Call the student midwife: experiencing home birth.

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Description

Midwives should be competent in caring for women experiencing home birth. Home birth is influenced by exposure during midwifery education. In the UK not all student midwives experience home birth, and this paper discusses the barriers that currently exist to women achieving a home birth, the consequent paucity of opportunities for students to experience home birth and it goes on to make recommendations as to how we can help midwives to feel confident and competent in supporting women to make this choice.

HOME BIRTH – THE CURRENT SITUATION

Across Europe there are differing home birth rates, with most births taking place within a hospital setting. The Netherlands has the highest home birth rate, which declined from 35 per cent of all births in 1997-2000 to 29 per cent in 2005-2008 (Hendrix et al 2009). In the UK the home birth rate was 2.3 per cent of all births in 2011 and in Scotland, where the writers are based, the rate is even lower at
1.38 per cent (Birth Choice UK 2015).

Regardless of risk characteristics, during pregnancy, women can choose a home birth, and midwives have an ethical and professional responsibility to offer informed choice, and support women in their choice of place of birth. In addition, midwives should be competent in caring for women having a normal birth (Nursing and Midwifery Council (NMC) 2015). Recently updated National Institute of Health and Care Excellence (NICE) guidelines on choice of place of birth suggest all low-risk women should be advised that a home birth or birth in a midwifery led unit would be particularly suitable for them to improve their chances of a normal birth (NICE 2014). In addition, women who have a home birth tend to be more satisfied with their childbirth experience than those who plan to give birth in hospital (Janssen et al 2006), experiencing less pain and pain relief (Borguez and Wiegers 2006).

BARRIERS TO HOME BIRTH

Commonly reported barriers are midwives' confidence, competence and the conflict between risk and the woman's choice, in addition to limited resources (NMC 2006). A

study in Sweden identified that women who planned a home birth were confronted with negative attitudes and persuasion to make them change their minds (Sjöblom et al 2012). Whilst a midwife should not provide care that she does not feel competent to give (NMC 2015), she cannot refuse care to women on this basis without taking further action. To fulfil her duty of care she should take steps to update her knowledge and skills, refer a woman to other midwives who do have the competence and then take steps to update herself. As many midwives who are competent and confident in home birth are nearing retirement, the pool is reducing in who can provide this support.

HOME BIRTH IN COMPLEX CASES

When women make such requests in the presence of risk factors or complications of pregnancy, midwives must give appropriate information and advice to women and record this in the pregnancy record. If the woman persists in her choice, the midwife should involve her manager, supervisor of midwives and consultant midwife as soon as possible, for support and advice. With the supervisor of midwives role under threat, there is a question as to who supports and advises midwives about complex birth requests.

Ensuring midwifery students are exposed to home birth, and including students in conversations around complex cases is beneficial. Skills in critical decision-making to support appropriate referral will help to develop students' critical thinking during their supernumerary status.

MIDWIFERY EDUCATION AND HOME BIRTH

The student midwife is working towards autonomous midwifery practice at the point of registration (NMC 2015), and the Royal College of Midwives (RCM) (2011) identified that student midwives should experience home birth. Exposure to home birth during midwifery education may increase their knowledge and understanding, including how they support women in the provision of home birth. Discussions around how women choose their place of birth are now a part of the NMC Essential Skills Clusters (NMC 2009). The NMC suggests that students should be involved in supporting women birthing in a variety of settings, including home birth. Certainly birthing units have in some ways resulted in access to midwifery students supporting women giving birth normally, including water birth. However, home birth is not always available for all students.

NORMAL MIDWIFERY SKILLS

In order to qualify, students need to participate in 40 normal births, as directed by EU directives (NMC 2009) and we are proposing that within the skills log books that all students are required to keep, their mandatory birth numbers should also include information around birth setting, and identify that it would be gold standard to have at least one in the home birth setting. While the rates of home birth remain low, this may be impossible to achieve, which is why it is written as gold standard. Ensuring documents are

explicit in describing normal midwifery, rather than abnormal midwifery (such as tube feeding a neonate, for example), may increase the number of students who are exposed to home birth. It may also be a trigger to remind the mentors in practice to call the student midwife when a woman is experiencing home birth.

