A phenomenological exploration of birthplace decisions and perceptions of home birth among women from ethnic minority backgrounds

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Background

NICE guidelines recommend all women in the UK have the right to choose where to give birth and that their choice should be supported (1). Most births in the UK take place in obstetric or midwifery led units with just 2.4% of births taking place at home in 2020 (2). Evidence shows that in nulliparous women, a home birth slightly increases the risk for the baby (3). For multiparous women and their babies, there is no significant difference in outcomes regardless of birthplace (3).

There are increasing concerns about inequalities within maternity care. Women from ethnic minority backgrounds are less aware of their maternity rights, less likely to have birthplace options discussed with them and feel less enabled to participate in decision-making (4, 5).

In the UK, Black women are statistically 3.7 times more likely, and women from Asian ethnic backgrounds 1.8 times more likely to die due to pregnancy-related complications (4). Black and South Asian women from the most deprived backgrounds in the UK are most affected by stillbirths and preterm births (6).

Aims

To explore the maternity care experiences of women from ethnic minority backgrounds in the UK. To identify factors influencing views and decisions on birthplace, including views on home births, and whether they felt enabled to make decisions about their maternity care.

Methods

Design: A phenomenological qualitative method of exploration was utilised as the overarching aims were to explore and gain further insight into the lived experiences of women from ethnic minority backgrounds during their maternity care (7).

Inclusion criteria: Participants to have given birth in the UK within the last 3 years and to self-identify as being from an ethnic minority background (excluding white minorities).

Recruitment: Convenience sampling via advertising on social media and community groups offering support to mothers and babies. Sampling continued until the point of data saturation and a total of eight participants were recruited, most residing within the same multi-ethnic city in the UK (8).

Ethical approval: Biomedical and Scientific Research Ethics Committee (BSREC) at the University of Warwick.

Data collection: Semi-structured one-to-one interviews via Microsoft Teams.

Analysis: Interview data were transcribed via Microsoft Teams auto-transcription, then manually checked for inaccuracies. Each data set was anonymised using the name of a herb or spice. NVivo was utilised to identify themes and sub-themes via thematic analysis.

Results [1]

Table 1. Participant demographics.

Participant	Ethnicity	Total number of children	Number of children in last 3 years	Age
Anise	Asian: Indian	1	1	30-34
Cassia	Asian: Indian	2	2	35-39
Jasmine	Asian: Indian	2	1	25-29
Juniper	Any other Asian background	3	1	30-34
Lavender	Asian: Indian	2	2	25-29
Rosemary	Black African	5	2	35-39
Saffron	Any other ethnic group	1	1	25-29
Sage	Asian: Indian	1	1	25-29

Maternal health inequalities and ethnicity

- **There were a range of views on whether ethnicity had an impact on care:**

"I do genuinely believe that it has something to do with my race because I believe if I was an English white woman, I wouldn't have been treated the way I was treated."

"There was no issue of discrimination, no issue of 'you are from this country or not'."

"Would that conversation have gone differently if I was not of a South Asian background... I do wonder if there's a different tone whether there's a different use of language...whether it's more positive, whether it's a bit more empowering."

- **Social media was noted to be an information source on health inequalities:**

"I have come across that women from ethnic minority and black backgrounds are more likely to have stillbirths or things going badly during the birth process for themselves and the child."

Table 2. Themes emerging from the data.

Theme	Subtheme
• Factors influencing place of birth • General perceptions of home birth	• Information provision and awareness of options • Opinions of friends and family • Previous experiences of maternity care • Safety • COVID-19 • Convenience and comfort of home • Birth as a "natural event" vs "medical event"
• Maternal health inequalities and ethnicity	• Awareness of differing maternity outcomes • Knowledge gained via social media • Impact on own maternity care and decisions

Results [2]

Perceptions of home birth and factors influencing place of birth

- **Lack of awareness of home birth as an option:**

"If I hadn't seen the [home birth] leaflet, hadn't picked it up myself, I wouldn't have even known that was an option."

"I wasn't well informed of how it happened at home... I don't know if the midwife comes out... what equipment... what medications you're able to have in the community. I don't know where all the clinical waste goes after."

Some participants noted that leaflets on home birth were often only available in English, whereas other leaflets provided to them during their maternity care were available in different languages.

- **Friends and family members opinions impacted on birthplace decisions:**

"When I have told anybody from family or friends I was going to go for a home birth they thought I was absolutely mental."

- **Concerns regarding the safety of home birth:**

"So even though you're saying the hospital's five minutes away, what if there isn't time to wait? And that was a fear for me, I'll be honest."

- **COVID-19 impact on birthplace decisions:**

"I knew there was COVID in the hospital. There wasn't any COVID in my house. So I thought, let's just do this. I think it's the safest thing to do."

"I think the hospital only allowed one person...and I wanted my husband and my mum there."

- **Comfort, peace and privacy as positives of home birth:**

"It's basic things like having a shower in my own shower was lovely and going to bed in my own bed. Being near the kitchen."

Participants from the Islamic faith discussed the importance of maintaining dignity and modesty. For them, birthing at home meant there was no risk of people (particularly men) interrupting labour.

