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Birth vlogs: a window into childbirth experiences and decision-making power in medical interventions

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Background

In this briefing 'mother/s' is being used to refer to all people giving birth whether or not they identify as women. There are well-documented concerns regarding the decision-making power of mothers during childbirth. The medicalisation of childbirth, where compliance is expected from mothers and certain care is withheld until established labour is confirmed by a vaginal examination, have been issues of concern for both feminist authors and NHS policy researchers (Nelson, 2021). **However, the four main maternity guidelines from the National Institute for Health and Care Excellence (NICE) related to labour and childbirth encourage clinicians to provide as much information as possible, and to support mothers in their decisions about labour and birth care. The NICE policies primarily support maternal decision-making power, the birthing person's choices, and defaulting to spontaneous labour and vaginal birth. The wording of these guidelines is important, as is their ability to be realistically achieved by clinicians.**

Mothers are therefore encouraged to make decisions about medical interventions prior to labour and often use the NHS website, UK governmental websites, personal interactions with midwives, and online forums and YouTube videos as sources (Hinton, et al., 2018). While many pregnant people choose not to publicly document their experiences, many still seek out what others have shared and believe digital media to be an important source of information. Indeed, as social media has grown in the last decade, some mothers use YouTube as a way of showcasing a representation of their pregnancy, labour, and birth experience to share with others, often a public audience. These videos are an example of crafted representations of experiences with images, audio, and music that knowingly produce a representation of themselves and childbirth, and showcase internalised and externalised narratives of childbirth.

Key Points

- Birth vlogs on YouTube are an important source of information for patients and can be analysed to understand the narratives being expressed about childbirth and NICE maternity policies, so as to inform the future development and enhancement of these policies.
- Many videos supported a narrative of an ideal birth being a spontaneous labour with a vaginal delivery, and this ideal is supported by the defaulting preference in NICE maternity policies.
- The study uncovered patient-clinician negotiation of choice where both the patient and clinicians had a least some sway with the other – often in regards to pain, safety, and achieving an ideal birth. Therefore, it is important for NICE guidelines to incorporate patient decision-making power when outlining medical interventions.
- The study identified a few representations of childbirth experiences where the mother did not give full consent and demonstrate deviation from published NICE maternity policies. Though a minority of representations, these videos may shape the trust of future patients.

These representations of childbirth are viewed, shared, and absorbed into patients' perspectives regarding birth, and contribute to the trust or distrust of the NHS as an institution. YouTube videos on birth are an important resource to research which allows a deeper understanding of what patients see as information sources and how the expressed narratives compare to the NHS guidelines on medical agency and choice.

The study

YouTube videos have been analysed as documents in research for many years and this method was adapted from several such studies. This study analysed birth vlogs produced by mothers that described or showed their experience of labour and birth within the NHS system. The videos were searched for using the terms “UK birth vlog”, “NHS birth vlog”, and “UK labour vlog” and sorted by ‘relevance’. Videos were collected between 9th May and 15th June, 2022. 37 videos were collected, and four videos, each with fewer than 5,000 views were used as context videos.

Inclusion criteria:
1) The video must show/describe a representation of someone’s labour and birth experience.
2) The video must be published by a channel that is operated by the people featured.
3) The video must be in English or translated into English by the channel creators.
4) The video must show/describe a representation of childbirth that occurred between 2018-2022 in the UK.

It is important to note that the videos included in this study do not represent the wider population of birthing people in the UK. The videos varied in narrative style (‘vlogs’ are edited clips of labour and birth often with voiceover or clips of explanation and ‘sit-down’ videos are clips of people sitting and narratively telling their labour and delivery experience), time since birth (several days to 9 months), and method of childbirth (spontaneous vaginal delivery, caesarean section, induced labour – vaginal delivery, induced labour – caesarean section).

The study’s methodology was informed by an inductive, thematic analysis approach adapted from Braun and Clarke (2006). Videos were coded by any expressed feeling or representation in relation to the range of medical interventions discussed in the videos. The primary codes were: fear, pain, comfort, clinician recommended, safety of the baby, safety of the mother, preference for natural delivery, or neutral preference/delivery shown but preference not discussed. Codes were eventually separated into two main themes (birth hierarchy, patient-clinician negotiation of choice), with several sub-themes connected to each.

