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ORIGINAL ARTICLE

Characteristics Of Women At Home Birth In Eastern Anatolia, Bitlis

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ÖZET

Amaç: Bu çalışmada Bitlis'te evde doğum yapan kadınların sosyodemografik, gebelik, doğum ve bebekleri ile ilgili özelliklerin belirlenmesi ve evde doğuma sebep olan faktörlerin araştırılması amaçlanmıştır. **Yöntem:** Gerekli izinler alındıktan sonra, son bir yılda evde doğum gerçekleştiren kadınlara araştırmacılar tarafından geliştirilen anket formu yüz yüze görüşme yöntemiyle uygulanmıştır. **Bulgular**: Bitlis Halk Sağlığı Müdürlüğü verilerine göre 2016 yılında gerçekleşen canlı doğumların %2.4'ü evde gerçekleşmiştir. Kadınların %52.8'i okur-yazar değil, tamamı ise ev hanımıdır. %86.4'ü gebeliklerini aile hekimine bildirdiğini, %72.0'si ise gebelik boyunca sağlık kuruluşlarına düzenli olarak izlem için gittiğini belirtmiştir. Doğumların %32.8'i yaz mevsiminde gerçekleşmiştir. Doğumların %28.8'ini komşu, %4.8'ini ise emekli veya aktif çalışan ebe-hemşire-paramedik gibi bir sağlık personeli yaptırmıştır. Kadınların %28.0'i doğumun aniden başladığı ve hastaneye gidecek vakit bulamadığı için evde doğum yaptıklarını ifade etmiştir. **Sonuç:** Gebelere, hastane doğumları konusunda teşvik edici ve özendirici faaliyetlerde bulunulmalı, aile planlaması ve evde doğumların riskleri ile ilgili bilgilendirme yapılmalıdır.

Anahtar kelimeler: Evde doğum, gebe izlemi, sağlık sistemi, doğum tercihleri

ABSTRACT

Introduction: Determining the socio-demographic, pregnancy, birth and baby characteristics of women who gave birth at home in Bitlis and investigating the factors that cause home births. **Material and Methods:** After obtaining the necessary permissions, the questionnaire form developed by the researchers was administered by vis-a-vis to women who gave birth at home in the last year. **Results:** 2.4% of live births in 2016 were at home according to Bitlis Public Health Directorate data. 52.8% of women were illiterate and all of them were housewives. 86.4% of them remarked that they informed their pregnancy to their family physician and 72% expressed that they regularly visited health institutions for follow-ups during pregnancy. 32.8% of the births occurred in summer season. 28.8% of the births were handled by a neighbor while 4.8% of the births were managed by a health personnel such as a retired or active midwife, nurse or paramedic. 28% of the women stated that they gave birth at home because the labor started suddenly and they could not find time to go to a hospital. **Conclusion:** Pregnant women should be encouraged about hospital deliveries and informed about family planning and the risks of home births.

