

## Plans, Preferences or Going with the Flow: an online exploration of women's views and experiences of birth plans

### Abstract

#### Objective

To explore women's views of birth plans, and experiences of their completion and use.

#### Design

A qualitative, exploratory study, using Internet-mediated research methods.

#### Setting

The discussion boards of two well-known, UK-based, online parenting forums, where a series of questions relating to birth plans were posted.

#### Participants

Members of the selected parenting forums who had written and used, or who had chosen not to write or use, a birth plan.

#### Findings

Women responded with a range of views and experiences relating to the completion and use of birth plans. The benefits of birth plans were described in terms of communication with healthcare professionals, potentially enhancing awareness of available options, and maintaining a sense of control during labour and birth. However, many respondents believed the idea of 'planning' birth was problematic, and described a reluctance to write a formal plan. The support of healthcare professionals, particularly midwives, was considered essential to the success of both writing and using birth plans.

#### Key conclusions

Our findings show a continued debate among women on the benefits and challenges involved in writing and using birth plans, suggesting problems for a 'one size fits all' approach often seen in the use of birth plan templates. In the context of maternity policy supporting women's choice and personalised care, and as a way of acknowledging perceived problems of 'planning' for birth, a flexible approach to birth plans is required, including the consideration of employing alternative nomenclature.

#### Implications for practice

Birth plans remain a point of contention in care contexts around the world. Midwives and other healthcare providers play a central role in supporting women to discuss available options, whether or not they decide to complete a formal birth plan.

#### Key words

Birth plans, choice, control, qualitative, online research methods, preparation for labour

#### Highlights

- Women express mixed views about the benefits of writing and using birth plans;

- Women contest the idea that birth can be ‘planned’;
- Midwives play a central role in supporting the writing and use of birth plans;
- A personalised approach is important when considering options for labour and birth.

## Introduction

Birth plans have been incorporated into antenatal and intrapartum care provision in the National Health Service (NHS) in England for the past three decades. Many NHS organisations provide explicit guidance and space for the completion of birth plans in women’s maternity notes, and there is a vast amount of information for parents available on the Internet. Women’s views and experiences of writing and using birth plans are explored in this paper, in the context of continuing debate about their benefits and disadvantages (Lothian, 2006; BLINDED FOR PEER REVIEW).

Birth plans constitute an element of antenatal care in the NHS in England, with both the Department of Health (DH) and the National Institute for Health and Care Excellence (NICE) advocating their use. Birth plans are framed as part of a commitment to individualised care (DH, 2003), and are associated with the involvement of women in their own care, information giving by healthcare professionals, the establishment of effective communication between women and their caregivers, and a means by which women are able to maintain a sense of control during childbirth (NICE, 2008, 2014).

A recent narrative review of published research related to birth plans (BLINDED FOR PEER REVIEW) concluded that there remains a lack of consensus about their use in labour and birth. While little evidence suggests that writing a birth plan is associated with increased obstetric interventions and poorer outcomes for women (Deering et al., 2007; Jones et al., 2009; Hidalgo-Lopezosa et al., 2013; Afshar et al., 2015), many healthcare practitioners are unconvinced of this, instead suggesting the opposite view (Carlton et al., 2009; Grant et al., 2010; Thompson, 2013). There is similarly little robust evidence to suggest that birth plans improve women’s experiences of labour and birth. Studies have found women struggling to attain the necessary support from healthcare professionals to write and use birth plans (Lewis et al., 2014; Whitford et al., 2014), and questions remain about whether birth plans can achieve their stated aim of enhancing women’s choice and sense of control in labour and birth (Malacrida & Boulton, 2014). Furthermore, women have described healthcare professionals failing to recognise and respect their stated preferences and wishes during labour (Too, 1996a; Whitford & Hillan, 1998; Brown & Lumley, 1998; Whitford et al., 2014).

