

**MIDWIVES' EXPERIENCES OF PROVIDING
PUBLICLY-FUNDED HOMEBIRTH IN
AUSTRALIA**

Rebecca Coddington

A thesis submitted in accordance with the requirements
for admission to the Degree of Doctor of Philosophy

Centre for Midwifery, Child and Family Health
Faculty of Health
University of Technology Sydney

2018

Certificate of original authorship

I, Rebecca Coddington, declare that this thesis is submitted in fulfilment of the requirements for the award of Doctor of Philosophy: Midwifery, in the Faculty of Health at the University of Technology Sydney. This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis. This document has not been submitted for qualifications at any other academic institution. This research was supported by an Australian Government Research Training Program Scholarship.

Signature:

Production Note:

Signature removed prior to publication.

Date: 29/3/2018

Acknowledgment of Country

I would like to acknowledge the traditional custodians of the Sydney region on which the University of Technology, Sydney stands – the people of the Eora nation. The Eora people are the traditional owners of this land and are part of the oldest surviving continuous culture in the world. I pay my respects to the spirits of the Eora people. I honour the ongoing cultural and spiritual connections to this country and endeavour to act with respect for the cultural heritage, customs and beliefs of all Indigenous people.

Funding acknowledgment

I would like to acknowledge and express my deepest gratitude for the funding supplied to me by the University of Technology Sydney (UTS) Faculty of Health NHMRC Birthplace in Australia project grant APP1022422 which supported me during my PhD research.

Personal acknowledgements

Successfully completing a project as large and lengthy as a PhD is not possible without a team of people around you. Although, at times, it felt like I was alone on this curious journey – in reality I had a wonderful community of people supporting and sustaining me the entire time. I am very thankful to each and every one of you – those who offered practical support and those who showed interest in my research and kind words of encouragement along the way.

I would firstly like to acknowledge the support and guidance provided by my supervisors over the past six years. It has been an immense privilege to work under the direction of Distinguished Professor Caroline Homer whose brilliant mind and pragmatic approach have greatly enhanced my work. Caroline offers an incredible example of fierce female leadership – her capacity to encourage those around her to offer their best work is an admirable quality. I am also very grateful to the lovely Dr Christine Catling who has offered gentle guidance and expertise in the areas of publicly-funded homebirth and grounded theory.

I am deeply grateful to my family - my husband Ben, and our two boys Charlie and Louie who so kindly loved and cared for me, fed and sustained me while patiently waiting for me to finish this PhD. Ben, you have offered me unending support over the past six years, even though the undertaking of a PhD with two small children (the second born during my candidature) required us to radically rearrange our lives.

Thank you so much for supporting me to achieve my dreams and for honouring the work I do. You are a wonderful man.

I am also incredibly grateful to my own parents, Julia and Dave, and my brother Dan - for believing in me and offering me loving support throughout this process, as you have done throughout my entire life. You have each set a wonderful example for me in humbly offering service to others through your careers and I intend to carry on this legacy with my own work. Special mention goes to you Mum, for your dedication to taking care of our boys in order to allow me time to work.

I feel incredibly lucky to be part of a wonderful team of midwives and researchers at The Centre for Midwifery, Child and Family Health at UTS. In particular, Dr Athena Hammond has been my constant companion throughout our shared time as PhD candidates and our friendship through this period sustained me in the most challenging moments. Conversations and collaboration with Dr Deborah Fox have also been a highlight and I look forward to sharing more projects with you in the future. I am also very grateful to Priya Nair for her excellent administrative support and wonderfully cheerful disposition throughout my candidature.

Finally, I would like to offer my heartfelt thanks to the participants of this study, the midwives who so generously shared their stories with me. Their dedication to providing the best possible care to women is inspiring and I hope this thesis does justice to their passion.

Dissemination

This thesis was submitted in March 2018, as part of the final requirements to fulfil the degree of PhD in Midwifery at the University of Technology Sydney. The early findings were published during the candidature (see Appendix A). Further manuscripts will be submitted for publication in peer reviewed journals after completion of the thesis. Dissemination of the research that occurred during the candidature is listed below.

Peer reviewed publications

Coddington, R., Catling, C. & Homer, C.S.E. 2017, 'From hospital to home: Australian midwives' experiences of transitioning into publicly-funded homebirth programs', *Women and Birth*, vol.. 30, pp. 70-76.

