

Great expectations—can maternity services delivery more home births?

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New study to find out how midwifery teams with higher home birth rates are organised and supported. The aim? To help teams with low numbers of home births to learn from their success and understand how change can be achieved and sustained. The research is being carried out by Nottingham University Business School.

In December 2014, the National Institute for Health and Care Excellence (NICE) produced new guidelines for the care of healthy women and their babies during childbirth. If women are healthy and their pregnancy is low-risk, planning a home birth or delivery in a midwifery-led unit is now considered "particularly suitable".

Lisa Common, a Midwife and Doctoral Researcher at the 'Centre for Health Innovation, Leadership & Learning', within Nottingham University Business School, is setting out to study how midwifery teams with higher home birth rates are organised and supported. The aim is to help teams with low numbers of home births to learn from their success and understand how change can be achieved and sustained.

Lisa said: "Until recently it was common to ask; why are women still bothering to have home births? Compelling research into both the safety and cost-effectiveness of home birth is now demanding that we ask; why are so few women aware of the benefits that home birth may have for them?"

Giving birth is now the most common reason for admission to hospital.

Around 800,000 babies are born in the UK each year – and around two per cent of these births happen at home. The new national guidelines have the potential to change maternity services in the UK and affect hundreds of thousands of births each year.

Why choose a home birth?

Currently, around two per cent of births are at home, but there is huge variation nationally - in some areas the figure is as low as 0.4 per cent; in others it can be as high as eight per cent.

Lisa said: "In the 20th century home birth went from being the norm, to being a minority activity. Generally, many people have come to assume that home birth is dangerous; that it is illegal; that you need permission from a doctor; that home birth is just too gruesome and messy; or that only new age hippies, the ill-informed or just selfish experience-hunting birth enthusiasts would consider it. Yet up and down the country all sorts of women and families are beginning to choose home birth."

Recent health care reforms create new opportunities

Lisa Common's doctoral study will develop new theoretical and empirical insight into the strategies and activities involved in making and inhibiting localised or 'bottom-up' institutional change within [health care](#) settings. With specific reference to home birth she will look at the new opportunities created by recent health care reforms, the different forms of evidence and knowledge pertaining to home birth, and the development of new inter-organisational networks and supplier confederations to introduce new services.

These strategies highlight the important 'institutional work' of various leaders to confront, change and maintain established institutions.

Three research sites that may have changed and improved their home birth service over time, or have significantly different levels of home birth when compared to their geographical neighbours, or are in areas where women have a choice of different providers will be studied using a range of qualitative research methods including interviews, focus groups, documentary analysis and online discussion forums.

This study will provide meaningful lessons for health service leaders, policy-makers and innovators who wish to embrace evidence that supports home birth. It also seeks to inform academic communities interested in the dynamic processes and priorities that frame the allocation and management of health service resources.

Lisa said: "If the UK is to have a health care system of the highest possible quality then providers of under-developed or under-performing [home birth](#) services need evidence that will help them to hasten the diffusion of success so that women and families can reap the benefits."

Provided by University of Nottingham

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