

Why Women Choose Home Birth: A Narrative Review

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Abstract

Objective: To describe what the literature says about why women choose home birth.

Methods: We conducted a narrative review of English-language, original research articles published during 2001-2016 in more economically developed countries. Eighteen articles were selected and reviewed.

Results: Women choosing home birth tend to be white, married and well-educated. Most base their decision to have a home birth on a combination of three factors: 1) Birthing environment preferences; 2) Intrinsic motivations; and/or 3) Avoidance of conventional medicine. Many women who choose home birth perceive their home environment to be more comfortable and safer than a hospital. They want to be in control of their environment and birth-related decisions. Most women trust that birth is a natural event, and thus want to avoid medical interventions and medical environments. Some women want to avoid medical environments due to a previous negative experience. Women who choose to have a home birth cite specific and intentional reasons for their decision.

Conclusions: Many factors contribute to why women choose to have home births. Most women who choose home birth have specific expectations for the birth experience and given current, standard medical practices, tend to think their expectations for the birth process cannot be met outside of their own homes.

Key words: Home birth

Introduction

Among obstetrical care providers, intended home births have been a controversial topic for a number of years. In 2011, the American College of Obstetricians and Gynecologists (ACOG) issued a Committee Opinion on Planned Home Birth stating that even though the overall risk associated with a planned home birth may be low compared to a hospital birth, there is an increased risk of neonatal seizures or serious neurologic dysfunction, 5-minute Apgar scores <7, <4, or 0, and perinatal and neonatal mortality.¹ ACOG concluded that hospitals and birth centers are the safest place for delivery.¹ The American Academy of Pediatrics later published a statement in agreement with ACOG, affirming that hospitals and birthing centers were preferable to home delivery.²

Alternatively, in 2007, the United Kingdom's Royal College of Obstetricians and Gynaecologists and Royal College of Midwives issued a joint statement in support of home birth for women with uncomplicated pregnancies.³ Both organizations support that laboring at home increases the likelihood of a satisfying and safe birth, and that home birth has positive impacts on the health of babies and mothers.³ Similarly, in 2011, the American College of Nurse-Midwives issued a safety statement on home births.⁴ The statement suggests that when home births are attended by a qualified maternity care provider within a system where safe transport to a hospital is possible, women with low risk, healthy pregnancies can achieve optimal outcomes.⁴

Although there is debate within the medical community about the absolute safety of home birth, the fact remains that home births do occur. In 2012, the rate of home births in the United States was 0.89%,⁵ which was more than double North Carolina's rate of 0.38%.⁶ For the same

year, the rate of home births in Perinatal Care Region I, which consists of 16 western North Carolina counties, was considerably higher at 1.4%, and by 2013 rose to 1.6%.⁶ In 2013, Perinatal Care Region I reported just 5.8% of all births in North Carolina, but 22.6% of all intended home births in the state.⁶ Six of the top ten North Carolina counties with the highest intended home birth rates were located in Perinatal Care Region I: Buncombe (2.5%), Madison (1.6%), Henderson (1.4%), Transylvania (1.4%), Polk (1.3%), and Clay (1.1%).⁶

As the rate of intended home births increases throughout Perinatal Care Region I, knowing more about the factors motivating women to choose a home birth may help physicians more effectively manage care for this population. In an effort to better understand our local patient population's reasons for choosing home birth, we conducted a narrative review of recent articles regarding home births. The aim of this study was to understand and describe what the literature says about why women choose home birth.

Methods

We conducted an electronic search of English-language peer-reviewed articles using PubMed. Mission Health Institutional Review Board exempted this project from review. A research librarian conducted the search in March 2016 using the search term "home birth." The search was restricted to papers published within the last 15 years to reflect the most current attitudes. We initially limited the search to articles from the United States; however, few results were returned, so we expanded the search to include articles published in more economically developed countries (MEDC) outside the United States. Two researchers reviewed titles and abstracts from the original search, and identified additional articles from reference lists of reviewed articles. Relevant studies were retrieved and evaluated based on the following inclusion criteria:

1. Published since 2001;
2. Included women who lived in a MEDC; and
3. Focused on the perspectives of women who had a previous home birth, who were currently pregnant and intending to have a home birth, or who were interested in having a home birth in the future.

We identified and reviewed 25 original research articles; eighteen met the final inclusion criteria and seven were excluded as they did not address the reasons women chose home birth (e.g., they reported statistical trends related to home births), or because the articles focused on the opinions of care providers—midwives, nurses, physicians—rather than those of the birthing women.

