
Abstract

Introduction: Women in Ireland experience birth in the context of a maternity system which supports obstetric-led care in the main, birthing a baby at home is a departure from what is culturally the dominant place of birth. Self Employed Community Midwives (SECMs) who care for women at home and women who choose homebirth view birth as a normal physiological process alternatively, many hospital based clinicians believe that homebirth can be an added risk to the mother and the fetus. The use of language like “decision to incision time” epitomizes a risk-orientated view of birth which is often classified as normal in retrospect. Evidence suggests that conflicts between these ideologies can peak during an in-labour transfer from home to hospital where the two cultures of care interface.

Aim: to explore the home and hospital interface in maternity care in Ireland as experienced during an in-labour transfer to hospital during planned home birth.

Methodology: This paper is derived from an ethnographic study; data were gathered by participant observation and interviews with those centrally involved in the transfer. This presentation focuses on the interface of maternity care as experienced by SECMs (n=14) during the in-labour transfers of women to hospital during planned home birth. The Voice-Centred Relational Method has guided data analysis. Ethical approval for this study has been obtained.

Findings: Two of the themes which emerged from interviews with SECMs will be explored. The themes - “You have to take a step back” and “They haven’t experienced normal homebirth” highlight the challenges SECMs experience in their interactions with hospital-based staff at the time of transfer and how these challenges influence their practice.

Conclusion: This study identifies communication and miscommunication issues which have the potential to inform the organization of the maternity services in Ireland and optimise the interface at which transfer occurs.