Birthing at home: the resolution of expectations

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Objective: to describe the experience of ten couples who have had a home birth in Western Australia.

Design, setting and participants: using a phenomenological approach, ten parent couples were interviewed and three home-birth videos observed. Of the ten couples, four discussed their first child’s home birth. The remaining six couples had three or four children who had been born at home.

Findings: the essence of these parents’ experiences of home birth was gained through identifying significant statements from transcripts and field notes and clustering these into the four themes of ‘constructing the environment’; ‘assuming control’; ‘birthing’; and ‘resolving expectations’. The first two themes were presented in a previous paper (Morison et al 1998). The latter two themes are now presented. The theme ‘birthing’ was where parents elaborated on their birth beliefs, discussed the actual birth and shared aspects of the relationship between the couple and the midwife. ‘Resolving expectations’ concerned the process of parents forming expectations, experiencing the reality of birth and then evaluating whether expectations were met.

Key conclusions: the development of a supportive relationship between couples and their midwife was essential during this transition to parenthood. Resolving expectations was an essential process that the parents undertook to clarify the meaning of their birth experience, and thereby acknowledge its uniqueness.

Implications for practice: the findings are important to midwives’ practice as they reveal the value clients place on a shared philosophy about birth. Midwives, in any setting, can reflect on their own birthing beliefs and determine their compatibility with their clients’ beliefs.

INTRODUCTION

A family’s experience of a home birth is a unique source of personal information. The significance of this study is found in the sharing of home birth parents’ perspectives with those of health care providers and other health care consumers. Research has established the safety and viability of home birth. However, in the literature review Morison et al. (1998) found that home birth was inadequately documented in the light of the couple’s shared experience. It is, therefore, timely that the parents’ perspective of this rite of passage be investigated.

METHODS

The methods have been described in detail elsewhere (Morison et al. 1998). A phenomenological approach was used as we sought an understanding of this human experience in context. The research included interviews with ten parent couples and the observation of three home-birth videos. Data were analysed according to the procedure outlined by Colaizzi (1978) which involves describing, interpreting and extrapolating common themes and meanings. The essence of these parents’ experience of home birth was gained through identifying
significant statements from transcripts and field notes, then clustering these into themes.

FINDINGS AND DISCUSSION

Although the findings cannot be generalised to all groups of parents, they are potentially transferable to other groups with similar characteristics. However, the limitations are that the data were collected in a relatively small geographical area in Australia; both parents were interviewed at the same time, and this may have affected the information they disclosed; a woman interviewer who was also a midwife may have affected the way the participants responded; and only male/female couples were included, thus excluding single mothers and female/female couples (Morison et al. 1998).

As shown in Figure 1, four themes emerged: 'constructing the environment', 'assuming control', 'birthing', and 'resolving expectations'. In the previous paper, the themes of 'constructing the environment' and 'assuming control' were discussed (Morison et al. 1998). These two themes described how a couple actively created an environment conducive to positive birthing based upon the assumption of responsibility for their baby's birth. Interlinked with these themes are those of 'birthing' and 'resolving expectations', which will be discussed in this paper. 'Birthing' describes the emotional and experiential aspects of the birth, as well as the relationships between partners and midwives. 'Resolving expectations' discusses how parents go through a process where they formulate their expectations of birth, experience the reality of birth and then evaluate whether these expectations were achieved. Verbatim quotes are used to illustrate elements of the families' shared experiences. These are referenced to a numerical code for each participant, along with an indication of 'M' for male and 'F' for female.

Birthing

The theme of 'birthing' describes the rite of passage into parenthood. Subthemes included: 'birthing beliefs'; 'the birth'; 'relationship between mother and father'; and also the 'relationship between parents and midwife'. An integral feature influencing birthing was the couple's beliefs about birth.

Birthing beliefs

The experience of home birth described in this study had its foundation in particular birthing beliefs. For home-birth couples, childbirth was more than giving birth; it was an experience involving conscious involvement towards achieving personal expectations.

