Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Why women chose unassisted home birth in Malaysia: A qualitative study

Nur Amani @ Natasha Ahmad Tajuddin
Universiti Malaya
Julia Suhaimi (julia.suhaimi@ummc.edu.my)
Universiti Malaya https://orcid.org/0000-0002-5880-0989
Siti Nurkamilla Ramdzan
Universiti Malaya
Ahmad Ihsan Abu Bakar
Universiti Malaya
Khasnur Abdul Malek
Universiti Teknologi MARA
Ilham Ameera Ismail
Universiti Teknologi MARA
Nurainul Hana Shamsuddin
Universiti Putra Malaysia
Sajaratulnisah Othman
Universiti Malaya

Research article

Keywords: Home birth; free birth; unassisted home birth; Malaysia; healthcare delivery system; qualitative.

Posted Date: November 7th, 2019

DOI: https://doi.org/10.21203/rs.2.16973/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Version of Record: A version of this preprint was published at BMC Pregnancy and Childbirth on May 19th, 2020. See the published version at https://doi.org/10.1186/s12884-020-02987-9.

Abstract

Background: Reports of unassisted home birthing practices have been increasing in Malaysia despite the accessibility to safe and affordable child delivery facilities. We aimed to explore the reasons for women to make such decision. Methods: Twelve mothers participated in-depth interviews. They were identified using snowballing approach. The interviews were supported by a topic guide which was developed based on the Theory of Planned Behaviour and previous literature. The interviews were audio recorded, transcribed verbatim and analysed using thematic analysis. Results: Women in this study described a range of birthing experiences and personal beliefs to why they chose unassisted home birth. Four themes emerged from the interviews; i) preferred birthing experience, ii) a natural process, iii) expressing autonomy and iv) faith, as reasons for choosing unassisted homebirth. Such decision was firm and strong despite the possible risks and complications that can occur during home birthing. Giving birth is perceived to occur naturally regardless of assistance and home birthing provide the preferred environment which health facilities may lack. Women believed that they were much in control of the birth processes apart from fulfilling the spiritual beliefs. Conclusions: Women may choose unassisted home birth to express their personal beliefs and values, at the expense of the health risks. Apart from increasing mothers' awareness of the possible complications arising from unassisted home births, urgent efforts is needed to providing a better birth experiences in healthcare facilities that resonate with the mothers' beliefs and values.

Keywords: Home birth; free birth; unassisted home birth; Malaysia; healthcare delivery system; qualitative.

Background

The World Health Organisation (WHO) aims to reduce maternal and neonatal mortality in all countries by 2030 as one of the targets for the Sustainable Development Goals 3 (SDG 3).[1] The presence of skilled health personnel during births is crucial to achieve this aim, and the proportion of births attended by skilled health personnel is one of the critical indicators used to monitor the achievement of the goal.[1] To ensure this, WHO has refined the definition of skilled health personnel providing care for childbirth as 'competent maternal and new-born health professionals educated, trained and regulated to national and international standards'.[2] Most of deliveries attended by skilled health personnel occur at healthcare facilities.

However, some women prefer birthing at home, as they believe it is safer and provides better outcome for the mother and baby as compared to delivery at hospital.[3,4] Among the developed countries, Netherlands have the highest percentage of having home births in the world, at 30%. The steady state of giving birth at home with a midwife in attendance in the Netherlands has been observed since the year 1990. This could be attributed by the fact that their health insurance does not cover the full cost of hospital delivery, unless there is a medical reason.[5] Safer home birth is also possible in high-income countries e.g. United Kingdom, United States and Australia as skilled health personnel are available to attend to births at home.[1] These births are planned and only offered to women with uncomplicated pregnancies.[6,7]

However, in low and middle-income countries, home birth is usually not attended by skilled health professionals due to lack of manpower and resources.[1] Limited access to healthcare and costs of birthing in the hospital are also the reasons to why women are resorting to birthing at home in developing countries.[8]

While the role of skilled health personnel for home deliveries is well established, there is a trend of mothers employing “doulas” or birth companions for their deliveries. The doulas are expected to be present throughout the birth process whether it is at home or hospital. Several organizations of doulas have explicitly detailed the role of a doula, which is to provide emotional support, and physical comfort to a mother before, during and just after childbirth[9,10]. This does not include giving medical advice and any decision-making pertaining to the health of mother and baby.[11]

A doula is defined as a woman who is trained and experienced in childbirth and provides continuous physical, emotional, and informational support to a woman during labour, birth, and the immediate postpartum period.[12] Doula is a Greek word for “a serving woman” and Dana Raphael described doula as an experienced woman; who after birth, assist the mother with breastfeeding the baby.[13,14] There are five consistent aspects of the doula’s role: to provide specific labour support skills, techniques, and strategies, to offer guidance and encouragement to labouring mothers and their families, to build a team relationship with nursing staff, to encourage communication between patient and medical caregivers and to assist mothers to cover gaps in their care.[15] A nurse’s role, on the other hand, is to provide clinical skills and administrative responsibilities, which included monitoring both the mother and the baby, administering drugs and intravenous fluids and stabilizing the new-born; which are not the roles of a doula.

