

WHAT WOMEN WANT

OVERVIEW OF STUDY

"I would do so much differently. First of all, I would ensure continuity of care for example, caseload midwifery or a private midwife or doula. It is very important to me that next time I have a care provider who I fully trust, who has a good understanding of my birth preferences and who I know will be a strong advocate for me"



In 2021 the Birth Experience Study released a nationwide survey for women who had birthed in Australia in the previous 5 years. The survey was available in English and 7 other languages. There were 8,804 completed responses.

This paper is an analysis of the comments left for the open text question "Would you do anything different if you were to have another baby?" There were 6,101 text responses to that question. Each response was categorised using content analysis and six categories were found. Four focused on what women wanted for their next birth (85% of all comments) and two categories were comprised of responses from women who were not going to have another baby and therefore the question was irrelevant or did not want to change anything.

The findings demonstrated that most women wanted to avoid interventions such as induction of labour, wanted a vaginal birth (with many wishing for a homebirth) and wanted equitable access to midwifery continuity of care.

"I wish I was able to speak for myself just as I do for others. I wish I did not feel vulnerable. I wished English was my language or I was white. I wish I was provided information. I wish I was treated with compassion" (Women migrated from Nepal)

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What women want if they were to have another baby: the Australian Birth Experience Study (BEST) cross-sectional national survey
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OBJECTIVE To explore if Australian women would do anything differently if they were to have another baby.
Design and setting The Birth Experience Study (BEST) online survey explored pregnancy, birth and postnatal experiences for women who had given birth during 2016–2021 in Australia.
Participants In 2021, 8834 women responded to the BEST survey and 6101 responses to the open text responses to the survey question 'Would you do anything different if you were to have another baby?' were analysed using inductive content analysis.
Results A total of 6101 women provided comments in response to the open text question, resulting in 10 086 units of coding. Six categories were found: 'Next time I'll be ready' (2558, 42.2%) described how women reflected on their previous experience, feeling the need to better advocate for themselves in the future to receive the care or experience they wanted; 'I want a specific birth experience' (2872, 28.9%) and 'I want a specific model of care' (1736, 17.8%) highlighted the types of birth and health provider women would choose for their next pregnancy; 'I want better access' (294, 2.9%) identified financial and/or geographical constraints women experienced trying to make choices for birth. Two categories included comments from women who said 'I don't want to change anything' (1027, 10.2%) and 'I don't want another pregnancy' (42, 1.4%). Most women birthed in hospital (82.9%) and had a vaginal birth (59.2%) and 56.7% had a caesarean.
Conclusion Over 85% of comments left by women in Australia were related to making different decisions regarding their next birth choices. Most concerning women often blamed themselves for not being more informed. Women realised the benefits of continuity of care with a midwife. Many women also desired a vaginal birth as well as better access to birthing at home.

INTRODUCTION Maternity services should be woman centred and responsive to consumer demand and feedback. The *Woman-centred care strategic directions for Australian maternity services* (WCCS Strategy)¹ positions women as the decision-makers in their care and calls for respectful

STRENGTHS AND LIMITATIONS OF THIS STUDY
 This is one of the largest surveys ever conducted on women's birth experiences in the last 5 years in Australia.
 The national survey was made available in seven languages other than English, although response rates in these languages were low.
 Women who responded to the survey tended to be of higher socioeconomic status, be above the age of 30 years and be university educated.
 There were lower rates of First Nations women and migrant women in the study than in the total population of women giving birth.

care that meets individual needs. Despite this, it is apparent that many women are not satisfied with their birth experience^{2,3} and intervention rates in Australia continue to be some of the highest in the Organisation for Economic Co-operation and Development with induction of labour rates at 30% and caesarean rates at 37%.^{4,5}
 In Australia, women have access to a variety of maternity models of care dependent on location, access and availability. Recent figures released by AHW⁶ indicated that the most dominant model of care (40.4% of models) is standard public maternity care that is fragmented in nature. Models in Australia that offer continuity across the whole duration of the maternity period (antenatal, intra-partum and post-partum) are identified as midwifery group practice or midwifery caseload care (continuity of care (CoC) with a public midwife) (14.8% of models) and private midwifery care (21% of models).⁷ The remaining models may offer different levels of CoC including general practitioner (GP) shared care (15.3% of models) and private obstetric care (11.2% of models). There are also a variety of high risk and remote area maternity care models.

MAIN CATEGORIES

Category	First subcategory	First concept
Next time I'll be ready	Prepare myself better	Be more knowledgeable and confident
I want a specific birth experience	Vaginal birth matters	Homebirth
I want a specific model of care	Midwifery continuity model	Employ a private midwife
I want better access	Equitable access to homebirth and private midwives	Restricted for financial reasons

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