

Are women getting the birth environment they need?

Report of a national survey of women's experiences



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Background

The National Childbirth Trust (NCT) wants all women to be able to give birth with confidence and dignity. We believe that it is important for as many women as possible to begin motherhood feeling fit and well, good about themselves, and valued and supported by others. Good health and positive experiences can act as a buffer against the tiredness and demands of looking after a new baby. Over recent decades, more and more women have experienced induction, drugs to speed up contractions, an emergency caesarean, or instruments to assist birth.^{1,2} We are concerned about rising intervention rates because research suggests that many procedures are unnecessary and most women would prefer to have the minimum of interventions that they and their baby need for comfort and safety.^{3,4} With normal birth rates declining against women's wishes, we explored whether the environment where women give birth matters to them and whether it makes any difference to the type birth they have.

Between January and April 2005, 676 women from throughout the UK returned a questionnaire sent out in *Global Baby Welcome Packs*, which are given to women following the birth of their baby. The questionnaire was also available on the NCT's website – www.nct.org.uk. We wanted to follow up a survey of 1944 women that we placed in *Practical Parenting* magazine, the NCT members' magazine *New Generation*, and on the NCT website in 2003.⁵ Our 2005 survey received responses from a broader and more representative range of women than the 2003 survey, which was mainly targeted at people who used or knew about NCT services.

In the 2005 survey, nine out of ten of the women had given birth during 2005. Eight out of ten gave birth in hospital, one in six gave birth in a midwife-led unit or birth centre, and 2% gave birth at home. There was a good mix of age and ethnic groups, representative of the population as a whole.

Results

The 2005 Better Birth Environment survey confirms the key findings of the 2003 survey. Nine out of 10 women feel that the physical environment can affect how easy or difficult it is to give birth.

What kind of environment do women want during labour and birth?

The three things that women most commonly said that they wanted during labour were:

- having a clean room,
- being able to stay in the same room throughout labour,
- and being able to walk around.

Most women also wanted:

- the use of an en suite toilet,
- a bed that was adjustable, and
- a comfortable chair for their birth partner.

For six out of ten women these facilities were highly important.

Half of the women said it was highly important to have an en suite bath and a third said that access to a birth pool was highly important. Three quarters of women would like to be able to stay in the same room for labour, birth, and their postnatal care, with half saying this was highly important (see Table 1).

Table 1: Some of the features of high importance to women during labour

	Low importance	Medium importance	High importance
Having a clean room	1%	5%	94%
Being able to stay in the same room throughout labour	6%	17%	78%
Being able to walk around	10%	22%	68%
Having an en suite toilet	18%	19%	63%
Having an adjustable bed	15%	25%	60%
Having a comfortable chair for birth partner(s)	9%	32%	60%
Being able to stay same room for labour, birth and afterwards	23%	28%	49%
Having a birth pool available	41%	26%	33%

How many women have the kind of facilities they want?

- 1 Johanson R, Newburn M, Macfarlane A. Has the medicalisation of childbirth gone too far? *BMJ* 2002; 324(7342): 892-5.
- 2 Sandall J. Normal birth is a public health issue. *MIDIRS Midwifery Digest* 2004; 14(Supplement 1): S4-S8.
- 3 Thomas J, Paranjothy S, and Royal College of Obstetricians and Gynaecologists Clinical Effectiveness Support Unit. *National sentinel caesarean section audit report*. London: RCOG Press; 2001.
- 4 Green J, Baston H, Easton S et al. *Greater expectations? Inter-relationships between women's expectations and experiences of decision making, continuity, choice and control in labour, and psychological outcomes: summary report*. Leeds: Mother & Infant Research Unit; 2003. Available from: www.leeds.ac.uk/miru/
- 5 Newburn M, Singh D. *Creating a better birth environment: An audit toolkit*. London: National Childbirth Trust; 2003.

While 96% of women said that their room was clean, the other most highly valued aspects of the birth environment were unavailable for as many as one in five women (see Figure 1).

- 20% of women had to change from one room to another during labour, and
- 20% were unable to walk around freely.

A range of other valued facilities and opportunities were also in short supply:

- 58% felt their room was clinical rather than having a homely feel,
- 44% did not have an en suite toilet,
- 40% could not control of the level of lighting,
- and 38% had too few pillows, bean bags, and mats for comfort.