Women choose home birth without skilled birth attendance for various reasons. Physical distance and financial limitation were the two major constraints in Indonesia. Whilst in Laos, women and their husbands perceived greater advantages of home birth including convenience, time and able to be near to family with home birth compared to hospital births.[16,17] In Australia, despite the access to having skilled health personnel to attend to births at home, some women maintain to opt for unassisted home births or free birth. These women regarded the mainstream system as inflexible as they were not able to access the birth centre of their choice, and the guidelines and criteria are prohibitive to them. They also viewed their previous birth in the system as traumatising.[18]

Historically, home birthing in Malaysia was conducted by traditional midwives who learned from experience and knowledge passed down from one generation to the other.[19] The government later introduced formal training to these traditional midwives that resulted in a dramatic reduction in maternal and infant mortality rate of the country.[19] Subsequently, all nurses in the community health clinics were trained to conduct births with a proportion of them receiving further post-basic training in midwifery. A pathway for assisted home births have existed for low-risk mothers for many years.[20] However, this practice is rarely carried out due to the current work burden faced by nurses within the hospital setting.

Their tight schedule involves various clinical duties including home visits, maternal and child healthcare clinic, and other primary health care duties clinics. With limited human resource and financial input, comprehensive care towards safe handling of assisted home birth is still far reach. However, in meeting the need for mothers who wish to deliver in a setting that closest resemble home setting, a low risk maternity centre was set up in Putrajaya, Malaysia in 2012. This centre was set up to almost resemble birth at home, with fully equipped medical facilities, at a very low cost to cater for the locals and at a reasonable rate for foreigners.[21] Other options for deliveries are either in the hospital (government or private) settings.

In Malaysia, there has been a drastic reduction in the rate of maternal mortality, from 540 deaths per 100,000 birth in 1950s to 28 death in 100,000 birth in 2016. This is observed following a drastic improvement in access to health services. In contrast, there has been a rise in maternal death related to home delivery. An increase of more than 200% was noted from 3.9% in 2016 to 13.6% in 2018, reporting postpartum haemorrhage as the most common cause.[22] This is worrying, especially in the local setting, where unassisted home birth has been in increasing popularity, resulting in death of the mother and the baby.[23,24] Newspaper has reported that women took the risk to give birth at home without the presence of skilled health personnel when their wishes to have home birth were turned down by health care personnel. They resorted to home birth support groups to obtain confidence and support to give birth at home[24] The wide use of social media and access of various information through the internet may have played a role in encouraging the growth and influence of these groups. Some mothers who had a good home birthing experience uploaded their birth stories online and this could give a false positive reassurance to other mothers that are thinking about doing the same.[25]

To the best of our knowledge, there has not been any published literature on reasons to why women choosing unassisted home birth in Malaysia.

Methods

Aim

Our study aims to explore the reasons to why women choose unassisted home birth despite the availability of medical care provided by either public or private healthcare services. This study is hoped to provide understanding to this issue and to improve the current maternal and neonatal care services in Malaysia.

Design

We used a qualitative approach to explore women's views and perception on their decision for unassisted home birth. This approach enables a deeper understanding of their perceptions, perspectives and understandings on the phenomenon.[26] The interviews were framed into three phases; reconstructing recent experience in home birth, detailing the experience and reflecting on the experiences.[27] The topic

guide was developed based on the theory of planned behaviour and literature findings on reasons of choosing home birth (figure 1). Based on this theory, the behaviour in focus (in this study, which is having unassisted home birth) is associated with the person's intention and this intention is influenced by the three domains; attitude, subjective norm and perceived ability.[28]

Setting

This study was conducted in Kuala Lumpur, the capital city of Malaysia where health facilities including hospitals (public and private) are easily accessible. According to the Malaysia National Health Morbidity Survey 2015, the mean distance to government health clinic is about 9.8km.[29] Access to health care services can be obtained either from the public or private sector, with public sector being heavily subsidized by the government to allow easy access to all socioeconomic groups.[30]

Recruitment and data collection

A purposive sampling was used to recruit women who were above 18 years old with intentional unassisted home birth experience. We used a snowballing method to recruit the women as it is suitable to find unattainable population.[31] We initially approached a key person via the social media of a local free birth support groups; who later introduced us to other potential participants. Written consent was obtained from women who agreed to participate.

The women were interviewed individually using a semi-structured topic guide.[27] We conducted in-depth interviews (IDI) as it allowed them to express their experiences in detail and voice their views openly regarding their unassisted home birth experiences which they may otherwise not reveal in presence of others.[32] All interviews were audio recorded by digital audio recorders and transcribed verbatim for analysis. Identifiers were removed to ensure anonymity. Each interview lasted on average one hour to one and a half hours.

Data analysis

Thematic analysis was conducted in an iterative manner and started during the data collection.[27] NA, SN, JS and IA coded the first transcript together and discussed on the coding frame. The subsequent transcripts were coded using the coding frame and any emerging codes were informed to the group and discussed. Following this, the initial codes were collated and codes sharing similar meaning were categorized together. Similar categories were further collapsed together into themes. Overlapping themes were combined and overarching themes grouped into categories. The whole team members, NA, JS, SN, AI, KA, IA, NS and SO met up several times to agree on the analysis. Any discrepancies were discussed, and disagreements were resolved. Data reached saturation by the 10th interview when no new theme emerged, and interviews were stopped after the 12th interview when saturation has been confirmed.

Results

Participant characteristics

Table 1 summarises the women demographic characteristics. All women had their last delivery unassisted at home and two participants were primigravidas. Seven participants had one unassisted home delivery, four participants had two unassisted home deliveries and one participant had three unassisted home deliveries. None were pregnant during the interview period.

Table 1: Demographic characteristics of the participants. (n=12)

IDI code	Age (years)	Highest degree obtained	Currently pregnant	Parity	Number of home births
1	39	Masters	No	2	1
2	40	Degree	No	3	1
3	40	PhD	No	3	2
4	35	Masters	No	1	1
5	39	Degree	No	2	1
6	43	Secondary school	No	3	2
7	45	Degree	No	7	2
8	37	Degree	No	3	1
9	43	Degree	No	4	2
10	45	PhD	No	7	1
11	41	Degree	No	1	1
12	36	Degree	No	3	3

Themes

In exploring the reasons for choosing unassisted home birth, four themes emerged from the interviews; being able to have their preferred birthing environment, the belief that birthing itself is a natural and safe process, expression of autonomy and faith.

