

BABIES BORN BETTER SURVEY: AN OPPORTUNITY FOR CROSS COUNTRY ANALYSIS OF CHILDBIRTH PRACTICE

By Marie-Clare Balaam

The Babies Born Better (BBB) survey is a pan-European survey which has been developed to collect the views and experiences of women who have given birth in the last 5 years. Designed to be distributed through social media and completed online the survey was launched in February 2014. It is currently available in 23 languages and has to date over 30,000 responses from women across Europe and beyond.

This paper will briefly explore the rationale behind, and the development of, the survey and consider the survey's potential to identify both excellent and poor childbirth practices across Europe. It will also consider how the results of the survey may act to support groups advocating for improvements in maternity care within their communities by providing accessible data and the ability to compare local, national and international conditions and practices.

The background: discovering good practice, engaging with women and developing networks

The survey came out of the work of the COST Action IS0907: Changing childbirth cultures and consequences. This was a 4 year EU funded networking project which involved over 120 participants from 26 countries. The Action's aim was to advance scientific knowledge about ways of improving maternity care provision and outcomes for mothers, babies and families across Europe by understanding what works, for who, in what circumstances, and by identifying and learning from the best.

One of the key underlying elements of the Action was the principle Salutogenesis. This approach supports a focus on the promotion of well-being for individuals and communities. In terms of maternity care, this means rejecting a focus on pathology and considering what factors promote positive outcomes. It supports an approach which seeks to explore which practices and approaches support good outcomes and positive experiences for mothers, babies and families and how maternity services can learn from these practices and philosophies. This underlying philosophy and an increasing awareness of the variety of women's experiences

of birth and the range of childbirth cultures and practices across Europe led the Action to look for a way of investigating women's experiences of birth. The Action wanted to identify and locate where women had positive birth experiences and received excellent care. Mapping these results would allow us to identify where good practice was happening and then learn from this best practice to support positive change. However, while our focus was on positive practice, we were also aware that the survey would highlight places and situations where women had poor experiences of maternity care.

Developing the Babies Born Better survey

The survey was developed collaboratively with members of the Action from a range of countries and backgrounds. The intention was to use social media to maximize the survey's reach utilizing pre-existing social media networks and platforms used by women and mothers. The survey was developed to ask women about their experiences during their last birth along with some basic demographic data.

It is a relatively brief survey with 24 questions taking a variety of forms including simple yes/no responses, multiple choice questions and the opportunity to respond in a free text. This format was chosen to keep the survey easy to complete, to gather necessary demographic data but also to allow women the space to express their views in their own words. Respondents are asked their age, place of residence, resident status (migrant/non migrant), how many children they currently have, when they had their child/children, the gestational age of the child/children at birth and if they felt there had been any problems with the birth. They are asked where they birthed and who attended their birth. They are then asked to give 3 words to describe the best things about their care, 3 things that they would change about their care and 6 words to describe the care they received over all. They have the opportunity to enter free text about any issue that they wish to expand upon. Finally there is the opportunity to leave an email address if they are interested in being contacted by a researcher to take part in further more in depth research. Once the format of the survey had been finalized it was submitted to the University of Central Lancashire Ethics Committee. A steering committee and a network of national coordinators was established to oversee the management of the ongoing survey.

The survey was then translated into a range of languages by volunteers who included mothers, activists and academics. The translation process highlighted a

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range of issues that needed to be addressed. These included linguistic and technical issues as well as more philosophical ones as (childbirth) cultural differences emerged over the understanding of practices, expectations and understandings of maternity care. One example of this was the inclusion of the idea of 'stand-alone' and 'alongside birth centers', places where women receive only midwifery led care. While this concept is common in the UK and some other European countries, in other countries this option made little sense to women in their birth context as midwifery led care of this kind is not an option. However, the decision was made to leave these possible responses in all the surveys as it allowed women to see that there were options for birth locations which were different to those they saw in their own countries. It was hoped that this would act to raise awareness of different practices and allow women to question what they were offered as the norm within their countries. (Figure 1)

The survey was then posted online using Survey Monkey and can be accessed through a portal at <http://www.iresearch4birth.eu/iResearch4Birth/en/ab2.wp> (Figure 2) Dissemination of the survey was initially through a network of contacts from the COST Action, the COST Action website, the networks of the volunteer translators, the work of activists, and through the creation of a Facebook page <https://www.facebook.com/iResearch4Birth?ref=hl> and via Twitter. Since then dissemination has snowballed as mothers, activists, childbirth organizations and other social media users have spread the survey amongst their own networks.