A significant belief held by the parents and their attendants was that it was possible to give birth naturally at home. The parents felt strongly that birth was a natural process that did not require medicalisation and women's bodies were designed to birth without intervention and interference:

'It's a natural thing and the body's designed to do it and if it's working well it should do. (M 10)

The participants viewed birth as a natural physiological process that a woman can achieve without pharmacological assistance. This viewpoint is contrary to the opinion that pain in birth is unacceptable and requires intervention. The women's descriptions of their experiences of contractions referred to 'going with' the pain, not fighting it and using natural alternatives:

No special breathing or anything, just relaxing and going with it. Going with the pain, not fighting it. (F 5)

The expectant couple's attitude to birth was acknowledged by study participants as being significant in determining suitability for a home birth. Participants were able to have a home birth because they did not see birth as a frightening event, but rather as a normal positive process.

There's nothing to be scared about or anything which a lot of people immediately think of. Aren't you frightened? No. And I often tell people too, that a lot of women just think it's frightening and it's not. (F 2)

The parents' statements also reflected how participants viewed the birth environment as an individual choice. A common point, articulated by the parents was that this birth setting was not suitable for those who did not have confidence in their ability to birth at home:

A lot of people are nervous about home births. They're not confident in themselves. Like

| Figure 1. The essence of the home birth experience:  |
| the couples' perspective (Morison et al. 1998)         |
| Constructing the environment                          |
| Preparing the physical environment                    |
| Preparing the social environment                      |
| Assuring control                                       |
| Parents' demonstration of control                     |
| Control of external environment                       |
| Internal control                                       |
| Differences in control between parents                |
| Recognition of rights and responsibilities            |
| Birthing                                              |
| Birthing beliefs                                      |
| The birth                                             |
| Relationship between mother and father in birthing    |
| Relationship between client and midwife               |
| Resolving expectations                                 |
| Formulating expectations                              |
| Dealing with people's birth expectations               |
| Reflecting on outcomes                                |
| Evaluating expectations with outcomes                 |
(woman) has always been confident, which is probably the biggest deciding factor. (M 10)

One father spoke of the difference in birth beliefs between himself and his brothers:

"They tend to be focusing on the things that go wrong. Like it's some sort of medical condition rather than a natural process." (M 4)

The findings illustrated, from the parents' perspective, the differing views on health that may be held by consumers and health professionals. These differing views have already been discussed in greater detail (Morison et al. 1998).

Family members and health care professionals' perceptions of birth have the potential to influence an individual's view of birth (Simkin 1991). These people can act as agents of socialisation and have the potential to influence peoples' attitudes regarding birth-place norms. The couples in the present study were, however, able to overcome the influence of others and make their own decision about their baby's birthplace.

The birth

Although some common experiences in birthing at home were identified, each home birth described by parents was unique to them. These common experiences were the importance of mothers' mobility in labour, their control over birthing positions and having time alone with their new baby:

"I walk around as much as I can ... all the first stage I'm mobile. Upright. Always upright, never lying down, always upright leaning forward." (F 2)

It was observed on the three birth videos and noted in the interview transcripts that the second stage of labour was managed in a distinct manner by the midwife and birthing couple. No one instructed the birthing woman when to push. The midwife spoke words of encouragement quietly, in short sentences. The women were encouraged: "to listen to their bodies" (F 1) and push when they felt the urge. Moreover, the midwife did not impose any time limit on the duration of active pushing by the birthing woman:

"I've never had a tear or any stitching from a home birth and I've never had to hurry." (F 2)

In birthing, women pushed when they had the urge, no time limits were placed on their progress and the baby was given immediately to the mother while the cord was still attached and pulsating. The practice of pushing when women had the urge, with no time limits is supported by current literature on physiological pushing during second stage (Nikodem 1994). Earlier research by Caldeyro-Barcia (1979) and Grant (1987) also confirmed the safety of women pushing in the second stage only when they have the urge.

The parents in the present study practised active birthing, which Robertson (1994) described as confidence in and acceptance of the natural process of labouring. Active birthing is quite different to the obstetric active management of labour promoted by some clinicians (O'Driscoll et al. 1993). This latter active management of labour is a model of care that sets clinical time limits on the stages of labour and involves a programme of obstetric intervention for monitoring and controlling labour.

The parents described how the baby was born and was then immediately placed in the parent's arms, or on the mother's abdomen:

"And you know two seconds later (woman) had the baby and it's still attached to the cord, still beating. And we just sort of left (woman) there for a while and then cut the cord and then that stopped and the afterbirth came out." (M 3)

After their baby's birth, all the couples spent time alone with the baby. They were undisturbed by their carers and others present in the house protected their privacy.