From a positive perspective, at least four out of five women said that they could do the following:

- stay in the same room throughout labour,
- use an adjustable bed,
- move around freely,
- and have a comfortable chair for their birth partner(s).

Women who gave birth at home or in a birth centre were more likely to have access to the facilities they valued than women giving birth in a more traditional hospital unit.

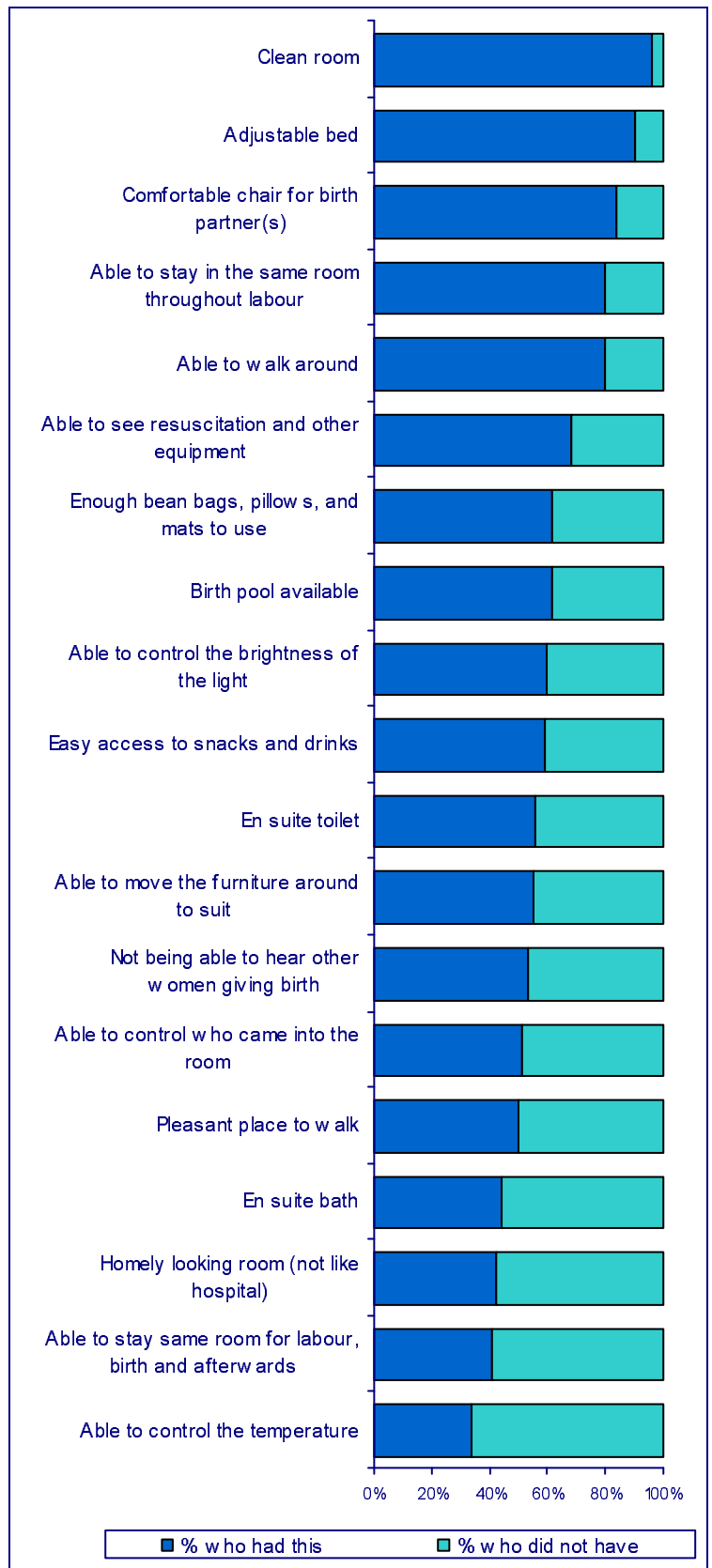
Is the birth environment better than in 2003?

Many aspects of privacy, personal comfort, and control that were highlighted in the 2003 survey continue to be an issue in 2005, though some improvements seem to have been achieved.

As the two samples are different they cannot be compared directly. The women surveyed in 2003 were probably older and more highly educated on average, and a higher proportion gave birth at home or in a midwife-led unit.