Responses and data produced

To date over 30,000 women have responded to the survey from Europe and beyond. Work has been done to clean and sort the data to ensure that it is accessible and maintains confidentiality for the women who responded. Initial data, up to August 2014, has been sent to National Coordinators to allow them to work on the data and disseminate the findings within their countries. In the autumn of 2015 the whole data set will be processed and distributed to the national coordinators. This will allow them to access a large quantity of data about the birth experiences of women in their countries and allow comparisons to be made between women's experiences across Europe.

The philosophies underlying the survey and the policies of its management mean that this data is, and will be an accessible source for activists and academics working to improve the experiences of childbirth for women. This material will give

activists access to the type of data that many are currently finding hard to access in a form that will be easy to disseminate. An ongoing commitment to engage with the women who have responded to us and the activists who have supported us will allow us to develop further research and continue to engage with mothers across Europe. The survey will be expanded in the future to other languages to allow more women to access the survey in their native tongue. Further research will allow more detailed cross country analysis of birth experiences and allow the identification of good practice and the opportunity to learn from these and conversely to highlight poor practice and seek to bring about change.

Q12 Where did you have your last baby?

Answered: 2,681 Skipped: 598

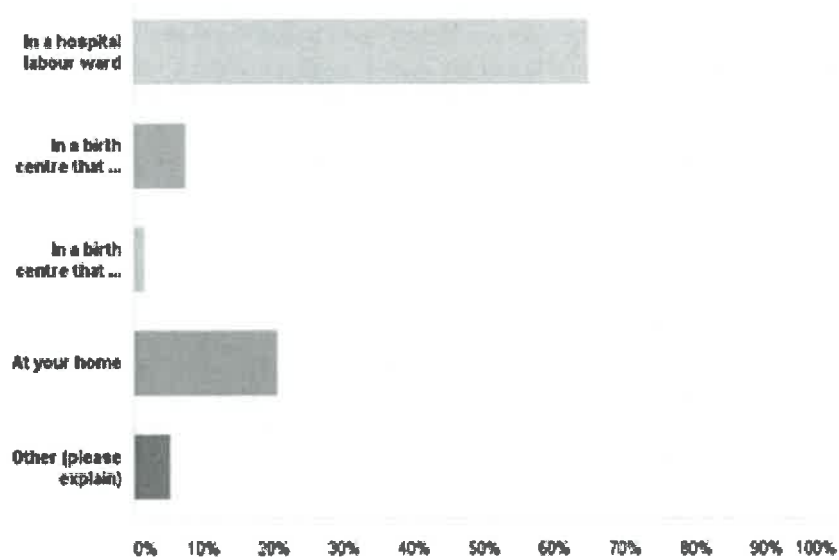


Figure 1.
Place of birth including birth center

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Figure 2.
BBB portal

ABOUT MARIE-CLARE BALAAM

Marie-Clare Balaam currently works as a research assistant in the Midwifery department at the University of Central Lancashire, UK. Marie-Clare's background is in History and Women's Studies. She has worked as a lecturer and an academic and community based researcher. Her research interests are; migrant women's experiences of maternity care and childbirth in the UK and Europe, social support, and historical and socio-cultural perspectives on women's health particularly menopause. Her current research focuses on the experiences of asylum seeking and refugee women and social support for marginalized women. She is grant manager for COST Action IS1405 and on the steering committee for Babies Born Better European survey.

