Request, Resistance and the Rhetoric of Choice: UK women’s experiences of expressing non-normative choice in a complex and fearful maternity system

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Request, Resistance and the Rhetoric of Choice

UK Women’s Experiences of Expressing Nonnormative Choice in a Complex and Fearful Maternity System

Background

Informed choice is a central tenet of a woman-centred, human rights based respectful care framework, enshrined in the UK through iterations of strategic healthcare policy and legal precedent. Tacit assumption of expected compliance with recommended intervention across the childbearing continuum exists, associated with social, cultural, and institutional norms. International evidence exists that both explores narrow phenomena-based experiences and decision making for ‘outwith’ guideline care or rejection of social and cultural norms (i.e., freebirth, induction of labour, home birth against medical advice, maternal request caesarean section) and clinicians facilitating out of guideline care. UK women’s voices remain largely absent in the literature in relation to understanding broader scope nonnormative choices. Furthermore, a lack of knowledge exists encompassing experiences of making nonnormative choices and associated interactions with a fearful and complex maternity care system under the influence of a challenging socio-political environment. This poster presents the initial and emerging narrative findings of a wider study aiming to explore these experiences.

Aims

• Explore experiences of women making nonnormative choices in pregnancy and childbirth.
• Explore why and how participants constructed choices and how the navigated maternity systems to achieve them.
• Develop a theoretical understanding of the conditions and mechanism affecting the experiences.
• Expose the underlying social processes that therefore underpin decision making and assertion of choice.

Preliminary Findings

Choices made reflect a nuanced combination of psychologically and physiologically protective measures to preserve a highly individualised reproductive identity.

Many viewed choice as a ‘illusory’ as they either were not offered a choice or when they declined or withheld consent, clinicians did not have the knowledge or tools to be able to facilitate the choice being exerted:

“...there was no language of choice, and there was no sense that there was anything to do with kind of self-determination or feeling positive that there could be a physiological outcome”

(Requested homebirth with raised BMI. Declined induction of labour and additional scan)

(Angela)

Most interactions with the system were negative with a range of reactions from clinicians, designed to coerce, dismiss challenging choices and gain compliance.

Some of these interactions included confrontation and overt violence:

“...the doctor came over and she demanded access to my vagina...I refused to comply with coached pushing and the doctor said...we need to deliver this baby, you’re in serious danger ... and I said if there was an emergency I consent to a caesarean, if there is not I would like an epidural”

(Declined bloods, screening, VEs, blood pressure, fetal monitoring, instrumental birth)

(Imogen)

Nonnormative mode of birth choices rarely made in isolation, rather with a build up of micro-choices during the pregnancy which, when not respected, influenced future withdrawal from the system.

“...the midwife...she listened to me...I felt a good connection with her right away, that’s why I asked us to swap to her, she was like night and day different”

(Requested homebirth after caesarean)

(Faye)

There was evidence of positive and facilitative interactions with clinicians and the system however these were few. Most reflected that positive interactions came about resultant of continuity of carer and shared philosophies.

Discussions

These data represent initial and emerging narrative findings within the context of a wider study aiming to theorise social and psychological processes associated with nonnormative choice making. Despite the rhetoric of informed choice and individualised care, the extent to which nonnormative choice can be exerted within the UK and how these episodes of care are experienced is influenced by complex biopsychosocial and institutional factors, leading to widespread variation from facilitative to obstructive encounters with the system. It is hoped that these findings will, alongside existing understandings of individually separate and distinct phenomena will inform future development of policy and improve guidance to support clinicians to support similar choices in the future.

Anna-Marie Madeley

RM, BSc (Hons) Midwifery, MSc (Oxon) PGCertTHE FHEA
PhD Candidate.

Faculty of Wellbeing, Education and Language Studies . The Open University

Supervisors:

Prof Sarah Earle, Professor of Medical Sociology, The Open University
Prof Lindsay O’Dell, Graduate School Director, The Open University
Dr Sally Boyle, Head of School of Nursing, Midwifery and Health Education. University of Bedfordshire

References