Theme 1: Preferred birth environment

Women in this study repeatedly highlighted the value of home delivery, for it provided them with the comfort of home and the much-needed privacy during delivery. For some, perceived instrumental and chemical intervention within the hospital setting steered them towards home birth.

Comfort and privacy

For some women, birthing was described as a very personal and intimate process, almost mirroring the act of love making. They perceived unassisted home birth as a conduit to the privacy and comfort that they aspired for. All women unanimously indicated the importance of a comfortable environment during delivery to attain their intimate need. This became an important influencing factor to choose home birth.

"The birthing place; where the mother feels most safe, most comfortable, most secure would be at home and birth is a very personal, very intimate act" **IDI 1**

"It's (birth) usually is not to be observed. It's just like love making, it is very intimate, it's not meant to be observed (by others)" **IDI 6**

Avoiding stressful environment

Their need for intimacy shaped their delivery preference for home based over hospital setting. Hospital environment was described as stressful, cold and uncomfortable place to experience the birth of their child. They felt unsafe, scared and had difficulty to be at ease when they had their deliveries at the hospital.

"I want a place that I can feel safe and comfortable, I can relax and give birth easily. That's how I gave birth at home easily. I'm affected easily by noise and hospital environment. I am very scared of hospital environment. So I know if I couldn't give birth at the hospital, I need to get ready to give birth at home. The sterile environment of the hospital...there is a lot of needles, sharp instruments, glaring lights. Those are very intimidating to me. I feel very insecure. When I go to the hospital, I feel like …"God I'm going to die". So I don't like it" **IDI 4**

"...so once I get into the labour room, I feel scared and stressed. It's going to be cold. I fear the cold... it's too cold. I've been telling people that I was in pain, but I have to deal with the coldness of the labour room. And then even the steel bar that I have to hold on to during pushing, it's too cold." **IDI 10**

Some women were traumatised by their previous experience of birthing in the hospital and this experience had very much influenced their decision to seek a comfortable environment for their subsequent delivery.

“There must be a different way. I’m not going to go through that (hospital delivery) again... all I remember was it’s not a very good experience...because I didn’t know what to expect. I didn’t really read up so I just trusted the doctor...you are like most probably dehydrated and so hungry and cold and I am just lying down there on my side…. it was really painful. Now I talk about it and I cringe. I had such a huge cut, and going to toilet is like.. It was horrible, horrible” **IDI 8**

“I was admitted at 8.00 am. 8.00 am until 7.00 pm, I didn’t get to drink even one glass of water, did not eat. I was so restless and tired and was just lying on my back. It wasn’t really a labour ward because it was full and I was like in an extra room with people walking by and going in and out” **IDI 2**

Theme 2: Birth as a natural process

Exposure to home birth concept

These women were initially introduced to the concept of unassisted home birth by either a close relative, friends or acquaintance. Further reading from home birth books, magazines and online materials that featured topics such as “painless childbirth’ or ‘hypnobirthing’ further convinced them regarding the positive side of home birthing and the ability to perform this. Following this, they went through an active phase of learning and information gathering to familiarize themselves with the delivery practices and routines. They received support by attending home birth group classes, online networking and information from online materials or from books. The knowledge and support helped to solidify and further strengthened their decision making for home birth.

“... this yoga teacher educated us on the process of giving birth-what happens during your caesarean (section). And then, the mother who just gave birth naturally at home shared with me what happened and things like that. So, I’m like “Oh, pretty interesting eh?” so that’s how I shifted my mind.” **IDI 12**

“I wanted to know more so I read more about pregnancy and all that. So when I read about that hypno-birthing...it just say “this is what I want”. The article is really good. It’s about removing fear, the joy of being pregnant, the joy of giving birth. So, I looked up to the internet, found out more and I called hypno-birthing practitioners. I called two of them, so I choose one of them and I bought the book, I read the book and finished the book before I went to the course. Then it was just like “okay this is what I want to do”. **IDI 5**

An easy process

The women perceived birthing as an easy process with minimal or rather lack risk of harm to mother and the unborn child. They were convinced of their ability for a normal delivery. Information from the resources on home birthing further strengthen their confidence. They perceived birthing as a physiological process and one woman explained the process of delivery philosophically as the blooming of a flower.

“This (unassisted home birth) is a piece of cake. I gladly want to birth any day or every day because it is easy due to the techniques” **IDI 3**

"Where is the danger? They talk about baby suffocating, drowning or having bacterial infection. There is no injury! Birthing is not an injury and your baby is not here to hurt you" **IDI 6**

"You have to smile while giving birth. You have to breathe and you imagine blooming flower opening. The crowning of the head is actually clear rose is opening like that. And something beautiful and not to be scared...these videos, hospital birth and home birth that uses hypno-birthing techniques in which we saw how calm the women was, the wife, the mother was, and the husband have their roles" **IDI 3**

Ensuring natural processes

The women refused any kind of medical intervention as they tried to experience as natural birth as possible. Furthermore, they perceived that procedures would increase unnecessary risks to their child.

