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Anarchists, Naturalists, Hippies, and Artists: Beliefs about Midwifery Care and Those Who Choose It

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ABSTRACT

Although demand for midwifery services in Canada is increasing, research suggests that a low proportion of Canadians would consider midwifery care for their or their partner's pregnancy. There is still a significant gap in knowledge about why Canadians prefer physician or obstetrician based care over midwifery care. In order to further understand these preferences, the current research employed a qualitative exploration of young adults' commonly held beliefs about midwifery care and people who choose midwifery care. Discussions about midwifery care and people who choose midwives as their primary care provider during pregnancy and birth were elicited through seven focus groups consisting of 3-7 young adults each, for a total of 29 participants (20 women and 9 men). The discussions were audiotaped, transcribed, and analyzed using thematic analysis. Our analyses of the data suggested that participants seemed to believe that people who choose midwifery care value "the natural", actively eschew the medical system, rebel against convention, value personal experience, and maintain alternative lifestyles. Midwifery care and midwife-assisted births were characterized as facilitating a positive prenatal and birth experience for the mother, but were also often characterized as risky for the pregnancy overall, and in particular for the baby, requiring a high degree of trust on the part of the mother. Midwifery care and midwife-assisted births were described as old-fashioned, and ultimately uncommon. Recommendations for marketing strategies, based on these findings, are suggested.

KEYWORDS

commonly held beliefs, care provider preferences, beliefs about midwifery care

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INTRODUCTION

Women and their partners are faced with many decisions during pregnancy and leading up to birth, including choices regarding maternity care and type of care providers (e.g., family physicians, obstetricians, midwives). Although maternity care provision by doctors and obstetricians remains dominant in Canada, demand for formal midwifery care throughout the 1970s and 1980s resulted in a movement towards the regulation and incorporation of midwifery into the Canadian health care system, beginning with Ontario in 1994.[1] Today, all but four provinces and territories have regulated midwifery services.[2] Numbers of midwife-assisted births in Canada are still low (10% as of 20091) in relation to countries such as the UK, Australia, Denmark, France, Sweden, Finland, and New Zealand, where midwives attend over 70% of births.[1,3] Although demand for and uptake of midwifery services is increasing quickly[2, 3], it is important to note that access varies as a result of inequitable resource distribution and regulation by province/territory.[4]

In Saskatchewan, where the current research was conducted, midwifery has been regulated and a publically funded model of maternity care within the provincial health care system since 2008.[5] In this context, midwives are autonomous health care providers who collaborate with other health care professionals as needed.[6] As with Canadian midwifery more generally, Saskatchewan midwifery follows a biopsychosocial model of care. Wilson and Sirois[3] state that midwifery care tends to be holistic (considering more than the problems encountered in birth, including women's attitudes and feelings about birth) and typically involves fewer medical interventions than obstetrical care. Midwifery, in relation to obstetrics, also has been noted to place a greater emphasis on the pregnant woman as an active decision maker and partner in her own care.[7]

Benefits of Midwifery Care

Midwifery care results in a number of positive outcomes. Compared to obstetrical care, it is associated with fewer birth complications, perinatal lacerations, and infant abrasions.[8] A recent large-scale meta-analysis found that midwifery-led models of care (compared to obstetrician-provided care, family physician provided care, and shared models of care) are associated with fewer epidurals, fewer episiotomies, fewer instrumental births, more spontaneous vaginal births, fewer pre-term births, and lower risk of losing the baby before 24 weeks' gestation.[9] Moreover, women in midwifery care participate more in birth-related decision making and report higher overall satisfaction and empowerment with their care than do women in the care of physicians, obstetricians, or in shared care (a combination of midwife care and physician care).[8, 10, 11, 12, 13, 14] Midwifery care can also significantly decrease the financial cost of labour and delivery as it is associated with lower rates of expensive interventions and hospital readmission after birth, as well as shorter hospital stays overall.[15]

These positive outcomes suggest that it would be of benefit to continue strengthening midwifery as an integral part of Canadian maternity care. In Saskatchewan there are only 14 registered midwives, limiting their capacity to attend a substantial proportion of the province's approximately 15,500 annual births[i].[16,17] With results of a recent survey suggesting that 24% of adults entering childbearing age in one of the province's major cities would consider using a midwife as their primary care provider,[18] this indicates potential for significant growth in uptake should the services become available. In order to maximize this growth it is important to understand the factors that might contribute to choice of care provider, since the vast majority of the surveyed individuals reported that they would not consider using a midwife.

