

The influences on women who choose a publicly-funded homebirth in Australia

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

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January 2013

CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student:

Date:

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ACKNOWLEDGEMENTS

I would like to thank many people who have helped me complete this thesis over the last 5 years (or two thousand and five days to be exact). The first are my supervisors, Caroline Homer and Hannah Dahlen. Caroline, who is the true embodiment of a mentor, has been inspirational, honest and endlessly encouraging, and Hannah (whose thesis terrified me when I read it at the beginning of my candidature) has been full of captivating ideas and suggestions. You both have motivated me through your boundless energy and passion for midwifery, and I feel blessed and grateful to have worked with such dynamic and intelligent midwifery academics.

Other personal thanks go to my wonderful offspring Rosie and Oliver for making my world brighter and to Michael for his endless love and encouragement; to Glenn, who really didn't think my doing a PhD was a brilliant idea, (but of course, this made me even more determined to do it); to my brothers whose brilliance helped develop my quietly competitive nature; to the higher research degree students in the Faculty of Health for their encouragement and solidarity; to the members of the National Publicly-Funded Homebirth Consortium who shared their experiences and data to assist with publications; to Professor Maralyn Foureur for helping me to understand feminism; to Bronwyn whose teasing about being a 'real' midwife gave rise to some lively discussions; to the UTS librarians Jane Van Balen, David Litting and Patrick Tooth for their help with tricky hard-to-find articles and Endnote mysteries, and finally the homebirth midwives at St George Hospital, and women and their partners who freely gave their time for me to do this research, and who were all such lovely people to spend time talking to.

Life has thrown me many curve balls in the last five years, and there have been times when writing my thesis has taken a distinct back seat. However, despite the distractions (many also self-imposed), it has been a pleasure to examine and highlight the topic of publicly-funded homebirth in Australia, and I hope this thesis contributes to the body of evidence that shows the importance of midwifery care and place of birth to women.

ABSTRACT

In Australia, homebirth has not been a mainstream option for childbirth for many years due to political reasons, societal attitudes towards childbirth, and a lack of services

Since the 1990s, publicly-funded homebirth services have developed as a result of a growing demand from women and midwives. These services are few in number, and often embedded within a midwifery group practice in a hospital setting. As a relatively new model of care, these services have had little formal research, and only a few evaluations. The purpose of this study was to explore the influences on women who chose a publicly-funded homebirth. The setting was a publicly-funded homebirth service in southern Sydney, New South Wales, Australia. A grounded theory methodology, using a feminist approach was used to collect and analyse the data. Data were collected through semi-structured interviews of 18 women, 5 midwives and 2 partners of the women.

Six main categories emerged from the data. These described the influences women had when they chose to have a publicly-funded homebirth. These categories were *feeling independent, strong and confident, doing it my way, protection from hospital related activities, having a safety net, selective listening and telling, and engaging support*. The core category was *having faith in normal*. This category linked all the other categories and was an overriding attitude towards themselves as women and the process of childbirth. The basic social process was *validating the decision to have a homebirth*. This was a dynamic, changeable process and principally a strategy to lessen stress regarding their decision to have a homebirth by reinforcing already-held reasons (for example, their 'low risk' status, strength and ability to have a normal birth) and beliefs (for example, their faith in normal, natural processes).

The findings establish that women have similar influences to other studies of women when choosing homebirth. However, the women in this study were reassured by the publicly-funded system's 'safety net' and seamless links with the hospital system. The flexibility of the service to permit women to change their minds to give birth in hospital, and essentially choose their birthplace at any time during pregnancy or labour was also appreciated.

PUBLICATIONS AND PRESENTATIONS RELATED TO THIS RESEARCH

The publications and presentations related to this research study are listed below. The latest Microsoft® word versions of the publications have been placed in the Appendices to maintain copyright legislation.

The paper and presentations asterisked* were preliminary analyses of data collected for the thesis. The other papers were written as part of an overall research program into publicly-funded homebirth, and as I took a lead role in their production, I have included them here to illustrate the overall body of work.