Conference Presentations

Coddington, R. 'Australian midwives' experiences of transitioning into publicly-funded homebirth programs.' 31st Triennial Congress of The International Confederation of Midwives. Toronto, Canada. June 2017. Oral presentation.

Coddington, R. & Fox, D. 'Birthplace in Australia: Midwives' provision of homebirth in the public and private sectors.' 31st Triennial Congress of The International Confederation of Midwives. Toronto, Canada. June 2017. Poster presentation.

Coddington, R. & Fox, D. 'Qualitative findings from The Birthplace in Australia project: Midwives' experiences of providing homebirth in Australia.' International Normal Labour and Birth Conference, Homebush, Australia. October 2016. Oral presentation.

Coddington, R. 'Seeing birth in a new light: Hospital midwives experiences of providing homebirth services.' University of Technology Sydney Place of Birth Seminar, Sydney Australia 2016. Oral presentation.

Media

How do midwives learn homebirth? 2016, radio interview, 2ser Think: Health, Sydney, 7 October. Recording accessible via: <http://2ser.com/midwives-learn-homebirth/>

Midwives and homebirth in Australia, 2016, radio interview, Mornings with Nick Rheinberger ABC Illawarra, Wollongong, 11 August. Transcript accessible via: <https://www.uts.edu.au/about/faculty-health/news/midwives-and-home-birthing-australia>

TABLE OF CONTENTS

Certificate of original authorship	ii
Acknowledgment of Country	iii
Funding acknowledgment	iii
Personal acknowledgements	iv
Dissemination	vi
List of Tables	xiii
List of Figures	xiii
ABSTRACT	xiv
Glossary of terms	xvi
Abbreviations	xx
CHAPTER ONE: INTRODUCTION	1
Introduction	1
Study aim.....	1
Background	2
The politics of homebirth	3
The significance of birthplace.....	7
The Australian healthcare system	9
Homebirth in Australia	11
Midwifery education and homebirth	16
Challenges faced by privately practising midwives	17
Consumer demand	19
The publicly-funded homebirth model in Australia	22
My interest in this topic	24
Justification of the research	26

Thesis outline	28
Summary	30
CHAPTER TWO: LITERATURE REVIEW	31
Introduction	31
Method of the literature review	31
Search strategy.....	32
International evidence on the safety of homebirth	33
Midwives’ experiences of caring for women at home	46
Impact of the home environment on midwives.....	46
Midwives’ exposure to homebirth	50
The role of the midwife.....	50
Organisational culture.....	54
Conclusion	60
CHAPTER THREE: METHODOLOGY	61
Introduction	61
Epistemology: ways of knowing	61
The history of grounded theory	64
Principles of grounded theory.....	67
Data generation.....	68
Coding	69
Memos	70
Purposive and theoretical sampling.....	71
Analytic approach.....	71
Constructivist grounded theory	71
Reflexivity.....	73

Reflexive writing - On being a midwife, mother and researcher	74
Justification for the research.....	79
Conclusion	81
CHAPTER FOUR: METHODS	82
Introduction	82
Study context	82
Participants	84
Ethical considerations and data storage	85
The recruitment process	87
The sampling process	89
Data collection	90
Researcher positioning: insider versus outsider	92
Telephone interview technique	94
Data analysis.....	97
Coding	97
Memo writing.....	100
Theoretical saturation	102
Identifying a core category.....	102
Synthesis of findings with extant literature	103
Summary	104
PREAMBLE TO FINDINGS	105
Outline of Findings Chapters	107
Participant characteristics.....	108
CHAPTER FIVE: FINDINGS ‘MAKING THE LEAP FROM HOSPITAL TO HOME’	111
Introduction	111

<i>Sub-category: Feeling apprehensive</i>	113
<i>Sub-category: Skilling up for homebirth</i>	116
<i>Sub-category: Being supported and mentored</i>	120
<i>Sub-category: Bringing an international perspective</i>	125
Summary	128

CHAPTER SIX FINDINGS: ‘SEEING BIRTH IN A NEW LIGHT’129

Introduction	129
<i>Sub-category: Stepping into the woman’s territory</i>	130
<i>Sub-category: Witnessing undisturbed birth</i>	134
<i>Sub-category: A new understanding of normal physiological birth</i>	140
<i>Sub-category: Changing midwifery practice</i>	145
Summary	150

CHAPTER SEVEN: FINDINGS ‘BUILDING TRUST’152

Introduction	152
<i>Sub-category: Increasing interdisciplinary trust and building trust in homebirth</i>	154
<i>Sub-category: Developing the midwife-doctor relationship</i>	161
<i>Sub-category: Enduring scrutiny</i>	166
<i>Sub-category: Being committed to keeping women safe</i>	174
<i>Sub-category: Sustaining the model</i>	180
Summary	186