In the light of these findings, and as part of our preliminary exploration of UK women’s contemporary opinions and experiences of writing and using birth plans, we accessed some well-known online discussion forums, sites where women congregate to explore issues and experiences

relevant to pregnancy, birth and parenting (e.g. Mumsnet, Netmums, Emma's Diary, NCT). Numerous examples of women requesting peer opinions of and assistance in writing birth plans were found, and the subject appeared to elicit a diverse range of opinions and responses. Further, in our exploration of a sample of maternity 'handheld' notes, we found a number of very different templates available for writing a birth plan, ranging from a blank page to a detailed description of the kind of information required under various headings.

Given the lack of consensus in published literature and from our own narrative review (BLINDED FOR PEER REVIEW), the fact that the majority of published studies relate to research undertaken outside the UK and often in highly dissimilar care settings, and the continued debate seen in our exploration of online discussion forums, this small scale study aimed to determine the ongoing relevance of birth plans as an area for further research in the UK context.

The primary aim of the study was to explore the views and experiences of women on the subject of writing and using birth plans. Secondary aims were to learn more about resources accessed by women when writing birth plans, and which elements of care they considered important to include in their birth plans.

## Methods

### Study Design

A qualitative approach was taken to the design of this study, with data collected via the discussion boards of two well-known, UK-based online parenting forums. A qualitative design was considered appropriate due to the exploratory nature of the research (Robson, 2013). The use of Internet-mediated research (IMR) methods was considered appropriate for several reasons. In line with the increasing popularity of the Internet among pregnant women seeking information (Larsson, 2009; Bert et al., 2013) and peer support (Lagan et al., 2006, 2010; Lewallen et al., 2014), there has been increasing engagement with IMR among research communities. Reported benefits include reduced costs (Holmes, 2009), ease of access for participants and researchers (Whitehead, 2007; Holmes, 2009), and a wide reach, particularly among respondents considered less likely to engage with traditional research methods (Whitehead, 2007; Holmes, 2009; Hunter, 2012). In the context of birth plans, we had noted considerable discussion among women on relevant parenting forums, from which we assumed a population likely to engage with the subject matter we were exploring and confident in utilising online forums. A more detailed description of and justification for the use of Internet-mediated research (IMR) in this context is provided in a separate paper reflecting on the study methodology.

## Participants

A convenience sample of women accessing the selected parenting websites, Mumsnet and Netmums, was recruited. We did not specify a sample size, due to the exploratory nature of the study. Inclusion criteria were women who were planning to use, had already used, or chose not to use a birth plan, and who were registered users of one or other of the parenting websites. Participants would need to be able to participate in English, and competent in using a computer or Internet-enabled mobile device to access the discussion forums. We did not specify any age restrictions. Women would self-exclude from the study by not being registered users of the sites, or by choosing not to respond to our questions.

## Data Collection

Data were collected via discussion boards in specific areas of the selected parenting sites: 'Not for profit surveys' on Mumsnet, and 'Survey requests' on Netmums. All data were collected from responses to a series of three questions (Table 1, below), each posted as a new thread on the relevant discussion boards. The first author engaged in discussion with respondents, highlighting significant points and encouraging further discussion throughout the process. Data were collected between August and September 2015. At the end of this period, a message of thanks was posted on each thread, and visitors to these boards were informed that no further comments were being collected.

**Table 1: questions posted on discussion boards**

Question number	Question details
1	Birth plans: what do you think?  Did you write a birth plan in preparation for labour and birth? We'd like to hear your experiences and opinions
2	Bringing up birth plans  Did you or your midwife raise the topic of birth plans, either during your antenatal visits or in labour? We're interested to know whether birth plans are a normal part of discussions during pregnancy and birth
3	How do you find information to write a birth plan?

We'd like to find out more about where you went to get information when you were writing a birth plan: the Internet? Your midwife? Friends and family? Or all of the above?

