Mariamni Plested's research methodology - Just 'birth': the phenomenon of birth without a healthcare professional

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Just 'birth': the phenomenon of birth without a healthcare professional

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Method

This article forms part of a wider study into the lived-experience of unassisted birth (the main findings of which are to be published separately) using a hermeneutic reflective lifeworld research approach underpinned by the philosophical writings of Husserl, Merleau-Ponty and Gadamer (Dahlberg et al, 2008). While a Husserlian approach guides the methodology, during data analysis recourse to the wider phenomenological corpus was made and Heidegger's writings, particularly the concept of 'authenticity', provided important insights into aspects of the phenomenon. Ethical approval was obtained from the Social Care Research Ethics Committee (ref: 12/IEC08/0048) and informed consent prior to interview was obtained from 10 women who had given birth without a midwife present.

Inclusion criteria in the study design were a) planned homebirth where midwife becomes unavailable and woman/couple opt to remain at home without a midwife; b) planned unassisted birth and c) planned unassisted birth where assistance is sought/transfer into unit. During data collection a more nuanced understanding of the spectrum of this phenomenon became clear incorporating what some participants described as a 'planned BBA [born before arrival]', (calling a midwife when birth was imminent and she was unlikely to arrive in time, or calling a midwife shortly after birth). Unanticipated precipitous birth and planned homebirth with a midwife in another room were excluded, although some study participants had experienced both these exclusions in previous or subsequent births.

A purposive sample of 10 participants were recruited via third parties: social media and internet information about project (n=5), lay birth supporters (n=4), snowballing (n=1). All participants had a birth without midwives between six months and five years prior to interview. All participants had more than one birth experience and some had more than one birth without a midwife. Some participants had experienced birth without midwives for their first baby (n=3). Interviews were all conducted by the author and took place in participants homes (n=8) or via skype (n=2); interviews ranged between 45 minutes and four hours and typically opened with the question 'tell me about your birth without midwives?'. The rich and descriptive largely narrative responses were followed up with prompts and

probes to elicit further meaning such as 'what was that like', 'tell me more about…' these prompts were tailored to the responses of each participant. Each participant was also asked if they had a message for healthcare professionals. Interviews were transcribed verbatim and returned to participants.

Analysis involved a hermeneutic movement between details and the whole through a process of thinking, reflecting, writing, re-writing, engaging with wider literature, and discussion with peers and colleagues. This process required a phenomenological attitude of openness and bridling as possible interpretations were floated and insights gleaned which suggested shared understandings of the phenomenon. As these interpretations surfaced they began to form a coherent whole which preserved the uniqueness of the original context of each story.