Keywords: Home birth; pregnant follow-up; health system; birth preferences

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INTRODUCTION

Improvement in maternal and infant mortality draws attention in parallel with the developments of health area in our country in recent years. Strengthening antenatal care services, ensuring hospital deliveries, increasing the number of health personnel on duty and developments in the hospital and 112 emergency services have contributed greatly to this improvement. Birth rate in health institutions increased to 98% in 2018 throughout the country which was 75% in 2002 thanks to all these developments (1,2). As a matter of fact, the hygienic environment provided during childbirth and proper medical care, especially performed by physicians, reduce the health risks that mothers and babies may incur (3). Law on the Socialization of Health Services was enacted in 1961 in order to ensure that the health services benefits are carried out in accordance with social justice in our country. By the law enacted under the conditions of that period, it was suggested that deliveries should be carried out with at least one health personnel and health clinic physicians would refer specialist intervention at health centers and hospitals if they would consider it a risk at the clinic (4). Principle of "continuous service" was adopted in the legislation of that period and it was emphasized that all health clinics should provide service at all hours of the day since emergencies and especially births cannot be predicted when it will begin. In addition, there was an item as "ensuring that the births are delivered in the company of health personnel" among the mother and child health services to be carried out in health homes In fact, the health house midwife had to perform neighborhood, village and home visits for the births as well as tasks such as pregnancy detection, monitoring pregnant and children, immunization services and health education. Besides, other duties of the health clinic midwife is “to perform the necessary care and follow-up during delivery; appropriate delivery, performing episiotomy if necessary, evaluating risky situations and deciding on a dispatch”. The furnishings and equipment of health clinics and houses were suitable for giving birth at that period (5,6). Nowadays, it is predicted that all births will take place in a health institution. In this respect, with the regulation issued in 2015, the duty of the health house personnel is limited to detecting risky pregnancies in their region and reporting population movements such as birth, death and migration to the Community Health Center and family physician to which they are affiliated. Assistant health personnel are generally required to take part in reproductive health services (7). In addition, mother are encouraged to give birth under hospital conditions with projects such as Mother Hotel, Guest Mother Application (Guest mother application (pregnant women whose birth is approaching are hosted in hospitals or hotels until birth) and Baby-Mother Friendly Hospitals (8,9).

Bitlis is an Anatolian city with a population of approximately 350,000 located in eastern Turkey. Number of live births in Bitlis in 2016 is 7698 according to the data of Bitlis Public Health Directorate (Bitlis PHD).182 of these births took place outside of health institutions. In this study; we aim to determine

the socio-demographic characteristics of women who gave birth at home in Bitlis and to investigate the factors that cause birth at home.

MATERIALS AND METHODS

For this cross-sectional descriptive study, women who gave birth at home in the province of Bitlis, located in the east of Anatolia, were included by the health personnel working in Community Health Centers (THM) between 2-9 January 2017. After obtaining the necessary permissions, a questionnaire form prepared by the researchers, including questions about the reasons for home birth and the baby born, as well as the sociodemographic characteristics of the participants, was applied to the women who gave their consent to participate in the study, by face-to-face interview method.

According to the data of Bitlis Provincial Health Directorate, 182 women gave birth at home in 2016. Only 125 (68.7%) of these women could be reached due to winter conditions, not being at home and refusing to participate in the research.

In the study, the Helsinki Declaration was adhered to at every stage and care was taken to ensure the confidentiality of the personal information of the people who gave consent and participated in the study. Data analysis was done using SPSS 18.0 statistical package program. Data are given with frequency, percentage, mean and standard deviation. $p<0.05$ value was accepted for statistical significance.

RESULTS

2.4% of live births in 2016 were at home according to Bitlis Public Health Directorate data. The mean age of the women participating in the study who gave birth at home is 29.6±5.9 years (Min: 17; Max: 40), 75.2% of them live in rural areas, all of them are married, but 3.2% of them do not have a official marriage. 52.8% of women are illiterate and all of them are housewives. The mean age of the spouses of women who gave birth at home is 34.1±6.4 years (Min:22; Max:60) and 56.8% of them are primary school graduates. 49.6% of the women participating in the study expressed that they lived in an extended family, 36.8% did not have social security and average monthly income of their families was 778.8±567.4 TRY (Table 1).

Table 1. Some socio-demographic characteristics of women who give birth at home

Characteristic		n	%
Place of Residence	County/Rural Area	94	75.2
	City	31	24.8
Official Marriage Status	Yes	121	96.8
	No	4	3.2
Educational Status	Illiterate	66	52.8
	Elemantary	57	45.6
	High School	2	1.6
Educational Status of Spouse	Illiterate	15	12.0
	Elemantary	93	74.4
	High School	17	13.6
Social Security Status of Family	Yes	79	63,2
	No	46	36.8
Family Type	Elementary Family	63	50.4
	Extended Family	62	49.6

The average number of children of women who gave birth at home was 4.4±2.2, 60.8% of them had this as their 5th or more pregnancy. Among the women participating in the study; 40.0% stated that their pregnancies were not planned, 86.4% reported their pregnancy to their family physician and 72.0% stated that they went to health institutions for regular follow-up during pregnancy. 32.8% of births took place in summer and 24% were in winter. 64.5% of the women who gave birth at home had their previous deliveries at home except for those who had their first pregnancy (n=4). 28.8% of the births were performed by a neighbour and 4.8% by a retired or active health personnel such as midwife, nurse or paramedic. The mother stated that she gave birth by herself in 8.0% of home births, 28.0% of mothers exspressed that the birth started suddenly and they could not find time to go to the hospital when they were asked about the reason for giving birth at home (Table 2).