### Ethical Considerations

Online research methods raise a number of ethical issues, particularly in respect of informed consent, anonymity and confidentiality, and participants' right to withdraw. We consulted guidelines relating specifically to Internet-mediated research ethics during the planning and design stages of the study (Markham & Buchanan, 2012), working to identify and consider possible risks and benefits to participants throughout the research process (Roberts, 2015). These issues are discussed in greater depth in a separate paper exploring the Internet-mediated nature of the study.

The proposal was reviewed and approved by the University of xx [blinded for peer review] Faculty of Medicine Research Ethics Committee prior to the commencement of data collection.

### Data Analysis

Data were analysed manually, and a thematic analysis was undertaken (Braun & Clarke, 2006). Responses to each forum question were analysed separately, and then cross-cutting themes were established from all responses, in relation to the research aims and objectives. The first and second authors (both midwives) undertook initial coding independently, after which codes were checked and refined collaboratively. The third and fourth authors (a clinical psychologist and a parenting educator) then commented on initial analyses, and made suggestions in relation to the final structure of themes.

### Findings

Table 2, below, gives details of the number of responses to each of the threads initiated by the researchers. IMR of this type does not enable access to respondents' characteristics, and in order to preserve anonymity and confidentiality we did not request any further information. Participants expressed a range of opinions and experiences related to both the writing and use in labour of birth plans, describing both positive and negative perceptions. The themes identified are supported by quotes below, with details of the discussion board and relevant question indicated immediately afterwards.

#### **Table 2: number of responses to each discussion question**

Question	Number of responses
1. Birth plans: what do you think?	27
2. Who brings up the subject of birth plans?	5
3. How do you find information to write a birth plan?	2

### Rationale for completing a birth plan

Reasons for completing a birth plan centred on the idea of exploring available options and possible outcomes for labour and birth. They were a tool for discussion and obtaining information, including prior to labour onset. The latter was important for both the woman and their birth partners:

‘Going through all the possible scenarios and interventions and having an idea what you’d ideally like to happen in each case. Understanding what is involved in an epidural, forceps, and EMCS [emergency caesarean section] and having made some preferences clear’ (Mumsnet, question 1).

‘In general they are useful to form the basis of discussion to be able to help people, where possible, to have the support and birth that is right for them (Mumsnet, question 1).

‘I did a more detailed one but really only as an exercise in discussing my preferences with my DH [dear husband] in case I wasn’t in a position to articulate what I wanted on the day. I felt we needed to go over it together and ensure he knew how I felt and why’ (Mumsnet, question 1).

‘Labour is not the time to be making decisions, it’s incredibly difficult to make an informed choice whilst you’re giving birth. A birth plan is a way of communicating things to your midwives and of making informed decisions ahead of time which leaves mums alone to concentrate solely on the task of giving birth’ (Mumsnet, question 1).

For some respondents, writing a birth plan was related to maintaining a sense of control in labour:

‘I did a birth plan for both my births and found them invaluable, obviously you can’t plan your birth down to every detail, but it’s important for me that things are done my way whilst I’m giving birth... It gives the control back to women and makes women aware that they do

have choices, it's not a case of turn up at the hospital and see what happens' (Mumsnet, question 1).

### Experiences of completing a birth plan

Some women described writing lengthy, detailed birth plans, while content varied from indicating general preferences to lists of instructions:

'I wrote an epic birth plan, then had a planned section for a breech baby. I'm not bothering this time!' (Mumsnet, question 1).

'I had a few vague ideas such as I might like to try a pool and to stay active. The only thing I knew I didn't want was forceps if at all possible and everything else was a maybe' (Mumsnet, question 1).

'A dark room, minimal talking, being left to be as mobile as possible, continuous monitoring only when it is necessary and not as standard procedure – leave me be and let my body do what it knows how to unless there is a problem basically. Things like skin to skin after birth, who will be cutting the cord, whether you want the injection to deliver the placenta etc. are all important too' (Netmums, question 1).

