Exploring women's motivations to freebirth and their experience of maternity care: protocol for a systematic qualitative evidence synthesis.

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Review question

The objective of this review is to identify, appraise and synthesise the qualitative evidence on women's motivations to freebirth and their experience of maternity care when choosing freebirth, with special attention to their perceptions of maternity care provision. This qualitative evidence synthesis aims to answer the following questions:

• What factors influence women's choice to freebirth?

• How do women who freebirth perceive maternity care?

• What is the care experience for women who choose to freebirth?

Searches

We will search for published and unpublished studies in the following databases: CINAHL, PubMed, MIDIRS, Intermid, Scopus, EThOS and EBSCO Open dissertations.

In addition, we will carry out manual backward citation chasing of retrieved papers, hand searching of Midwifery journals (such as RCM Midwives), and forward citation mapping using the tool Research Rabbit to ensure completeness.

Limits will include:

• Studies published in the English language only;

• Publications from 2007 to 2022;

• Studies carried out in high-income countries (defined as per 2021 World Bank country groups)

Literature obtained from the search will be stored in Microsoft OneDrive and uploaded to NVIVO20 for analysis.

Additional search strategy information can be found in the attached PDF document (link provided below).

Types of study to be included

Inclusion criteria:

• Primary qualitative studies;

• Primary mixed-methods studies with qualitative data and findings;

• Dissertations.

Exclusion criteria:

• Secondary sources;

• Opinion, discussion or anecdotal papers.

Condition or domain being studied

Freebirth is the deliberate choice to give birth at home without a regulated healthcare professional. It is also known as unassisted childbirth. While the choice to decline professional care refers mainly to the intrapartum period, women who freebirth may choose to accept all, some or no antenatal and postnatal care. The last decade has seen an apparently increased number of women opting to freebirth, however, as a choice outside of the boundaries of health systems, it is difficult to know its exact prevalence. It is likely that freebirth may represent just a small proportion of the already low numbers (<1%) of homebirths in high income countries. Given that freebirth happens at the margin of maternity services, the impact of this choice in maternal and neonatal outcomes is currently unknown.

Participants/population

Inclusion:

• Women who planned to birth unattended at home.

Exclusion:

• Women who planned to birth at home assisted by healthcare professionals or non-regulated birth attendants;

• Women who accidentally gave birth unattended when this was not a planned choice.

Intervention(s), exposure(s)

Freebirth or unassisted childbirth, defined as the planned and deliberate choice to give birth without a healthcare professional present in a context where access to maternity services is relatively unproblematic.

Comparator(s)/control

Not applicable.

Context

As freebirth is a term used in the context of high-income countries, only studies from this context will be included. The 2021 World Bank classification of countries will be used to determine which are of high-income.

Main outcome(s)

To synthesise what is known about women's motivations to freebirth, their experience maternity care, and to determine how they perceive maternity care provision.

Additional outcome(s)

None.

Data extraction (selection and coding)

MVH will take the lead responsibility for data extraction, searching the databases and screening all the titles and abstracts. All retrieved results will be copied into an Excel database to generate an audit trail of the selection process. This audit trail will be reviewed by FD and CK who will each independently screen 10% of papers included at title/abstract stage. Any disagreements will be resolved through discussion. Included papers will be second read by FD and CK for consensus.

Bibliographic, quality appraisal information, location and key themes of each paper will be extracted and input into NVivo20 for analysis. All data extraction will be agreed with FD and CK.

The data for analysis will involve both participant's quotes and researcher's interpretations referring to women's motivations to freebirth, their experience of maternity care or their perception of maternity care provision.

Risk of bias (quality) assessment

To reflect on potential flaws in the findings, the Walsh and Downe, 2006 framework will be used for quality appraisal, assessing scope and purpose, design, sampling, analysis, interpretation, reflexivity, ethics and relevance. Quality appraisal will be carried out by MVH and discussed with FD and CK to seek consensus. Given the lack of agreement on criteria or scoring for inclusion decisions, no papers will be excluded on quality concerns, but a discussion on this will be included in the findings.

Strategy for data synthesis

Included papers will be firstly read in their totality to generate familiarization with general context and findings. A thematic synthesis approach has been chosen for this systematic review because it enables reviewers to stay 'close' to the results of the primary studies. As described by Thomas and Harden (2008), line-by-line coding by content of each paper will be carried out inductively by MVH. These initial descriptive codes will be refined using an iterative process of cross-referencing between papers until no further codes will be identified. A sample of this descriptive coding will be shared with FD and CK for trustworthiness. The frequency of each code will be considered in the analysis of data, but themes will be prioritized by relevance. Analytical themes will be generated in reference to the review question by MVH and during discussion with FD and CK.

Analysis of subgroups or subsets

None planned.

Contact details for further information

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Organisational affiliation of the review

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Review team members and their organisational affiliations

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Type and method of review

Epidemiologic, Synthesis of qualitative studies, Systematic review

Anticipated or actual start date

01 November 2021

Anticipated completion date

01 October 2022

Funding sources/sponsors

This research is being undertaken as part of a Master of Research project. Robert Gordon University is sponsoring this research

Conflicts of interest

Language

English

Country

Scotland

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Birth Setting; Developed Countries; Female; Health Knowledge, Attitudes, Practice; Home Childbirth; Humans; Maternal Health; Maternal Health Services; Motivation; Natural Childbirth; Parturition; Pregnancy; Pregnant Women

Date of registration in PROSPERO

13 April 2022

Date of first submission

13 April 2022

Stage of review at time of this submission

Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	Yes
Data extraction	No	No
Risk of bias (quality) assessment	Yes	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

13 April 2022