"If you don't disturb the birth, it's safer that way. If you don't disturb, the baby will come out fine. The body will most of the time keep the baby safe" **IDI 6**

"The dilation drugs (referring to medications given increase uterine contraction) actually creates stress on the baby. It's an artificial way of surges (referring to uterine contractions). That's why the CTG shows the baby is in stress...There were like 14 procedures or something like that, done systematically upon caesarean section, all of which shocks the baby, who for the past 9 months is safe and sound." **IDI 3**

"I think it matters how your birth is and the birth itself will affect the child. How the baby comes out, by forceps or by vacuum. It actually affects the spine of the baby" **IDI 8**

"...when you were in labour and then you had meconium, the doctor said its either vacuum or caesarean section. I don't think it's the most necessary at that time. Because I don't feel there was any danger" **IDI 6**

Theme 3: Expression of autonomy

Being in control

The women in this study expressed wanting to be the decision maker regarding treatment and care, including the choice of birthing place. They believed medical personnel should not be the one who decides the next step of management during childbirth. Any interference by medical personnel during the birthing process takes away the exclusivity and control of their birthing experience.

"I'm able to give birth wherever I want... people respect and acknowledge the right that I have, and acknowledge the autonomy that I can choose wherever place that I want (to give birth)" **IDI 1**

"...the freedom for the mothers is to deny or to refuse whatever that she is uncomfortable because all is about the mothers. The mother is battling with life and death battle. "So why are you (medical personnel) telling me what to do?" **IDI 3**

"So, the rhythm of this labour, why is it important and how can you be involved in this labouring process. Because one of the time doctor will tell you "Okay, you come here, then you listen to me." Hey, now it becomes the doctor's birth not my birth" **IDI 6**

Prior to giving birth, some women in this study would develop a birth plan which are used to convey their desired birth experience. It generally includes information such as where she wishes to give birth, who will attend a birth, and what forms of medical intervention and pain relief will be used. Their experience of healthcare providers rejecting their birth plan, specifically on home delivery was one of the strong pushing factors to divert against hospital delivery, despite them adhering to antenatal follow-up.

"*We discussed the birth plan. But it was not well accepted. You know the first thing doctor said like "Oh! This is very western." That was his comment. And then like "Oh, we don't know about this". Things like that."* **IDI 6**

"He (the doctor) just look at my birth plan and said "okay.. alright,." It's like very sarcastic and very like "yeah, right whatever." You know. So, when he said "Yeah okay I'll sign it." But there are a few things he put like a question mark. Like can I move about (during labour) -he put question mark. I could sense that he is not going to change his ways. I found out that he never not did episiotomies. Which is scary. It is a standard procedure for him." **IDI 8**

Some expressed that by giving the doctors permission to perform intimate physical examinations for example vaginal examination equates to losing control of their own body. This led to fear of giving birth in the hospital as they felt their rights were violated once they were in the labour room.

"...once when I am in the hospital, they are going to do something that even I won't do to myself. For example vagina examination. Your husband won't do to you, even I won't do it to myself. But, you give up your autonomy to this stranger." **IDI 1**

"... I didn't have to be checked all the time (when giving birth at home). Somebody putting their fingers in me and all that." **IDI 3**

Empowered

Generally, the women felt that giving birth at home gave them a sense of empowerment. They were able to do normal activities at home during labour, unlike in the hospital where they would be confined to bed for foetal monitoring. They believed that being in control of their body will eliminate fear thus making birth safer as mothers were more in tune to what was happening in and around them.

"It gives me some kind of empowerment. I was able to go about, go upstairs, downstairs, drink water and watch television. I was being relaxed at home. Doing normal things in between the contractions" **IDI 3**

"Eliminate fear and then the women will have confidence. They feel empowered and are more in tuned with their body. That will make birth safer." **IDI 6**

The women described the birthing process to be partly driven by their feeling of security, being in control of the birthing process and knowing exactly what to do to ease themselves. These feelings combined, made them confident in giving birth unassisted at home.

"I knew what was going with my body, I'm not insecure or afraid because I know what was going on and I know what it takes to relief myself. All I had to do was to do deep breathing and my husband had to do that light massage to release the hormone" **IDI 5**

*"I really wanted to give birth at home.. I will do it myself. Maryam (*Mary, Mother of Jesus) *(peace be upon her) did it herself. I'm going to birth myself...whether I'm at home, in the hospital, in the car, on a tree.. I know what my body does."* **IDI 1**

Theme 4: Faith

Women proceeded with unassisted home birth as they have confidence in their ability to proceed with the delivery of the new born naturally as they submit totally to any outcome determined by the Almighty.

Self-trust

The women allowed their bodily instincts to lead the birthing process with a trust that an undisturbed birth would most likely to confer into positive outcome. Total belief and submitting their body and mind wholeheartedly to God gave a sense of calmness to the women.

"My level of confidence to God, at that time, I knew you (referring to God) created me to give birth naturally because you (referring to God) are the Fairest, Most Loving. You are not subjecting me to the pain. Because of that, I am relaxed about giving birth at home." **IDI 3**

"It's a very spiritual experience. There are many people who felt during the birth…spiritual presence or whatever. Feel connected" **IDI 6**

Fatalism

These women believed that their pregnancy itself was a gift from God and the process of birthing was also driven by God. This stance provided the courage to overcome the fear of labour as they surrendered to any outcome that might occur.

"You see, that's why our five (National Principles of Malaysia)... The first one is Trust in God, right? Basically that helps to remove fear because when you remove fear you can hear your instinct clearer. Because when you are scared your body tensed up. Then you, actually create the complication" **IDI 6**

"It's so magical because I surrendered to God. ... Not doctors, not nurses, not my mother or mother-in-law, or my dad. Ultimately it's you and God... between life and death" **IDI 3**

These women believed that by total submission to God, they do not need medical advice and they are fully responsible for their decisions. With this strong belief, they are free to choose their birthplace and whatever consequences that may happen is because of fate.