'Mine was more instructions about my decisions on options. I mean, it was essentially: (1) NO PETHIDINE (I react badly to it – blood pressure drops horrifically fast), (2) Yes to Vit K injection, (3) Natural 3<sup>rd</sup> stage wanted, (4) I'm scared of the idea of forceps-ventouse and would prefer a c-section if needed/possible. So not so much a 'plan' as a statement of my medical decisions/things to ensure it was less likely to go horribly wrong!' (Mumsnet, question 1).

Women described writing birth plans alone, or with assistance from and in discussion with healthcare professionals (generally midwives) and birth partners. Where women mentioned midwives, writing birth plans seemed a somewhat cursory part of care:

'From memory I think my midwife showed me the page in my notes where I could write a birth plan, possibly at my booking in appointment and that was the last time it was mentioned' (Mumsnet, question 1).

One respondent attributed this to service pressures that precluded midwives' engagement:

'Unfortunately I had no expectation that the midwife would take any interest in the birth plan, if she even had time to read it, so I didn't produce one for the midwife.... NHS

maternity care is so overstretched at this time that they aren't practical for professionals (Netmums, question 1).

Another respondent described writing a birth plan as problematic due to the conflicting views of different healthcare professionals:

'It is interesting to note I've had a consultant/registrar say I would need constant monitoring and an epidural to deal with the scar pain on top of labour pain but other consultants/registrars and midwives have said that isn't true, monitoring can be intermittent and you can't tell about pain management until in the situation. So already variants on a potential birth 'plan'!' (Mumsnet, question 1).

### Using a birth plan in labour

Women gave several examples where ideals expressed in a birth plan did not match the reality of labour and birth experiences. In some cases, respondents related their own experiences, but in others they gave examples of stories they had heard from peers. One concern related to women expressing preferences during pregnancy when clinical circumstances might require changes or reconsiderations during labour:

'Purely anecdotally (from friends and from MN [Mumsnet]) I have seen women who thought if they planned a water birth to candlelight and whale music while doing their hypnobirthing, then they were going to get that and if they didn't it was their fault and they had failed somehow. Plus they were so focused on hypno/water birth etc. they didn't do any real thinking about what might happen if they needed intervention (Mumsnet, question 1).

The unpredictability of labour and birth was identified as a reason why birth plans might not retain their importance and relevance in labour and several women advised maintaining a flexible approach to their use:

'In my opinion I would say don't get too hung up on it. Nobody can predict how your labour and birth experience will go and I found my birth plan was more of a guide for the midwives as they used it to see what pain relief etc. I was happy to use. After 3 days of labour and various complications I can honestly say by that point I didn't care about my birth plan, I just wanted her out safe and healthy! And that's what they did' (Netmums, question 1).

'When you're in mid throws [sic] the birth plan tends to go out of the window and you go with whatever happens at the time' (Netmums, question 1).

'I will be walking into this labour with the same attitude I have always taken which is if it hurts too much give me something to help, if we are in danger do whatever you need to do to get us both out of it, and can we have the kettle on ready for when we're done lol' (Mumsnet, question 1).

The important role played by midwives in supporting preferences during labour was stressed by several respondents, but midwives' attention to women's birth plans at this time was experienced variously:

'Not discussed as such during the birth but full consent was always obtained for everything and my pain relief choices were all discussed' (Mumsnet, question 2).

'I do have a plan in mind this time... Hopefully someone will read it – my first wasn't even taken out of my bag!' (Mumsnet, question 2).

'With my first I wrote a birth plan and although I tried to stick to it, it was my midwife that had other plans for me. I wanted an active natural delivery but in hindsight although I'd read a lot about it I didn't have the skills needed to achieve it. My midwife didn't really support me to achieve an active birth either and I ended up with a ventouse delivery after being unnecessarily forced to push for an hour as soon as I got to 10cm without any urge to push... The only bit of my plan she followed was advising the obstetrician that I wanted to tear naturally over an episiotomy when he came at me with a scalpel. It took me a long time to come to terms with my experience as I felt let down (Netmums, question 1).

