

The ‘Childbirth Supporter Study’:
Video-ethnographic examination of the physical
birth unit environment

J. Davis Harte
BA, MSc.

Thesis containing publications

This thesis is submitted in fulfillment of the requirements of the degree of
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Certificate of Original Authorship

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: 31 Aug 2015

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Insofar as we appreciate order, it is when we perceive it as being accompanied by complexity, when we feel that a variety of elements has been brought to order--that windows, doors and other details have been knitted into a scheme that manages to be at once regular and intricate.

- *Alain de Botton, The Architecture of Happiness, p. 175*

...

Thesis Abstract

Background

It is accepted that the physical environment of healthcare influences the perceptions and experiences of patients and staff. Research has explored how birth unit design influences the experiences of women and midwives during childbirth. However, although there is evidence that cooperative supporters are beneficial to labouring women, and that women desire such support, little attention has been paid to the impact of physical design on the experiences of a woman's chosen childbirth supporter. This thesis describes how the physical environment influences the behaviour, experiences and role navigation of birth supporters.

Aim

To gain an understanding of how physical birth environment design accommodates women's supporters and facilitates their support roles.

Study Design

This childbirth supporter study presented in this thesis, is a research *substudy* of a larger Birth Unit Design (BUD) research project. Ethics approval was obtained for the BUD video-ethnographic study where six consenting women and their 11 supporters were filmed during labour at two different Australian hospitals (February/March 2012). The 'childbirth supporter study' (CSS) presented here is a single-case study design that was selected from the larger cohort of participants from the BUD study. One woman, her four supporters and three midwives provided the foundation for the 'childbirth supporter study' described in this thesis. Video footage and video-cued interviews with all participants and observational field notes provided data for analysis. Three-phase analysis cycle for both text and video included: descriptive, interpretive and selective coding (using an approach informed by Saldaña, 2013). Phase one, the descriptive

coding cycle, consisted of identifying what would be filmed, viewing the video, reading the transcription text and interview field notes and becoming familiar with the data.

Phase two, the interpretive/pattern coding cycle, consisted of condensing the data so that themes could begin to be identified, such as by selecting exemplar still images from the video footage. The third phase, the selective/codeweaving stage, consisted of data reconstruction and synthesis, to facilitate interpretation of the evidence into thematic findings. The 'AEIOU' framework (an analysis approach informed by Wasson, 2000) was utilised for the video data during the third phase of analysis. An extended, reflective cross-validation inquiry of the thematic findings, using the Birth Unit Design Spatial Evaluation Tool (BUDSET) as both criterion and building block, provided translation of the findings into practice.

Findings

The physical environments of typical birth units do not appropriately meet the needs of supporters, who may feel unsure of their role, behaviour or positioning, thus limiting the potential benefits of their support role. Key themes are: 'Unbelonging Paradox', 'Role Navigation' and 'Supporting the Supporter'. Findings are supported by illustrative video footage stills and verbatim quotes. Viewing supporters as both individuals and part of a team dyad is the basis for the design recommendations. Examples of some of the recommendations are: spaces for both privacy and togetherness; informational support zones; transition space; positive distracters; easy access food, drink and toilet facilities; and the ability to personalise and adjust the space to increase the perception of agency.

Implications and Relevance to Practice

Knowing how the design of birth units can best accommodate the needs of women's supporters may facilitate optimal birth experiences for women and increase opportunities for safe, satisfying birth. Designers and healthcare managers may benefit from understanding the birth environment's influence on supporter's behaviours.

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