As well as sharing how they learned to trust their bodies during labour and after the birth, the women also expressed an overwhelming sense of achievement:

"After a couple of days I think, it was really overwhelming that I did it! And I actually stayed at home and I didn't have any drugs..." (F 1)

The feelings the parents experienced after the birth were those of elation, euphoria, relief, awe and amazement:

"I guess the whole process of birth is the single most spectacular thing ever. I mean suddenly you've got a person you know." (M 2)

The uniqueness of birthing in their own home came across strongly in the interviews, with the parents describing how this environment facilitated childbirth:

"You're a lot freer at home, you're a lot more relaxed... the whole birth part is easier because you're not tensed up... in an environment that you're more comfortable, that your hormones will work for you. But if you're in a place where you're nice and relaxed and comfortable and you know your surrounding and the people around you, it's in your favour to cope with the pain and labour." (F 2)

Pregnancy and birth have been recognised as a stressful period in peoples' lives. The birth-setting characteristics that the couples valued were those which reduced stress and increased relaxation. The parents were able to identify what relieved stress for them and employ this in their birthing experience. Midwives can also encourage parents to be aware of their own stress levels and seek realistic options to deal with them.
As early as 1974, Kiritz and Moos confirmed that the social environment has important effects on stress and physiological processes, such as birth. More recent evidence also shows that environmental stimuli can influence physiological processes (Hodnett & Abel 1986). Hodnett and Abel (1986) found that in relationships where support, cohesion and affiliation existed, positive effects such as enhanced normal development and reduced recovery time from illness occurred. In the present study, supportive social environments assisted the parents in their birthing and passage into parenthood. Contributing to the parents’ decision to birth at home was the significance they placed on this birth environment. In commenting on their home-birth experiences, participants revealed a sense of belonging at home. As one father stated:

Where you are comfortable is where you should have your baby. (M 3)

As early as 1977, Tuan described a house as a simple building that is significant as it provides shelter, answers social needs, is a field of care and acts as a repository of memories and dreams. Hudson-Rodd (1994) issued a challenge for public health care workers to gain an understanding of how ‘place’ shapes human experiences. Midwives need to consider how ‘place’ (home, hospital, clinic, birth centre) influences clients’ perceptions of health care. In any birth setting midwives can, as with these research participants, adapt the environment to make it more conducive to birth.

A fundamental issue identified from the interviews was who has the right to ‘manage’ the birth process. Birth can be manipulated through medical interventions, with some clinicians believing they have the authority to manage birth. This perspective is contrary to parents’ assumptions that they can determine their own health care. Berg et al (1996) found that women wanted to be the authority at birth and be involved in decision making. The women in the present study also wanted this self-determination. These findings suggest that women intuitively know their body’s ability to birth and with a supportive midwife are capable of birthing without intervention.

**Relationship between the mother and father in birthing**

The key focus of the birth was the labouring woman. She was recognised as the source of information on the birth and the reason people had come together. Birthing demanded the active involvement of both the mother and father. This involvement was facilitated by the couple’s relationship. The parents articulated their admiration of each other’s behaviour during the birth:

And (father) is the best support person, he’s just wonderful. It’s like we just connect and just do the job. It’s been very, very fortunate and it has been like that every time. (F 9)

The fathers commented on dealing with an unfamiliar role in labour and birth. It was not only a new, but a different experience with their partner. As one father stated:

Then when it comes to birth it really puts a shady patch between roles. You’re not sure which role you should be doing. It’s probably one of the only times in your life when you are roleless. And that gives you the ability to really connect with your partner and just as a man. He doesn’t have a role to play. And so he can invent his own. (M 5)

This father’s statement reveals the uncertainty that the birth of his baby brings to a man, as well as the opportunity to redefine roles and relationships within the partnership. The issue of this role definition for the father was also discussed in the previous paper under differences in control between parents (Morison et al 1998).

