REVIEW ARTICLE

Experiences of unplanned deliveries outside the hospital environment

Adalvane Nobres Damaceno, Monique Tovo, Gabrielly Araújo, Andressa Goldman, Henrique Severo, João Zanata

SUMMARY

Objective: This study aims to identify the experiences of mothers that gave an unplanned out-of-hospital birth. **Design:** An integrative review was performed in Medline and SciVerse Scopus databases. Publications in English and Portuguese, covering the period between 2000 and 2021, were included. The final selection consisted of four articles. **Results:** The experiences are ambiguous, showing vulnerability, stress, and guilt, but also feelings of good fortune, relief, and pride after labor. Furthermore, the time spent traveling to a health institution is a determinant of births out of the hospital. Other factors influencing the occurrence are related to single mothers, insufficient education, and lack of prenatal care. **Conclusion:** It is acknowledged that the country's socio-economic development level is a decisive factor, in which mothers from developed countries felt more secure with the experience than mothers from developing countries. In addition, medical education based on humanized care has enhanced the promotion of a positive experience concerning unplanned childbirth in an out-of-hospital environment for women.

Keywords: Parturition, Home childbirth, Labor, Obstetric, Maternal health.

INTRODUCTION

Unplanned and out-of-hospital care delivery, regardless of whether it happens in different proportions and realities, is a universal problem and a preventable cause of neonatal mortality. These events are defined by most studies as deliveries that were planned to take place in an institution, but due to a particular reason, they occurred at home, in transportation, or a place other than an obstetric institution. Through this phenomenon, women from different continents often experience similar situations[1].

Although scarce, the literature indicates some factors involved, such as sociocultural issues, which interfere with the risk of mortality of the newborn, difficulties in reaching the institution, precariousness of health institutions, lack of prenatal care, use of toxic home recipes to induce the progress of delivery, and health teams unprepared to deal with the moment of delivery outside hospitals[1-6].

The reports of women in different scenarios who had this same experience have value in phenomenological terms so that the variables responsible for this outcome are better identified and understood to minimize them through public policies and investments at the urban and cultural level as a means to make the delivery safe. In this context, this article aims to identify the experiences of mothers in unplanned deliveries outside the hospital environment.

METHODOLOGY

The study was designed as an Integrative Literature Review, using the recommendations of *the Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA)[7]. The literature review allows the analysis of studies from different research designs and generates a synthesis of available evidence on a given theme.

The stages of problem identification, literature search, data evaluation, data analysis, and presentation of knowledge synthesis were followed[8]. The orientation question was constructed from the PICO strategy, with the Population: "mothers", the Intervention or Phenomenon of interest:

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"individual experience", the Comparison: "unplanned deliveries outside the hospital environment" and the Outcome "psychological aspects and consequences in maternal and child health". Thus, we sought to answer: "What are the experiences of mothers in unplanned deliveries outside the hospital environment?"

The research was conducted in June 2021 in the Medline and SciVerse Scopus databases, using the following research strategies, respectively: (Event, Life Change[MeSH Terms] OR Events, Life Change[MeSH Terms] OR Life Change Event[MeSH Terms] OR Life Experiences [MeSH Terms] OR Experience, Life [MeSH Terms] OR Experiences] OR Life Experience [MeSH Terms] OR Experience Terms] OR Childbirth[MeSH Terms] OR Childbirths [MeSH Terms]) AND (Unplanned) and (experience AND parturitions AND unplanned).

The eligibility of the studies occurred through the inclusion of publications in English and Portuguese between 2000 and 2021, available in full for online access, and studies that explained the approach of unplanned deliveries or outside hospital environments. Studies that did not specify the theme, paternal experiences, review articles, experience reports, theses, dissertations, monographs, abstracts, documents, and conference proceedings and systematic reviews were excluded.

The search resulted in 145 records, in which ten articles were excluded after reading the title and abstract, and 125 articles which did not meet the eligibility criteria. The two duplicate articles were also excluded. For the selection, independent reviewers analyzed the titles and abstracts of the studies. When there was doubt or disagreement, the studies were evaluated in groups by five researchers.

From this approach, four studies were included. For data extraction and analysis, an instrument containing the following information was used: authors, database, title, year of publication, language, design, objective, and scenario.

