British Journal of Midwifery, 6, 339-345

Having a hospital birth

women's experiences of a routine process

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In the late nineteenth century, it was the prerogative of the wealthy woman to have her baby at home (Foster, 1995). A homebirth supported by private health care providers was viewed as the safe and preferable alternative to hospital births with their high rates of maternal mortality and unsanitary conditions. However, throughout most of the twentieth century the medical profession has been intent on reversing this position. Hospital births have been recommended increasingly as the safest place of birth and the wide range of possible medical interventions such as Caesareans, forceps and induced births have been presented as central components in the safety debate. However, the 1990s have seen a shift in perspective and women are beginning to be encouraged to choose the place of birth which best meets their needs. In particular, 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'. Further, in response to the recommendations from this report the Expert Maternity Group was established by the Government in 1992 and produced the Cumberledge Report 'Changing Childbirth' (Department of Health, 1993). This report also questioned the policy of systematically recommending hospital births and included a separate section on the place of birth. In particular, the Changing Childbirth document called for the development of a woman centred service which met the needs of the individual and proposed that women should 'be able to choose where they would like their baby to be born'.

However, deciding upon the place of birth is a complex process and requires not only an assessment of risk and safety but also an evaluation of the different experiences associated with different forms of childbirth. Changing Childbirth' (Department of Health, 1993) suggested that a woman's choice should be based upon 'clear, unbiased advice' and provided information as to where this advice can be accessed. However, most of these sources of
information involved experts such as midwives and obstetricians; the women's experiences remain an relatively untapped source of information. In her review for the National Childbirth Trust, Moorehead (1996) attempted to rectify this position and reported many accounts from different women describing their experiences of having a birth either in hospital or at home. These accounts provided insights into the birth process, any interventions and the involvement of supportive (or less supportive) others. However, the accounts were brief and are provided by self selected women. Therefore, although they provide a source of information for others their value as research data is limited. A more detailed selection of accounts in provided by Clements (1995) in her book exploring womens' experiences of having a Caesarian section. However, these women had a relatively rare and specialised form of childbirth. Further accounts are also reported in a recent study of women's experiences of having a homebirth. These women's accounts are explored in terms of their decision making processes, the actual homebirth itself and their perceptions of the longer term consequences of their choice (Ogden, Shaw and Zander, 1997abc). However, homebirths are still in the minority.

In summary, women are increasingly encouraged to choose their place of birth based upon the relevant literature. Existing research has explored women's experiences of different forms of birth. However, much of this research has focused on the rarer forms of childbirth. The aim of the present study was to explore the experiences of women who, as with the majority, have a routine hospital birth. Further, the study aimed to provide information about the experience of childbirth for those women deciding upon their place of birth.

Methodology
Subjects

Four GPs and 1 independent midwife from Lambeth, Southwark and Lewisham FHSA were asked to select 25 women (5 women each) who had had a hospital birth between 3 and 5 years ago and who varied in terms of age, length of time since birth, number of previous births and number of subsequent births. In addition, they were asked to select women who had had routine birth which included the use of forceps and medication but excluded Caesarians and inductions. 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 hospital birth: 'Can you tell me about why you decided to have your baby in hospital and what led up to that decision?'.

ii) experience of the hospital birth: '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**

When describing the processes involved in deciding to have their baby in hospital the women emphasised the role of safety and risk and made comments such as:

'She was our first baby so we obviously just thought it was better to go to hospital, much safer than having it at home'

And:

'All my children have big heads and I was slightly uneasy about it, enough to make me think if we are in hospital, if there is any complication, then we are probably in the best place'

The women also described the choices that were available to them. In some cases the women described considering having a homebirth either because friends had had one previously or at the suggestion of their GP or midwife. They described how they were either encouraged to have a hospital birth:

'I suppose I could have been influenced by him (the GP). I think he would have been very anxious if I had decided to have a home delivery'
or had decided that the hospital was the best place for them:

'Our GPs are quite happy with that set up (having a homebirth) if everything is going fine. I think there wouldn't have been any trouble with my second delivery but I didn't want it'.

However, in the main the women described their decision making processes in terms of which hospital to chose and which hospital facilities to use:

'Yes there was [X hospital] and I think [X] hospital and home and [X hospital] being a little way away and home we didn't want to try, so that was how we decided'.

When asked to describe the actual experience of having the baby in hospital the women described the experience in terms of the following themes and categories.

