Valorisation
VALORISATION

The findings of our research have important implications for improving the care given to mothers and their babies. Our research has contributed new knowledge regarding the preferences of expectant mothers and their partners, the outcomes of care in different settings and their expectations and beliefs about birth, all of which can be used to create policies that will promote better, more satisfying care during pregnancy, birth and postpartum.

RELEVANCE

The current Dutch maternity care service is changing. From a clear and rational division in maternity care between midwife-led care for healthy women with straightforward pregnancies and obstetrician-led care for women with a medical or obstetrical complication we are moving towards a system of integrated maternity care. The aim of this change – promoted by the Dutch government – is to improve the quality of care for mothers and babies by stimulating a better collaboration and communication between the professionals involved in maternal and perinatal care and between the health care providers and pregnant women. The goal is high-quality maternity care at acceptable costs that meets the individual health care needs of each woman.

Woman-centred care focuses on the woman’s unique needs, expectations and aspirations; recognises her right to self-determination in terms of choice and control, and addresses her social, emotional, physical, psychological, spiritual, and cultural needs and expectations.\(^1\) This view of integrated maternity care, emphasizes the value of shared-decision making, involving women’s preferences. Looking at place of birth as one of the choices, previous Dutch studies focused primarily on the outcomes of care. In other words: what is the best place to give birth in terms of outcomes of care? Although important, it takes no notice of women’s thoughts and motives about what they perceive as the best place to give birth. As numbers are changing – with a decrease in the number of home births and an increase in hospital births – it is essential to gain deeper knowledge about women’s birth place preferences. Place of birth or birth setting is an important factor in the way a woman and her partner experience childbirth. Previous research suggests that planning a birth in midwife-led care or at home contributes to a positive birth experience.\(^2-5\) The outcomes of this thesis contribute to the body of knowledge about women’s birth place preferences, providing the information necessary to provide compassionate care that fits with the individual needs and preferences of each woman.
TARGET GROUPS

Our research focused primarily on healthy women with a straightforward pregnancy, which means our results are mainly of interest to midwives who provide care to women who are able to choose their place of birth. However, in the context of the current developments in maternity care, the results are important for all professionals including policy makers. There is no such thing as ‘the woman who gives birth at home’ or ‘the low-risk woman’. We need to free ourselves from thinking in different paradigms and dichotomies, and combine elements of all paradigms. If we are able to do this, we will have the unique opportunity to create an effective, integrated maternity care system that respects each individual woman.

The place a woman chooses to give birth reflects a combination of personal characteristics, beliefs, preferences, expectations, and social factors. It is part of ‘good’ maternity care that a woman is encouraged to examine her own assumptions and beliefs about childbirth and place of birth. Working together with a health care provider who provides her with up-to-date information, offers her a realistic strategy for achieving her desired pregnancy and birth, and respects her choice, she will be empowered to choose a setting that will be most comfortable to her. Decision aids are an important support for shared decision making and the results of this thesis can be used to develop a decision tool about place of birth or birth setting that includes information about birth outcomes and the role of women’s preferences and expectations. Our study is especially useful for the education of student midwives. Women’s birthing choices are more becoming more diverse and this is placing greater demands on what a midwife needs to know and be prepared for. The development of these competencies must begin during midwifery education. In order to create a strong, future-proof midwifery we need to make sure that tomorrow’s midwives are ready for the challenges ahead of them.

Our results show that freedom of choice about place of birth and birth setting stimulates women to be active in decisions about how and where the will give birth. The preferences of Dutch women range across the possibilities offered by the system. In other maternity care systems in the developed world, few women prefer a birth outside the hospital. Those who wish to promote freedom of choice for place of birth must consider how to counter the culturally embedded nature of women’s preferences. The Dutch maternity system is often referred to as a birth model that works, especially from the point of view of promoting physiological birth. However, the social and cultural context of the Netherlands
is changing. We are facing a declining rate of home birth and higher rates of interventions compared to comparable other midwifery-led care settings – the UK, for example – we should not hesitate to look beyond our borders to learn from each other.7

**INNOVATIVE CHARACTER OF THE STUDY**

Most studies of place of birth used either *planned* place of birth at the onset of labour or the *actual* place of birth. We chose to use the *preferred* place of birth during pregnancy which allowed us to gain more insight into how women's characteristics and preferences influenced their choices and their birth outcomes. In addition, many studies regarding place of birth have been conducted in countries with maternity care systems where home birth is not mainstream and is not widely and easily available. It seems likely that women preferring a home birth in those countries belong to a select and highly motivated group. Our study is done in the context of the Dutch maternity care system, where home and hospital birth are both seen as a normal place to give birth. This makes it an ideal and unique environment to conduct such a study.

We limited our study population not only to women in midwife-led care, but we also included healthy women with a straightforward pregnancy who preferred to give birth with obstetrician-led care. This gave us a broader perspective from which to examine women's birth place preferences. To explore the topic at different levels we applied multiple research methods. We used a qualitative study to assist in explaining and interpreting the findings of our quantitative data and we conducted a discrete choice experiment that gave us information about the importance of women's preferences.

**ACTIVITIES**

We disseminated the knowledge we had gathered by presenting our findings – including oral and poster presentations – at a variety of national and international conferences. We reached a multidisciplinary audience of professionals involved in maternity care and education. Four of the five studies of this thesis are published in peer reviewed scientific journals and available for an (inter)national audience. The fifth study has been submitted to an international journal. Details of our activities are listed below.
POSTER PRESENTATIONS


ORAL PRESENTATIONS


Van Haaren – ten Haken TM, Pavlova M, Hendrix MJC, Nieuwenhuijze MJ, de Vries RG, Nijhuis JG. Eliciting preferences for key attributes of intrapartum care in the Netherlands. 30th International Confederation of Midwives Triennial Congress, Prague, Czech Republic, June 2014.

Van Haaren – ten Haken TM, Hendrix MJC, Nijhuis JG, de Vries RG, Nieuwenhuijze MJ. Thuis of in het ziekenhuis? Een kwalitatieve studie naar de voorkeuren en


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