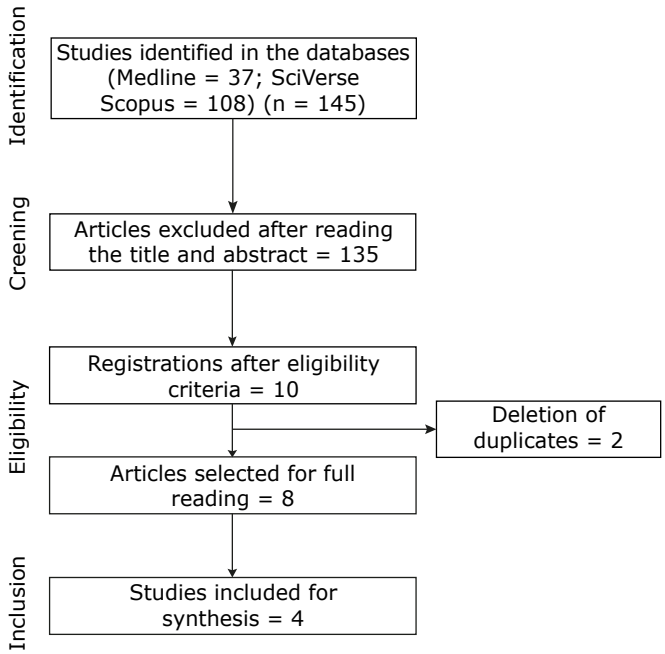

Figure 1: Flowchart of data collection and selection of sample studies. São Leopoldo, 2022.

FINDINGS

In the four selected studies, whose characteristics are presented in Chart 1, the experiences of mothers in unplanned deliveries outside the hospital environment were identified.

About the experiences of women, the focus of this study, Flanagan[12] sought to understand its

psychosomatic particularities through a qualitative analysis of interviews with 22 women aged 20 to 42 years from the state of Queensland in Australia. At the time of delivery, performed mainly by pre-hospital health teams, women reported negative and satisfactory experiences. The negative ones were not related to the lack of obstetric skill and competence on the part of the paramedics but to the unaffectionate and dehumanized care they received during the obstetric event, the little empathic handling, the excess of protocols, and techniques and the absence of communication between professionals and patients, making obstetric support a mechanical act, as evidenced in the speech of one of the mothers who participated in the research about the absence of communication between the team and parturient, feeling that the paramedics were there only to do their work, forgetting that this moment may become the one of the most significant in the life of a woman[11-,12].

Table 1

Characteristics of the studies: authors, country, methodological design, objective, delivery scenario, and results/ conclusion. São Leopoldo, 2022.

Author	Country	Methodological Design	Goal	Childbirth scenario	Results and conclusion
Engjom HM, Morken NH, Høydahl E, Norheim OF, Klungsøyr K. (2017)[9]	Norway	Retrospective cohort.	Evaluate peripartum mortality by place of birth and travel time to obstetric institutions.	Births occurred at home, during transportation or in a non-obstetric institution (e.g., health center) for a woman who planned an institutional birth.	Unplanned birth outside an institution was associated with increased peripartum mortality and long travel time to obstetric institutions. From the evaluation, it was possible to identify the importance of qualified delivery care, which guarantees the reflection of physicians and policymakers on the negative consequences of reduced access to institutions.
Erlandsson K, Lustig H, Lindgren H. (2015)[10]	Sweden	Qualitative interviews with 8 women with phenomenological description + control case.	Capture the experiences of mothers with unplanned deliveries outside the hospital in Sweden.	Delivery outside the hospital occurred by rapid delivery in a private car, ambulance or at home.	This study contributes to the understanding of natural processes during childbirth. The results may be helpful when communicating the experience of childbirth outside the unplanned hospital to parents during prenatal care. Women may be encouraged to listen and rely on body signals to prepare for childbirth in any environment. Guidelines are suggested to care for women with childbirth experiences outside the hospital.
Flanagan B, Lord B, Reed R, Crimmins G. (2019)[11]	Australia	Narrative investigation and qualitative analysis.	Understand the experience of women with unplanned deliveries outside the hospital in paramedical care.	Outside the hospital environment, but under medical care.	The women interviewed reported tension between the knowledge, beliefs, and experiences of women about the delivery process and the professional models of care traditionally associated with the hospital environment. It is essential that the information provided to women in the prenatal period is comprehensive and understandable. The decisions women make regarding their birth plan represent women's expectations for their birth, and this should be used as a means of openly communicating issues that can impact the experience of childbirth.

(Continuation...)