1. The surroundings.

The women described their surroundings in terms of problems with privacy:

'I wanted to make a noise and sort of groan ....it was the night time and the others were trying to sleep....so I was wandering around the corridor trying to keep out of the way because you need a bit of privacy when you want to make a noise’

And:

'Visiting I think is difficult in hospital...... when you feel that you just want a bit of privacy, you can't have privacy because it might be people visiting other people. I mean the whole thing of a ward is so, it isn't great is it?'

in terms of comfort:
'The most vivid memory I have of King's is that the labour suite is decked out in these beautiful wall papers from Laura Ashley, you know soft furnishings, very, very nice... And I got changed and I took with me my Christmas slippers .... they are two great big reindeers, you know, they are fabulous'

in terms of the Hi tech equipment:
'I was transferred to the delivery room. It was a really hi-tech room ...... I didn't move around a lot. I think it was because of the monitors. They were monitoring me most of the time'

and in terms of the simple effect of hospital on how they felt:
'It always gets worse when you're in hospital. All the time I was at home I was coping with it fine .... I don't know what it is but as soon as you get into that labour ward it all seems to fall apart. It feels like the pain gets worse and you get panicky. It just seems to make everything harder'

2. The role of others.
Many women also described the role of other people. For some, others were an intrusion whereas at times they were a welcome support. In particular, they described the role of others in terms of being familiar. This included midwives:
'The midwife was absolutely wonderful. It was like for her it was the most special baby she had ever seen. She made it very special for us'

And:
"She stayed to see it through which was really nice. She was almost like my friend. She was
really quite caring and it wasn't just a medical presence'

their partners:

'My husband was with me all the time. He was obviously very supportive during the birth and excited and wanted to do everything he could to make it better for me'.

And:

'I think it was important that he was there, he was a familiar face for me, somebody to talk to, somebody I could actually tell exactly how I felt, and I felt sort of, at least there was somebody who understood me.....he was the only one who understood me'

and their mothers:

'My mum was with me at the end the last part of the labour. She was really supportive..... It was really good for my mum to see him born because she was quite wrapped up in it all'

At times other people were described in negative ways as being intrusive and unpleasant:

'Some people have brilliant midwives. Maybe I was just unlucky. They did the job efficiently but they didn't really talk to me'

Some women also described the longer term impact of how others had treated them. This seemed particularly pertinent when their experiences had been unpleasant:

'I felt so, I can't say cheated because it was much stronger than that. I felt that the most important time of my life had been treated so carelessly by the people who were meant to reinforce the importance of it'
And:

'For at least 6 months every time I thought about Dante's early months I went back and back and back to how he had been born. And the people there and their unfeelingness and the misery of the whole thing and I couldn't look at the baby without feeling this'.

Many described feeling that there was no-one around either in reality:

'I felt like I was forgotten about. I was left in the delivery room and nobody came to pick me up and I was left there for about five hours before a porter came to take me to the war, you know, and I just felt like everything was over, now everybody had gone'.

or metaphorically:

'I think in a way it is quite a lonely process, and in a way, the connection between husband and wife or partners, a deep connection but there is also a lonely path for both, for each of them, because each of them are connected but each of have their own bewilderment'.

Many also described how there were many people around but how their contact with the professionals seemed impersonal:

'The midwives were very caring and excellent, however, I saw quite a lot of different ones .... there was also a period of students, I remember having two, and possibly I think there were three shifts. So it seemed to me that you would build up a relationship with someone then they are not there anymore'.

The issue of control was also discussed in terms of the role of other people. Some described a strong need to let others take control which was not fulfilled:
'Once I was in transition and pushing, and that was the part where I completely lost if and
panicked and was very anxious about the baby. I think I would have been more in control if I
had been supervised. I would have coped better with a firm hand and more forceful opinion
from the midwife'

Some described how others were keen to hand them control:

'Each time I had any contractions they were there helping me and telling me what to do. They
were very very helpful and I think I was in control. Not 100% but I had some control over
what was going on'.

Others described the relief of being with individuals who could take control:

'Once I actually got into the hospital I felt far more relaxed, because all of a sudden I was
surrounded by all these people who know what they are doing. They do it day in day out,
they are delivering babies left right and centre, and I thought this is the place to be, I feel
comfortable with these people'

And:

'I don't regard birth as something you can control anyway because you know, it happens when
it happens. That's it, it happens. So the word control is not something I would apply to that
experience at all'

And:

'What do I know about childbirth, this is my first child, I don't know zip, so I was really quite
happy for other people to be totally in control. ...... I wasn't in control but I was happy about
Some described how they felt that they regretted losing control over their partners:
'I do think you are so much in their hands.... like I said to my partner when they sent him home, I really would have liked to say I don't want him to go home, and we didn't because they said 'go home''.

3. The use of information.
The women also described the many ways in which information was either successfully or unsuccessfully communicated.

