

'Why won't Polish women birth at home?'

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Summary: *Polish women living in the United Kingdom (UK) are statistically more likely to have normal births than their British counterparts yet anecdotally do not choose to birth their babies at home. A medicalised approach to birth in their country of origin means women are unaware of the benefits of midwifery-led care which they often perceive as sub-standard. Affordable travel means Polish women can access care in both countries and compounds the difficulties in acclimatising to UK maternity services. Online discussion groups and internet forums represent an opportunity for midwives to engage with women to promote their services. This is increasingly important with rising numbers of both Polish migrants to the UK and Polish residents applying for British citizenship.*

Keywords: *Polish, home birth, medicalised birth, migration*

Introduction

As a community midwife working in an urban area I was accustomed to managing a caseload of women from diverse cultural and linguistic backgrounds. Within the community I served, 17% of the population identified as white non-UK (Northamptonshire County Council, 2013), of which by far the largest group were Polish of childbearing age. Over time I noted a trend emerging that the Polish women appeared to have a higher incidence of normal births and a smoother transition into motherhood.

The Trust I worked for had a proactive approach to supporting homebirth, with a dedicated team of homebirth midwives actively looking to offer more women the experience of birthing at home in order to maintain a high homebirth rate of up to 8%. When asked by them 'how can we recruit more women?' I suggested focussing on the large Polish community I supported. When asked if they would like to choose this option, however, Polish women reacted with either laughter or horror. The added pressure of increased time constraints imposed by working with translators made effectively exploring the idea further with them very difficult. This article looks at the literature to try and help me understand their mistrust of homebirth in favour of hospitals.

Do Polish women really have more normal deliveries?

Research appears to corroborate what anecdotally my colleagues and I had observed – that Polish women are more likely to birth without complications than the domestic population (Gorman *et al.*, 2013). This is in contrast with statistics from Poland which show a significantly higher caesarean rate than the UK. Gorman *et al.* (2014) analysed 119,698 Scottish and 3,105 Polish primiparous women's births in Scotland over a five year period and found that the caesarean rate was 5% lower for Polish women (19.6%) than their Scottish counterparts (24.5%). Walsh *et al.*'s (2011) statistically smaller study compared Irish and Eastern European women's experiences. The policy of the hospital where the women birthed was to actively manage birth according to strict protocols meaning almost laboratory conditions for studying birth with little opportunity for autonomous midwifery practice to promote improved birth outcomes. Once again the Eastern European women fared better – shorter labours, less epidural use and lower caesarean rates.

The fact that Eastern European migrant women appear more likely to achieve a vaginal delivery *in spite of* medicalised childbirth points to what both studies call the '*healthy migrant effect*' – that is to say, people who are most able and motivated to travel abroad for work are more likely to be in better health. This theory is supported by the fact that in Walsh *et al.*'s (2011) study, when variables in women's risk factors were removed and they compared outcomes in both groups for women with similar Body Mass Index and age, the difference in outcomes virtually disappeared.

If Polish women in Britain really are more likely to be low-risk in pregnancy, then why were they not only declining the offer of homebirth, but also actively choosing to birth in consultant-led units?

Childbirth in Poland

The feelings of Polish women need to be understood in the context of what they might experience in Poland. According to an article by Kopacz *et al.* (2011), only 10% of Polish hospitals '*offer women the freedom to choose position during childbirth*' and only 27% '*allow.. unrestricted contact between women and their baby following childbirth.*'

Interventions such as episiotomy, amniotomy and augmentation are carried out at the discretion of doctors in the absence of any discussion or consent from the woman. Such is the dominance of the medical model of care in Poland that the women I encountered frequently commented on

their disappointment that there were only two scans routinely offered and that they did not see a doctor throughout their pregnancy. It was clear that the women did not know about the provision of maternity services in the UK or the role of the midwife in providing antenatal care (Richards *et al.*, 2014). This led to confusion and frustration for both me and the women, and I needed to understand more fully how women perceived NHS healthcare provision.