Table 1
Continuation

Author	Country	Methodological Design	Goal	Childbirth scenario	Results and conclusion
Flanagan B, Lord B, Reed R, Crimmins G. (2019)[12]	Australia	Narrative investigation and qualitative analysis.	Explore the dimensions of the childbirth experience in the context of the environment outside the unplanned hospital.	Outside the hospital environment, but under medical care.	Factors that contributed to their experiences of planned hospital delivery were identified outside the hospital. In addition, women described opportunities for improvement in the care provided by professionals, specifically, deficiencies in technical and interpersonal skills.

Furthermore, complaints regarding the performance of procedures without informing or transmitting confidence to the patient were observed, as follows examples via telephone reports in which women complain about nursing technicians that do not expect the relief of momentary contractions to start the search for venous access, ignoring that this is an occasion that promotes intense pain, it is necessary that on some occasions, the patient herself has to request calm and patience for the professional[11].

On the other hand, the experiences considered positive were related to their self-perception of confidence in the abilities of their body, without assistance, to be able to give birth to a baby, providing a feeling of well-being, autonomy, and capacity, manifested in the narrative of one of the participants who cites a rather fearless attitude of her own body concerning the birth of her child. In addition, the absence of previous fear of childbirth makes the patient more confident that her body is capable of producing feats considered incredible from the perspective of a pregnant woman, and if she had to deliver even at home or on the street, these participants with positive experiences would have done without any problem[12].

Regarding the study by Erlandsson[10], Swedish women, like Australian women, witnessed dubious feelings about their experiences, with reports of vulnerability, stress and guilt because they felt responsible for the conception of their child outside the hospital. The study was conducted with women's reports, from their perspective, about unplanned delivery and outside the hospital environment, and results show that there is little acceptance of Swedish society's delivery at home and outside the hospital. In the country, unplanned deliveries outside the hospital are very rare. However, other perceptions were observed, such as luck, relief and pride, when they realized that they were able to endure and overcome this circumstance when their babies were born, transforming a moment of fragility into a feeling of empowerment, and strengthening of self-esteem.

In another study after the experience, the mothers reported that they did not see a problem in the next delivery; the conception occurred at home, in a planned way. In Norway, the poor location of institutions suitable for performing the obstetric event is a decisive determining factor in the performance of extra-hospital deliveries[9]. In Sweden, neglect of the beginning of labor was noticed by psychological or language difficulties.

DISCUSSION

From the studies selected and their analyses, our study identifies the experiences lived by women and the reasons why they attend an accidental delivery outside a specialized institution. Fear of unnecessary medical interventions during childbirth and unpleasant previous experiences keep them away from hospital institutions[12].

This traditional view of childbirth care is reinforced by the idea that there is only security if there is intervention, revealing little confidence in women's bodies[12]. This paternal model turns toward the conception that obstetric care is an interventionist area, and this perception is recognized by several women in the studies that characterize the moment of birth as a primitive surgical process. The reality described brings meaning to the present discussion, emphasizing the need for interactional training of the human resources of the institutions[13-14].

Contrary to the traditional view, Erlandsson[10] explains the magnitude of encouraging women to trust their bodies, generating empowerment over themselves, since this directly influences the self-management capacity of pregnancy and labor in the hospital and extra-hospital environment. The participants of this research describe the feeling that the body guided them to give birth in an adverse environment, understanding that the path was shown instinctively so that they had to trust their bodies at all times of the process [10].

The Australians who gave birth with the help of paramedics emphasized the relevance of sating the relationship between the professional and the pregnant woman for a positive childbirth experience. Those pregnant women who could not create an adequate bond with the paramedic exposed a bad delivery experience, describing the professional as disrespectful, unempathetic, or lacking interpersonal skills. It is evident, therefore, that the positive experiences of childbirth for a woman are related to the interpersonal and empathy skills of the paramedic[11].

The critical consonance among women is confirmed in the study conducted by Svedberg[15], which highlighted the suggestions that mothers gave to professionals and nurses working in teams of paramedics regarding the relevance of staying calm and confident and in listening to and meeting the desires of the woman. According to the judgment of parturients, these attitudes are more valuable than technical skills in obstetrics since, by the conception of most mothers, childbirth is a natural event that occurs with or without the intervention of third parties, especially if it is an emergency delivery [15].

