

Home Birth and Hospital Deliveries: A Comparison of the Perceived Painfulness of Parturition

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Cognitive assessments of the amount of pain associated with childbirth by parents electing either homebirth ($n=282$) or hospital delivery ($n=191$) were compared using Thurstone's univariate scaling method of paired comparisons. Subjects compared the pain of childbirth with 8 other painful events. The hospital birth group rated childbirth pain significantly higher than the homebirth group. In the homebirth group, females considered the pain to be less than the males, and in the hospital birth group, the females rated pain higher than the males.

In this research, the difference between home and hospital birth mothers was examined by comparing the perceived pain of childbirth with other painful events. Because homebirth mothers do not consider the option of receiving analgesics, the psychological preparation for labor includes minimizing the expected pain. We are suggesting that, after the homebirth, these mothers report lower pain ratings than their hospital counterparts. As these women tend to seek support and endorsement from their husbands, the ratings of the perceived amount of pain by the male partner will also be lower in the homebirth group than the male partner in the hospital birth group.

Reasons for selecting homebirths have included the cost of hospital deliveries (in the United States), the desire to treat birth as a normal or natural event in the privacy of a

familiar home environment, and the value of personal autonomy for health care decision making. Further, the avoidance of iatrogenic risks perceived to be associated with hospital births, including the use of forceps or a caesarean delivery, electronic monitoring during labor, the use of analgesics and anesthetics, the lack of surveillance and personal care by staff, and the lack of involvement of husbands and other family members in the birth experience are also considerations for preferring home birth (Anderson, Bauwens, & Warner, 1978; Bauwens & Anderson, 1978; McClain, 1983). In Canada, where hospitalization is largely covered by government sponsored health care plans, the economic reasons do not apply. However, in some provinces (including Alberta) the attendance at a homebirth by a physician could result in suspension of medical

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Preparation of this article was funded by the University of Alberta, and, in part, by a National Research Scholar Award, given to Dr. J. Morse.

The authors gratefully acknowledge the assistance of Jane Buchan, M.N., Olga Chittack, R.N. with the collection of data, and Robert Morse, M.S., M.Phil. and John Sullivan, Ph.D., for their statistical advice and expertise.

This article was received June 26, 1987, was revised, and accepted for publication December 3, 1987.

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