The fathers described themselves as both supporters and observers at the birth. As supporters they were involved in such actions as massaging, holding and encouraging their partner. As observers, the fathers examined how the environment affected the birth and took actions to maintain harmony. These dual roles are illustrated by the fathers’ descriptions of their involvement at the birth:

Massaging back and thighs, holding her a little, encouraging her ... emotional, psychological, spiritual support ... it was just making sure you had a sense of harmony. (M 7)

There was a connection between how the mothers coped with labour and how their spouses interacted with them at birth:

The births were great (mother’s) a great birther and she’s feeling nice and quietly just strong, it helps me handle that. (M 10)

Whilst the women were acknowledged as the authority at the birth, the home birth experience also encouraged collaboration between the couples. An interdependence was observed in the manner the mothers managed labour and the fathers’ behaviour at birth. The father’s interactions were defined predominantly by their spouse and indirectly by the midwife. The mothers had requested that the fathers should not act as a coach at the home birth; the fathers respected this wish by being supporters and observers. Contradictory to this finding was the paternal behaviour observed in Chapman’s (1992) study, where fathers displayed the roles of a coach at the birth. In this role of coach, fathers needed to be in control of the labour and themselves.

The significance of the relationship between a birthing woman and her partner extends beyond the birth into the future years of the marriage. Standley and Nicholson (1980) discuss how the interaction
between husband and wife may have consequences for a woman's physiological response and comfort, with long-range repercussions for the character and quality of their relationship.

**Relationship between client and midwife**

The parents described searching for a midwife who shared their beliefs:

Just being able to shop around to find someone who fits your personality and I think that some births would go better if they did that. (F 3)

Midwives present their own personality which can change a birth slightly. (M 10)

Three couples spoke of how they had initially selected a female general practitioner, but then discovered she did not share their beliefs. They found an alternative carer, with congruent beliefs, who saw birth as natural and felt that women had the right to control their baby's birth.

The parents emphasised the importance of the relationship with their midwife. This working relationship between the midwife and parents was based on their sharing similar beliefs about birthing. Bortin et al (1994) argued that the extent to which women can follow their own traditions and establish a sense of identity during birth, depended on the level of congruence with the particular birth environment and staff ideology. In the present study, the parents carefully selected their carer, seeking a sense of rapport and mutual respect in the relationship. Schiff and La Ferla (1985) also found that parents who opted for a home birth sought midwives who shared their views on childbirth. Contributing to the nature of the interaction between client and carer was the self-confidence of the couple. This confidence enabled them to assert their wishes and also to use their bargaining power as consumers of a private midwifery service.

Birthing is the rite of passage into parenthood, and is based on a set of beliefs that can be nurtured by the relationship with the midwife. Parents described this relationship as a team process for the mother, father and midwife. The midwives' approach was to encourage autonomy, and only assist parents when needed. It was the birthing woman who decided when the midwife was to be notified during labour and when examinations were to be done:

That's one thing going through a midwife there's not all the ... I should not say unnecessary but I didn't have any internal examinations at all and I did not really need it. (F 5)

The couples identified particular aspects of midwifery care they appreciated. These included being seen as both an individual and an equal, receiving continuity of care and feeling empowered by the midwife. In contrast to McCrea's (1993) study, the midwives in the present study did not need control of decision making. However, the parents accepted the midwife as having ultimate authority in deciding when medical assistance was required.

There was a personal, as well as a professional relationship, between the midwife and the expectant couple and a sense of rapport developed. The parents spoke of how this rapport created a sense of trust and safety within the relationship:

Well I put a lot of faith in the midwife. And I was not too concerned. I felt as long as she was there and she'd been doing it for years, I felt quite comfortable. (F 8)

The parents also discussed the importance of having continuity of carer:

You know them the whole nine months. They deliver. They come back afterwards for days and days to see you. You know there's just that love and care there, the continual care which you don't get in hospitals. And I don't think you can beat that nurturing. (F 5)

It's a shame that you can't provide continuity of care in the hospital system. (M 3)

This continuity of carer involved the same midwife caring for the woman with her family throughout the pregnancy, birth and postnatal period.

The first-time parents described how the continuous care of one midwife assisted them in the transition from couple to family. It was evident that the midwives provided personalised care appropriate to the individual's needs. The importance of this type of midwifery practice was supported in Berg et al.'s (1996) study, where women's desires to be seen as individuals was identified. Regardless of the setting, midwives can personalise the care of each family.