Table 2. Some characteristics of women giving birth at home about pregnancy and childbirth

Characteristic		n	%
Number of Pregnancy	First	4	3.2
	2-4	45	36.0
	5 ve above	76	60.8

Is it a planned pregnancy?	Planned	75	60.0
	Unplanned	50	40.0
Status of reporting pregnancy to family doctor	Reported	108	86.4
	Not reported	17	13.6
Regular visits to family physician and / or specialist during pregnancy	Visited	90	72.0
	Not Visited	35	28.0
Season of birth	Summer	41	32.8
	Winter	30	24.0
	Spring	29	23.2
	Fall	25	20.0
Place of previous birth (n = 121)	Home	78	64.5
	Hospital	42	34.7
	Ambulance	1	0.8
Person assisting in childbirth	Neighbour	36	28,8
	Mother/Mother-In-Law	30	24.0
	Village Midwife	25	20.0
	Other Relative	18	14,4
	Self	10	8.0
	Midwife / Nurse / Paramedic	6	4,8
Reason for home birth (Some participants stated more than one reason)	Sudden Onset of Labor	35	28,0
	Insufficient Financial Situtation	31	24,8
	Hospital Feas	29	23,2
	No One to Take Care of the Children Left Behind	24	19,2
	Absence of Transportation	13	10,4
	Idea of home Birth Being More Comfortable	12	9,6
	Terror / Winter Conditions	11	8,8

14

52.8% of the babies born at home were girls, 99.2% were still alive, heel blood was taken from all of them and 89.6% did not have any health problems. The women participating in the study stated that the health problems experienced in the baby were 30.8% as infection, 15.4% as growth retardation, 7.7% as neurological problems and 7.7% as orthopedic problems.

DISCUSSION

Rate of births at the hospital environment in 2016 was 97.6% according to Bitlis PHD data. The fact that this rate is below country average can be associated with the socioeconomic and geographical structure of the province where the study was conducted. Indeed, three-quarters of the women who gave birth at home included in this study reside in

rural areas, more than half of them are illiterate, almost half of them live in extended families, one-third of them do not have any social security and their average monthly income is found to be well below the minimum wage. It was determined that the risk of home birth is higher in women without social security in a study conducted in Antalya (10). 30.3% of the women who gave birth had their last birth at home on their own or with the help of midwives according to a study investigating the living conditions and health risks of women living in the suburs of Elazığ (11). It was determined that only 90.9% of the mothers were delivered in a health institution in a study conducted in Aydın in 2004 with mothers of 0-11 month old babies (12). The rate of births outside the health institution has gradually decreased in our country as a result of the steps taken to support and encourage hospital births in recent years. The number of births in a health institution which was 90% in Turkey Demographic Health Survey (TDHS) 2008 became 97% in TDHS 2013 and 99% in TDHS 2018 (13). This rate was 75% in 2002 and increased to 98% in 2016, 2017 and 2018 according to the Health Statistics Almanac (2).