PEER-REVIEWED PUBLICATIONS

***Catling-Paull, C**, Dahlen H, Homer C.S.E. 2011, 'Multiparous women's confidence to have a publicly-funded homebirth: A qualitative study', *Women and Birth*, vol. 24, pp. 122—128 (see Appendix 9).

This was the first paper published using data from this thesis. I was responsible for the concept of the paper, and undertook all data collection and analysis. I wrote the first draft of the paper and responded to comments from my co-supervisors on subsequent drafts. I was responsible for the final version, the response to reviewer comments and the final copy-editing with the journal.

Catling-Paull, C, Foureur, M.J, Homer, C.S.E. 2012, 'Publicly-funded homebirth models in Australia', *Women and Birth*, vol. 25, iss. 4, pp. 152-8 (see Appendix 10).

I collaborated on the idea for this paper, and took a lead role in writing. I was responsible for the data collection and analysis of the data.

McMurtrie, J, **Catling-Paull, C**, Teate, A, Caplice, S, Chapman, M. & Homer, C. 2009, 'The St George Homebirth Program: an evaluation of the first 100 booked

women', *Australian and New Zealand Journal of Obstetrics and Gynaecology*, vol. 49, no. 6, pp. 631-636 (see Appendix 8).

My role in this paper was analysing the data and writing the first draft of the paper, working on subsequent drafts and the final version. I worked with the team to respond to reviewer comments. .

Catling-Paull, C, Coddington, R, Foureur, M.J, Homer, C.S.E. 'Publicly-funded homebirth in Australia: an evaluation of maternal and neonatal outcomes' submitted to a peer reviewed journal November 2012 (see Appendix 11).

My role in this paper was one of collaboration in forming the concept, and I took a primary role in the writing, data collection and analysis. The paper has been submitted but we have not as yet received comments. I will take a lead in this when the comments return.

PRESENTATIONS

The presentations listed below are in addition to the annual UTS Faculty of Health Research Student Forum presentations given throughout my PhD candidature.

***Catling-Paull, C**. Preliminary results from the PhD study: Exploring the influences on women who choose a publicly-funded homebirth, *Australian College of Midwives 16th National Conference, 'Midwives & Women: a brilliant blend'*, Adelaide Convention Centre, South Australia, September, 2010.

Catling-Paull, C. Participation in a panel (with questions from the audience) about publicly-funded homebirth, *27th Homebirth Australia Conference 'Challenging the Boundaries'*, Newcastle, NSW, August, 2011.

***Catling-Paull, C**. 'Exploring the influences on women who choose a publicly-funded homebirth: the results of a PhD study', *Australian College of Midwives 17th National Conference, 'a Midwifery Odyssey'*, Australian Technology Park, Sydney, NSW, October, 2011.

TERMS AND 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
BBA	A baby 'born before arrival' in hospital, usually for a planned hospital birth
BC	Birth Centre: A home-like place of birth either within a hospital, or free-standing, predominantly run by midwives
BMid	Bachelor of Midwifery: A 3-year undergraduate degree course in midwifery
Freebirth	A planned homebirth without health practitioners present
GP	General practitioner
Homebirth	A planned homebirth with a registered health practitioner
MBS	Medical Benefits Scheme: The Australian public health insurance system
MSR	Maternity Services Review: A national review conducted in Australia funded by the federal government (2008-2009)
NHS	National Health Service: Public health system in the United Kingdom
NMBA	Nursing and Midwifery Board of Australia: The regulatory board

of nurses and midwives in Australia

PBS	Pharmaceutical Benefits Scheme: Public funding of health-related tests, investigations and medications
PPH	Postpartum haemorrhage
PPMs	Privately practising midwives: Registered midwives who provide care during pregnancy, labour and birth and the postpartum period (or a combination of some of these) within their own private practice
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists: The professional body for obstetricians and gynaecologists
RCOG	Royal College of Obstetricians and Gynaecologists
RCT	Randomised controlled trial
RN	Registered Nurse