In addition, the skills log book should include details about type of birth (water birth, home birth and position of woman during birth) to ensure midwifery educators can understand more about how students experience normal birth. A recent Scottish maternity care experience survey (Scottish Government 2015) showed that 88 per cent of women gave birth on a bed, despite evidence that upright positions are recommended (Gupta et al 2012). There was considerable variation between the different health boards; however one reported that 39 per cent of women were lying flat with their legs in stirrups (Scottish Government 2015), which is concerning if it results in student midwives regarding this as good practice.

PERSONAL EXPERIENCE OF HOME BIRTH

One of these authors (Anne Marie) experienced home birth as a student and went on to experience and encourage low-risk women to birth at home. Andrea, on the other hand, was keen to put herself forward to attend home births and went out of her way to demonstrate this. However, she found there were barriers to overcome.

For women who requested home birth and appeared to be supported in their choice, risk parameters in pregnancy meant that some were eventually recommended to have a hospital birth before going into labour or indeed were transferred to hospital from home during labour, meaning already low numbers of home births became even lower, presenting the student midwife with fewer opportunities.

Some women who asked for home birth were dissuaded: first time mothers were told they would likely need to be transferred for pain relief so were ‘best to go to hospital just in case’. Some were advised that, at onset of labour, a midwife may not be able to attend, depending on availability within the service: if the midwives on call had been in clinic all day, they would have to withdraw the home birth service, so the woman would have to go into hospital.

Other midwives (who were also mentors) were more supportive of women in their choice of place of birth. Some did not mind being on call for home births, whilst others did not relish the thought, as it could be genuinely difficult to juggle staff to cover workload commitments. As it is was, in a team of midwives who were on call for all home births, it is unlikely that a specific student’s mentor would be the one called out, again presenting barriers to students experiencing home births. So Andrea asked the team of midwives if she could be telephoned to attend – effectively on call constantly. Most midwives were unhappy to go ahead, mainly because they were uneasy about the added work load and burden placed on the student – some were perplexed that a student would want to be on call, no matter how much Andrea explained how how important she felt it was for students to participate in this valuable learning experience.

CONTINUITY OF CARER AND HOME BIRTH

Students need to experience continuity of carer (NMC 2009), and caseload holding is financially viable (Tracy et al 2013). The satisfaction and honour of forming a relationship during a woman's pregnancy, birth and beyond, based on a partnership of mutual respect, is extremely valuable and should be seen as gold standard. Simulation in midwifery education also needs to reflect normal birth; for example, access within the university setting to a home setting birth pool scenario. Students need to gain insight into improvising midwifery skills in accordance with the birth setting (such as suturing on a sofa and the art of sensitive communication when transfer to hospital is required, as well as the usual risk assessment that happens with hospital birth).

AT LEAST ONE OF THE 40 IS A HOME BIRTH

Home birth is strongly influenced by pre-registration exposure during midwifery education (Vedam et al 2009). With low home birth rates, it is important that students are exposed to home birth to ensure it is not left to chance, but becomes the gold standard and is part of the student's core skills. Prospective student midwives could then cherry pick their educational institution of preference, based on the percentage of student midwives who experience home birth during their learning. This would go some way to ensuring that a new generation of midwives will enter the profession confident and unbiased in their approach to offering a home birth service, lessening the likelihood of women facing barriers to accessing home birth. The more women who choose home birth, the more skilled and confident midwives will become in supporting births at home, which in turn would lead to student midwives experiencing home birth.

CONCLUSION

Quality standards to ensure consistency and equity to fulfil university standards as well as professional standards are worthy of further exploration (Mallik and Gibb 2010). Pre-registration midwifery education needs to prepare midwives who are fit for practice, focusing on developing interpersonal skills, while promoting and enhancing normal birth (Chief Nursing Officers of England, Northern Ireland, Scotland and Wales (CNOs) 2010; Walsh 2000).

Further research is warranted to establish how student midwives experience birth, and the impact this has on their confidence and attitude to home birth. This article highlights the importance of variety as well as quality in placement experience during midwifery education, to increase competency and the provision of effective and high quality midwifery practice, protecting normal birth.

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