

TRANSFER FROM PLANNED HOMEBIRTH TO
HOSPITAL: VIEWS AND EXPERIENCES OF
WOMEN, MIDWIVES AND OBSTETRICIANS

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

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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: December 1st, 2016

ACKNOWLEDGEMENT OF COUNTRY

I would like to acknowledge and pay my respects to the Gadigal people of the Eora nation, as the traditional owners and holders of the knowledge of the place on which the University of Technology Sydney stands. I pay tribute to elders past, present and emerging.

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DISSEMINATION

This thesis was submitted in 2016, as part of the final requirements to fulfil the degree of PhD in Midwifery at the University of Technology Sydney. The meta-synthesis of the literature on women's experiences was published during the candidature (Fox, Sheehan & Homer 2014). 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:

Publications related to PhD

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Birthplace in Australia: Processes of referral and transfer from planned homebirth to hospital (oral presentation).

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Birthplace in Australia: Supporting woman centred care in homebirth transfer

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Birthplace in Australia: Midwives provision of homebirth services in the private and public sectors (poster in collaboration with Rebecca Coddington).

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Australian College of Midwives Victorian Branch Meeting:

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Child and Early Parenting Educators of Australia Biennial National Conference, Hobart:

Taming the tiger during homebirth transfer: Can we prepare? (oral presentation).

Nurses' Memorial Centre Scholarship Presentation Ceremony (Betty Jeffries Award):

Birthplace in Australia. Transfer from planned homebirth to hospital: views and experiences of women and caregivers (oral presentation).

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ABSTRACT

Background

Recent evidence supports the safety of planned homebirth for low risk women when professional midwifery care and adequate collaborative arrangements for referral and transfer are in place. Much is known about rates of transfer, but little is known about the experiences of the women and caregivers involved.

Aim

The aim was to explore the views and experiences of women, midwives and obstetricians involved in the intrapartum transfer of women from planned homebirth to hospital in the Australian context.

Methods

Thirty-six semi-structured interviews were conducted with women, midwives and obstetricians. A constructivist grounded theory approach was taken to enable exploration of the social interactions and processes that occurred.

Findings

Four categories emerged from the analysis, *'Fostering relationships and reducing uncertainty'*, *'Transferring out of the comfort zone'*, *'Us and them'* and *'Celebrating a successful transfer'*. The grounded theory, *'Supporting woman centred care in homebirth transfer'*, was synthesised by integrating findings grounded in the data with theoretical codes gained from intergroup conflict theory.

Effective strategies of collaboration included mutual respect, supporting the midwife-woman partnership and regarding the transfer as a success of the system rather than a 'failed homebirth'. The goal of a 'healthy mother and a healthy baby' was ostensibly shared by women and caregivers, however, arriving at a common definition of a 'healthy mother and a healthy baby' was less straightforward, due to the different paradigms of childbearing that converged on the birthing room of a transferred woman.

Discussion

From the perspectives of Australian law, healthcare policy and human rights, the woman is the only person with the authority to make informed decisions for the health and well-being of herself and her baby. Women's personal definitions of 'healthy' are made in the context of their individual parameters of risk and safety, encompassing psychological, emotional, social, cultural and spiritual domains. These may be used to guide optimal care in the homebirth transfer context.

Conclusion

Synthesis of the social processes and interactions occurring during homebirth transfers enabled the formulation of a theoretical framework which may assist women to prepare for the possibility of transfer, and guide caregivers to understand and communicate complex issues that are unique to the homebirth transfer setting. The grounded theory '*Supporting woman centred care in homebirth transfer*' may also have broader implications for collaboration in the maternity care milieu, especially in circumstances where a woman's labour and birth follows an unexpected trajectory.