Out of hospital birth rate was 4.3 per 1000 live births in 2005-2006 but it was found to be more than doubled for women residing 30 km or more distance from the nearest maternity unit in France (14). Home births were decreased to 44% in 1940 and to 1% in 1969 thanks to the policies followed while there were almost no hospital births in the USA during 1900s. However, home births entered an increasing trend after 2004. The home birth rate which was 0.56% in 2004 reached 0.72% in 2009 and that is an increase of 29% in a 5-year period (15). It is observed that planned home births tend to increase with the concepts of natural life and natural birth, despite all kinds of incentives for hospital deliveries, ease of access to health institutions, social and economic improvements in recent years in our country (16). The fact that 86.4% of the women participating in the study reported their pregnancy to their family physician, 72.0% stated that they regularly went to health institutions for follow-up during pregnancy and heel blood was taken from all of the babies by their family physicians shows that the majority of the participants did not have any restrictions on receiving health care. It is suggested that most of the participants had a planned birth at home since 64.5% of women who gave birth at home also had their previous births at home and only 24% of them occured in winter with heavy snowfall ann when roads in rural areas could be closed. It was determined that 52.6% of women who gave birth at home planned to deliver at home and 76.31% of them came to regular antenatal follow-up in a study comparing hospital and home births (17). These women rely on their innate abilities by rejecting possible medical interventions and take the risks of various complications that may arise during home births and situations in which timely transfer to a hospital may not be possible (18).

In terms of reducing maternal and infant mortality, giving birth in health institutions accompanied by health personnel is accepted as a basic principle but planned birth has started to be considered in developed

countries in home environment, provided an emergency transport system that provides access to a disptach center with well-equipped services accompanied by doctors and assisting health personnel with the necessary qualifications especially in the last 10 years. However, planned home births in our country seem to be preferred by women who are older, have less prenatal care, live in rural areas, have lower education and welfare levels (16). People who have learned to manage birth with traditional methods still perform home deliveries in our country on the contrary to the minimum standards of the health personnel who help with home births in developed countries. It was determined that 65.8% of home births took place without the help of health personnel in a study conducted in Aydın (12) while 2.1% of women who gave birth had their last birth at home with the help of health personnel and 30.3% of them by themselves or with the help of midwives according to a study carried out in Elazığ (11). The participants expressed that there were not any help from a health personnel for 95.2% of home births and even 8% of them gave birth on their own.

It is understood that they gave birth at home due to problems and issues in prenatal planning such as womens' previous negative hospital experiences, accepting birth as a part of their daily life, incredible condidence in midwives who handle home births, the strength of controlling birth by being in home environment, belief in one's own body and the ability to give birth, the capability to accept and control pain and the desire to avoid external environment during childbirth, dissatisfaction with hospital services or financial constraints, inadequate prenatal care and counseling, sudden onset of birth and problems with safe transportation to the hospital (10, 19, 20). 28.0% of the women in this study spoke out that the birth started suddenly and they could not find time to go to the hospital when they were asked about the reason for giving birth at home. It was understood that the participants gave birth at home in a planned manner because of their insufficient financial situation, hospital fear, having no one to look after the children left behind when they were hospitalized and considering home birth to be more comfortable when the other answers were examined. When we look at the seasons where home births took place, it was noticed that most of the births occured in the spring, summer and autumn seasons and not in the winter season when the roads are closed In addition, most of the women notified their pregnancy to their family physician and they have regular follow-ups in a health institution throughout their pregnancy. This demonstrates that those women do not have any problems in accessing health services.

CONCLUSION

In this study, it was determined that 2.4% of live births took place at home, more than half of the women who gave birth at home were illiterate, three-quarters of them regularly went to a health institution during pregnancy, one-third of home births took place in the summer and about 5 percent with the help of health personnel. Almost half of the women participating in the study stated that their

pregnancies were not planned. In this regard it is suggested that awareness-raising training should be given to the public to prevent home births. Pregnant women should be supported and encouraged for hospital births. Women should be informed about family planning and the risks of home births.