"Fate and destiny isn't it? There will be risks wherever you give birth, either in hospital or at home." **IDI 2**

"I'm a perfect creation of my God and why do I doubt my creation? We (humans) are perfect. We can give birth; we can be pregnant." **IDI 12**

One woman reported a critical situation when her baby was born and there was suspicion of a complication from the birth process. She reflected the miracle of total submission to God even though her baby was born lifeless with the umbilical cord encircling around neck.

"You know the transition of the "spirit" coming in…. because when my baby was born she did not cry. There was no sign of her at all. This is scary ... and the next thing you know...she cried right after the adzan (call for prayer) and you'll be in awe" **IDI 12**

Discussion

Birth should be a positive life changing experience but it is also a major life event that could have profound effects on a woman's physiological and psychological wellbeing. This study seeks to find reasons for women to choose unassisted delivery at home. Not many women had chosen to do this and among those who had, most are quite reserved to discuss about the topic outside of their inner-circle. The four themes that emerged from the interviews strongly relate to the needs of these mothers; having a beautiful and natural birthing experience while still maintaining the autonomy to decide what they perceived best for them.

Our study concurs with a review that reported about first-time mothers who wished that their needs to be respected during labour, 'to feel involved in the care' and to have their partners supporting them in their journey.[33] The setup of a hospital delivery environment is very clinical, and the obstetric team are more focussed in the care of their patients. These women do not want to be in the hospital as they do not have a pathology or disease that needs a clinical setting governed by strict medical, regulatory rules and institutional guidelines.[18,34,35] The need for a comfortable and private environment has been expressed in a few studies worldwide.[36-38] The relief by being able to move around freely and to perform normal daily activities while having contractions are similarly observed in another Canadian study.[36]

In this study, privacy is one of the main reasons for mothers to choose unassisted birth. The hospital environment was perceived as exposing the mothers to strangers, namely hospital staffs. However, maintaining privacy is a challenge in any hospital settings.[39] The medical staff needs to change at every shift to ensure safe environment by preventing tiredness and human error thus, a mother with more than 12 hours of labour experience in Malaysia could be attended to by three different teams of nurses.[34,40,41] Deficiency in effective communication and insufficient delivery suite added to the stressor. This

experience is similar to the observations in a qualitative study by the Royal College of Midwives, United Kingdom in 2015.[34]

The United Nation Global Strategy for Women's, Children's and Adolescents' Health acknowledges the need to address not only the clinical requirements for a safe labour and childbirth but also the psychological and emotional needs of the women involved.[42] The women-centred philosophy and human-rights approach allows this to be done and would ultimately have a positive impact on women's experience of giving birth.[42] Despite the introduction of mother friendly care in all baby friendly hospital in Malaysia in 2012, much can be done to improve the environment in the hospitals to make them more comfortable and mindful of mothers' need for privacy, without compromising their safety.

The medicalization of birth has created a division between "natural" and "medical/hospital" birth. Antenatal and intrapartum care has improved tremendously over the past decade and this has resulted in the increasing ability to recognise and addressing possible complications arising from pregnancy and birth. Some women in our study strongly believed that birthing is easy and safe. This is further substantiated by their belief that God had created their body capable to giving birth naturally and independently. Perceived competency could be a motivator to their decision making for home birthing.[43-45] Having a good "body knowledge" and about birth itself helped these women to calmly negotiate the birth process without medical assistance.[46] The technology of modern medicine is synonymous to images of drug-induced births and instrumentation during delivery, which leads to fear of the interventions being given during the hospital birthing process.[47] The "no intervention" during home birth may contribute to the perception that home birthing is safer than hospital.[48] Interestingly, a local study also revealed a high percentage (40.5%) of women having preferred a natural birthing, which to them was defined as "a system of managing childbirth in which the mother receives preparatory education in order to remain conscious and assist in delivery with minimal or no use of drugs or anaesthetics."[49]

The women in our study had a few myths regarding interventions, which are of concern, particularly when the safety of the unborn child is at stake if urgent intervention is not given. There are certain circumstances which require intervention for the safety of the mother and child. This includes medical intervention to hasten delivery such as augmentation of labour and assisted delivery when there is sign of foetal distress. A meta-analysis in 2010 showed an alarming result of doubling of the neonatal mortality rate in planned home births compared to planned hospital births.[50] Planned home births were also associated with greater number of neonatal deaths due to respiratory distress and failed resuscitation. Intrapartum asphyxia was implicated as a possible cause of neonatal death in planned home births.[50] Deliveries at home were also associated with high numbers of low 5-minute Apgar score.[51] These findings highlights the risks of birthing at home even though the women have low obstetric risk because of the absence of trained personnel and sufficient equipment to handle any obstetric emergencies.

Being involved in decision making and wanting to be in control in their birth plans gives the women in this study a sense of control which is recurring emerging theme in many previous studies.[3,43,52] They were not able to always be in control when birthing in the hospital and true autonomy can only be achieved by being away from the hospital.[35] Giving birth unassisted at home abled them to give birth according to their birth plans and wishes. Many were traumatised by the experience of vaginal examinations and vacuum assisted deliveries and these were equated to losing control during the birthing process.[52] Being in control of the body also eliminates fear as it is believed that a woman would receive less help internally for her birthing process if she searched for external help.[53] Many described the sense of empowerment after giving birth unassisted at home.[44,46] This feeling of empowerment and self-confidence allowed the mothers to relax and experience their births with the clear understanding that their input would be listened to and honoured whenever possible.[54] This sense of empowerment motivates them further to pursue home birth.