Polish perceptions on UK maternity care

Sime (2014) conducted a qualitative study looking at migrants' views of health services as well as healthcare providers' experiences of supporting migrants from Eastern Europe. Migrant children and their parents shared the view that doctors were '*better*' in their home countries, a view also expressed by participants in Goodwin *et al.*'s (2012) mixed method study which revealed that 69% of Polish migrants preferred to have treatment in Poland rather than in the UK. In many cases women and their families were frustrated by GPs. They perceived that their concerns were dismissed because they were offered simple analgesia rather than the antibiotics that they might receive in their home country. GPs argued that migrant families requested medication and referrals that were not '*clinically indicated*'. Midwives may relate these experiences to their own practices, with women accessing private scans, often on visits home, for reassurance and to supplement the care provided by the National Health Service (NHS).

Acculturation versus transnational healthcare

As Polish women spend more time in the UK and develop greater familiarity with the NHS I assumed that they would come to value the benefits of midwifery-led care and birth at home. It seems, however, that this is not the case. The literature highlights a new trend which is labelled '*transnational health care*' (Sime, 2014; Goodwin *et al.*, 2012). Affordable low-cost air travel between Poland and the UK allows migrants to regularly access care at home on visits to family. This may be for reassurance and a second opinion from doctors who speak their own language (Sime, 2014). It is also because in their home countries they are able to directly access specialist services – albeit at a cost – without the lengthy waiting times that come with the NHS or having to negotiate access via the GP.

Accessing healthcare in both countries may provide a sense of reassurance for the women. The frequent traffic between the two

countries may also mitigate the risks of 'unhealthy assimilation' (Walsh *et al.*, 2011) whereby adopting the diet and lifestyle of contemporaries in their host country would lead to increased risk of poorer childbirth outcomes and decreased rates of breastfeeding (Richards *et al.*, 2014). It does, however, carry risks. Osipovic (2013) discusses the fact that Polish communities rely on health care at home rather than go to the GP as a result of uncertainty about whether they are entitled to access services. This can lead to self-diagnosing and self-medicating with drugs that are prescription only in this country but available over the counter in other countries.

A new trend is emerging as commented on in the Economist (Anon., 2013) with private clinics being set up in the UK by Polish healthcare professionals. These can provide direct access to specialist services such as ultrasound scans and gynaecologists at times convenient to shift workers. In my own area I am aware of a Polish obstetrician who women access for care before finding their way to a midwife. This has led to conflicting advice and women missing out on screening programmes as well as being classified as a 'late booker' and referred for consultant care.

I had hoped that once Polish women have experienced normal childbirth, they would be reassured and birth in birth centres or at home for subsequent pregnancies but recent research has cast doubt on this hypothesis. Coxon *et al.*'s (2015) study suggests that women prefer to stick to what they know and that the experience of birthing in an obstetric-led environment with emphasis on risk has a profound effect. In the case of Polish women, birth in a high risk setting – regardless of outcome - is likely to reaffirm their belief that birth is dangerous and should always be led by obstetricians.

Challenges and opportunities for the future

The process of reviewing the literature has revealed to me to the complex factors which prevent many low-risk Polish women in the UK from choosing midwifery-led care, and removed much of the professional frustration I felt when trying to support them. Nevertheless, the necessity to find a way to engage with them about the benefits of midwifery-led care remains high. Population projections show an estimated 376,000 increase in people from other European Union countries now living in England since 2011 (The Migration Observatory, 2015). Furthermore, Polish born women are increasingly applying for British citizenship, gaining the right to vote and thus affect maternity care policy (Berg, 2015).

New technology may help midwives in this challenge. Online discussion boards and forums are frequently relied upon as sources of information and support for recent Polish migrants to the UK. At present they appear to perpetuate the vision of UK maternity services as 'superficial' and lacking in medical expertise (Goodwin *et al.*, 2012; Sime, 2014). If harnessed correctly, however, they could become a tool for us to engage with Polish women. The next step for me is to explore the online habits of Polish childbearing women both here and abroad to see how they can be used to disseminate the evidence behind the organisation of maternity services in this country. Whilst it might be ambitious to hope that in the long term Polish women's interactions with midwives in the UK might allow the medical model in Poland to be challenged and avoid the 40,000 unnecessary caesareans that take place there each year (Gorman *et al.*, 2013) but I hope it could help them to reclaim confidence in their bodies' ability to birth their babies free from medical intervention – and maybe even in the comfort and privacy of their own home.

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