

Biesty L, Lalor J, OBoyle C. (2011) An Ethnographic Study of In-Labour Transfer to Hospital for Planned Home Birth - The Beginning. 3rd International Nursing and Midwifery Conference: Building and Promoting Excellence in Practice. School of Nursing and Midwifery, National University of Ireland, Galway (NUIG). 4th April

Abstract

Background: Women in Ireland are seeking an alternative to centralised, obstetric-led care and several reviews and reports have supported the need for a choice of models recommending an urgent reconfiguration of the maternity services. As of yet there has been no definite response from the government in terms of planning to meet these recommendations. If the proposed re-organisation and development of maternity services is to be appropriate in its use of resources and delivery of care to women, it is imperative that all issues surrounding different models of care are considered.

It is appropriate to state that some women who seek to birth in the community, in their own homes, will need to transfer to obstetric care. The issues surrounding in-labour transfer to hospital when a home birth is planned are unexplored in the context of maternity care provision in Ireland. An understanding of this process is critical to the reconfiguration of services where a functional interface between midwifery-led and consultant-led care is essential.

Aim: to explore and understand the structures and processes inherent in the transition between midwifery-led and obstetric-led care through exploring the transfer process for planned home birth where an in-labour transfer to hospital is required.

Research Design: an ethnographic approach.

Sample: Self employed community midwives (SECM), women planning home birth, women who have experienced in-labour transfer from home to hospital, labour ward midwifery managers, consultant obstetricians will be purposively sampled to explore and understand their experiences of in-labour transfer.

Data Collection: In-depth interviews with all participants, the antenatal discussion surrounding 'birth' between SECM and women will be observed.

This paper will highlight 'the beginning' of this study, which has the potential to influence aspects of care as maternity services are reconfigured, by providing the evidence to underpin the in-labour transfer guidelines from midwifery-led to consultant-led care.