CHAPTER EIGHT FINDINGS: RECOGNISING THE BENEFITS OF PUBLICLY-FUNDED

HOME BIRTH.....188

Introduction	188
<i>Sub-category: Feeling secure</i>	189
<i>Sub-category: Being networked in</i>	192

<i>Sub-category: Avoiding the drama of transfer</i>	195
<i>Sub-category: Normalising homebirth</i>	200
<i>Sub-category: Making homebirth more accessible</i>	205
Summary	210
Conclusion of Findings.....	211
CHAPTER NINE: DISCUSSION	213
Introduction	213
Developing a grounded theory.....	214
Transformation theory	216
Feeling apprehensive	223
Stepping into the woman’s territory.....	225
Witnessing undisturbed birth.....	227
A new understanding of normal physiological birth	230
Changing midwifery practise.....	231
Normalising homebirth	235
Publicly-funded homebirth as systems challenging praxis.....	237
Enduring scrutiny	239
Strengths of the study	242
Limitations of the study.....	244
CHAPTER TEN: Conclusion.....	246
Transforming homebirth in Australia	246
References.....	251
APPENDICES.....	270

Appendix A – Manuscript ‘From hospital to home: Australian midwives’ experiences of transitioning into publicly-funded homebirth programs’	270
Appendix B – Study Flyer.....	302
Appendix C – Information Sheet	303
Appendix D – Consent Form.....	305
Appendix E – Demographics Survey.....	306
Appendix F – Example of Audit Trail Table	308
Appendix G – Example Memos	311

List of Tables

Table 1. MacLellan's findings on the art of midwifery practice.....	53
Table 2. Demographic details of participants.....	110

List of Figures

Figure 1. Map of publicly-funded homebirth service locations, Australia.....	14
Figure 2. Levels of culture within an organisation.....	59
Figure 3. Findings categories: <i>‘Midwives’ experiences of providing publicly-funded homebirth in Australia’</i>	106
Figure 4. Grounded theory: <i>‘The transformational power of exposure to homebirth’</i>	215
Figure 5. Mezirow's ten phases of transformative learning.	218

ABSTRACT

Background: Homebirth is an uncommon event in Australia, with only 0.3% of all births occurring at home. Despite this low rate, there is evidence of consumer demand for out of hospital births. In order to meet this demand, 14 publicly-funded homebirth programs have been established in Australian maternity hospitals over the past two decades.

Aim: The aim of this study was to explore midwives' experiences of providing publicly-funded homebirth in Australia.

Methods: Twenty one semi-structured interviews were conducted with midwives and midwifery managers who had recent experience of working in publicly-funded homebirth programs. A constructivist grounded theory approach was taken to enable exploration of the underlying social interactions and processes in the area of inquiry.

Findings: Four overarching categories emerged from the data. These were: 'Making the leap from hospital to home', 'Seeing birth in a new light', 'Building trust' and 'Recognising the benefits of publicly-funded homebirth'. Hospital-based midwives who were exposed to homebirth for the first time found their perspective of birth was transformed. Midwives noted a shift in the power dynamics when on the woman's territory and many felt they were witnessing undisturbed birth for the first time.

Midwives and midwifery managers faced challenges in establishing and maintaining publicly-funded homebirth programs. They needed to develop strong, collaborative working relationships with doctors and endured a high level of scrutiny regarding their practice. Overall, the majority of midwives enjoyed working in the model and felt it helped normalise homebirth as an option for low-risk women.

Discussion: Homebirth has previously been regarded as being both geographically and ideologically distant from the hospital. The operation of publicly-funded homebirth programs, however, defies this characterisation by providing a homebirth service via public maternity hospitals and hospital-based midwives. The establishment of publicly-funded homebirth programs within Australian hospitals appears to have had a positive effect on attitudes towards homebirth, not only for women and midwives, but for allied healthcare providers who were previously mistrustful of homebirth.

Conclusion: The transition from hospital-based to homebirth care provided an opportunity for midwives to work to the full scope of their practice. When well supported by colleagues and managers, transitioning into publicly-funded homebirth programs can be a positive experience for midwives. Additionally, exposure to homebirth has the potential to transform maternity care provider's attitudes towards homebirth and significantly deepens their understanding of normal physiological birth.

