Interventions in midwife led care in the Netherlands to achieve optimal birth outcomes: effects and women's experiences
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Introduction
Introduction

Culture, history, politics and policy have led to very different ways of organising maternity care in different countries. To date, limited research exists as to how these different contexts relate to the way women feel about their experiences of giving birth. The Dutch maternity care system is internationally renowned for its high level of home births and a non-interventionist policy (1-3). It is characterised by a strong independent midwifery profession (4), a belief in the normality of childbirth (4-6), a positive attitude towards home births (7;8) and low obstetric intervention rates compared to other European countries. In 2007 the Dutch home birth rate was 24% (9) and the Caesarean section rate 15% (10). It is assumed that this so called social model of maternity care is associated with more positive psychosocial states for women (3;11).

One factor within the Dutch maternity care system that is likely to influence women’s experiences to a large extent is referral to a different caregiver (12;13). Referral from primary midwife-led care to secondary obstetrician-led care is very common. During pregnancy 32% of women who started their prenatal care with a midwife are referred and another 11% are referred during labour (10). Therefore, referral can be considered one of the most important medical interventions in primary care that is aimed at improving maternal and neonatal outcomes. Like other medical interventions, referral of care has side effects. Women who remain in primary care maintain their choice of place of birth, are more likely to have autonomy in birthing positions and will be looked after by the caregivers they got to know during pregnancy. Furthermore, referral in itself is associated with more negative birth experiences (12;13). Taking into account the implications of the specific features of Dutch maternity care for the well-being of women, it is all the more surprising that minimal research has been carried out investigating Dutch women’s experiences of birth and maternity care. And although one can debate whether experiences of women with pregnancy and birth are not somewhat universal, it is almost certain that interpretations and implications of research are limited by the setting in which the research was carried out, the ways in which questions were asked and the cultural norms that govern people’s responses (14). One objective of this thesis was to make a contribution to the scientific knowledge of women’s experiences with maternity care in the Netherlands.

Aim of this thesis

This thesis aims to provide insight into women’s experiences and feelings about birth and maternity care in the Netherlands. Furthermore, it aims to gain insight into rates, effects and women’s experiences of two medical interventions in primary care, i.e. external cephalic version and amniotomy for induction of post date pregnancy.
Research questions

1. What perinatal factors are related to women’s appraisal of birth on the long term?

2. What is the effect of place of birth, referral and continuity of care and caregiver on women’s recalled emotions during birth?

3. Do women in the Netherlands, who had an emergency caesarean section, look back differently at their birth experience than women in England who had an emergency caesarean section?

4. What are the trends and patterns of referral from midwives to obstetricians within the Dutch maternity care system from 1988 to 2004 and what are the differences in referral patterns between nulliparous and parous women?

5. What are the success rate, safety and effectiveness of external cephalic version without tocolysis performed in a specialised midwifery centre in the Netherlands?

6. What are the prevalence, outcome, and women’s experiences of external cephalic version in a low-risk population?

7. What are the effects and women’s experiences with amniotomy at home for induction of labour for post date pregnancy?

8. What is known in the literature on women’s expectations, preferences and experiences with pregnancy, birth and interventions in primary care in the Netherlands?

Outline of thesis

The research questions are answered in chapter 2 to 9.

In chapter 2 the results are described of a retrospective cohort study in 2004 among 1309 women in eight midwifery practices. A questionnaire was mailed to all women who had given birth in 2001 and who had at least one prenatal, perinatal, or postnatal visit to the participating midwifery practice. In chapter 3 the effect of place and mode of birth, referral, continuity in care and care giver on women’s emotions during birth are described. Data were derived from the same dataset as used in chapter 2.

In chapter 4, a comparison is made between women’s retrospective experiences with birth in the United Kingdom and the Netherlands. As women’s appraisals are likely to be influenced by the culture in which they give birth and the predominant norms at that time, it was hypothesised that Dutch women who had an emergency caesarean birth would look back more negatively on the experience than women in England.

Referral during birth is an important factor in women’s appraisal of birth. To gain a better understanding of the magnitude of this factor, the data of 1 977 006 pregnancies in the Dutch midwifery database (LVR1) were analysed for trends in referral rates over the years 1988-2004. Results are presented in chapter 5.
In chapter 6, 7 and 8 the effects of two interventions in pregnancy are described. Both interventions are aimed at the prevention of referral during pregnancy or birth, thus maintaining women’s options in choice of birth place, care giver and related choices in the birth process (such as birthing positions).

In chapter 6 the results are presented of an effective intervention to prevent breech presentation during birth. A retrospective cohort study was conducted into all (n=924) external cephalic versions (ECV) performed between 1996 and 2000 in a specialised midwifery centre. Success rate and complications are described. Although ECV is proven to be an effective and safe intervention, the success of implementation of ECV in the Netherlands is unknown. Therefore, in chapter 7 the results are presented of a prospective study into the prevalence of ECV in the Netherlands. Between June 2007 and January 2008 all women with a suspected breech presentation at 34 weeks gestation in 46 midwifery practices throughout the Netherlands were followed. Furthermore the experiences of women who received an ECV were asked about their experiences with ECV. In chapter 8 the results are presented of a randomised controlled trial conducted in 43 midwifery practices, looking at birth outcomes and women’s experiences, after a more experimental intervention to prevent referral in pregnancy: amniotomy at home for near post dates pregnancy.

In chapter 9 a summary is presented of the literature identified in Pubmed or Midirs that address women’s preferences, expectations and experiences with birth, maternity care and interventions in low risk pregnancies in the Netherlands. Excluded are studies addressing women’s preferences, expectations and experiences with prenatal screening, (treatment for) miscarriage or stillbirth, or preconception care.

Finally, the results of our findings are summarized and discussed and implications for practice and further research are being presented.
Reference List