However, bearing in mind that the women in the 2005 sample are broadly representative in terms of age and ethnicity it is interesting to note similarities and differences for the largest group of women, those who gave birth in hospital and who might be expected to have access to similar facilities. Three fifths of women in 2005 said that they could use a birth pool if they wanted to, up from two fifths in 2003. And more women giving birth in hospital said they had plenty of pillows and mats, a pleasant place to walk, use of a comfortable chair and access to drinks and snacks than in 2003. However, half of the women continue to feel they have no control over who comes into their room during labour and seven out of ten women remain unable to control the temperature in their room.

Figure 1: Women’s access to facilities during labour



What helped women to have the kind of labour they wanted?

Women answered an open question about which things were most helpful for encouraging the type of birth they wanted.

- 28% said having sufficient space to move around had been helpful,
- 22% said a comfortable and adjustable bed was helpful,
- 20% said having a private toilet facilities or a private bathroom helped them have the type of birth they wanted.

Moving position frequently, walking around - especially during the earlier part of labour – and using furniture at different heights to lean on helps many women to cope with labour pain. An adjustable bed enables women to adopt a range of positions, move the bed out of the way when they want to use the floor space, and rest when they want to.

In 2005, as in 2003, women said that it was important to have a relaxing and comfortable environment in order to encourage the type of labour they wanted. One in six women who provided details said that it was helpful to have one or more of the following:

- a homely-looking room with access to music, TV, and a telephone,
- adjustable lighting,
- enough pillows, bean bags, and floor mats,
- and a birth pool or large bath.

A similar proportion wanted to know that all the equipment that might be needed was close by, including facilities for Entonox (often called 'gas and air') and resuscitation. Around one in ten women emphasised the value of privacy or a peaceful environment and one in 12 said a window for a view or access to fresh air had been helpful.

What hindered women from having the kind of labour they wanted?

According to women, the two most common things that hindered them from having the type of birth they wanted were:

- a clinical looking room (26%),
- too little space to move or walk around (17%).

One in eight women said that at least one of the following had been unhelpful:

- being monitored which prevented them from moving around freely,
- not having an en suite toilet, meaning they had to leave the privacy of their room when in established labour,
- not having access to a birth pool or bath,
- and no comfortable chair for their partner.

Others commented on bright lighting; lack of temperature control; lack of sound insulation between rooms; lack of pillows, bean bags, mats or stools; lack of privacy with people entering the room uninvited; disruption of having to move between rooms during labour; dirty toilets; no music, TV or telephone facilities; no window; no access to water, tea-making facilities or snacks (for themselves or their partner); and a lack of supporting shelves or chest-height equipment to lean on.

What difference does access to valued facilities make?

The 2003 survey found that women who had access to valued facilities were less likely to have an emergency caesarean section. In 2005, women who said that they were unable to walk around during labour were significantly more likely than other women to have an emergency caesarean (see Table 2).

Table 2: Women who could walk around during labour were less likely to have an emergency caesarean

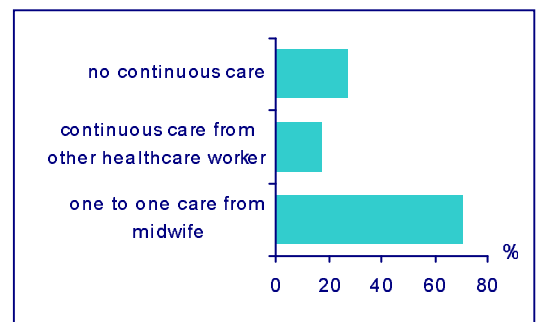
	Overall sample	Women who could walk around	Women who could not walk around
Vaginal birth	86%	88%	74%
Emergency caesarean	14%	12%	26%

What difference does midwifery support make?

Seven out of 10 women said that their midwifery care was excellent. One in 25 felt that their care was 'not good' or 'not good at all.'

A review of 15 randomised controlled trials including almost 13,000 women found that continuous support during labour increases women's reported satisfaction with their care and reduces the need for pain relieving drugs and forceps or ventouse to assist the birth.⁶ In the 2005 survey three quarters of women received continuous care during labour. Seven out of 10 had one-to-one care from a midwife (71%) and 17% had continuous care from another healthcare worker such as a maternity care assistant, a student midwife, or a doctor (13% received continuous care from both a midwife and another healthcare worker). 27% of women did not have continuous care (Figure 2).