The parents also marveled at the intuition of midwives:

That amazes me, that intuition, that absolute knowing .... (F 9)

(Woman) rang to say she was in labour but not to rush and the midwife said she picked up on her voice and already knew that she was needed straight away. (M 8)

Central to the relationship between the midwife and the home-birth couple was the focus on the birthing woman and the way in which the women felt empowered to help themselves:

Well what they do is assist the couple in birthing their own baby. They're not taking away from you. (F 6)

In the birth videos and interview transcripts it was observed that the midwives acted as a resource in facilitating the birth, presenting alternatives, answering questions and alleviating concerns. One
mother described the midwife’s approach in terms of nurturing self-confidence:

Midwives at home, they’re very much at your service. They’re there for your comfort. Anything to accommodate my comfort and you know, just gentle things . . . . Probably the biggest difference that I’d feel you know the focus was on me having the baby, not on what I can do for you, it’s what you can do for yourself. (F 2)

The importance of this supportive relationship between the midwife and the parents was also found in an Icelandic study (Halldorsdottir & Karlsdottir 1996), where mothers described how midwives assisted women in meeting their needs of control, caring and understanding. This phenomenological study investigated the perceptions of fourteen women who gave birth in a hospital setting.

Birthing is the rite of passage into parenthood. The parents in this study believed that it was possible to birth safely at home and described a sense of achievement and exhilaration after birthing their child. The birth was also seen by the parents as an opportunity to further develop their relationship. The relationship between the parents and the midwife was facilitated by the choice of a midwife with congruent beliefs.

Resolving expectations

The final theme was that of ‘resolving expectations’. This theme describes how home birth involves a process where parents formulate their expectations of birth, experience the reality of birth and then evaluate whether these expectations were achieved. ‘Resolving expectations’ consisted of the sub-themes: ‘formulating expectations’; ‘dealing with others’ expectations’; ‘reflecting on outcomes’ and ‘evaluating expectations with outcomes’.

Formulating expectations

Overall, the parents were pragmatic and realistic about their expectations of birth. Their primary expectation was ‘to have a baby at the end of it’ (M 9).

A common expectation of the parents was that the birth was to be natural, without intervention. However, it was interesting to note that none of the research participants felt the need for written birth plans. The relationship between client and midwife was supportive and flexible with shared beliefs and assumptions, thus birth plans were implicit.

The parents’ sense of self-reliance permeated descriptions of their home birth. This self-reliance was an essential motivational factor in their deciding to have a home birth, and was the foundation for interactions at the birth:

We didn’t have any expectations that anyone would do anything for us or let anything happen, other than we would do it. (F 9)

At first, some men were hesitant about having a home birth. As one stated:

I didn’t feel comfortable with the concept initially. (M 2)

These fathers identified points of contention regarding home birth. For those experiencing a first birth, there was an element of uncertainty as hospital birth was viewed as the norm. The most important priority was the safety of mother and baby. The fathers spoke of how it took time to resolve these concerns and come to terms with the concept of a home birth.

The women had decided that they wanted a birth without drugs and with minimal interventions. Therefore, they sought alternatives, for example, walking, rocking, swaying and even holding onto the clothes line to distract their attention from contractions and enhance the progress of labour. In this manner the women acted as a birth expert in that they intuitively listened to their bodies and moved according to what was comfortable for them. In any birth setting, midwives can, given a degree of flexibility and creativity, act as a resource in assisting women to be self-reliant.

The participants, who had previously birthed at home, felt confident in their ability to birth in this setting. Stolte (1987) also found that women’s overall expectations for their labour and birth were based on past experiences. According to Boud et al. (1994) our perceptions of events are conditioned by our past experiences, which shape our response to the world around us. On a more practical level, the parents also reviewed what they had done in past births while preparing for the imminent birth. For example, the fathers knew what articles were needed at the birth. It must be emphasised, however, that couples were able to recognise that each birth is different and cannot be predicted.

