Internet Birth Stories: An Exploration of Women's Motivations and Reasons for Choosing Home Birth

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Abstract. Planned home birth remains a controversial topic in the United States, and research concerning women’s reasons for choosing this option is scarce. This study investigated the experiences of mothers, who chose to birth at home after experiencing hospital births beforehand. Using an unobtrusive qualitative research design and purposive sampling, already existing data on the internet in the form of ten YouTube videos was examined. After transcription the birth stories were analyzed employing qualitative directed content analysis. Four themes in the participants’ narratives about their birth experiences were identified: Safety and better outcomes, intervention-free, negative previous hospital experience, and control.

1. Introduction

Even though the medical industry questions the safety of home birth as an option for healthy women and advises against the practice of home birth (e.g. the American College of Obstetricians and Gynecologists), several studies have consistently shown that home birth is a safe alternative for women experiencing low risk pregnancies. Recently the CDC reported that a new study published online in Birth: Issues in Perinatal Care shows an increase of 20 percent in home births in the United States between 2004 and 2008 [1]. Previous research investigating women’s expectations and experiences of childbirth found that maternal choice and control during the labor and birth processes were increased due to information about prenatal care, childbirth, and the postnatal period [2]. Furthermore, childbirth education, labor pain, personal control, and met expectations during childbirth may be factors positively related to a woman’s satisfaction with the childbirth experience [3]. Newer research into home birth and the motivations influencing women’s choice of their home as the preferred birth place found that reasons include personal control, negative previous hospital experience, an intervention-free birth experience, and trust [4]. In this inquiry the researcher examined internet birth stories, and reported the experiences of women, who had a planned home birth after previously birthing in a hospital or birth center setting. With the recent rise in home births in mind, exploring the processes and motivations of these women, who rejected hospital birth and the dominant model of our modern, institutionalized birth culture in the United States, was another goal of the study.

2. Methods & Results

Unobtrusive measures were used to gather data, selecting and narrowing down the sample through the use of purposive sampling. Focusing only on the birth stories of women who experienced a home birth after formerly giving birth in a hospital or birth center, 10 short videos on YouTube were chosen and served as the final sample. Across the 10 videos, 15 women’s stories were shared. The majority of the women (12/15) appeared to be Caucasian but no self-identifying information was available to verify. The videos were then transcribed and analyzed through qualitative directed content analysis. For the initial coding scheme deductive reasoning was utilized via a priori codes from other relevant research, followed by inductive reasoning during immersion in the data to allow for themes and in vivo codes to emerge from the data itself. A codebook with operational definitions was created and themes identified. The researcher ensured rigor and credibility of the research and analysis using triangulation by looking to different theories and methods in literature or other research resources, creating an audit trail with field notes, offering a transparent coding process with clear explanations of categories and enough examples ensuring a thick description. Finally, the researcher practiced reflexivity throughout the research process, continually assessing how her own positionality and standpoint on the issue of home birth may potentially bias the coding process.

Themes

*Safety, better outcomes: Respondents stated their belief that home birth is safer than hospital birth, or has a better health outcome.

“I felt like if it wasn’t safe for my 10 year old to come and visit me in the hospital, then how could I trust
that it would be safe for my newborn.”
“I don’t feel the hospital is conducive to a natural birth.”
*Intervention-free: Respondents stated a desire to avoid medical interventions, routine procedures, and interferences common in hospitals.
“I don’t want to have any IVs.”
“I want to have a baby naturally. I don’t want to have a C-section.”
*Negative previous hospital experience: Respondents described prior negative experiences during their own hospitalization for a birth.
“I had my first child in the hospital and I was pretty much traumatized by that.”
“Not once was my privacy violated, like it was in the hospital.”
*Control: Respondents stated a desire for autonomy or control over birth decisions and choices, or desired avoidance of restrictions and rules.
“Anything I wanted to do in my house. I got all fluids I wanted. I hydrated really well, which was something they didn’t let me do in the hospital.”
“I am a nurse; I work in the hospital. I just don’t want my birth to be dictated by policies and procedures. I want it to be my choice and my way.”

3. Conclusions

This study added to the knowledge base by providing a degree of understanding concerning the reasons and motivations of women choosing the option of home birth, as shared by these women publicly on the internet. The results echoed those of the relevant studies consulted for this inquiry, further validating the findings as well as the research. Negative, as well as positive or satisfactory birth experiences have long-term effects on women’s health, self-esteem, and mother-infant attachment. Increasing education and knowledge about childbirth and childbirth practices are linked to reducing anxiety about birth, an increase in maternal control, and support more positive birth experiences [1].

Implications

Considering women are the central recipients and consumers of maternity care in the United States, studies exploring women’s lived experiences of modern childbirth are scarce indicating a need for more and more in depth research in this area. Future focus for health care providers and policy makers should be centered on helping women have more options in their choice concerning birth place and routine interventions, as well as supporting women achieve personal control during labor and delivery in order to provide women centered maternity care.

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5. References