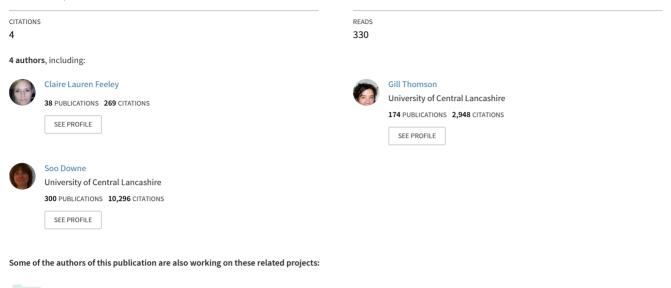
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Caring for women making unconventional birth choices: A meta-ethnography exploring the views, attitudes and experiences of midwives

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# Caring for women making unconventional birth choices: A meta-ethnography exploring the views, attitudes and experiences of midwives. Claire Feeley, MSc, BSc, RM



Women can face opposition when exerting autonomous decision-making regarding their birth choices, particularly when the decisions involve going against medical advice. Termed 'unconventional birth choices', the aim of this meta-synthesis was to explore this phenomenon from the midwives' perspectives to illuminate insights relating the midwives' views, attitudes and experiences of caring for such women.

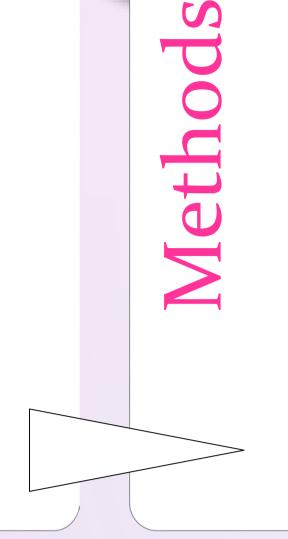
> "If anything happens [poor maternal or fetal outcome] and I'm working outside of [hospital policies ... then I am not covered by vicarious liability. So then, there goes my house!'

#### Fears and vulnerabilities

In three studies, employed midwives reported professional, medico-legal, and personal stress and vulnerabilities when women declined recommended care.



The extent to which midwives are either willingly facilitative or reluctantly accepting of women's unconventional birth choices appears to be informed by the degree to which they value women's autonomy over institutional norms and fetal rights, and over their own personal psychosocial wellbeing. For some, their positioning was also influenced by vulnerabilities associated with professional accountability, subsequent litigation, and actual or potential reprisals arising from adverse events.



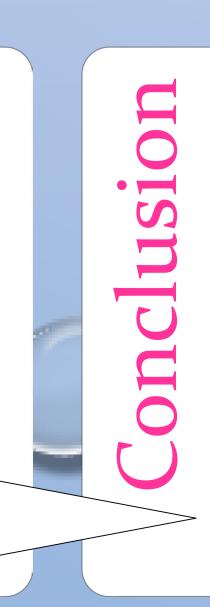
Dr Gill Thomson, Prof. Soo Downe The meta-synthesis involved a predesigned systematic search strategy conducted via nine bibliographic databases as well as additional search techniques. Inclusion and exclusion criteria were applied. Five studies were included into the review from the UK (n=3), Australia (n=1), and an international study (n=1). Quality assessments were carried out and the data synthesis adopted Noblit and Hare's meta-ethnographic methods.

## Theme 2: 'Conflicting tensions as caregivers'



#### The constraints of arbitrary restrictions

Some midwives reported entirely different sources of frustration and anger. Some employed midwives reported that it was the guidelines that were perceived to problematic, creating unnecessary fears for professional.



The findings suggest that midwives' views are conflicting and contradictory, illuminating barriers and facilitators that midwives experience when caring for such women. While this study does not offer conclusive findings, it does contribute nuanced perspectives to the discourses surrounding women's choices, midwifery practice and respectful maternity care..

Key dings **Lin** 

Three third order interpretations were developed: 'Perceptions of women's decision-making' expresses the conflicting and contradictory perceptions and understandings of women's previous experiences and the mother-baby dyad; 'Conflicting tensions as caregivers' conveys the different sources of fears and opposing frustrations experienced by midwifery staff; 'Ways of working with-woman' describes the midwives' perspectives on the central role of relationships to caregiving.







### system'.

A feminist narrative inquiry of NHS midwives facilitating and supporting women's unconventional birth choices in the UK.

Currently ongoing. Contact:

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"I guess practitioners, midwives particularly, just relax a little bit more if a senior doctor has spoken to her about the risks. . .That's probably the. . . advantage of them [antenatal care plans]'

Managing the tensions For employed midwives, a primary method of managing the stress associated with medico-legal concerns was scrupulous documentation, to demonstrate that appropriate care was provided in accordance with the woman's wishes.

#### Practising 'outside of the box' whilst within 'the