Care Provider Preferences

Several factors have been identified as informing preference for maternal care providers. Perceived safety and expertise are reported as reasons behind the preference for obstetrical care.[19] Consistent with these concerns, women who perceive childbirth as risky and are more accepting of technology are more likely to choose an obstetrician.[20, 21] Conversely, women who see birth as a natural, normal process,[3,20] are more open to new experiences,[3] and women who

[i] The proportion of midwives to births is lower in Saskatchewan than in many other provinces. For instance, in Ontario last year there were approximately 144 000 births[17] and 680 midwives[16]

have strong beliefs about personal control[3,22] are more likely to choose a midwife. Preference for a midwife has also been associated with the desire for a quality[19] and more egalitarian[3] relationship with the care provider, and a direct resistance to a medicalized model of care.[14] Adding further context to care provider preferences, research suggests some health care consumers are unfamiliar with midwives and their practice.[23] For instance, Dejoy found that undergraduate students equated midwifery with homebirth, viewed midwives as having little or inferior education, and suggested that midwifery supported comfort for the mother at the cost of safety for the child.[23] These types of attitudes may explain why many residents of Saskatchewan are reluctant to consider midwifery care.

STUDY RATIONALE AND PURPOSE

Although previous research has begun to investigate factors associated with the choice of midwifery care, most of this research has been quantitative and has not explored the general public's own ideas and stereotypes about midwifery care and those who choose it. Exploring these beliefs may help researchers recognize discrepancies between factual details about midwifery and popular beliefs about midwifery and those who utilize midwifery services. This is especially important in the Canadian context, to facilitate maximum growth of the profession as it becomes an integral aspect of the health care system. The purpose of this project was therefore to investigate shared beliefs associated with midwifery among individuals of childbearing age who might use midwifery services in Canada. The research was guided by the following questions: 1) what are commonly held beliefs about people who choose midwifes as their primary care maternity care provider; and 2) what are commonly held beliefs about midwifery care and midwife-assisted births?

METHODS

Twenty-nine participants (twenty women and nine men) were recruited to participate in focus groups advertised as investigating "attitudes towards reproductive health care providers." Participants were recruited by advertisements posted throughout the University campus on research and community posting boards, online through the university's personalized access to web services for students and employees, and through the psychology department's student participant pool. Omitting the word midwifery from these advertisements facilitated the recruitment of average undergraduate students, rather than individuals with a particular interest in midwifery or maternity care. In order to be eligible to participate, individuals had to be within common childbearing age (18-35 years of age). Seven focus groups were conducted consisting of 3-7 young adults each: one group comprised of men and women; one all-male group; and four all-female groups. As compensation for their time, participants either received bonus course credits (participant pool) or five dollars (non-participant pool). The research was approved on ethical grounds by the University's Behavioral Ethics Board prior to the focus groups being conducted.

Focus groups spanned 45-90 minutes and were relatively unstructured in terms of group dynamics, meaning that all participants were encouraged to speak as much or as little as they pleased as long they maintained respectful relations with other participants.[24] The focus groups were facilitated by the primary researchers, who guided the discussion but limited themselves from joining the conversation to reduce any potential influence or being perceived as experts.[25] Participants were asked to discuss eight questions in total, which requested them to visualize and describe midwives, midwifery care, midwife-assisted birth, and people who choose midwifery care. The questions were ordered so that they went from general to more specific[25] and also from least to most personal, as it was expected the participants would become more comfortable with the group as time went on. For example, the first question was "What does the term midwife mean to you?" while the final questions included "How do you think society views people who choose midwifery care?". And lastly, the most personal and specific: "Would you choose a midwife for your or your partner's pregnancy care?"

Discussions were audiotaped, transcribed, and analyzed using thematic analysis.[26] This allowed for the exploration of prominent themes in people's understandings and beliefs related to midwives and those who use midwifery services. In making decision rules as to what "counts" as a theme,

prevalence was considered, as the purpose of the study was to determine commonly held beliefs among the participants. As well as prevalence, inclusion of a theme was determined based on "whether it captures something important in relation to the overall research question."[26] After familiarizing ourselves with the transcripts through several pre-reads, the phase of generating initial codes began. In this stage, features of the data that were meaningful in regard to beliefs about midwives, midwifery, and those who utilize midwifery care were noted through line-by-line coding. To enhance dependability, the researchers engaged in this initial coding separately, and then met to compare and confirm codes. Once all codes were agreed upon, they were organized into initial themes and subthemes and the relationships between themes were explored. The next stage involved reviewing themes and their associated codes to ensure that each theme told a cohesive story about the data in relation to the research question. Finally, themes were named, defined, and delimited.