Results

We included 18 studies that captured the opinions of over 4,400 women from six countries regarding home births. Data were gathered through surveys, focus groups, and interviews, and included sample sizes ranging from 10 to 1,279 (Table 1).

Table 1. Characteristics of Articles Reviewed

<i>Author and year</i>	<i>Place of Study</i>	<i>Methodology</i>	<i>Sample Size*</i>
Arcia (2013)	United States	Online survey	n = 344
Bernhard et al. (2014)	United States	Focus groups	n = 20
Boucher et al. (2009)	United States	Online survey	n = 160
Christiaens et al. (2007)	Belgium and Netherlands	Paper survey	n = 301
Hildingsson et al. (2003)	Sweden	Paper survey	-†
Hildingsson et al. (2010)	Sweden	Paper survey	n = 671
Geerts et al. (2014)	Netherlands	Online survey	n = 1,279
Janssen et al. (2009)	Canada	Single open-ended interview question	n = 559
Jouhki (2010)	Finland	In-depth interview	n = 10
Kornelsen (2005)	Canada	Paper survey and semi-structured interview	n = 25
Lindgren et al. (2008)	Sweden	Paper survey	n = 735
Lindgren et al. (2010)	Sweden	Paper survey	n = 735
Lothian (2013)	United States	Informal interview and observation	n = 13
Murray-Davis et al. (2012)	Canada	Semi-structured interview	n = 34
Murray-Davis et al. (2014)	Canada	Paper survey	n = 214
Regan et al. (2013)	United States	Focus groups and telephone interview	n = 49
Sjöblom et al. (2006)	Sweden	Interview	n = 12
Sjöblom et al. (2012)	Sweden	Paper survey	n = 735

*Sample size includes pregnant women planning a home birth and women who completed a planned home birth

†Study did not break down sample by type/location of birth but reported total women overall

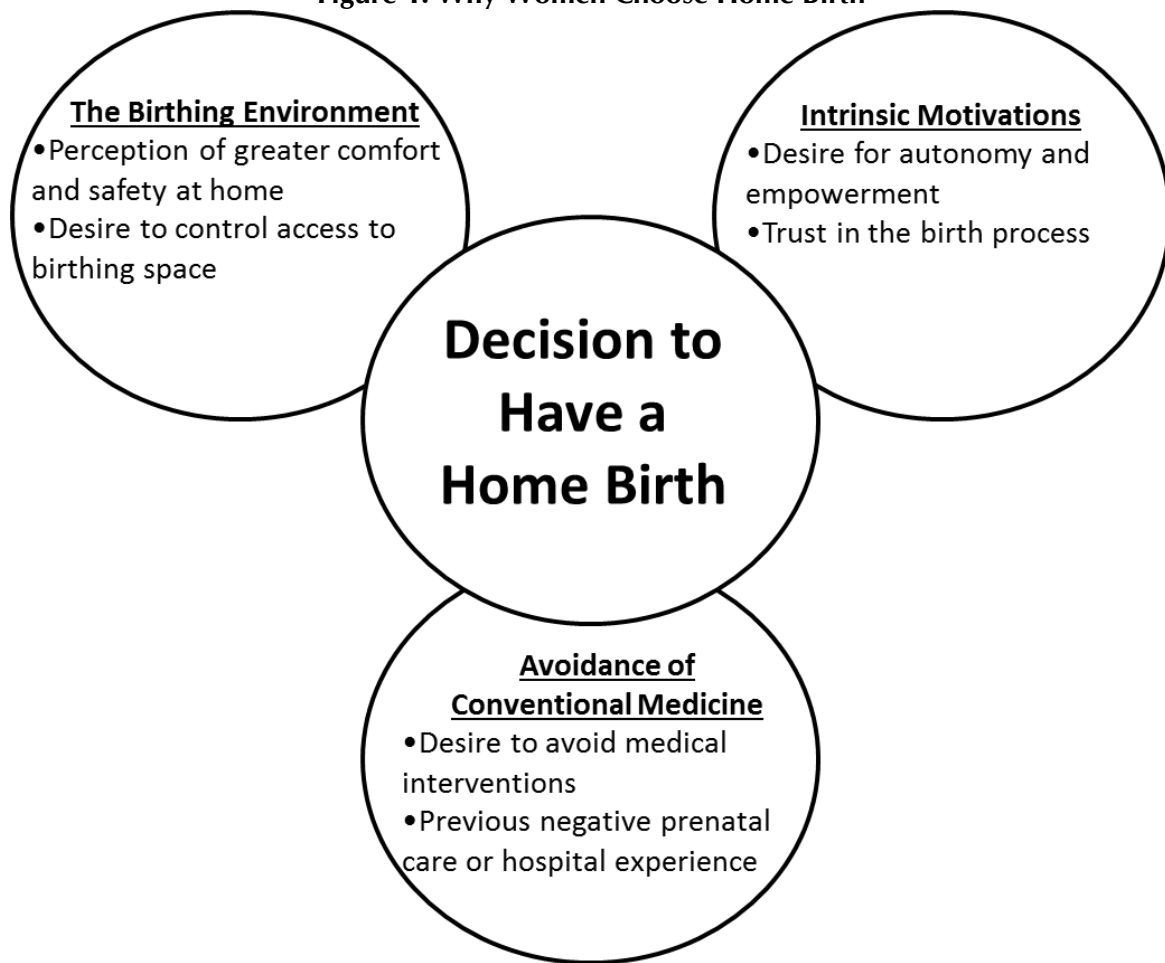
Which women choose home birth?