Key Findings

Birth Hierarchy

One of the main themes reinforced by many of the videos was the idea of a birth hierarchy. At the top of the hierarchy s spontaneous labour with vaginal delivery without any medical interventions, including pain relief, and at the bottom is an elective caesarean section procedure. The birth hierarchy is never spelled out directly, but it is often implied. It is supported by an idea that your body was made for childbirth and pain. Several vloggers similarly agreed that their body was made to give birth vaginally, but linked the purpose of their body to God. The study found that there was a narrative of biological ability to labour and birth expressed by the mothers, but also an acceptance of pain. In several videos, the mothers stated that they either would not describe their experience as painful or that the pain was their way of staying focused on natural birth and therefore a reason not to take one of the interventions. This sentiment supports the idealisation of spontaneous vaginal birth with no pain relief by associating them with biological ability and womanhood. **The idea of a spontaneous vaginal birth being the ideal is reflected and supported in several NICE guidelines. For the mothers who expressed these views, the NICE guidelines clearly encourage their ability to choose care options that get them as close as they can to their ideal birth**.

Pain preferences can change

Despite a theme of birthing hierarchy, many mothers did accept medical interventions, particularly for pain relief. Some mothers deferred to their labouring selves to make pain decisions without explicit judgement placed on accepting or refusing pain relief, but some expressed more difficult emotions about asking for pain relief when they had originally wanted an intervention-free labour. For example, in one video the mother described being upset with herself for needing an epidural, but then went on to renegotiate the narrative that she originally believed by explicitly asking the viewer to do what is right for them and to accept pain relief if they need it. The mothers who ended up receiving more medical interventions than originally intended spent time in their story explaining how they shifted their mind-set and accepted the interventions they previously had not wanted. **This renegotiation of medical interventions shows that the ideal, natural labour can be adjusted to include some needed pain relief and still be acceptable. It also showcases the decision-making power of mothers who adjusted their consent throughout labour to include medical interventions they ended up wanting. NICE guidelines are worded to allow for flexibility and for mothers to change their minds about medical interventions.**

It should also be noted that some mothers went into the labour process expecting to ask for pain relief. For example, a woman in early labour said she was excited for drugs. When she had a difficult time getting pain relief, she described how upset she was and did not justify her desire for pain relief or for medical interventions. **These experiences align with NICE guidelines about offering pain management options, however there were examples of these policies being ineffective in reality.**

Patient-Clinician Negotiation of Choice

Clinician recommendations for safety

Most of the representations of childbirth included at least one medical intervention, **often despite mothers explicitly stating that they wanted a 'natural birth.'** Other than pain, the primary reason for intervention was safety. There was a clear theme of accepting medical interventions when the clinician made direct recommendations for safety, maternal or foetal, reasons. Within vlogs, safety is described as the non-negotiable reason for having a medical intervention during childbirth. This is important to consider when wording NICE guidelines for labour and childbirth. Most mothers in the videos described wanting a spontaneous vaginal delivery with few medical interventions and often had to renegotiate their choices when presented with potential safety concerns for either the pregnant person or the baby. **The guidelines must consider consent as paramount even when a medical situation has a potential for harm.**

Many of the videos showed mothers who had an understanding of their rights and decision-making power when it came to medical interventions during childbirth. This was often shown through word choices such as 'offered,' 'declined' and 'opted' that emphasize the person in the video understood that the medical interventions were ultimately their own choice to make. Many of the videos also included mothers describing what they wanted for their labour and birth, further indicating that these vlogs represented an understanding of options and choice when it came to medical interventions. This is supported in the NICE guidelines for childbirth and has been an enduring theme of NHS maternity guidelines since 1993. **These videos showcase many times where the values of choice and decision-making power outlined repeatedly in NICE guidelines effectively translated to the represented experiences of patients.** The wording of the policies often closely matched the wording of the mothers in the videos, with likely the clinicians using similar words to the policy to convey options and treatment for mothers.

While sometimes clinicians' words were taken as recommendations or suggestions of care by the parent(s) in the videos, sometimes what the clinicians said was reported as a mandatory next action. There were primarily two types of examples, one as clinicians using words such as 'have to' and 'necessary' rather than 'offered', and the second as videos that described an action as performed without proper consent. For example, a woman described the induction decision as being highly influenced by the consultant, saying they were "adamant" about induction. While the focus is still on safety and clinicians are recommending care, more forceful words are being used when describing patient care options. **There were also examples of care being performed without informed consent.** Another video included a representation of the mother experiencing monitoring without her understanding or clear consent and a third described a 'traumatic' experience where she was unable to get proper pain relief and became unresponsive due to significant fear, pain, and unhelpful staff members**. These experiences deviate from the ideal proposed in NICE guidelines where birthing people should be presented with fully informed options and no care is given without explicit informed consent.**