FINDINGS

The findings of our analysis are presented below, organized to first delineate beliefs about people who choose midwifery care (herein referred to as "the chooser"), and subsequently to describe beliefs about midwifery care itself.

Beliefs About People Who Choose Midwifery Care

Choosers value the natural over the medical

Participants believed people who choose midwives value the "natural." One meaning of natural in participants' discussions referred to the birth and the chooser's desire for a medication/intervention-free birth. However, what participants meant by "natural" was often vague. The concept of natural sometimes referred to the chooser having a generally natural lifestyle or worldview:

> Participant: *"I would say a naturalist."*
> Facilitator: *"Can you describe a naturalist for me?"*
> Participant: *"Someone who believes in the power of nature more than… of um… the… kind who goes with science. So I would say that would be the kind of person who would go with a midwife instead of an… obstetrician."*

Participants also viewed people who choose midwives as actively rejecting the medical system, whether this was because of their beliefs and values, bad personal experiences, or negative aspects of hospital care. They often dichotomized a hospital birth and a natural birth:

> *If a person wants to give a natural birth they choose midwives. Or if a person wants no pain at all they go to hospital. It's their personal choice.*

As suggested by the above quote, participants also considered a midwife-assisted birth to be exclusively a home birth, so that the choice they described was between a midwife and a hospital.

Choosers value a pleasant personal experience

Participants believed that people who choose midwifery care consider childbirth an important experience rather than simply a medical event. They also pictured the chooser as someone who cares about themselves, their own body, and their own well-being:

> *They… care about themselves and their bodies and their frames of mind and so they just kind of want things that they know are helpful to that. And just sort of understand the importance of the birth of their child, that it's not just like a drive-thru sort of thing, like you go to the hospital and wanna get done sort of thing, but- want to experience it as a momentous occasion.*

The notion of a chooser caring about themselves as well as their baby and the birth process was pervasive. Participants believed that choosers positioned these aspects of birth as integrated in the experience rather than distinct. Thus, they believed the chooser desired a holistic birth experience:

> *…somebody that wants a holistic experience, somebody that doesn't want these fragmented pieces of their child's birth but like, somebody that's interested in having a whole experience…something that's not segmented.*

Participants described people who choose midwives as desiring a higher level of personal care, attention, and comfort in their maternity care. They believed midwife assisted births would be more comfortable and relaxed and that midwives might allow for more flexibility in birth (e.g. more family members present, more freedom to choose positions and movements), which choosers were perceived to value.

Choosers are alternative

Although participants saw people who choose midwifery care as being distinct in how they thought about birth, they assumed choosers were alternative in their lifestyle practices and very unique people in general:

> *Alternative people that are into alternative health or yeah, like yoga, organic food, maybe that's a cliché, but I still see that as the kind of people that would do it.*

A variety of descriptors were used to position choosers' ideology, worldview, and behaviour as outside of the mainstream: "anarchists", "anti-establishment", "on the fringes of society", "artists", "hippies", "leftist", "socialist", and "anti-conformist." Although many participants recognized their views may be based on stereotypes, the chooser was still predominantly depicted as atypical. Although the notion that the chooser may be fundamentally religious was raised, participants more frequently suggested that the chooser is anti-institution and an independent thinker whose actions were deliberately chosen to disrupt a problematized norm.

Choice occurs in a context

Although participants described people who choose midwifery care with a variety of stereotypes, many participants also suggested that the choice occurs in a context, influenced by the choosers' religion, family, and culture:

> *It might be more how you grow up or raised to be. Like if your family's more based in medicine you might choose that, but if maybe your mom used a midwife then maybe you think that's the best choice.*

Particularly among respondents who were raised somewhere other than Canada, there was frequent recognition of how geographical location and cultural worldviews may influence the choice of midwifery care. In addition, participants spoke at length about the influence of socio-economic status on the choice to utilize midwifery care, although there were differing opinions on whether midwifery care was more for those of low or high socio-economic status.