In this study, women were seen to be surrendering themselves in total to God. Compared to other studies this emerged theme of 'faith" plays a strong role in their decision making and it made them choose unassisted home birthing as they strongly believe that God will assist with the process of delivery, even if it happens to be a difficult one. This is similar to another report that patients' belief in God and prayer were so strong that they believe they no longer need conventional medical care.[55] A study involving women of catholic faith views that the body must be guided by God's will.[56] Similarly in this study, these women have a strong belief that their birthing process would be guided by God's will, and they submit themselves totally without wanting any intervention. Having faith was closely linked to receiving guidance, protection and rewards from God. [57] There are women who also believed that God will reduce their labour pain when they prayed. [58] These findings were also echoed among women in our study.

However, some women in this study still receive their antenatal care from either the public or private healthcare facilities and their reason was to ensure that they are free of any kinds of diseases like gestational diabetes or hypertension in pregnancy that may interfere or impair their pregnancy and its outcome. This highlights the crucial role antenatal care may have in identifying potential women who may plan to have home delivery. Antenatal team may be able to intervene home birth plans by providing individualized care with good interpersonal and clinical skills in a respectful manner at every contact.

It is important for health professionals to acknowledge women's beliefs and at the same time to treat the women holistically, regardless of their religious beliefs. These women made their decision to birth at home without medical assistance, with the strong belief that God will be there to help them; a concept of "*tawakkal*". However, according to the teachings of Islam (the official religion in Malaysia), apart from having the concept of "*tawakkal*", there is also the need to seek medical professional help as part of their effort to ensure a safe pregnancy and birth.[59] The office of Mufti of the Federal Territory of Malaysia has stated the practice of delivering a baby without the observation of a doctor or trained medical personnel in Malaysia is deemed to be unacceptable by Islamic laws.[60] This is based on religious hadiths that supports leaving issues pertaining to a topic to those who are experts in that field, the inappropriateness

to directly infer the delivery experience of a mother to a prophet to the delivery of other mothers and Islam's view on doing no harm.[58]

Conclusion

This qualitative study observed that the need to keep the delivery comfortable and private, the belief that birthing itself is a natural and safe process, wanting autonomy and faith as reasons for choosing unassisted home birth. The findings highlighted that the current maternal healthcare is less appealing to some women. More resources are needed in creating a more personalised delivery within the hospital setting without compromising safety matters. Shared decision making is important to ensure a safe delivery. Natural birthing is an important topic that need to be analysed and discussed further.

Strength of study

This is the first paper to explore phenomena of unassisted home birth from Malaysia, a developing country with good and accessible health system. This study included mothers who had personal experience of giving birth unassisted and include different stakeholders with variable backgrounds (mothers, home birth advocators and natural birth advocators).

Limitations of study

All women interviewed in this study had a favourable outcome and positive home birthing experience. Thus, their reasons for choosing home birth discussed here may not represent other women who have given birth at home. Although snowballing method was used and a few potential participants were suggested, the fear of backlash from their information sharing has hindered them from becoming participants when they were approached for this interview.

In acknowledging our own perspectives as primary care doctor, we hold that birthing should be conducted in a manner that is clinically safe to protect the health and life of both mothers and the new-born. The findings described in this study reflect our personal perspectives and our biases as an individuals, mothers and primary care doctors, which we may or may not be conscious of. Finally, we acknowledged the challenges in fully capturing the meanings of the interactions during the interview sessions, which may not be reflected in the written word.

Declarations

Ethical consideration

This study received medical ethics clearance from the Medical Ethics Committee of University Malaya Medical Centre (MEC ID: 201591634).

Consent for publication

All the women interviewed have consented for publication of this study.

Availability of data and materials

The data that support the findings of this study are available on request from the corresponding author JS. The data are not publicly available due to information that could compromise research participant privacy and consent.

Competing interests

The authors declare that they have no competing interests.

Funding

This study received grant funding from University of Malaya (BKP-030).

Authors' contribution

NA, SN and NS interviewed the study participants. NA, SN, KA, IA and JS coded the first transcript together and discussed on the coding frame. NA, SN, KA, IA and JS coded subsequent transcripts using the agreed coding frame. NA, JS, SN, AI, KA, IA, NS and SO met up several times to discuss on the analysis. Any discrepancies were discussed, and disagreements were resolved. All authors contribute in writing the manuscript. All authors read and approve the final manuscript.

Acknowledgements

Not applicable

References

1. Organisation WH. *World health statistics 2018: monitoring for the SDGs, sustainable development goals.* Geneva: World Health Organisation;2018.
2. Organization WH. *Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM,CIN,FIGO and IPA.* Geneva: World Health Organization;2018.
3. Boucher D, Bennett C, McFarlin B, Freeze R. Staying Home to Give Birth: Why Women in the United States Choose Home Birth. *Journal of Midwifery & Women's Health.* 2009;54(2):119-126.
4. E B. More Than Four Walls: The Meaning of Home in Home Birth Experience. *Social Inclusion.* 2015;3(2):6-16.
5. S. vdB. Why the Dutch cherish home births. Expatica. https://www.expatica.com/nl/healthcare/womens-health/why-the-dutch-cherish-home-births-100749/. Published 2018. Updated November 26. 2018. Accessed April 20, 2019.

