

New research reveals how perceptions of risk influence decisions about where to give birth

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New research published in a special issue of Health, Risk & Society looks at perceptions of risk around pregnancy and how this influences decisions about where to give birth. Despite childbirth in the UK being increasingly considered safe, the article by Kirstie Coxon and colleagues show that childbirth is still seen as 'risky'. This is reflected in decisions about where to give birth, with hospital obstetric unit (OU) births remaining the choice for the majority. Proportions of home-births over the past two decades remaining virtually static at 2.5% and a further 5% take place in Freestanding Midwifery Units (FMUs) or Alongside Midwifery Unit (AMUs).

Coxon and her colleagues conducted a series of narrative interviews with 41 participants throughout [pregnancy](#) rather than retrospective accounts used in previous studies. Their research found that birth was often seen as medically risky or subject to danger and as a result even healthy women with 'low-risk' pregnancies often consider hospital OUs as the safe choice. The reasons for this were varied and included fear of something going wrong, family history or advice, or practices in other European countries. The risks posed by hospital interventions were rarely mentioned by those planning [hospital births](#) with these interventions seen as life-saving rather than risky.

For those choosing home-births or FMUs the risks posed by hospital births was a factor in the decision making process along with a desire for a private environment, having known carers present, more 'control' during labour, and alternatives to pharmaceutical pain relief. However

the researchers found that very few women, even when opting for non-OU births, actively took issue with the idea that birth was potentially risky or argued that birth without medical oversight was safer.

This research shows that perceptions of risk play a key role in pregnancy which is supported by the other articles in the special issue of *Health, Risk & Society* on 'Risk, Pregnancy and Childbirth'. Research by Mandie Scamell and Mary Stewart examines how midwives managing births in UK [hospital](#) settings accept the dominant medical risk-based approach that is embedding in a standardised timetable of labour monitoring using intrusive internal examinations. In another article looking at Canadian research, Camille Stengel shows risk impacts on pregnancy for women with a history of drug use who are subject to stigma and extra surveillance during pregnancy. Her research found that this can lead to these women delaying accessing maternal [health](#) and care services which can be ultimately worse for the well-being of both mother and child.

More information: "To what extent are women free to choose where to give birth? How discourses of risk, blame and responsibility influence birth place decisions." Kirstie Coxon, Jane Sandall & Naomi J. Fulop. *Health, Risk & Society*, Volume 16, Issue 1, 2014.

[www.tandfonline.com/doi/full/1 ... 13698575.2013.859231](http://www.tandfonline.com/doi/full/1...13698575.2013.859231)

"Time, risk and midwife practice: the vaginal examination." Mandie Scamell & Mary Stewart. *Health, Risk & Society*, Volume 16, Issue 1, 2014. [www.tandfonline.com/doi/full/1 ... 13698575.2013.874549](http://www.tandfonline.com/doi/full/1...13698575.2013.874549)

"The risk of being 'too honest': drug use, stigma and pregnancy." Camille Stengel. *Health, Risk & Society*, Volume 16, Issue 1, 2014

[www.tandfonline.com/doi/full/1 ... 13698575.2013.868408](http://www.tandfonline.com/doi/full/1...13698575.2013.868408)

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