Glossary of terms

This glossary provides an explanation of some of the terms used in this thesis.

Continuity of carer

In midwifery continuity of carer, the woman is assigned one primary midwife who provides the majority of her care with the support of other midwives from a small team who will be available when the primary midwife is not. The primary midwife will care for the woman throughout the entire antenatal period, be on call to attend the woman's labour and birth, then continue to provide care in the postnatal period at home following hospital discharge up until 6 weeks postpartum.

Midwifery practice

Encompasses the activities, behaviours and tasks that constitute the work of midwives. This is strongly associated with the philosophy of woman-centred care and includes the provision of clinical, physical and emotional care.

Normal birth

A normal labour and birth is powered by the innate capacity of the woman and fetus. Also known as a 'physiological' or 'natural' birth. Although definitions differ, this is generally accepted to mean spontaneous onset of labour during which the woman remains active and moves freely during labour, choosing her own position/s for pushing, and resulting in a spontaneous vaginal birth without interventions or complications.

Homebirth / planned homebirth

A homebirth is defined as when the planned place of birth at the onset of labour is the woman's home, with care provided by registered midwives. Along with care during labour and birth, the woman receives antenatal and postnatal care from her midwife at home or in a community clinic setting. Women who plan to give birth at home have access to the resources ordinarily found in the home (e.g. bath, shower and heat packs for pain relief) and the assistance of a skilled midwife. If a woman requests pharmacological pain relief or requires obstetric intervention, she may transfer to hospital. In the case of an emergency, the midwife can provide basic emergency care until an ambulance arrives for transfer. Midwives can also provide neonatal and maternal resuscitation in the home setting.

Privately practising midwife (PPM)

The term 'privately practising midwife' or 'PPM' in Australia is interchangeable with 'independent midwife' or 'private midwife' in many other countries. Privately practising midwives are self-employed and work either independently or in a group practice with other midwives. They work in the community providing antenatal and postnatal care and may also offer homebirth care or birth support for women planning a hospital birth. The woman pays the cost of care directly to the midwife. In Australia, eligible midwives (midwives so designated in the national register) can offer access to Medicare rebates for antenatal and postnatal care, provided they have a collaborative arrangement with a medical practitioner or public maternity

hospital. At present, there is no indemnity insurance available for the intrapartum aspect of homebirth midwifery care in Australia.

Publicly-funded homebirth

In Australia, publicly-funded homebirth programs offer eligible low-risk women the opportunity to give birth at home under the care of midwives. Such services often exist as an extension of a public hospital's continuity of midwifery care model, usually known as either a Midwifery Group Practice (MGP) or Community Midwifery Program (CMP). Midwives working in publicly-funded homebirth models are employees of the hospital and, as such, are covered by the hospital's professional indemnity insurance.

Transfer

The term 'transfer' refers to the transport of a woman from a planned homebirth to a maternity hospital during the intrapartum period, after the onset of labour or within 24 hours after birth. Transfer from a planned homebirth may occur due to the development of risk factors or complications that make it no longer safe for the woman to give birth at home. Women may also transfer due to a desire for pharmacological pain relief during labour or if she no longer feels comfortable to remain at home.

Woman/Women

The term woman or women is used, for this purpose of this study, to refer to a childbearing woman or women. Referring to the 'woman' may also include reference to the needs of her baby, partner, family and significant others.

Abbreviations

AHPRA	Australian Health Practitioners Regulatory Authority: A national organisation that supports the 14 boards in regulating health practitioners, of which the Nursing and Midwifery Board is one
ACM	Australian College of Midwives: The professional organisation for midwives in Australia
AMA	Australian Medical Association: The union for doctors in Australia
CMP	Community Midwifery Program, usually a continuity of care model
GP	General practitioner
MBS	Medical Benefits Scheme: The Australian public health insurance system
MGP	Midwifery group practice, usually a continuity of care model
NHS	National Health Service: Public health system in the United Kingdom
NMBA	Nursing and Midwifery Board of Australia: The regulatory board for nurses and midwives in Australia
PBS	Pharmaceutical Benefits Scheme: Public funding of health-related tests, investigations and medications in Australia
PII	Professional Indemnity Insurance: Insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the midwife.
PPMs	Privately practising midwife: Registered midwives who provide care during pregnancy, labour, birth and the postpartum period (or a combination of some of these) within their own private practice
PPH	Postpartum haemorrhage
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists: The professional body for obstetricians and gynaecologists in Australia and New Zealand