Refusing care

There are many mentions of patients understanding their right to choose which medical interventions and suggestions by clinicians to take or adhere to. For example, one woman was pushing when the doctor recommended a forceps delivery. Instead of accepting the clinical suggestion, the woman recalled her mother's birth of her, saying she does not need a forceps delivery and will push him out on her own. Similarly, another video offered the most consistent and repetitive declinations of medical interventions. The editor of the video added several text blocks to clips of her labouring in the ward using words such as 'my options,' 'offered,' and 'declined**.' Many videos showed that mothers knew they had choice and decision-making power when it came to their medical care during childbirth. Additionally, many of the videos showed mothers declining care options when they were presented without being linked to pain or safety. These examples showcase the maternity guidelines' wording can, with varying degrees of effectiveness, translate effectively translate to clinicians' word choice and birthing people describing childbirth with decision-making power.**

Limited resources change options

While many videos represent mothers and their clinicians as both having decision-making power when deciding or recommending medical interventions during childbirth, **there were also representations that noted that limited resources, such as staff, rooms, and equipment, changed their experience with medical interventions**. This added an institutional dynamic of the NHS as influencing the choices and options that many mothers had available to them. Many of the videos mentioned their ward or centre was short-staffed and therefore their access to medical interventions was affected. For example, in one video the lack of space in the labour ward impacted a woman's ability to get access to medical interventions for pain relief. She described that because there was no available room on the labour ward, her only option for pain relief was morphine. Several other videos noted a doctor in surgery, and a shortage of buttons for morphine. **These representations of people not getting the care they wanted due to limited resources adds the NHS as an institution into the patient-clinician shared decision-making model around medical interventions.** The resources and policies of the NHS are recognised as playing a role in the ability to receive the medical interventions that are desired.

While these situations were often detailed in the same sentence as praise for the NHS, patients still described childbirth experiences that did not match NICE guidelines specifically due to lack of resources. This is critical, as a guideline that is only able to be upheld some of the time is not a true guideline of care for all maternity patients.

Policy Implications

This study identified themes in YouTube videos relating to agency in medical interventions during childbirth. **This information adds to the knowledge base regarding the available resources through which patients interpret and make meaning of their experience with medical interventions during the experience of childbirth**. Patients and non-patients alike watch YouTube videos for entertainment and information-gathering. The constructed representations of medical interventions on YouTube will play a role in the understanding and perceptions of future patients about birth and the NHS as an institution. The NHS should have an understanding of what patients are seeing related to medical interventions and childbirth to understand what information future patients may have.

One of the ways in which the study findings were incongruent with NICE policies was where birthing people or support people used words such as ‘adamant,’ ‘have/had to,’ and ‘needed/necessary.’ It is unclear if these words were used purposefully, accurately, or accidentally, or how the clinicians would have described these interactions. However, this language is not reflected in the NICE maternity guidelines. The policies use words such as ‘offer,’ ‘request,’ and ‘informed consent’ much more frequently. **While clincians can often take their wording from policy or guidelines, what is stated in the policy may not be fully experienced by patients during care.** The wording of NICE guidelines and all maternity policies are important, and the difference between ‘offering’ and ‘encouraging’ and ‘requiring’ are important distinctions that may help translate into clinicians’ words to patients when discussing care.

Additionally, there were also several instances of mothers describing experiences of childbirth where their informed consent was not obtained prior to care. This representation of childbirth does not meet the NICE guidelines and provides a poor view of a patient’s ability to access care and staff interactions. These representations of deviation from publicly available NHS policies have an impact on the reputation of the organization and patients’ feelings about the care they receive. While the YouTube videos only show up to 60 minutes of footage that cover a birth that can last a few hours to four days, the videos are still viewed and serve as an information source for people who will be birthing in the UK. While the vlogs generally varied in tone, viewers of videos describing policy deviations may walk away feeling doubt, mistrust, or nervous anticipation of an upcoming birth of their own. **These descriptions are vital to moving forward with appropriate maternity policies in the NHS. Policies and guidelines are critical to clearly stating the care expectations for all clinicians and the institutions and must continue to be used for education, awareness, and, if necessary, the standard care requirement for clinicians to adhere**.

Finally, it is essential that maternity policies are realistic for the environments in which they are being deployed. Several of the videos made it clear that there were limiting factors for staff members and hospitals when providing care during labour and childbirth. Mothers who had to forgo their preferred pain management interventions or had to wait for care to be available did not meet ideal maternity policy. The NICE guidelines need to be written and applied as appropriate for the NHS, or they become impossible demands for an overwhelmed institution and video representations of patients will express their experiences of birth to share with others.

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Author and acknowledgements

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