It is essential to emphasize the need for Health Education on consent during the childbirth to help women understand their behavior with their bodies and with babies. Even those who provided consent related to procedures during pregnancy or labor understood that authorization was a requirement for care to continue since there was no explanation that it was only an option. The feeling of anguish and irritation was present in those who perceived that the care options progressed without a proper discussion about the theme to provoke a feeling of devaluation of the woman[11].

In parallel to the aforementioned, the study by Ng'anjo Phiri[2] analyzed that African women felt, as well as residents of developed countries [11], poorly assisted by the team of professionals, which they reported disrespect in the form of shouted orders and neglected care. They also experienced anxiety and fear regarding the progress of childbirth concerning the uncertainty of whether they could survive since most did not have prenatal care[2]. Prenatal follow-up was considered a protective factor in non-hospital accidental delivery events. Among the studies discussed, many of them indicate that this explains the very low risk of failures in these cases investigated[5,16].

A contrast with the other studies is the cost of childbirth considered in the planning of deliveries in Zambia and other underdeveloped countries, which, due to the lack of materials, demand from the parturient who provide them. The participants of this research in the African continent reported that it was preferable to risk delivery in their own home, without assistance, than to subsidize the kit of materials needed to have their delivery within an institution, which would have priceless costs for some families[2].

Geographical distance should still be discussed as a relevant condition since there is a strong relationship between the time of travel to the nearest obstetric institution and the occurrence of delivery outside the hospital. The variable is involved in negative outcomes, enhancing the lower level of socioeconomic development: about one in 100 Swedish pregnant women will experience this situation, whereas more than half of Zambians will have births in non-normal environ-

ments. To explain these different numbers, the issue of urban mobility also has great relevance in this context, in which South African women, mainly from rural areas, mentioned the use of carriages or bicycles as the only means of transport available for travel to facilities [2,9-10,17].

In this sense, understanding the socioeconomic scenario is essential since it predisposes to birth outside the hospital environment. The incidence of this outcome is more common in mothers with low schooling (35.8%), without a partner (80.6%), absent prenatal care (21.9%), preterm live births (15.8%), low birth weight (22.5%), in addition to residents in an informal settlement, unplanned pregnancy and previous history of unplanned delivery outside the hospital. Live births at home or elsewhere are four times more likely to die in the postnatal period than those born in health institutions[3-5].

In the context of a pandemic, an increasing number of women opted for home birth due to the fear of a COVID-19 infection; however, the safety of this mode of delivery is still highly contested due to the risk of complications and the need for transfer to hospital, increasing the chances of the event occurring during the course[18-19]. In a review study, the proportion of hospital transfers was estimated to range from 9.9% to 31.9%, with the group of nulliparous being with the highest contribution (23.4% to 45.4%) compared to multiparous women (5.8% to 12.0%)[20]. This process was recorded by a Brazilian qualitative study that identified reports of obstetric violence in a portion of the parturients, mainly related to the judgment of choosing a home birth by the medical team[21]. In this circumstance, Flanagan[11]'scontributions to the education and professional development of paramedics and hospital staff are adequate in defending that they should be based on a patient-centered care model, incorporating respect and requiring empathy from professionals, as well as interpersonal communication skills[11-12].

Finally, few Brazilian studies bring this theme; however, given their results, we perceive the unique need for the articulation of managers with health institutions for the strategic planning of care for parturient women, such as the installation of shelters for those who live in places far from care, and training so that professionals know how to recognize the warning signs of the beginning of labor so that they are not sent home without an accurate assessment of their health status[3-5].

CONCLUSION

Despite the negative feelings generated, after this experience, the mothers of developed countries reported that there would be no problem if the conception occurred at home in the next delivery, in a planned way, since they felt safe with it. This is contrary to what is observed in developing countries where women feared for their lives when they had a birth outside the hospital environment. Moreover, in the same context, it was observed that women from developed countries rarely missed prenatal care, contrary to what is observed in underdeveloped countries. As an implication for scientific advancement, we highlight the importance of encouraging universities to implement academic activities that excel in teaching effective communication, comprehensive language, and techniques of welcoming patients, promoting quality to the provision of service by professionals so that the narratives of oppressed women and afraid to go to health institutions are less common.

Finally, for future discussion, it is highlighted how much hospitals oppress women's empowerment. This issue appeared in the narratives of women, especially in developed countries, in which it is speculated that it is due to the characteristic of a predominant biomedical view, that there is always a need for some intervention, or the unpreparedness of the teams, which by anxiety to control the event, end up delimiting women's experience.

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