Beliefs about Midwifery Care

Positive experience for the mother

Participants described midwifery care and midwife-assisted births as creating a positive pregnancy and birth experience for the mother. Participants positioned midwifery care as involving more respect for personal choice and autonomy than obstetrical care typically would:

> *They have more respect for their personal decision, and I think a lot of times doctors take into consideration more of... the baby. They think about what's best for the baby and I think midwives take into consideration the... woman's kind of... personal choices.*

Further, participants described midwifery care as being characterized by active listening, and more involvement of the mother's/parents' ideas and values. They viewed the midwife and family as a team, which the midwife guides rather than directs. As participants overwhelmingly linked midwifery care to continuity of care, they pictured midwives as developing long-standing personal relationships with their patients:

> *They're not just like the doctor, where they come in, get your baby out, and then they're gone [[chuckles]], they have more of a rapport with them or more of a relationship with them.*

A minority of participants believed this closeness was unprofessional and could lead to less objective judgements and decision-making by the midwife. However, most participants felt that this attachment led to a positive care environment or even increased vigilance on the part of the midwife.

Under this type of imagined care, participants envisioned midwife-assisted births as highly comfortable, relaxing, soothing, and emotionally positive:

> *…A place that's very welcoming and not overwhelming and so obviously not a hospital because sometimes they can be loud and stressful, some place welcoming and calming and soothing, where the mother-to-be can relax and feel at ease and with or without a pool or a bathtub or something, and I imagine the midwife to be very encouraging.*

Since participants equated midwife-assisted births with homebirths, they also imagined pleasant smells, soothing music, an abundance of family around, or even an atmosphere "like a massage parlour." Midwifery care was often described both explicitly and implicitly as a "treat" for a mother who would like to pamper herself.

Risk and trust

There was a strong belief among our participants that midwifery care is not appropriate for high-risk births or first births, and would be more suitable for a second or third birth. Participants predominantly believed that compared to obstetricians, midwives had less ability to effectively deal with complications, less access to medical technology that would be needed in an emergency, and less knowledge about birth generally. A few participants also thought that midwifery care meant automatically foregoing access to ultrasounds and prenatal testing. Some participants viewed midwifery care and midwife-assisted births as unstructured, informal, and potentially disorganized:

> *Informal, I don't know, maybe along the lines of the second time around, but for the first time I need the structure, I need someone who knows for sure, I need an operating room just in case the baby has complications, it just feels more organized and planned.*

It is difficult to disentangle if these perceptions of disorganization and risk come from the notion of midwifery care per se, or the idea of giving birth at home. Most participants believed that the risks of midwifery outweighed the benefits and felt that "trust would be a factor" in the decision to utilize midwifery care:

> *A con [of midwife-assisted births] could be that you are away from the hospital and if something goes wrong you rely on that one person, that's it, even if you called the ambulance, it probably won't get there in time. So you have a lot of faith in that person.*

Despite this predominant view, a subset of our participants (who tended to be those open to utilizing midwifery care) viewed midwives as experienced, knowledgeable, competent, and a good choice for maternity care.

Old-fashioned and uncommon

When asked to describe midwifery care, many participants' first response positioned midwifery as old-fashioned or traditional:

> *I'm thinking back in the olden days again, like the old kind of raggedy dress, apron on, holding the baby. Baby in one hand, mop in another hand…*

Some participants recognized this view as being outdated, and many pointed out that they had limited knowledge or experience on which to base their ideas. Many participants were unsure if contemporary professional midwifery existed, and those who did know believed it was uncommon. However, a minority were aware that there is often a waiting list for midwifery care in Saskatchewan. The vast majority of participants displayed confusion about midwifery education, regulation, and licensing processes, and whether provincial healthcare includes midwifery costs or is an out of pocket service.

Those who were somewhat familiar with midwifery as a modern profession noted that it is not adequately promoted by other healthcare professionals, the provincial government, or midwives themselves:

Participant 1: *"Like they're available but I don't think they're as promoted as they could be."*

Participant 2: *"... I don't know the details but it sounds to me like other provinces have had it in place for longer than Saskatchewan has, so I'm not sure if it's BC or Ontario or the bigger provinces that are more established... it seems like in Saskatchewan, it's so new that I don't think it's established in a way where the doctors are recommending it or where people know the options or anything."*

Midwives were described as not yet having a "big voice" in health care, which participants felt needed to change for it to be a viable maternity care option.