Some felt that they were not listened to:
'Before they induced me I went into labour but for one reason or another they didn't acknowledge it and I kept saying 'Listen this baby is on its way' and they kept saying 'You go back to bed dear, we'll induce you in the morning'

And:
'I said to them 'I'm in labour, I'm dying, I need pain relief, I want everything'...Nobody could believe it .....The midwife said 'OK just to put me out of my misery we're going to examine you. I was 81/2 cms and she started to shout 'Oh my God, she's in labour, get the wheelchair'

And:
'I should have gone down there and said to them 'Please make a rule that just because someone isn't kicking screaming and crying they're not in labour. They are in labour but they
are actually doing things differently'.

And:
'I was going 'shall I push now, shall I push?' and nobody seemed to be answering me. I felt they were so busy sort of looking to see what was going on'.

Some felt that they had not been told information that they wanted to know:
'When she was born she didn't make a sound and I knew something wasn't right. I tried to find out what was going on and I was asking the midwives but no-one would answer me and that really did annoy me. It wasn't until the next day that I found out what was actually wrong...... when I read my own notes'

And:
'The doctor checked her over, got her breathing...Never said a word to me, not a single word did the doctor say to me... I couldn't even tell you what the doctor's name was, he never introduced himself or anything'

And:
'They didn't explain anything. They should have explained why they needed to take so long to get a head out. One minute there was one midwife there and all of a sudden, there was two midwives and a doctor. I thought 'What's going on, tell me what's going on' and they wouldn't'

And:
'The only thing was that my husband missed the birth...I could easily have called my husband ... but no-one told me because they didn't check to see what was happening'

Others described how they were given information in a callous way:
'the student walked in with this doctor and he started talking about a Caesarean and that got me panicked. I had gas and air so I was not totally with it and when he said that I just said 'Go out, go on go out, get out”

3. The medical interventions.

The women also described their experiences of medical interventions. At times these occurred after the birth:
'They took him away to clear him and clean him up. They didn't put him on my belly. I was a bit disappointed about that. They just whipped him away and then I was sort of rushed off to go an have a bath'

Some described how they devised methods to have control over the interventions. At times these worked:
'I didn't want to go into hospital early because they put you on monitors and they prod and pull you about ... so I gave the kids their tea and got my partner doing the ironing so he wouldn't notice I was doing anything different and go them settled to bed. I didn't call the hospital until the contractions were coming every two minutes. I also examined myself to see how far I was dilated because I knew how to do it'

At times they did not:
'I had a birth plan and the staff were all very positive and this is going to be your decision.... there obviously was a policy ..... that we are here to empower you to have the birth of your choice, within reason, and I just felt that somehow the sort of theory and the reality, just didn't mesh'.

The women also described how the various medical interventions took away their control:
'I couldn't feel the contractions coming so I couldn't cooperate and push. I had to look at the monitor and see when they were coming. Having had two children since you know exactly when to push. That's the point where I definitely remember I was not in control. It wasn't natural'

And:

'But having the epidural, that was so wonderful, the relief to start with, but then so horrific because suddenly from being, although you hated the pain and exhaustion, suddenly you weren't, it was nothing to do with you, you were just so passive, just like a lump of, a lump really, you were just turned into nothing, just a few blips on a monitor'.

And:

'By the time it got to the birth I was sort of semi conscious, I was off my head. The gas and air drove me doolally, hallucinating, I didn't have any pethidine or anything like that, but the gas and air seemed to send me loopy'

Others described how they had no control over the interventions:
'I thought I have to be in some sort of control today even though they said, Right, stop, induce, stop epidural, stop, induce whatever it was, I thought somewhere along the line want
some control over what is happening'

And:

'He said, well, we will induce you but the likelihood is that when we induce we often consider a Caesarian as well, because if the baby gets distressed or anything we'll operate. And I was really unhappy about this because I really didn't want a Caesarean'.

And:

'Well we have got a lull and we would like to induce you, because we know that there are all these babies coming up and we would still like to induce you. And so in the end I was, well in the end I had no choice, I had to agree'

For some the interventions were seen as good

'They also had the consultant, the doctor monitoring the whole thing because he was worried about toxaemia and we liked him, he was a good doctor. The anaesthetist had to come in a set up the epidural and he was good'

Others expressed ambivalence:

'I had a very difficult birth with Zoe and ended up by having forceps, and part of me says it was a good job I was there and part of me says, maybe it would have been entirely different if I was somewhere else and my care had been different'.

