
The homebirth experience:

womens' memories 3-5 years on (Part 1)

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Summary

25 women who had had a homebirth between 3 and 5 years ago were interviewed about their memories of the experience. The women provided rich and detailed accounts of the birth and described the experience in terms of factors such as normality, the atmosphere, the role of professionals, pain, control and sharing. The memories provide insights into the experience of having a birth at home.


Introduction

In 1992, the 'Maternity Services' report (Winterton Report, HMSO, 1992) argued that the 'policy of encouraging all women to give birth in hospitals cannot be justified on the grounds of safety'. The report further argued that women should be given choice as to the type of care they receive and the place in which they have the birth. This desire for choice is reflected in the results of a MORI survey of women who had recently given birth, with 72% saying that they would have liked the option of a different system of care, and of these, 44% reported wanting a midwife led domino delivery and 22% said that they would have liked the choice of a homebirth (MORI, cited in Department of Health, 1993, p. 23). In response to the recommendations of the Winterton Report the the Expert Maternity Group was established by the Government in 1992 and produced the Changing Childbirth document in 1993 (Department of Health, 1993). Central to this document is the call for the development of a woman centred service which meets the needs of the individual. In particular, the document proposes that women 'should receive clear, unbiased advice and be able to choose where they would like their baby to be born'. The document also provides guidance as to where this information can be accessed. However, although the document calls for a focus on the views of the women themselves, most of the sources of information are experts such as midwives, GPs and consultants. In effect, this means that women's own experiences remain a neglected source of information.

This study aimed to examine three components of the homebirth experience: women's memories of the homebirth itself; women's reports of the processes involved in deciding to have a homebirth; women's beliefs about the impact of the homebirth on their lives subsequently. This paper reports the results from the first component of the study. The
results from the second and third components are reported in two subsequent papers (Ogden et al, 1996a; 1996b).

Method

Subjects

Four GPs and 1 independent midwife from Lambeth, Southwark and Lewisham FHSA who were members of a homebirth support group were asked to select 25 women (5 women each) who had had a homebirth between 3 and 5 years ago and who varied in terms of age, length of time since birth, number of previous births, number of subsequent births, and experiences of hospital births. They were asked to contact the women for their permission to be interviewed by letter or telephone and to supply their names and addresses to the interviewer (AS).

The interview

The names and addresses of the 25 consenting women were then given to the interviewer (AS) who contacted each woman and arranged for an interview. The interviewer is a research nurse (SRN, RMN) who has received interview training and is experienced in both clinical and non clinical interviewing. Each interview took place in the interviewee's own home, were audio taped and lasted for between one and one and half hours. The interviews were in depth and were designed to encourage free recall from the interviewee. Each interview was designed according to the following aspects of the birth:

i) decision to have a homebirth

ii) experience of the homebirth

iii) subsequent effects of the homebirth

The data from i) and iii) are described in the two subsequent papers (Ogden et al, 1996a;
The section of the interview concerned with the experience of the homebirth consisted of the following open ended question:

'Could you tell me as much as you can about what happened during the birth and how you felt about it'.

The following prompt questions were then added if the interviewee did not cover them in depth:

'what role do you feel other people played during the birth?'

'what is your memory of pain during the birth?'

'Did you feel in control during the birth?'.

The interviews were transcribed and analysed by examining the transcripts for themes and categories. The analysis aimed to explore the range of views expressed by the different women and to provide quotes to illustrate the kinds of comments that were made. The results are not quantified and the numbers of women who made comments belonging to any particular theme are not provided as the sample size and methodology does not render such a quantitative approach appropriate. All names are changed throughout.

**Results**

All the women contacted by the interviewer agreed to be interviewed and were very positive about the study. During the interviews many women became quite emotional. Some women were tearful and several expressed an enthusiasm for being able to talk in depth about their experiences. None of the interviewees expressed regrets about having chosen to have a homebirth, even the one subject who had had complications and whose baby had been born
with its cord around his neck (but had been delivered successfully). Most of the women described the birth using terms such as 'wonderful', 'better than expected' and 'lovely'.

The women talked about their experiences of having a homebirth in terms of the following factors.

1/ Normality

Many emphasised the normality of having their baby at home:

'It just seemed to be the right and normal thing to do and I put it down to having been born at home actually myself and it seeming a perfectly natural and normal thing to do'.

and after the birth:

'It was like nothing had happened really, although something very major had happened, it hadn't caused any upheaval in that sense. We just carried on. Instead of the baby being in me he was out'.

Women used terms such as 'normal', 'comfortable', 'warm', 'cuddly' and 'peaceful' and described this normality in terms of physical comfort, carrying on as usual and their partner being able to carry on as usual.

