative reactions from the families of those under the age of 20 years. Anonymity for respondents was guaranteed. A study protocol, including materials to be sent to subjects, was approved by St Helens and Knowsley local research ethics committee in December 1994.

Statistical analysis

Responses to the Likert scales were analysed using the Wilcoxon interval test, and the Kruskal–Wallis test for association with categorical responses to other questions. The chi-square test was also used to test possible association between social class and choice of venue for future confinements.

Results

Out of an initial target population of 340 women, responses were received from 68% (232) of the subjects. Parity ranged from zero (24%) to five. A total of 76% (159) of the respondents had had children. Altogether, 97% (154) of the parous respondents had experience only of hospital birth; five had had a previous home birth, including four who had also given birth in hospital, and one who had only done so at home. Some 41% (64) of parous respondents reported having had problems requiring treatment in past pregnancies.

Table 1. Stated reasons for choice of place of birth for future children.

	Percentage respondents (n)
It is safer to have a baby in hospital	70 (162)
There are specific indications for me to deliver in hospital	10 (23)
I do not have enough information	7 (16)
Home birth is a more positive and enjoyable experience	4 (9)
I would go into hospital to get away from my family	<1 (1)
Delivering in hospital involves a risk of harmful intervention	<1 (1)
No reply	8.5 (20)

Overall, 86% (198) of the respondents chose hospital as the preferred place of birth for future children, with 3.5% (8) choosing home and 10.5% (24) undecided. There was a statistically significant association between multiparity and preference for home birth, and between nulliparity and indecision (Kruskal–Wallis, $P=0.040$). There was no significant association between social class and future preference (chi-square, $P=0.748$). Reasons stated in free text are summarized in Table 1.

Levels of agreement or disagreement with statements about the advantages and disadvantages of birth in hospital or at home, as indicated on the five-point Likert scale, are summarized in Table 2. Significant associations were found, using the Kruskal–Wallis test, between responses to these statements and the stated choice of place of birth for future children. These are summarized in Table 3.

Free text responses to the question ‘What further information do you feel you might need to help you to decide where to have a baby’ were given by 61% (142) of the respondents. Of these, 46 (32% of responses or 20% of the sample) asked for a statement of the options available; 28 (20% and 12% respectively) preferred information on comparative risks; 40 (28% and 17%) responded that they had no need of further information; 22 (15.5% and 9.5%) said that home births should be discouraged or prevented if possible; and six (4.5% and 2.5%) wanted a description of a home delivery. The active rejection of home birth as an option for any woman by a minority of respondents was an unexpected feature, particularly as it was not a direct reply to the question. An example is quoted below:

‘There should be leaflets given to expectant mothers stressing how important it is to have their child in hospital.’

Free text responses to the question ‘If a woman wants to have a baby at home, how does she arrange this?’ were given by 154 (66%) of the respondents. Of these, 139 (60%) stated ‘see GP’; 12 (5%) stated ‘see midwife’; two replied ‘see hospital staff’; and one replied ‘see health visitor’.

Conclusions and discussion

Women in the study population expressed a wide spectrum of opinion on the subject of place of birth: the idea of giving birth in one’s own home was advocated by some but implacably opposed by others. Differences of opinion were associated with parity in that multiparous women were more likely than those who are less experienced to favour home birth, and nulliparous women more likely to have no clear preference and thus to be receptive to further information.

Most women believed that giving birth in hospital was safer for mothers and babies than at home; that pain relief was more effective in hospital; and that mothers had more chance to rest in hospital; they accepted that carers were less likely to be known to them. The majority had neutral opinions on the effect of place of birth on stress, personal autonomy and time with the baby; they did not consider that there was a risk of iatrogenic harm in hospital, or that labour might be shorter or less painful at home.

A minority of women were in favour of giving birth at home. This minority had significantly different views: they were likely to have neutral opinions about safety, severity of pain and length of labour; to be aware of the risk of iatrogenic harm in hospital; and to expect to have more time with the baby and greater personal autonomy at home. A larger minority of women in the study practice did not have a clear preference for one place of birth, and expressed less clear opinions about associated issues than those who had a preference.

A surprising feature of this study was that a substantial minority of women who took part expressed their opposition to any

Table 2. Women's level of agreement with statements concerning the advantages and disadvantages of giving birth in hospital and at home.