Demographic characteristics of women choosing home birth were similar across the studies: four studies reported race with 85%-100% of women categorized as white (non-Hispanic);⁷⁻¹⁰ eight studies reported marital status with 85%-100% of women categorized as married;⁷⁻¹⁴ four studies reported educational attainment levels with 59%-65% of women having a university degree or higher;^{10,12-14} and two studies reported age with 50%-54% of women ≥ 30 years of age.^{11,12}

Why do women choose home birth?

Most women choose a home birth due to factors related to birthing environment preferences, intrinsic motivations, and/or avoidance of conventional medicine (Figure 1).

Figure 1. Why Women Choose Home Birth



Birthing Environment Preferences. Thirteen studies discussed the preference for a home birth due to a perception that the home provides greater comfort and safety and an optimal environment for giving birth.^{7-12, 14,15, 18-22} At home, women experienced familiar surroundings,^{7-11, 14} privacy,^{7,10,11} freedom to move around and eat and drink,^{7, 9,10, 12} and a sense of calm and comfort.^{8,19,20} One woman from a study by Lindgren et al. embodied this thinking:

“I wanted to minimize the risks of complications by giving birth where I feel most comfortable, at home, undisturbed and with people around me whom I love and trust.”¹⁴

Many women found comfort in the fact that at home they would not have to feel pressured or rushed,^{8,9} would not have to justify their decisions to medical staff,⁹ and would not have to be transported during labor.^{11, 14,15} Women repeatedly described the home space as peaceful,^{8, 10,11, 14, 21} calming,^{8, 10, 14} and safe,^{10,12, 14, 15, 22} which is in sharp contrast to the words they used to describe hospitals, including alienating,^{14,15} confining,¹² and less safe.^{9,10} Some also thought there was a reduced chance that they or their baby would be exposed to an infectious disease when delivering at home:

“You come out of the hospital and you feel like you are covered in germs and you just wanna have a shower and change your clothes so why would I wanna take a newborn who doesn’t have any kind of antibodies in their system to a hospital? It didn’t make logical sense to me.”⁷

Furthermore, women saw the isolation of a hospital birth, compared to the communal nature of a home birth, as backwards and unnatural.²⁰ Eleven studies highlighted that women who chose home birth reported increased power to control access to the home birthing space compared to a hospital birthing space, which they associated with increased regulations and policies regarding access.^{7-12, 14, 19-22} The studies suggest that women wanted to have friends, family, and older siblings in the room, but did not want strangers—medical staff, nurses, attendants—coming in and out of the birth room.^{7, 8, 21} In a study to determine the types of women who might choose a home birth, Hildingsson et al. found that a preference for a non-professional support person, for example a female friend or doula, was associated with an interest in home birth.¹⁸ Many women enjoyed being surrounded by family and friends. Some women described the event of birthing as something that involved an “authentic social community” and “web of support.”²⁰

“I could have my children there . . . they were downstairs mostly while I was laboring . . . my dad and my stepmom and the 2 kids. They raced up the stairs just in time to see the baby come out and my kids’ eyes were like saucers . . . for some of the labor my daughter had been in there stroking my hair, which was just so sweet.”⁸

“My midwife was there, along with my mother-in-law, my sister-in-law, my daughter, and her best friend. It was just great. Everyone was sitting there drinking tea, calm and relaxed. It was beautiful...I have such good memories of everyone being so close. Even the dog was there!”²⁰

Overall, women surveyed stated that they felt more comfortable and safe in a familiar environment, with trusted professionals and loved ones nearby.

