Why choice matters?
Improving the experience of maternity care

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Does choice matter?
Does choice matter

- Choice is necessary because it is a woman’s body involved and the baby ‘belongs’ to the parents

“The way a woman gives birth can affect the whole of the rest of her life - how can that not matter - unless the woman herself doesn’t matter.”

*Changing Childbirth* made the case for choice as an integral element of good quality maternity care: “The woman must be the focus of maternity care. She should be able to feel that she is in control of what is happening to her and able to make decisions about her care, based on her needs, having discussed matters fully with the professionals involved.”

“Women and their partners want a safe transition to parenthood and they want the experience to be positive and life enhancing. Quality maternity services should be defined by the ability to do both.”

What are the choices?

Just

Married!
What are the choices?

- Maternity Matters outlined four national choice guarantees, which aim to give women choice about how to access maternity care, the type of antenatal care they receive, choice of place of birth and choice of postnatal care.

- Every women has unique needs. In addition to those arising from her medical history these will derive from her particular ethnic, cultural, social and family background (CC1.1).

- Services should recognise the special characteristics of the population they are designed to serve. They should be attractive and accessible to all women, particularly those who may be less inclined to use them (CC 1.1).
The illusion of choice

Choice has become one of the most abused words in the English language.

- You can choose to have your baby at home - providing a midwife is available - what women are not told is that a midwife is always available because the Trust has an obligation to provide one.

- You can choose which hospital to go to - providing it is in your catchment area - what women are not told is that if they want to choose a hospital outside their area they will have to argue their case and make a fuss.

- You can choose to have a water birth - providing there is a midwife trained to assist birth in water - what women are not told is that if the midwife is not trained she has a responsibility to get trained or find a midwife who is.

- You can choose to have your husband, partner, friend with you when you are induced and in early labour - providing it is within hospital visiting times - what women are not told is that the woman can insist that she needs their support and does not wish to be left on her own.

- You can choose to have a second support person with you (and the research shows this is beneficial) but only if there is adequate space to accommodate them - what women are not told is that this is the woman's decision, not the hospital's.
Who is making the choice?

- mother
- society
- commerce

- tradition
- routine
- myth
Who gets a choice?

• Women with disabilities are not always given the same choices as other parents, for example, decisions about the type of birth or anaesthesia and mode of delivery are taken by professionals without adequate discussion with the woman or her partner.
• Informed choice is often not an option for women with disabilities due to assumptions and decisions made by professionals.

(Disabled Parents Network)

• Choice of place of care, including antenatal appointments, birth and postnatal care is particularly important for women on low incomes.
• Attending antenatal appointments and classes may be costly and difficult for women who live in poverty where affordable and convenient public transport is lacking.
• This discourages those who would most benefit from being seen by health professionals from attending appointments, or from receiving the support of their family at and after the birth.
A project led by Dr Tina Lavender, undertook a rapid assessment of women's and midwives' view of the range of options for place of antenatal care and birth. Dr Lavender's preliminary findings (from a survey of about 2,300 women) included the following indications of women's preferences in maternity care, expressed during the antenatal period:

- Little knowledge or understanding of home births. Only 8% had considered it and 50% were not offered a choice.
How are we doing on choice?

Almost a decade after the adoption of Changing Childbirth (DoH 1993) recommendations as policy in England there is still evidence of lack of information among pregnant women regarding services available to them. In this study the midwives' reluctance to inform women about home birth as a possible venue for childbirth, has been demonstrated.

How are we doing on choice?

Despite a government guarantee in 2007 that by the end of 2009 women in England would be able to choose where to have their babies, only 4.2% currently have a full range of choice.

We are not there yet
Making a choice (1)

• Self knowledge
• Self confidence
• Awareness of all possibilities
• Understanding of the responsibility
• Freedom from pressure/promotion
• Awareness of what is available
• Information on process
• Information on consequences
Making a choice (2)

- Time to digest and consider and discuss
- Staying with what
- Helpful questions
- Decision making tools
Carrying out your decision

• Resources to find out how you can get what you need
• Someone to advocate and support you
• Someone to provide the information and skills on how to get it/do it
• Understanding that you can change your mind
• Support with any negative consequences of your decision
How do we enable women and their partners have choice

- listen
- believe
- know
- trust
- relate
How do we enable women and their partners have choice

Question cultural norms
Make evidence available
Remove commercial pressure

Make the nothing option visible
Remove bias in research priorities

Use independent bodies WHICH NCT
How do we enable women and their partners have choice

Users drive service choices

Users test information

User feedback

Services become more able operationally

Relative risks presented
How do we enable women and their partners make their choice

- listen
- wait
- relate
- trust
- Provide tools and questions