DISCUSSION

The themes delineated above illustrate a number of commonly held beliefs about what types of people utilize midwifery services, and also about the nature of midwifery care. Overall, participants held a set of clear ideas about who chooses midwifery care. These conceptions positioned those who choose midwifery as alternative to the mainstream in values, personality traits, and lifestyle practices, and as wanting a higher degree of care and personal attention in their birth experience. These findings suggest that young adults have particular ideas about who uses midwifery services, and that this prototypical chooser is very atypical and different from themselves and the average young adult. This has implications for the extent to which members of the general public would personally consider midwifery care as a desirable option.

Overall, conceptions generally framed midwifery care and midwife-assisted births as an option that promoted comfort, informed decision-making, autonomy, continuity of care, and a close relationship with the care provider. Inherent to these discussions however, were beliefs that midwives have less knowledge, less ability to deal with complications, less access to medical technology that might be necessary in an emergency, and that choosing a midwife meant forgoing ultrasounds and prenatal testing. Together, these beliefs informed a perception of midwife-assisted birth as risky. Thus, very few (5 out of 29) participants reported that they would likely choose a midwife for their or their partner's pregnancy care.

These findings align with those of other studies, utilizing different methods, in different geographic locations. For instance, researchers in the southeast United States found that university students equated midwifery with homebirth, viewed midwives as having little or inferior education, and suggested that midwifery supported comfort for the mother at the cost of safety for the child.[23] Given the striking similarity of the findings, it appears that these misconceptions may be fairly consistent across North America. Our results also complement findings which suggest preferences for obstetricians are associated with perceptions of birth as risky and concerns about safety, while preferences for midwives are associated with perceptions of birth as a normal process and the desire for a high-quality relationship with one's care provider.[19,20]

While many of our findings support the work that has previously been done in the area, our analysis extends this work to qualitatively explore not only individuals' beliefs about midwifery, but also beliefs about people who choose midwifery services. Two findings are of particular note in relation to their potential to inform decisions about choice of care provider. Firstly, the low levels of knowledge exhibited by many of our participants regarding who midwives are, what they do, and their education (or even their existence) suggests that for some expecting parents, midwifery may not even be recognized as a potential option. It is important to note that these findings may reflect the context of the research in a province where midwifery is relatively new and uncommon, and therefore may not generalize to all provinces. Future research could investigate similar issues in different Canadian contexts. Secondly, our findings suggest that people who choose midwifery care are seen as unique and differentiated from the population as a whole. This conclusion has not been illustrated in previous research, and is important because those who identify with more "alternative" labels may see midwifery care as appropriate for them, whereas those who do not may reject it without further consideration. The degree to which lifestyle and identity factors are associated with

choice of care provider should be investigated directly in future research.

RECOMMENDATIONS

Given the cost-savings and improved birth outcomes associated with midwifery care, the reluctance of many Saskatchewan residents to consider using a midwife for their maternity care provider is problematic. It must be noted that as demand for midwifery services currently exceeds capacity, the notion of "choice" regarding care provider may not reflect the reality for residents in many geographical areas. Despite current capacity issues, increasing awareness and knowledge of midwifery can only benefit from continued growth within the province. As midwifery becomes more prominent in Saskatchewan and people share their personal experiences of midwifery care, it will likely be increasingly considered a viable option by the general public. However, educational and marketing strategies may facilitate this process, as well as ensure that the general public has access to current and accurate information. The focus groups described above may be helpful to this end by identifying concerns (many of which are misconceptions) the public has about midwifery care and stereotypes they may hold about what kinds of people utilize midwifery. Dispelling these misconceptions and stereotypes could be a focus of educational and marketing campaigns.

Some of the most prominent misconceptions educational campaigns could address include: 1) confusion about the existence of contemporary midwifery, with emphasis on the current education, training, registration, and licensing processes of midwives; 2) that midwifery services are included in Saskatchewan's provincial health care plan (as with most Canadian provinces); 3) that midwife-assisted birth outcomes for mother and baby are similar to or better than those of obstetrician or physician-assisted births; 4) that midwife-assisted births can occur in a home or hospital context in Saskatchewan; and 5) that midwifery care is not only for a very specific type of person. On the other hand, educational campaigns can reinforce the positive views that participants held about midwifery care and midwife-assisted births. They can highlight the autonomy, supportive decision-making, personal relationship, and meaningful personal experience that midwifery care can support. As noted by a couple of the more knowledgeable participants in this research, midwifery as a profession could benefit from further promotion and initiatives to educate the public about who they are, what they do, and the benefits this care can provide to women and their families.

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