Intrinsic motivations. Fifteen studies discussed women’s desire for autonomy and empowerment as a primary reason for choosing a home birth.^{7-14, 17, 19-24} By actively participating in the decision-making process, women felt they maintained their autonomy and integrity.¹⁹ Women discussed the importance of their provider respecting their ability to participate and make informed decisions. Women from the study by Bernhard et al. described the disempowerment they felt at a hospital birth when practitioners paid more attention to monitors and readouts than the woman giving birth.⁸ Some women feared being disrespected and dismissed by hospital providers so they chose to give birth in a place where they could feel empowered.^{8, 19} Empowering components of home birth included the ability to take part in the birth process in their own environment and to avoid interventions and interruptions. One woman remarked, “I really wanted to be in charge and do it my way.”⁷ Another woman stated:

“I have been powerful from the beginning and I really feel that it is I who have given birth to the baby...with some assistance.”¹⁹

Hildingsson et al. reported that women who had home births were three times more likely to be satisfied with their sense of control during the birth of their child than women who had a cesarean section.¹³ This finding is significant because previous research suggests both women who give birth at home and women who elect cesarean section share a greater need to be in control of

the birth process, even if this need is expressed differently.¹⁸ Christiaens and Bracke found that having a sense of control and being able to influence decision-making was significantly related to women's birth satisfaction scores ($p < 0.001$), even in the face of a demanding and painful laboring experience.²⁴ They also found that women who had home births gave the highest satisfaction ratings for their childbirth experience. Thus, they concluded that empowering laboring women instead of solely managing symptoms of childbirth leads to a more satisfactory birth experience.²⁴

Another intrinsic motivator was women's innate trust in the birth process; twelve articles addressed this component.^{7-10, 12, 13, 15, 18-22} Many women believe birth is an instinctive, extraordinary life event, which conflicts with their perception of mainstream maternity care. Across multiple studies, women described birth as a natural process, not an illness,^{7, 9, 12, 21} and they found comfort in knowing that birth had been successfully undertaken by women throughout history in places outside of a hospital. Sjöblom et al. and Kornelsen found that study participants saw birth as an event belonging to the woman and guided by an innate power.^{19, 20}

"You have to have trust and faith in the natural rhythm of birthing and recognize the birthing force."²⁰

"Letting a baby come to term is trusting that a baby knows when it is ready to make the transition. My understanding is that it's the baby who starts the process. When it is ready, it can go through that process more gracefully than when it's induced."²⁰

The women in the studies felt that the best way to optimize health outcomes for their baby was to trust their own mind and body, and the baby.

Avoidance of conventional medicine. Fifteen studies discussed women's perceptions of risk related to medical interventions as a deterrent from hospital birth.^{7-13, 15, 16, 18-23} Women perceived that they were trying to mitigate potential risks that were likely to happen in a hospital setting.¹⁵ Lindgren et al. reported that 60% of the women felt undergoing procedures considered routine in a hospital setting were a risk to mother and/or baby when having a hospital birth.¹⁵ Procedures such as epidurals,^{8-10, 12, 14, 22, 23} cesarean sections,^{7, 9-11, 14, 22, 23} labor induction,⁹ and use of monitoring devices,^{8-10, 22} were viewed as unnecessary, invasive, and disruptive to the birth process. Women from the Lothian and the Murray-Davis et al. studies both used the phrase "cascade of interventions" to describe their impression and fears surrounding a hospital-based birth experience.^{7, 9} One woman voiced her concern, saying:

"Why are you messing with me? Why are you putting stuff in my body to make things go faster? My body knows how to give birth."⁹

Kornelsen's study of Canadian women who chose home birth found that the women saw the hospital environment and its machines as an obstacle to an engaged and meaningful birth experience. One woman stated:

"I think one of the biggest drawbacks is that it makes women less connected to their own bodies and the process of birth, and it makes them reliant on a foreign, mechanical thing."²⁰

For Kornelsen's participants, giving birth at home was a way to restore participation and meaning in birth through limitation of technological interference.²⁰ At home, women perceived that they could avoid the "device paradigm" and pattern of disengagement from the birth experience that is a result of a cultural fixation and reliance on technology.²⁰

Thirteen articles described women's previous negative prenatal care and/or hospital birth experiences as a reason for choosing home births for future pregnancies.^{7-14, 16, 21, 23} One study concluded that women did not want prenatal care that focused on risks and "expected trouble."⁹ In the same study, multiple women felt troubled by their obstetricians' de facto reliance on technology and medication.