'We all know birth isn't predictable but the vast majority of women will have things that they would prefer/not prefer to happen if possible – there's nothing wrong with writing that down and expecting your midwife/health professional to be mindful of it during your birth and to accommodate it when possible' (Netmums, question 1).

'I think it's about writing flexible birth plans or birth preferences and making sure midwives try and follow them as much as possible' (Mumsnet, question 1).

### Reasons for not completing a birth plan

While many respondents reported having written a birth plan, others described not doing so. Two themes emerged relating to women's reasons for not writing a birth plan. First, labour and birth were perceived as unpredictable; a number of possible scenarios and personal experiences were described:

'I personally think they are a waste of time, often in labour things don't go the way you want anyways. I think go with the flo [sic] and see what happens/how you feel at the time' (Netmums, question 1).

'I had never laboured before and I was worried I might be held to choices I had written down before I had a clue what it might really be like' (Mumsnet, question 1).

'I never wrote one, I said I just wanted to see how it all went! Didn't want to get hung up on 'but my birth plan says...' And in the end everything went so quickly there wasn't time for me to be admitted no matter about looking at my birth plan!' (Netmums, question 1).

The second reason for not writing a birth plan related to the role of healthcare professionals, with suggestions that caregivers would make 'important decisions' as necessary:

'I am in no way medically trained and would much rather leave such important choices to people who are more informed than me' (Mumsnet, question 1).

'I presumed I would get options and choices where possible and the professionals would always act in my best interests' (Mumsnet, question 1).

Some women suggested the phrase 'birth plan' itself was problematic, and alternatives were discussed:

'I think the term 'plan' is the problem. It suggests that you might have an element of control over the situation, which isn't always the case' (Mumsnet, question 1).

'I think using preferences rather than plan is definitely a way forward and perhaps manages expectations' (Mumsnet, question 1).

'I personally feel that plan is not the right word, and tend to talk about birth preferences' (Mumsnet, question 1).

## Discussion

Our findings suggest that the subject of birth plans continues to elicit considerable debate among childbearing women, echoing similar conclusions from other researchers and commentators (Lothian, 2006; Beech, 2011). Contentious issues identified in this small scale exploration of UK women's views and experiences include the overall value of birth plans; what their content should be; and the role of healthcare professionals, particularly midwives, in supporting their completion in pregnancy and use in labour.

A key issue emerging from our own and others' research into birth plans concerns the unpredictable nature of labour and birth. For some women who opted to write a birth plan, the plan was seen as a means of trying to manage unpredictability. Positive views expressed by respondents in our study were similar to those seen elsewhere, and related to ideas that writing a birth plan can give women the opportunity to become aware of and explore available options and choices (Moore & Hopper, 1995; Brown & Lumley, 1998; Aragon et al., 2013), discuss and communicate preferences with birth partners and healthcare professionals (Peart, 2004; Pennell et al., 2011; Aragon et al., 2013; Whitford et al., 2014), and retain a sense of control over events during labour and birth (Brown & Lumley, 1998; Yam et al., 2007; Lewis et al., 2014).

The contradictory view that challenges predictability in childbirth stems from the suggestion that birth is too uncertain an event for formal plans, with women in this study expressing a desire to 'go with the flow' and make decisions as events unfolded. This view has been expressed in previous studies of birth plans. Women have expressed a reluctance to 'over plan' for labour and birth, given their understanding of its inherent unpredictability (Too, 1996a; Peart, 2004; Whitford et al., 2014). Similar to our findings, other studies have reported women believing they risk a sense of failure in situations where events in labour do not match plans made during the antenatal period (Cook & Loomis, 2012; Aragon et al., 2013). Respondents in our study suggested the term 'birth plan' might be problematic, given the need for a flexible approach, and as seen elsewhere (Welsh & Symon, 2014) an alternative term such as 'birth preferences' was viewed positively.