6. Excellence NIfHaC. *Intrapartum care.* United Kingdom: National Insttitue for Health and Care Excellence;2015.
7. Australia DoH. Choosing where to give birth. Department of Health Australia. https://www.pregnancybirthbaby.org.au/choosing-where-to-give-birth. Accessed2019.
8. Montagu D, Yamey G, Visconti A, Harding A, Yoong J. Where do poor women in developing countries give birth? A multi-country analysis of demographic and health survey data. *PloS one.* 2011;6(2):e17155-e17155.
9. Doulas A. Code of Practice. https://www.australiandoulas.com.au/code-of-practice/. Published 2019. Accessed 14 August 2019, 2019.
10. UK D. Doula UK Code of Conduct. https://doula.org.uk/doula-uk-code-of-conduct/. Published 2019. Accessed 14 August 2019, 2019.
11. A AH. AMANI birth - What is a doula AMANI birth. https://amanibirth.com/what-is-a-doula/. Published 2010. Accessed 8 May, 2019.
12. Papagni K, Buckner E. Doula Support and Attitudes of Intrapartum Nurses: A Qualitative Study from the Patient's Perspective. *The Journal of perinatal education.* 2006;15(1):11-18.
13. Klaus M KJH, Berkowitz G, Klaus P. Maternal assistance and support in labor: Father, nurse, midwife, or doula? *Clinical Consultations in Obstetrics and Gynecology.* 1992;4(4):211-217.
14. Raphael D. The Midwife As Doula: A Guide to Mothering the Mother. *Journal of Nurse-Midwifery.* 1981;26(6):13-15.
15. Gilliland AL. Beyond Holding Hands: The Modern Role of the Professional Doula. *Journal of Obstetric, Gynecologic, & Neonatal Nursing.* 2002;31(6):762-769.
16. Titaley CR, Hunter CL, Dibley MJ, Heywood P. Why do some women still prefer traditional birth attendants and home delivery?: a qualitative study on delivery care services in West Java Province, Indonesia. *BMC pregnancy and childbirth.* 2010;10:43.
17. Sychareun V, Hansana V, Somphet V, Xayavong S, Phengsavanh A, Popenoe R. Reasons rural Laotians choose home deliveries over delivery at health facilities: a qualitative study. *BMC pregnancy and childbirth.* 2012;12(1):86.
18. Rigg EC, Schmied V, Peters K, Dahlen HG. Why do women choose an unregulated birth worker to birth at home in Australia: a qualitative study. *BMC pregnancy and childbirth.* 2017;17(1):99.
19. Ravichandran J, Ravindran J. Lessons from the confidential enquiry into maternal deaths, Malaysia. *BJOG: An International Journal of Obstetrics & Gynaecology.* 2014;121(s4):47-52.
20. ZA Z. Safe Home Delivery. Ministry of Health Malaysia http://www.myhealth.gov.my/en/safe-home-delivery/. Published 2017. Updated 29 May 2017. Accessed2019.
21. Putrajaya H. Pusat Bersalin Berisiko Rendah MAIWP. Hospital Putrajaya. http://www.hpj.gov.my/portalv11/index.php/ms/2014-06-24-03-38-57/publication/18-main-page/125-pbb. Accessed2019.

22. Division of Family Health Development MoHM. *Report on the confidential enquiries into maternal deaths in Malaysia 2006-2008.* Kuala Lumpur: Ministry of Health Malaysia 2006-2008.
23. Choo KE, Tan KK, Chuah SP, Ariffin WA, Gururaj A. Haemorrhagic disease in newborn and older infants: a study in hospitalized children in Kelantan, Malaysia. *Annals of tropical paediatrics.* 1994;14(3):231-237.
24. M M. A safe birth. *New Straits Times.* 31 October 2017, 2017.
25. Nursyuhada. HBA2C inspired me!! https://missyuhadamrnizam.blogspot.com/2014/09/hba2c-inspired-me.html. Published 2014. Updated September 30, 2014. Accessed April 20, 2019.
26. Silverman D. *Doing Qualitative Research.* 5th Revised edition ed. London, United Kingdom: Sage Publication Ltd; 2018.
27. Seidman I. *Interviewing As Qualitative Research: A Guide for Researchers in Eduction and the Social Sciences.* New York, United States: Teachers' College Press 2013.
28. Ajzen I. The theory of planned behavior. *Organizational Behavior and Human Decision Processes.* 1991;50(2):179-211.
29. Malaysia MoH. *National Health & Morbidity Survey 2015. Healthcare Demand, Volume III.* Kuala Lumpur, Malaysia: Ministry of Health Malaysia

2015.

30. Quek D. *The Malaysian Health Care System: A Review.* 2014.
31. Naderifar M, Goli H, Ghaljaei F. *Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research.* Vol In Press2017.
32. Britten N. Qualitative interviews in medical research. *BMJ (Clinical research ed).* 1995;311(6999):251-253.
33. Nilsson L TT, Hammar PZ, Pethrus K, Ekstrom A. Most Important for First Time Mothers during Labor is to be Respected for their Needs, to Feel Involved in the Care and Support from their Partners. *J Nurs Care.* 2012;1(4).
34. Review NM. *Better Births. Improving outcomes of maternity services in England. A Five Year Forward View fir maternity care.* United Kingdom: National Health Service;2016.
35. Green JM, Baston HA. Feeling in control during labor: concepts, correlates, and consequences. *Birth (Berkeley, Calif).* 2003;30(4):235-247.
36. Murray-Davis B, McDonald H, Rietsma A, Coubrough M, Hutton E. Deciding on home or hospital birth: results of the Ontario Choice of Birthplace Survey. *Midwifery.* 2014;30(7):869-876.
37. Dahlen HG, Barclay LM, Homer C. Preparing for the first birth: mothers' experiences at home and in hospital in australia. *The Journal of perinatal education.* 2008;17(4):21-32.
38. Ali R HU, Ullah H. Women's Lived Experience of Pregnancy and Child Birth: Narrative from Pakistan. *The Qualitative Report.* 2018;23(4):758-773.