Some expressed their fear of them:

'having to have an epidural which was awful at the time .... and the worry of having to have
Caesar and them having to take blood from the baby's head. That was all very unpleasant and very scary actually'

And:
'I think I was a bit shocked when they brought in, right near the end, ...... the forceps.....I just thought where are they going with those really you know. They are not forceps they are coal shovels, where are they going to put those I said, surely they are far to big to get a baby.... I was really quite shocked, because I was expecting something really quite tiny'.

And:
'I also remember all this machinery around you, I found that all very scary as well. I mean it is there to help you but all the beeps and the noises that goes on and if something stops, you sort of panic straight away, it could be the pad on your stomach has slipped and they can't see the heart beat any more, but you just think straight away what is happening, Oh my baby is dead'.

Some expressed the belief that there were too many medical interventions:
'But if.... any of those hospitals had a human side to them, a human side to having a baby and I can see not that we are so pampered that we think, that pain is unnecessary so give everybody epidurals, that safety is crucial, so give everybody a Caesarean, that timing is crucial so induce, when you need to induce, that we are missing out on so much'

Others expressed feelings that they did not have enough medical interventions:
'You hope it will take effect in time. But you know in this particular instance it didn't, but I
don't feel bitter about that in any way, it is just a question of, you know, the anaesthetist wasn't available at the right time, so it wasn't available at the right time'.

Others expressed regret over what had happened during the birth:
'I remember thinking quite often at the time, it could have been so much better and wondering why, you know, was it my fault, was I just a whimp or was it the way she was lying, you know, what went wrong? Why is it obviously so much easier for some people than others? And I remember feeling quite distressed about it and I remember having lots of really bad dreams about the birth, about bits of it. I was really quite stressed about it'

5. Pain

The memories of pain also played a central role in the women's accounts. For many the memories of pain were negative:
'Unbearable. Unbearable. ...... You know its not for nothing but its unbearable'

And:
'The last part of the transition when it was like hot pokers thrust into you. Its indescribable really but as soon as its over its over'

And:
'You are begging for anything, epidural, gas and air, pethidine, cut my legs off, do anything you want just stop this pain'

For some they saw the pain as good. At times this was because their pain was minimal:
I had a slightly strange experience. They actually thought I wasn't really in labour because they thought I didn't seem to be in enough pain. I was using the TENS virtually up to the full and that was marvellous’

At times this was because it was seen as an important means to an end:
'The positive thing about it is that it goes, it finishes ... and that is the end to it and the moment you have the baby you forget completely about the pain and that is the nice thing about the birth. It is the positive aspect of it. I find the whole thing positive'.

Some described how their attempts to control the pain left them without control:
'I had gas and air which makes you feel like you are drunk and then they gave me pethidine. It takes the edge off the pain but you just lose control over everything. It is like you are kind of aware of what's going on but its not happening to you, its happening to someone else'

Other described how they felt out of control of the pain:
'I think you don't really know how painful, until it is happening to you, and when I was actually in labour, I felt the whole thing of being out of control, my body being out of control, I found very scary, not being able to say, pain stop here now'.

And:
'I thought I could cope with it, the pain, mentally I tried to prepare myself, I was really doing a lot of exercises and doing everything I could and I really in my mind wanted to do it but I just couldn't, the pain of my body took over'.
**Discussion**

The present study aimed to explore women's experiences of having a routine hospital birth. The women described their birth experiences in terms of the role of their surroundings and indicated that they lacked privacy and that the machinery made their environment feel impersonal. Some, in contrast were impressed by the hospitals attempts to make them feel comfortable. The women also described how other people had influenced their experiences and these were described as either intrusive with many different unknown individuals helping with the birth resulting in a sense of anonymity or as a welcome source of support. In addition, the women described their experiences of either being given information or being left in the dark and also provided clear and powerful descriptions of the role of medical interventions which were seen as either unnecessary and intrusive or a welcomed form of pain relief. Most of these themes were related to the place of birth with the women emphasising that it was the hospital rather than simply the birth itself which had determined their experience. In particular, the hospital environment created a strong theme of control which permeated all the issues raised by the women. However, the role of control was a complex one with the women often providing descriptions which were either in contradiction to other women or which illustrated their own ambivalence. For example, many described a lack of control over the access to information, over their surroundings, over the role of others and over the use of interventions. However, for some this resulted in negative feelings of powerlessness and was perceived in terms of being treated as a child, whilst for others the ability to hand over control either to professionals or machinery was the very reason why they were in hospital. In contrast, some women described how they had maintained a sense of control and described the strategies employed to achieve this. Likewise many women described how the interventions made them feel out of control and this again was experienced
in different ways; some stated a desire to regain control, others enjoyed the relief from pain.