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References

1. Doğum Öncesi Bakım Yönetim Rehberi. T.C. Sağlık Bakanlığı Türkiye Halk Sağlığı Kurumu Kadın ve Üreme Sağlığı Daire Başkanlığı. Ankara, 2014. Sağlık Bakanlığı Yayın No: 924. Sf:iv
2. Sağlık İstatistikleri Yıllığı 2018. Türkiye Cumhuriyeti Sağlık Bakanlığı Sağlık Bilgi Sistemleri Genel Müdürlüğü, 2019. Sf: 87
3. Öztürk Y, Günay O. Halk Sağlığı Genel Bilgiler. Erciyes Üniversitesi Yayınları No:172, Kayseri 2011. Sf:485
4. Sağlık Hizmetlerinin Sosyalleştirilmesi Hakkında Kanun. Kanun Numarası : 224, Kabul Tarihi : 5/1/1961 Yayımlandığı Resmi Gazete: 12/1/1961 Sayı : 10705
5. Sağlık Hizmetlerinin Yürütülmesi Hakkında Yönerge. T.C. Sağlık Bakanlığı, Temel Sağlık Hizmetleri Genel Müdürlüğü, 2001 https://www.ttb.org.tr/mevzuat/index.php?option=com_content&id=240 (Erişim tarihi: 01/06/2020)
6. Sağlık Hizmetlerinin Sosyalleştirildiği Bölgelerde Hizmetin Yürütülmesi Hakkında Yönetmelik (Yayımlandığı Resmi Gazete: 09/09/1964 / 11802)
7. Toplum Sağlığı Merkezi Ve Bağlı Birimler Yönetmeliği Madde 49. Yayımlandığı Resmi Gazete: Tarih :05/02/2015 / 29258
8. Yarar O, Bağcıoğlu B. Product Diversification Policies in Health Services and Social Projects-Mother Hotel & Guest Mother Project. Marmara Sağlık Hizmetleri Dergisi; 1(1): 35-39 ISSN: 2459-1114 https://doi.org/10.26567/marsag.2017130065
9. Başgöl Ş, Oskay Ü. Model of Mother-Friendly Hospitals for Development of Maternal and Child Health Services. Journal of Anatolia Nursing and Health Sciences, 2014;17:2
10. Belek İ. Antalya Yeniköy'de Evde Doğumla İlişkili Risk Faktörleri Bir Vaka Kontrol Çalışması. Sağlık ve Toplum Dergisi. 2000;10(3):46-52
11. Deveci SE, Açık Y, Rahman S. The Living Conditions and Health Risks of Women in Suburbs of Elazığ. TAF Prev Med Bull 2010; 9(1):45-50
12. Ergin F, Başar P, Karahasanoğlu B, Beşer E. Evaluatıon Of Unsafe Bırths And Postpartum Home Care Servıces. TSK Koruyucu Hekimlik Bülteni, 2005: 4 (6)
13. Türkiye Nüfus Sağlık Araştırması 2018. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü Yayınları. Yayın No: NEE-HÜ.19.01, Kasım 2019, Sayfa: 114. ISBN 978-975-491-493-1
14. Blondel B, Drewniak N, Pilkington H, Zeitlin J. Out-of-hospital births and the supply of maternity units in France. Health & Place; Volume 17, Issue 5, September 2011, Pages 1170-1173
15. MacDorman MF, Mathews TJ, Declercq E. Home Births in the United States, 1990–2009. NCHS Data Brief, No. 84; January 2012
16. Mansuroğlu YE, Dilbaz B. Is Planned Home Birth Safe? What Do the Societies Say?. Turkiye Klinikleri J Gynecol Obst 2017;27(4):184-92 DOI: 10.5336/gynobstet.2016-52927

17. Kulhan NG, Kulhan M, Naykı ÜA, Naykı C, Uluğ P, Toklucu H. Planned and unplanned home birth: A retrospective study comparing them with hospital births. Tepecik Eğit. ve Araşt. Hast. Dergisi 2017; 27(3):222-228 doi:10.5222/terh.2017.222
18. Walker JJ. Planned home birth. Best Practice & Research Clinical Obstetrics and Gynaecology 43 (2017) :76-86
19. Jouhki MR, Suominen T, Åstedt-Kurki P. Giving birth on our own terms–Women's experience of childbirth at home. Midwifery 53 (2017):35–41
20. Adinew YM, Assefa AN, Adinew YM. Why Do Some Ethiopian Women Give Birth at Home after Receiving Antenatal Care.Phenomenological Study. BioMed Research International Volume 2018, Article ID 3249786, 8 pages