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Redefining freebirth as a self-care practice: findings from a systematic qualitative evidence synthesis.

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REDEFINING FREEBIRTH AS A SELF-CARE PRACTICE

Findings from a systematic qualitative evidence synthesis

BACKGROUND

Freebirth is currently defined as a birth that intentionally happens without a qualified health care professional present



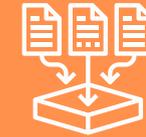
Anecdotal data seems to suggest freebirth is increasing in UK and other high-income countries

Empirical evidence on this practice is limited and has mostly focused on understanding women's motivations to freebirth



What factors influence women's choice to freebirth?
How do women who freebirth perceive maternity care?
What is the care experience for women who freebirth?

METHODS



- CINALH
- PubMed
- Intermid
- MIDIRS
- Scopus
- Ethos
- EBSCO Open dissertations
- Manual citation chasing

Searches were carried out in May 2022 and updated in Aug 2023



Thematic synthesis, underpinned by a feminist standpoint, was used to analyse the data.

RESULTS

22 publications included



across 10 high-income countries



FINDINGS

A broken system creates reproductive injustice

Structural barriers

- No homebirth
- Restricted midwifery
- Biomedical hegemony

Relational barriers

- Shattered trust (prev. trauma)
- Lack of continuity
- Disrespect and abuse

Reproductive self-determination

threatens

protects

Freebirth as self-care

- Peer support
- Self-education
- Selfcare agency
- Life affirming care



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CONCLUSION



When healthcare services fail to provide unrestricted, equal and free access to a wide range of maternity care options, women's "choice" to freebirth becomes a matter of reproductive justice.



A new definition of freebirth is proposed as the practice of self-care during birth.