This comfort was important during the birth:

'I felt it made all the difference you know, being at home, being able to walk around my own
living room, my bedroom and go to the bathroom and have a bath and stay there as long as I wanted to'.

And after the birth:

'I remember it being wonderful, giving me a bath afterwards, feeling like the queen and then I got back into my own clean bed with clean sheets and everything and I couldn't believe it. I mean now, years later I can remember it so well. It was such a wonderful feeling'.

Many women commented that having a homebirth enabled them to carry on as usual, keep themselves occupied in labour by such things as making tea, cooking pasta and pottering around.

'It just felt as if I was getting on with my life and it was just a natural part of life. I think that I could just keep all the routines going'.

And the day after:
'The next day after I had had Simon I was up I believe I did a load of washing I remember cooking, it was only simple but I did cook dinner .....I did just get back into the routine of life very quickly'.

Many women also commented that being at home gave their partner a role to play.

'He was making some lunch, it is just life went on really, it was much easier to slip her into our ordinary life'.
2/ The atmosphere.

The women talked about the general atmosphere of the birth in terms of feeling relaxed, peaceful and quiet.

'I was in my own room and I was being loved and trusted and with everyone around me and people that I loved and trusted'.

3/ The role of professionals

The women discussed the role of health professionals in their birth experience, and the midwives in particular appeared to play a prominent role. The professionals were described as either being involved or being separate. This is summed up by one woman who said:

'it was all happening but it wasn't intrusive. So I just felt it was just nice, people were there but they weren't there ....... they played a really nice role in my birth, as being there but not being there and not interfering really'.

In terms of being involved, many women commented that the midwives were friendly, chatty and fun. In addition, they described them coming in and out of the room and being available and keeping them informed.

'She was very very responsive to what I wanted to do and really very calm and would have been quite willing to sit there all through the night. Considering that they had been at work all day and there was no hurrying, no getting irritable with me or anything'.

Women also commented on how the midwives gave them space and were not intrusive.
'They left us to it quite a lot. They just left myself and my partner in the bathroom .....So yes they were very relaxed and that made me feel confident in their ability and I had absolute faith in the midwives'.

Several women reported feeling very attached to their midwife and described them using terms such as 'lovely', 'wonderful' and 'great'.

'You know when you get someone seeing you through a very intense experience and so memorable, I won't ever forget them'.

4/ Pain

Pain featured frequently in the women's memory. It was often described in conflicting ways using terms as varied as intense, severe, shock, irritating, wonderful and lovely. In particular, pain was described in terms of its function:

'Oh, loads of pain, but that was, it was wonderful pain, .....you know it was the sort of pain that you knew was actually going to go, bearable pain, although at the time it was like 'Oh God' you know I want this pain to go'.

and:

'you never get more pain than you can manage. .... each contraction is one step nearer to giving birth'.

Pain was described in terms of the effect of memory:
'It was jolly painful. because it is such a positive experience, it is not uppermost in my mind, it is not the pain I remember. It is all the nice things, all the lovely things'.

And the effect of being at home:

'I think having the freedom to walk about and be where I wanted to be is probably quite significant and I felt you know how I was in control of where I wanted to be or have who I wanted to have, to rub my back or rub my stomach for me or whatever really, so yes, I think being here helped in my perception of the pain probably'.

Pain was also discussed in terms of the impact of being at home on the use of medication.

One woman, who had a difficult birth and whose baby was born with its cord around its neck commented that having a homebirth was the right decision and commented:
'I knew that there wasn't anything else anyone could do, we had to get her out, so I think perhaps we worked harder then and we did get her out'.

One woman commented that she had fewer pain killers than she would have liked because she was at home: 'I just wanted her to do something.....And I think if I had been in hospital, you know it would have been a round of pain killers and I would have accepted it quite readily but here she didn't have time to go out, you know, and she said afterwards that she felt that by the time she went to the car which was just outside and came back, that I would be at the next stage'.
5/ Control

A sense of control played an important part in the women's memories of their homebirths using phrases such as 'I was in control because I was in my own home'.

The women described the role of control in the actual birth. Sometimes this was in terms of feeling in control over factors such as their position, control over medication and control over timing.

'I certainly felt I was absolutely and utterly in control of the whole, the whole thing ..... the fact that it is in your home is very important, because it is your environment and the people who are there come into your home so they are not in control'.

Many women described how although they were in control of the birth, it was important for them to know that the midwives were there for them.

'It was mainly in the hands of the midwives, which I was pleased about. Because I feel really they are the ones who, unless there is anything going wrong, they are the ones in the business of delivering babies'.

Several women also described some degree of conflict of control.