Figure 2: Continuous care during labour



6 Hodnett ED, Gates S, Hofmeyr GJ, and Sakala C. Continuous support for women during childbirth (Cochrane Review). In: *The Cochrane Library*, 3, 2003. Available from: <http://www.nelh.nhs.uk/cochrane.asp>

Women giving birth at home or in a birth centre were more likely to receive continuous care from a midwife or other healthcare worker compared to women who gave birth in hospital. Those having their baby in a birth centre more often received one-to-one care from a healthcare worker who wasn't a midwife.

Women from ethnic minority groups were significantly less likely to have received continuous midwifery care during labour.

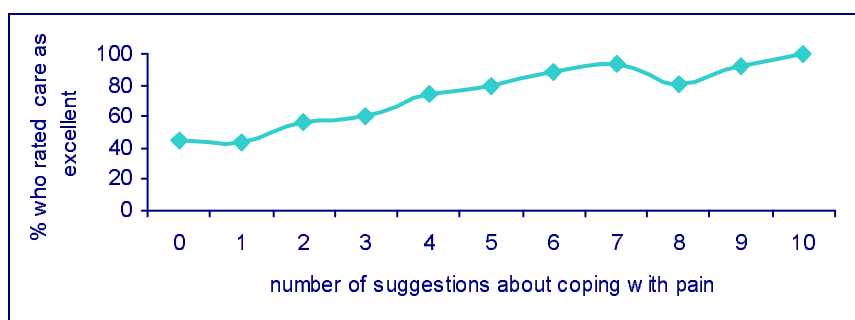
Women who received one-to-one care from a midwife were more likely to say that they received excellent midwifery care (77%) compared to women who did not receive continuous support (50%).

Midwives encouraged women to try a number of different things to help them cope with pain during labour. 90% of women said a midwife provided them with at least one suggestion. The most usual suggestions, made to around two thirds of women were about focused breathing (70%), trying different positions (67%), and walking or moving around (60%). One third of women were encouraged to try rocking, taking a shower or bath, or using a birth ball. One in five were encouraged to use wall bars or other equipment to assist them in supported leaning or squatting positions, or to use a birth pool or massage for comfort. Aromatherapy was recommended to one in 20 women.

Women who gave birth at home were more likely to say their midwife made suggestions about coping with the pain. No significant differences were reported between midwifery care in birth centres compared with hospital care.

Women who received a greater number of suggestions from their midwives about strategies to help cope with pain were more likely to view the midwifery care they received as excellent. The more suggestions women received, the more highly they rated their care (see Figure 3).

Figure 3: Women who received more suggestions for coping with pain rated their midwives more highly



What kinds of midwifery support do women most value?

Women were asked about the single most supportive thing that their midwife did for them during labour. Overwhelmingly, women valued being motivated, encouraged, and praised for how well they were doing. Other valued support included, in descending order of priority:

- practical suggestions, for example about different birthing positions and breathing,
- trust in the woman's instincts and respecting what she wanted to do,
- reassurance,
- being friendly, kind and chatty,
- firm guidance,
- remaining calm and positive,
- explaining what was happening,
- being a constant presence (not leaving the woman on her own or handing over to another midwife),
- seeming confident and in control of the situation,
- and involving the woman's partner.

It is interesting to note that women who reported that the staff didn't explain what was happening, were rude, had a poor attitude or didn't listen to them had a higher rate of emergency caesarean section than average. However, given the design of the study and the small numbers it is not possible to draw firm conclusions.

Summary

The 2005 Better Birth Environment survey found:

- Women think that the environment in which they give birth makes a difference to how easy or difficult it is for them to have the kind of birth they want.
- Women value having a clean, comfortable, homely-looking room that they can stay in throughout labour, and have the opportunity to stay in afterwards.
- Women need to be able to move around freely and they want use of a private toilet. Restricted movement may increase the chance of having an emergency caesarean section.
- There is still a lack of sufficient facilities and equipment to help women to ease the pain of labour.
- Women find it supportive when their midwife praises and motivates them, and they want midwives to encourage them to try a variety of techniques for coping with pain during labour.