Dealing with others’ birth expectations

Family and friends’ reactions to the parents’ decision to have a home birth varied from very positive to very negative. As one woman stated:

So the more conservative members were horrified and others thought what a great idea, good luck. (F 8)

However, all participants experienced reactions from members of the public, in which they felt they were labelled as being ‘nuts’. Couples expressed how societal norms favoured hospital births and the public was conditioned into viewing home birth with scepticism and fear:

You just get programmed by the idiot box and newspaper and friends. I think, there’s something too about the black humour of birth and people bring out the worse. (M 5)

The reaction of others to the parents’ choice of birth place reflected how home birth is often
perceived as controversial. The couples did not have media, medical and societal support for their choice of birth environment. The participants felt that others viewed pregnancy and birth as public property, on which they had a right to express an opinion. Despite this opposition, the parents maintained their decision to birth at home. The birthing couples accepted peoples’ apprehensions about home birth, as they themselves initially had concerns and had resolved these:

I mean we’re both intelligent adults, you know, we’re not going to do something stupid to put myself at risk and our babies at risk... I suppose after a while you get a bit ticked off with people because you think you know I’m not stupid. (F 4)

They were assisted in this decision by their birthing beliefs and confidence, as well as the support of friends and family. In addition, of the research participants, seven of the ten couples had migrated from the UK where there is an infrastructure for home birth (Floyd 1995). Having lived where home birth is incorporated into the health care scheme and being present when siblings were born, may have contributed to the parents’ acceptance of this birth option. In helping women make an informed choice about birth options, midwives are also in an ideal position to provide information about birth, which is accurate and not biased.

Reflecting on outcomes

Previous experience of a home birth affected the parents’ expectations of future births. Having experienced a home birth, the couples were assured and confident that they could birth at home again. The five sets of parents with previous experience of home births described:

Each birth was different, the atmosphere, the circumstances. (F 10)

The mothers reflected upon their labour and their experience of pain:

A bit more pain than I thought there would be. I just couldn’t believe my back hurt that much. (F 5)

Three of the four first-time mothers were surprised at the speed of their labour. As the fathers had limited ways of managing the birth and were observing rather than birthing, their expectation of being involved had to be adapted during labour. The transition from expectation to the reality of birth was demonstrated by this comment of one father who came home to find his wife labouring:

There’s all this blood and ooze and everything running down her legs. And I’d just walked in and oh no! And I’ve not got a very good stomach, so I think, oh I’ve gotta lift my game here! It’s only going to get worse! (Pause) I got the toilet roll, you know, to clean it all up. (M 1)

When expectations were resolved with experiences, some of the fathers felt anxious. These fathers overcame this feeling of anxiety by observing the birth and deciding how they could best assist their partner.

Evaluating expectations with outcomes

All the parents’ experiences of home birth exceeded their expectations, with birth being described as awesome and a miracle. The parents described a sense of euphoria and elation when they held their baby for the first time. All the participants described how they fulfilled their birth expectations:

It is just a wonderful experience. (F 6)

Just on an emotional high that night. (M 6)

The significance of this achievement is noteworthy, when considering that these women chose to manage without drugs or technological assistance to relieve pain or enhance labour.

After the birth, the couple gazed at their baby for prolonged periods; a pattern of interaction also observed and described by Klaus and Kennel (1982). Such parental behaviour marks the commencement of attachment with their baby. The home setting is particularly conducive to establishing this behaviour, as the social environment supports and protects parents’ need for privacy.

How the parents in this study resolved their expectations affected their perception of the whole birth process. The participants worked to deal with their birth concerns and expectations both as an individual and as a couple. The resolution of expectations was a process where the meaning of outcomes were shaped and evolved into a unique experience.

CONCLUSION

Home birth was found to be a multidimensional experience that extends beyond the physical setting of birth. Birth was seen as a momentous life experience that filled the couples with an overwhelming sense of achievement. The couples also believed that birth was a natural process. Indeed, an essential part of each woman’s social environment was that she was recognised as the expert in her birthing. She was acknowledged as the one with the knowledge and skills to enable her to birth.

Birthing involves a psychosocial process, whereby expectations are resolved and relationships developed. The couples demonstrated an interdependence and collaboration as they prepared for and experienced the birth of their baby.

A supportive relationship between client and midwife was essential during this transitional period. Regardless of the place of birth, midwives have the
potential to nurture and empower parents to birth as they choose. The sharing of power and decision-making, discussed by the parents, presents a challenge for midwives concerning who has the right to manage birth. In order to meet this challenge, individual midwives must examine their own birth beliefs and practices, and ensure that these are congruent with those of the birthing parents. This sharing relationship between midwife and couples can also be fostered by the profession constantly reviewing the education and socialisation of midwives.

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