'she said, I think, I can't see enough with you down there on the floor, will you get up on the bed and I thought, Oh God no, this isn't what I envisaged being in my own house, you know I was very happy down there on the floor ..... I said I didn't want to do that and she said I think you are ready to push. I think in the end we had to reach a compromise'.


Such conflict may have appeared greater because the women were in their own home and therefore expected to have more control.

Several women described how they felt in control over what was happening because things were explained to them and they were asked what they wanted to do.

'I was listening to the midwives and taking advice about things, but in the end it always felt like everything was my decision and the power remained with me'.

6/ Not in hospital.

Many women described their homebirth in comparison to their experiences of hospital births and remembered aspects of the birth simply as not being in hospital. Sometimes this comparison was in terms of risk and safety:

'I've spent a lot of time in hospital, but I know that they can be quite dirty places and I know that infection can be rife and things like that .... I was worried really and I knew a lot of people that had complications from a birth in hospital and had infections or I know I was just happy to be at home really, happy with our own germs'.

Sometimes in terms of a homebirth being more natural:

'It is so intimidating being in a delivery suite ......even midwives and doctors in a situation just let science take over whereas maybe nature might have got me further on'.


Sometimes in terms of the inhibitions created by being in a large institution.

'If you go into hospital it's much harder to feel that you can question when there is this huge organisation and they are all obviously supporting each other'.

The women appeared to accept hospital births as the norm and experienced their own homebirth in comparison to this norm.

7/ Sharing.
Many women emphasised the importance of sharing the birth experience with many different groups of people.

Women described sharing the birth with their partner.

'And John's role was he had something to do which I think he needed, you know he had a role to play......so he had to make sure that I drank and that I weed and so he had that to do'.

And with their family and other children.

'I wanted the baby to be sort of integrated into the family right from the word go. And she was and that is how it happened and that is really nice, Jane really remembers that too. She says 'I was one of the first to hold you'.

Women also described the importance of having the family together immediately after the
'The most wonderful thing, that I couldn't have predicted, which was absolutely wonderful, was that two hours after I'd given birth, everybody had gone. The place was cleared up and Peter and I just went to bed together, in our own bed with our baby in between us and it was just wonderful'.

Many women also commented on a sense of sharing with other women in general:

'it felt quite a woman centred experience. ......It just felt like, you know, you were in a world of your own, and doing a job women do'

And in particular with their own mothers:

'I think we have become a lot closer since that experience.....Its levelled us out quite a bit because we are both women who have given birth to children. We are both mothers and we have both got our family responsibilities'.

Discussion

The present study aimed to explore women's experiences of having a homebirth and indicates that even up to five years after the birth the women's memories remain rich and evocative. The women involved in the study were accessed via members of a homebirth support group and are therefore not considered to be representative of the general population of women having babies. Further, it is possible that the health professionals selected those women who they believed would present a more positive perspective on homebirths. However, the results
do provide some preliminary insights into the women's homebirth experience. The women discussed their experiences in terms of a range of factors relating to their environment such as the importance of normality, the peaceful atmosphere and the role of other people around them. They also described the impact of this environment in terms of factors such as feeling in control, their pain and being able to share their experiences with others important to them. Some facets of their experiences were not directly linked to the place of birth such as their descriptions of pain. However, many of their experiences of the actual birth were related directly to the birth being in their own home. For example, the familiarity of the environment helped them to integrate the time leading up to the birth into their normal life with other family members. It increased their sense of control as they felt a sense of ownership over the birth and it also provided a role for the partner. Further, it appeared to influence how they experienced pain. Being at home was also directly linked to their memories of the postnatal period in terms of remaining with their partner and other children, being able to accommodate the new baby into normal life immediately and being able to bathe in their own bath and sleep in their own bed. In line with this, the women expressed beliefs that being at home had improved the birth experience for them. Further, this perception was illustrated through their enthusiasm to discuss the experience and their use of positive language.

The results from the present study present a positive picture of the experience of having a homebirth. Further, the women's memories described in this paper provide interesting insights into the experience of homebirth and in addition provide essential information from the service user's perspective which may contribute to future informed decisions about the place of birth.
References


Ogden, J., Shaw, A., and Zander, L. (1996a) Deciding to have a home birth: women's memories of help and hindrances 3-5 years on. Submitted for publication.


Key Points

* 25 women who had had a homebirth 3-5 years ago were interviewed about their birth memories

* The women provided rich and evocative accounts of their experiences

* They described the birth in terms of factors such as normality, the atmosphere, the role of professionals, pain, control and sharing

* The womens' accounts provide a positive picture of having a homebirth

* The paper provide insights into the service users' perspective which may help to inform future decisions about the place of birth