There is a further element to the debate around unpredictability, described by respondents in our study in relation to the role of healthcare professionals, particularly midwives. While UK maternity policy and guidance (DH, 2003; NICE, 2008; 2014) would suggest that women should have the support of midwives in discussing, writing and using birth plans, our study suggests this is not reflected in some women's accounts. From an antenatal perspective, the perfunctory approach to supporting engagement in birth planning resonates with the lack of opportunity or professional support for women to complete birth plans (Lewis et al. (2014) and Whitford et al. (2014), .

Tensions emerged related to differing perspectives on birth plans in the intrapartum period. In a number of cases, respondents described midwives not taking account of or acting in direct opposition to their stated wishes or preferences. Where stated preferences had not been upheld, women described a detrimental effect in relation to their labour and birth experience. This echoes published studies that have reported women losing their sense of control if they feel caregivers do not pay attention to or respect their birth plans (Too, 1996a; Brown & Lumley, 1998; Whitford & Hillan, 1998; Whitford et al., 2014). Professional disquiet related to birth plans has been described

elsewhere. In some cases, birth plans were considered detrimental to overall outcomes in labour and birth (Carlton et al., 2009; Grant et al., 2010), while some professionals perceived women negatively if they presented birth plans considered inflexible or overly prescriptive (Too, 1996b; Aragon et al., 2013). Healthcare professionals appeared to be concerned that women's expectations in these cases would be unachievable (Thomson, 2013), thus risking a sense of disappointment or feelings of failure (Aragon et al., 2013), echoed by some respondents in this study.

Respondents reported a range of wishes and preferences that they considered appropriate to be expressed in their birth plans. This may reflect the wide variation seen in birth plan templates on the Internet and in maternity notes in England, and indeed, there may be no single 'best' structure that will suit all women (Plotkin, 2017). The recent National Maternity Review (2016) challenges the concept of a prescriptive birth plan template as it may run counter to a personalised approach to care that is 'centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information' (p8).

### Limitations

The challenges associated with undertaking the study via Internet mediated research (IMR) methods are addressed in depth in a separate paper.

There may have been a risk of 'group-think' among participants, related to the use of online discussion boards, where all comments were viewable, as in such situations those who do not agree with the overriding opinion of the group tend to remain quiet (Janis, 1972). However, we also found disconfirming evidence, and in some cases women entered into discussion in response to others' comments, although to a limited extent.

The study represents only an overview of women's experiences and opinions, with little discussion beyond participants' first responses. Further, we obtained no demographic information about the participants, due to the type of IMR employed in the collection of data, as typically site members on such forums are obliged to provide little identifying information.

Finally, we had very few responses to our second and third questions, rendering them of limited utility. However, responses overall did echo existing discussions seen on these parenting forums, and we achieved a range of views and experiences in responses to the first of our questions, offering a timely 'snapshot' of contemporary opinions of birth plans in the UK context.

### Conclusions

The findings from this small study echo conclusions from elsewhere, suggesting there is little consensus as to the overall benefits of writing and using birth plans (Divall et al., 2016). Women

clearly held a range of views about the structure and content of their birth plans, if they decided to write one. However, at least in England, birth planning remains a key element of antenatal and intrapartum care provision in relation to individualised care and maternal choice. Our findings are timely, given the emphasis on personalised care expressed in the recent National Maternity Review (2016), and suggest that significant challenges still need to be addressed in relation to this element of preparation for labour and birth. Future research should explore these challenges. In the context of Department of Health guidance in relation to birth plans (DH, 2003), women's reports of variation in the amount and quality of information and discussion afforded by their midwife are a cause of concern. Future research should explore this variation, in order that all women who want the opportunity to discuss or formally state their preferences are empowered to do so. Research should address whether there is a particular context or time in pregnancy in which women would value the opportunity to write a birth plan, or discuss labour and birth care options. Given findings from our own and others' studies, it may be that the phrase 'birth plan' is no longer appropriate for women and midwives, and it may be timely to reconsider terminology. Alternative ways in which women might express their labour and birth preferences should be determined and evaluated. The views of midwives are currently being sought, and will be reported separately.

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