

Biesty L, Lalor J, OBoyle C (2013) Ethnography of home birth – “my midwife”
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Abstract

Background: The maternity service in Ireland has been described as a medicalised, centralised and highly interventionist system (Wagner 2001) which supports obstetric-led, hospital-based care in the main. Women who choose to birth their baby at home, supported by a Self Employed Community Midwife (SECM), depart from what is culturally the dominant place of birth. In 2010 0.2% of women had a home birth (NPRS 2012). Some women planning a home birth will require an in-labour transfer to hospital. It is during this time of transfer that the ideologies of home and hospital birth meet. This meeting is the overall focus of my work.

Aim: This paper explores home birth in Ireland, specifically in relation to the decision making, communication and interactions of women and SECMs during their experiences. This is part of a larger study, the purpose of which was to explore and understand the home and hospital interface in maternity care in Ireland as experienced during an in-labour transfer to hospital during planned home birth.

Method: Data were gathered by participant observations and unstructured interviews with those centrally involved in home birth. Ethical approval was granted for this study. The Voice-Centred Relational Method has guided data analysis.

Findings: This paper is derived from an intensive period of ethnographic fieldwork which focused on the observation of home birth (n=9). This presentation highlights the relationships between women and SECMs - “*MY midwife*”, and the influence of this relationship on women’s birthing stories and on how they view their births.

Implications: The evidence from this study highlights the importance of developing and supporting all models of maternity care, models that are accessible and sustainable. The findings have implications for other jurisdictions where choice in relation to models of care may exist but home birth may be a topic of debate.