"We talked about Pitocin and epidurals. I felt like she [the obstetrician] would do what she wanted. It made me feel nervous."⁹

"So I asked [my obstetrician] about epidurals and she looked at me and said, 'You'd have Novocain for a root canal wouldn't you?'"⁹

When discussing previous hospital experiences, Murray-Davis et al. found that 80% of women strongly agreed that birth in a hospital had been too medical; 51.2% agreed or strongly agreed that they disliked the differing opinions of the hospital staff.¹² Other aspects that led to negative hospital birth experiences included the lighting, smells, noise, interruptions, restrictive policies, and having to be "on the hospital clock."¹² A woman from the Bernhard et al. study said she felt like an exam animal.⁸ One woman from the Boucher et al. study described her dislike of hospital birth, saying:

"In my first birth experience, I felt bullied, robbed, cheated, and fearful in the hospital environment. I could not use my voice in the hospital and my doctor did not listen anyway."¹⁰

For some women, distaste with the hospital experience went beyond aspects of the hospital space to include beliefs about the model of hospital-based intrapartum care as a whole. Jouhki noted some women's mistrust of the medical establishment and medical science.²¹ One woman described her negative view of hospital procedure saying:

"Hospitals and GPs [general practitioners] certainly attempt to control birth, but I don't think you can. It has been controlled, but ethically, I don't think that's right."²⁰

There was a common experience among many of the women that actions taken in the hospital were inappropriate and unwelcome. Based on previous experiences, women did not believe their birthing preferences could be achieved in a hospital, leading them to choose home birth instead.

Conclusions

Over the past fifteen years, studies of women across multiple countries have identified similar reasons for choosing home births. The most common reasons are related to the birthing environment (e.g., perception that home is more comfortable, safer, and gives greater control to the woman than a hospital^{7-12, 14, 15, 18-22}), intrinsic motivations (e.g., women want to make their own choices;^{7-15, 21} women believe that birth is a natural event and trust the process^{7-10, 12, 13, 15, 18-22}), and the desire to avoid conventional medicine (e.g., desire to avoid medical interventions;^{7-13, 15, 16, 18-23} desire not to repeat previous negative experiences^{7-13, 15, 16, 18, 20, 21}). Overall, women who choose home birth have specific expectations about the birth experience and given current, standard medical practices, tend to think their expectations for the birth process cannot be met outside of their own homes.

To better understand women's expectations and concerns about the birth experience, it is helpful for physicians to engage in meaningful conversations with patients about birth options and safe birth plans. It is important that physicians remain open-minded during these conversations in order to acknowledge patient wishes.⁹ There may be opportunities to address patients' concerns about autonomy, empowerment, and comfort in birthing locations other than the home. Regardless of desired birthing location, it is important for physicians to educate patients very early on in the pregnancy about the risks associated with birth and reasons for potential medical interventions so patients can make informed decisions.^{1,9} If a patient chooses to have a home birth, it is important for physicians to educate patients about risks specific to home births and warning signs that may warrant transition to a hospital.¹⁵

There were limitations to this review. This is a narrative review, and we only included literature published within the last 15 years. Therefore, our findings may not reflect the comprehensive body of literature published on why women choose home birth. The study may also be limited by differences between the populations studied. Women in Sweden, Finland, Canada, and even other parts of the United States may not think about home birth in the same way as women living in western North Carolina. However, the continuity of themes across studies of women in different locations encourages us to generalize finding similar results among our local population of women.

In conclusion, the prevalence of intended home births in our region is growing. For many women, the decision to have an intended home birth is multifactorial and complex. While we may not have a comprehensive understanding of why each woman chooses to have a home birth, we do understand some of the contributing factors. By engaging in meaningful conversations with patients, addressing concerns, and educating about risks and potential treatments, health care providers may be able to improve birth outcomes in our region.

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