- **Birthing – natural vs medical:**

Some women felt birth is a "natural" process women's bodies are designed for. Others perceived birth as a medical event. Several participants felt their birthing experiences were hindered by the interventional environment of hospital:

"I felt like they wanted me in and wanted me out ASAP."

Discussion

Due to hospital settings being considered the norm, women were often unaware of home birth as an option and the logistics of having a home birth (4).

Women were more likely to experience resistance from friends and family if they made a choice seen as non-normative (6).

General perception among participants was hospital births are safer than home births (4, 6, 9, 10). However, evidence shows planned home births are associated with lower rates of interventions and complications in low-risk pregnancies (11).

The wide-ranging views on whether birthing is a natural or medical event echo existing findings (4) and demonstrate the importance of working in partnership to empower women to make decisions regarding birthing (12).

Some women felt their own care was impacted as a result of their ethnicity. Current evidence suggests implicit bias can impact the care women receive, including assumptions over birthing choices (6, 13), a lack of individualised care and microaggressions (14). The intersectionality between ethnicity and religion can further impact health inequalities; ethnic minority Muslim women are more than twice as likely to have a prolonged labour and suffer postpartum haemorrhage, often contributed to by delays in admission and review (15).

Existing research states healthcare professionals often lack understanding of religious values and practices which are important to the maternity decisions for patients and further education is needed in order to deliver culturally sensitive maternity care (16).

Conclusions

Women from ethnic minority backgrounds did not always feel informed about choices for birthing locations and in some cases felt they received poorer maternity care as a result of their ethnicity.

Further research with a wider geographical focus and inclusion of women who do not speak English could help to uncover additional themes.

Findings suggest information provision needs to be improved and staff working within maternity services should receive appropriate training on providing culturally and religiously inclusive person-centred care.

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References

1. National Institute for Health and Care Excellence (NICE). Choosing where to have your baby [online] London: NICE; 2014 [cited 2023 Mar 8]. Available from: https://www.nice.org.uk/guidance/cg190/ifp/chapter/Choosing-where-to-have-your-baby
2. Office of National Statistics (ONS) Birth characteristics in England and Wales: 2020 [online] London: ONS; 2022 [cited 2023 Mar 8]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2020#:~:text=6.-,Place%20of%20Birth,and%20restrictions%20on%20birthing%20partners
3. Brocklehurst P, Hardy P, Hollowell J, Linsell L, Macfarlane A, McCourt C, et al. Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study. BMJ. 2011;343:d7400.
4. Naylor Smith J, Taylor B, Shaw K, Hewison A, Kenyon S. 'I didn't think you were allowed that, they didn't mention that.' A qualitative study exploring women's perceptions of home birth. BMC Pregnancy and Childbirth. 2018;18(1):105.
5. Hinton L, Dumelow C, Rowe R, Hollowell J. Birthplace choices: what are the information needs of women when choosing where to give birth in England? A qualitative study using online and face to face focus groups. BMC Pregnancy Childbirth. 2018;18(1):12.
6. Coxon K, Chisholm A, Malouf R, Rowe R, Hollowell J. What influences birth place preferences, choices and decision-making amongst healthy women with straightforward pregnancies in the UK? A qualitative evidence synthesis using a 'best fit' framework approach. BMC Pregnancy Childbirth. 2017;17(1):103.
7. Neubauer BE, Witkop CT, Varpio L. How phenomenology can help us learn from the experiences of others. Perspect Med Educ. 2019;8(2):90-7.
8. GOV.UK. Regional ethnic diversity [online] London; GOV.UK: 2018 [cited 2023 Mar 8] Available from: https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest
9. Fletcher BR, Rowe R, Hollowell J, Scanlon M, Hinton L, Rivero-Arias O. Exploring women's preferences for birth settings in England: A discrete choice experiment. PLoS One. 2019;14(4):e0215098.
10. Woog CL. 'Where do you want to have your baby?' Women's narratives of how they chose their birthplace. Br J Midwifery. 2017;25(2):94-102.
11. Reitsma A, Simioni J, Brunton G, Kaufman K, Hutton EK. Maternal outcomes and birth interventions among women who begin labour intending to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. EClinicalMedicine. 2020;21:100319.
12. NHS England. Better Births: Improving outcomes of maternity services in England - A Five Year Forward View for maternity care [online] London: NHS England; 2016 [cited 2023 January 10] Available from: https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/.
13. Houghton G, Bedwell C, Forsey M, Baker L, Lavender T. Factors influencing choice in birth place-An exploration of the views of women, their partners and professionals. Evidence Based Midwifery. 2008;6:59-64.
14. Knight M, Bunch K, Vousden N, Banerjee A, Cox P, Cross-Sudworth F, et al. A national cohort study and confidential enquiry to investigate ethnic disparities in maternal mortality. EClinicalMedicine. 2022;43:101237.
15. Gohir, S. INVISIBLE: Maternity Experiences of Muslim Women from Racialised Minority Communities [online] Birmingham: Muslim Women's Network UK; 2022 [cited 2023 January 10]. Available from: https://www.mwnuk.co.uk/research.php.
16. Firdous T, Darwin Z, Hassan SM. Muslim women's experiences of maternity services in the UK: qualitative systematic review and thematic synthesis. BMC Pregnancy Childbirth. 2020;20(1):115.