39. Bohren MA, Vogel JP, Hunter EC, et al. The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. *PLoS Med.* 2015;12(6):e1001847-e1001847.
40. Jarrar Mt, Abdul Rahman H, Sebiany A, Abumadini M, Masnawaty H, Vallabadoss DVCA. *Nursing Duty Hours' Length and the Perceived Outcomes of Care.* Vol 102018.
41. Iskera-golec I, Folkard S, Marek T, Noworol C. Health, well-being and burnout of ICU nurses on 12- and 8-h shifts. *Work & Stress.* 1996;10(3):251-256.
42. Organisation WH. *WHO recommendations: intrapartum care for a positive childbirth experience.* Geneva: World Health Organisation;2018.
43. Murray-Davis B, McNiven P, McDonald H, Malott A, Elarar L, Hutton E. Why home birth? A qualitative study exploring women's decision making about place of birth in two Canadian provinces. *Midwifery.* 2012;28(5):576-581.
44. Lundgren I. Women's experiences of giving birth and making decisions whether to give birth at home when professional care at home is not an option in public health care. *Sex Reprod Healthc.* 2010;1(2):61-66.
45. Sjöblom I, Nordström B, Edberg A-K. A qualitative study of women's experiences of home birth in Sweden. *Midwifery.* 2006;22(4):348-355.
46. Moore SB. Reclaiming the Body, Birthing at Home: Knowledge, Power, and Control in Childbirth. *Humanity & Society.* 2011;35(4):376-389.
47. Withers M, Kharazmi N, Lim E. Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries. *Midwifery.* 2018;56:158-170.
48. Andrino MAP BI, Bono MKZG, Canindo KR, Casa JLG, Oducado RMF. Reasons Why Women Choose Home Birth. *Asia Pacific Journal of Multidisciplinary Research* 2016;4(4):57-63.
49. Sutan R CL, Mohd Azhar LI, Sabardin DM, Mohd Sharif HN, Singh KSD. A Cross Sectional Study on the Preference for Natural Childbirth among Pre-Marital Women in the Greater Kuala Lumpur, Malaysia. *J Gynecol Women's Health.* 2018;10.
50. Wax JR, Lucas FL, Lamont M, Pinette MG, Cartin A, Blackstone J. Maternal and newborn outcomes in planned home birth vs planned hospital births: a metaanalysis. *American journal of obstetrics and gynecology.* 2010;203(3):243.e241-248.
51. Wax JR, Pinette MG, Cartin A, Blackstone J. Maternal and newborn morbidity by birth facility among selected United States 2006 low-risk births. *American Journal of Obstetrics & Gynecology.* 2010;202(2):152.e151-152.e155.
52. Hollander M, de Miranda E, van Dillen J, de Graaf I, Vandenbussche F, Holten L. Women's motivations for choosing a high risk birth setting against medical advice in the Netherlands: a qualitative analysis. *BMC pregnancy and childbirth.* 2017;17(1):423-423.
53. S S. The unassisted childbirth movement: questions of autonomy, intuition and empowerment in the familial and communal context. *MP an online feminist journal* 2010:84-100.

54. Janssen PA, Henderson AD, Vedam S. The experience of planned home birth: views of the first 500 women. *Birth (Berkeley, Calif).* 2009;36(4):297-304.
55. Hebert RS, Jenckes MW, Ford DE, O'Connor DR, Cooper LA. Patient perspectives on spirituality and the patient-physician relationship. *Journal of general internal medicine.* 2001;16(10):685-692.
56. Klassen PE. Sacred Maternities and Postbiomedical Bodies: Religion and Nature in Contemporary Home Birth. *Signs.* 2001;26(3):775-809.
57. Jesse DE, Schoneboom C, Blanchard A. The Effect of Faith or Spirituality in Pregnancy:A Content Analysis. *Journal of Holistic Nursing.* 2007;25(3):151-158.
58. Aziato L, Odai PNA, Omenyo CN. Religious beliefs and practices in pregnancy and labour: an inductive qualitative study among post-partum women in Ghana. *BMC pregnancy and childbirth.* 2016;16(1):138.
59. al-Munajjid SMS. Putting one's trust in Allah and taking measures. https://islamqa.info/en/answers/130499/putting-ones-trust-in-allah-and-taking-measures. Published 2013. Accessed2019.
60. Z Ma-B. Bayan Linnas siri ke-125: Hukum menggunakan khidmat doula. Pejabat Mufti Wilayah Persekutuan. http://muftiwp.gov.my/en/artikel/bayan-linnas/2292-bayan-linnas-siri-ke-125-hukum-menggunakan-khidmat-doula. Published 2018. Updated 11 February 2018. Accessed2019.

Figures

Interview topic guide

OPENING

1. We are actually exploring the decision on home birthing. Can you tell us about your birth experience?
2. Do you want to explain about your delivery

DECISION ON HOME BIRTHING

3. Describe how you would like to give birth?
4. Can you describe your ideal environment during labour?
5. Where is the ideal place for you to give birth?
6. What are your considerations when choosing a birthing place?
7. What is the most important consideration on choosing a birthing place?
8. Who decide or influence your choice of birthing place?
9. How do you decide on your choice?
10. Do you have any fear when considering a birthing place?

RISKS

11. Any disadvantage(s)/risk(s) on the birth place of your choice?
12. How do you overcome this advantage(s)/risk(s)?

TIMING

13. When do you decide on your birth place?
14. Would you consider changing your decision of birthing place? When? Why?

Figure 1

Semi-structured topic guide