	Agreement – Disagreement % (n)					Estimated population median	95% Confidence interval
	1	2	3	4	5		
Safety							
Having a baby in hospital is safer than at home (n*=228)	60 (137)	23 (52)	13 (30)	2.7 (6)	1.3 (3)	1.5	1.5–1.5
It is better to be in hospital in case problems arise in the birth (n=227)	75 (173)	18 (42)	4.3 (10)	1.8 (4)	0.9 (2)	1.0	1.0–1.5
A lack of emergency facilities at home could be a disadvantage (n=227)	59 ((135)	34 (78)	2.6 (6)	2.2 (5)	1.2 (3)	1.5	1.5–1.5
Morbidity							
Pain relief is more effective in hospital (n=230)	22 (50)	28 (64)	30 (70)	17 (40)	3 (6)	2.5	2.5–2.5
There is more chance of having unpleasant treatment in hospital (n=229)	3 (7)	11 (26)	31 (70)	40 (91)	15 (35)	3.5	3.5–3.5
Pain in labour is less likely to be a problem at home than in hospital (n=231)	5.7 (13)	4.3 (10)	24 (55)	41 (95)	25 (58)	4.0	3.5–4.0
Women who have babies at home are likely to have shorter labours (n=230)	2 (5)	2 (5)	42 (97)	32 (72)	22 (51)	3.5	3.5–4.0
Problems needing treatment are less likely to arise at home than in hospital (n=230)	6 (13)	7 (16)	25 (57)	37 (86)	25 (58)	4.0	3.5–4.0
Psychological aspects							
You are more likely to have a familiar doctor or midwife at home (n=225)	15 (33)	41 (92)	32 (72)	11 (26)	1 (2)	2.5	2.5–2.5
You are more relaxed and less subject to stress at home (n=229)	12 (28)	23 (54)	33 (75)	27 (61)	5 (11)	3.0	2.5–3.0
You are more in control if you have your baby at home (n=228)	7 (15)	16 (36)	36 (83)	30 (69)	11 (25)	3.5	3.0–3.5
In hospital you are looked after by people you don't know well (n=229)	14 (31)	45 (104)	30 (70)	9 (20)	2 (4)	2.5	2.0–2.5
At home, you can have a companion of your choice with you (n=223)	23 (50)	45 (101)	26 (58)	5 (11)	1 (3)	2.0	2.0–2.5
You get more chance to rest by going into hospital (n=222)	36 (81)	30 (66)	18 (40)	13 (28)	3 (7)	2.0	2.0–2.5
You have more time to spend with your baby at home (n=228)	7 (17)	20 (45)	29 (65)	36 (82)	8 (19)	3.0	3.0–3.5

*n=number of responses.

woman having a home delivery. The existence of such firmly held and widely differing opinions in the general population strengthens the argument against the feasibility of a randomized controlled trial.²⁸

In revealing that most women have little knowledge about the potential advantages and disadvantages of hospital and home birth, this study highlights the need for patients to have access to further information to enable them to make balanced and informed choices for their own care. This applies particularly to women about to begin their first pregnancy, who are least likely to have established views, and is consistent with the aims of *Changing Childbirth* for improved communication practices. However, the majority of women appear to have been influenced by the discredited assumption of greater safety in hospital. Suggestions to the contrary, even tentatively made, may provoke a negative response in substantial numbers of patients. Providing further information in an acceptable form is likely to require knowledge of the individuals concerned. With their long-term relationship with patients, general practitioners are best placed to

provide this, and most women appear to want their family doctors to have such a role.²⁹ Unfortunately, given the current level of opposition among general practitioners to home birth or involvement in intra-partum care, this potential is unlikely to be realized without substantial changes in doctors' training.

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Table 3. Association between women's choice of place of birth, and opinions on the advantages and disadvantages of giving birth at home or in hospital.

	Median score on Likert scale according to future choice of place of birth			P value
	Home	Hospital	Not sure	
Safety				
Having a baby in hospital is safer than at home	3.0	1.0	2.0	0.000
A lack of emergency facilities at home could be a disadvantage	2.0	1.0	2.0	0.001
Morbidity				
There is more chance of having unpleasant treatment in hospital	2.5	4.0	3.0	0.001
Women who have babies at home are more likely to have shorter labours	3.0	4.0	3.0	0.015
Pain in labour is less likely to be a problem at home than in hospital	3.0	4.0	3.0	0.001
Psychological aspects				
You are more relaxed and less subject to stress at home	1.0	3.0	2.0	0.000
You are more in control if you have your baby at home	1.0	3.0	2.5	0.001
You have more time to spend with your baby at home	1.5	3.0	3.0	0.001

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