

# Impact of the location of intrapartum period in new zealand



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Does the location of intrapartum period in New Zealand have impacting factors on the outcome?

The wonderful journey of bearing a child comes with many important decisions for the mother and Whanau to make. The decision of what type of Lead Maternity Carer and preferred place of birth are a couple of these empowering decisions. This assignment examines factors that influence the decision making of expecting parents in relation to the preferred place of birth, if there is higher intervention rates in the intrapartum period depending on the chosen place of birth and the significant role of relationship and support during the intrapartum period in the location of birth. The Intrapartum period is defined in the Merriam-Webster Medical Dictionary as occurring or provided during the act of birth (Merriam-Webster, n. d). This topic is of great importance in challenging the thinking, views and decisions of health professionals and expecting parents. It aims to bring further knowledge and talking points to these individuals.

In 2014, 87% of New Zealander's birthed at a secondary or tertiary facility, 9% at a primary maternity facility and 3% birthing at home (Ministry of Education [MOH], 2015). The complex decision surrounding the place of birth ultimately revolves around confidence and the safety for oneself and the child (Grigg, Tracy, Schmied, Daellenbach, Kensington, 2015). As unique as the New Zealand maternity system is – so too is an individual's response to safety, depending on which lens is being viewed through (beliefs, values and socio-cultural). A well educated individual may argue that hospital is the

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safest place to give birth, while other individuals who look at the holistic approach may seek a more natural environment with minimal medical interventions. A study conducted in New Zealand looked at the birth place decision making. Identifying confidence as the lead motivating factor in the decision making followed by the birth process, the women's self-belief in the capability to give birth, midwives, the health system and birth place (Grigg et al., 2015). The same study also looked at individuals responses of their birth experience in relation to 'being in a place they felt safe'. Responses from both birth groups were very similar with 98% of individuals planning to birth in a Primary Maternity Unit and 97% of the Tertiary Maternity Hospital selecting agree or strongly agree. Safety net also came up in (Howarth, Swain, Treharne, 2011) study, however they chose not to investigate this theme further.

Unfortunately the study on birthplace decision making had limitations due to a small sample size and being conducted in only one region of New Zealand. A natural disaster also took place in the region during the study which would have affects on the results due to disruptions in facilities and the behavioral impact on individual thought pattern with regard to decision making. The location of birth place in 2014 as per the Ministry of Health report can also be challenged due to the dominance of European nationalities giving birth which would influence the result due to different cultural thinking.

Consequently there is no right or wrong decision when it comes to the decision of birth place for expecting parents. As long as expecting parents are ultimately provided adequate support and information whilst

encouraging their self belief and confidence in ensuring a safe intrapartum period for the mother and baby.

Concern and interest is currently being raised around the concept of higher intervention rates in the intrapartum period depending on the chosen place of birth. Results from research and data taken from Midwifery Maternity Provider Organisation demonstrates that low risk women in New Zealand who gave birth in 2006 or 2007 in a secondary and tertiary hospital environment had a higher risk of cesarean section and interventions in comparison to planned births that took place in a home or primary unit (Davis et al., 2011). Similar results were shown in the 2015 New Zealand Maternity Clinical Indicators Report with profound increases from the 2009 period in all areas of intervention (MOH, 2016). However, the results from the Maternity Clinical Indicators Report showed a sizable variance across the different Health Boards and place of birth which requires further research. An example of this is the data on rates of Caesarean sections across the District Health Boards ranging from 8.6% - 29.3%. Further research by Grigg, Tracy, Tracy, Schmied & Monk (2015) on transfer from primary maternity unit to tertiary hospital in New Zealand also found that women who birthed in primary level maternity units were less likely to have intervention compared to women who birthed in tertiary level maternity hospitals. In addition two participants from the same research also reflected on intervention, with one choosing a primary maternity unit due to least possible intervention whilst another participant chose a tertiary maternity hospital due to intervention factors as she foresees intrapartum as risky and was concerned about survival rates (Grigg et al., 2015). This is of great

concern and interest to future parents, health professionals and boards as the birth process is an empowering moment for woman and Whanau. Interventions need to be looked at on a needs basis not as a instrument of convenience or a predetermined outcome of where an individuals intrapartum period takes place.

The significant role of relationship and support during pregnancy and the intrapartum period can influence the birth experience for the birthing mother and Whanau. Support can come in the form of partners, friends and Whanau. However, the main support and relationship in this period comes from the chosen Lead Maternity Carer. A Lead Maternity Carer is a professional that coordinates maternity care. " This may be a midwife, obstetric, or a general practitioner with a diploma in obstetrics". (New Zealand College of Midwives, n. d.). Data from individuals birthing in New Zealand in 2015 showed 92% of woman giving birth registered with a Lead Maternity Carer (MOH, 2016). It is important that a Lead Maternity Carer can work and provide support in all facilities with no limitations. Findings from a study on first-time New Zealand Mother's and their experience of birth noted that the midwife relationship was of importance to all participants, with a positive relationship heightening birth satisfaction. The same study also acknowledged, if an individual required medical intervention there was less apprehension if the midwife was in attendance due to the support and comfort the midwife could bring as an advocate (Howarth et al., 2011). Despite the sample size for this research being relatively small the research findings would reflect across New Zealand. Research findings from Grigg et al. (2015) also demonstrated positive relationships with Lead Maternity Carers. Astonishingly women in

this research that planned to birth in tertiary hospital care lacked confidence around the birthplace, the process and their own ability. However, they did not lack confidence around their midwife. Support to the father and Whanau during the process is also of great importance, especially if medical interventions occur and hospital policies impose visiting hours. Therefore, creating a stressful situation on new parents (Howarth et al., 2011).

Consequently positive relationships between expecting parents, Whanau and Lead Maternity Carer's can heighten the birth experience and influence birth satisfaction.

In conclusion, location of the intrapartum period in New Zealand does have impacting factors on the subsequent outcome. Factors that influence the decision making of expecting parents in relation to the preferred place of birth, revolve around confidence and safety for oneself and their child. As evidenced in this essay, there is in fact higher intervention rates in the intrapartum period depending on the chosen place of birth. Interventions need to be looked at on a needs basis not as a instrument of convenience or a predetermined outcome of where an individuals intrapartum period takes place. The relationship and support during the intrapartum period in the location of birth does play a significant role. Important considerations need to be made around choosing the right Lead Maternity Carer as positive relationships between expecting parents, Whanau and Lead Maternity Carer's can heighten the birth experience and influence birth satisfaction. A further line of inquiry would be to investigate the psychological impact for mothers and partners in relation to intervention and change of planned birth outcomes and it's affect on bonding and postnatal depression.

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## References

Davis, D., Baddock, S., Pairman, S., Hunter, M., Benn, C., Wilson, D., Dixon., Herbison, P. (2011). Planned Place of Birth in New Zealand: Does it Affect Mode of Birth and Intervention Rates Among Lowâ€ Risk Women?. *Birth* , 38 (2), 111-119. doi: 10. 1111/j. 1523-536x. 2010. 00458. x

Grigg, C., Tracy, S., Tracey, M., Schmied, V., Daellenbach, R., Kensington, M. (2015). Women's birthplace decision-making, the role of confidence: Part of the Evaluating Maternity Units study, New Zealand. *Midwifery*, 31, 597 - 605 . Retrieved from[http://www. midwiferyjournal. com/](http://www.midwiferyjournal.com/)

Grigg, C., Tracy, S., Tracey, M., Schmied, V., Monk, A. (2015). Transfer from primary maternity unit to tertiary hospital in New Zealand – timing, frequency, reasons, urgency and outcomes: Part of the Evaluating Maternity Units study. *Midwifery*, 31, 879-887. Retrieved from [http://www. midwiferyjournal. com/](http://www.midwiferyjournal.com/)

Howarth, A., Swain, N., Treharne, G. (2011). First-time New Zealand mothers' experience of birth: Importance of relationship and support. *New Zealand College Of Midwives*, 45, 6-11. Retrieved from[http://www. midwife. org. nz/](http://www.midwife.org.nz/)

Intrapartum. (n. d.). In *Merriam-Webster Medical Dictionary*. Retrieved March 20, 2017, from[https://www. merriam-webster. com/medical/intrapartum](https://www.merriam-webster.com/medical/intrapartum)

Ministry of Health. (2016). *New Zealand Maternity Clinical Indicators 2015* . Retrieved from[http://www. health. govt.](http://www.health.govt.nz/)

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[nz/system/files/documents/publications/new-zealand-maternity-clinical-indicators-2015-dec16-v3. pdf](https://www.health.govt.nz/system/files/documents/publications/new-zealand-maternity-clinical-indicators-2015-dec16-v3.pdf)

Ministry of Health. (2015). *Report on Maternity 2014*. Retrieved from [https://www. health. govt. nz/system/files/documents/publications/report-on-maternity-2014-dec15. pdf](https://www.health.govt.nz/system/files/documents/publications/report-on-maternity-2014-dec15.pdf)

New Zealand College of Midwives. (n. d.) *About Lead Maternity Carer (LMC) Services*. Retrieved on March 23, 2017 from [https://www. midwife. org. nz/women-in-new-zealand/about-lead-maternity-carer-lmc-services](https://www.midwife.org.nz/women-in-new-zealand/about-lead-maternity-carer-lmc-services)