

ORIGINAL RESEARCH ARTICLE

Factors influencing home birth decisions among women in Al-Madinah, Saudi Arabia: A phenomenological study

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Abstract

Home birth, as an element of maternity care, has been the subject of considerable debate regarding its safety and efficacy. Recent evidence suggests that for low-risk, multiparous women, planned home birth can be as safe as hospital birth, with reduced intervention rates and enhanced overall birth experiences. Additionally, economic assessments indicate that home birth represents a cost-effective alternative in specific contexts. However, in many high-income countries, including Saudi Arabia, home births remain rare due to prevailing socio-cultural attitudes, health system policies, and perceptions regarding the safety of home deliveries. This qualitative phenomenological study aims to explore the factors influencing the decision to choose home birth among reproductive-age women in Al-Madinah, Saudi Arabia. Semi-structured interviews were conducted with 25-30 participants to gather in-depth insights into their attitudes, beliefs, and experiences regarding home birth. The study findings highlight the interplay of cultural beliefs, socio-economic status, and prior childbirth experiences in shaping the preference for home delivery. Furthermore, the study sheds light on potential enablers, including improved midwifery services and health education, which could facilitate greater acceptance of home birth in Saudi Arabia. (*Afr J Reprod Health* 2025; 29 [5]: 131-135).

Keywords: Home birth; Saudi Arabia; qualitative study; phenomenology; maternal health; reproductive age.

Résumé

L'accouchement à domicile, en tant qu'élément des soins de maternité, a fait l'objet de nombreux débats quant à sa sécurité et à son efficacité. Des données récentes suggèrent que pour les femmes multipares à faible risque, un accouchement à domicile planifié peut être aussi sûr qu'un accouchement à l'hôpital, avec des taux d'intervention réduits et une expérience globale améliorée. De plus, des évaluations économiques indiquent que l'accouchement à domicile représente une alternative rentable dans certains contextes. Cependant, dans de nombreux pays à revenu élevé, dont l'Arabie saoudite, les accouchements à domicile restent rares en raison des attitudes socioculturelles dominantes, des politiques du système de santé et des perceptions concernant la sécurité des accouchements à domicile. Cette étude phénoménologique qualitative vise à explorer les facteurs influençant la décision d'accoucher à domicile chez les femmes en âge de procréer à Médine, en Arabie saoudite. Des entretiens semi-directifs ont été menés auprès de 25 à 30 participantes afin de recueillir des informations approfondies sur leurs attitudes, leurs croyances et leurs expériences concernant l'accouchement à domicile. Les résultats de l'étude mettent en évidence l'interaction entre les croyances culturelles, le statut socio-économique et les expériences d'accouchement antérieures dans la détermination de la préférence pour l'accouchement à domicile. En outre, l'étude met en lumière des leviers potentiels, notamment l'amélioration des services de sages-femmes et de l'éducation sanitaire, qui pourraient favoriser une meilleure acceptation de l'accouchement à domicile en Arabie saoudite.. (*Afr J Reprod Health* 2025; 29 [5]: 131-135).

Mots-clés: Accouchement à domicile ; Arabie saoudite ; étude qualitative ; phénoménologie ; santé maternelle ; âge de procréation

Introduction

Planned home births are defined as those that are intended to take place at home with the support of a skilled practitioner, usually a registered midwife.¹ The debate regarding the safety of planned home births remains active in various countries, with

studies suggesting that planned home birth with a skilled health practitioner can be a safe alternative for women at low risk of pregnancy complications, provided appropriate screening criteria are followed.²

The majority of pregnancies among healthy women are normal, and most births can occur

without the need for unnecessary medical intervention. However, it is impossible to predict with certainty that no complications will develop during birth. As a result, many countries consider hospital births the safest option for all women. Fortunately, in many countries, it is a straightforward process to transfer the pregnant woman from home to a hospital if needed, as long as she is monitored during pregnancy and assisted by a skilled midwife during birth.³

For some women, home births have become increasingly appealing due to the perceived overuse of medical interventions in hospital settings. The hospital environment can lead to unnecessary interventions that may result in avoidable complications. In contrast, a planned home birth assisted by an experienced midwife with collaborative medical backup can offer a balanced approach that retains access to necessary medical help while avoiding excessive interventions.⁴ Observational studies have indicated that, for low-risk women, planned hospital delivery is not necessarily safer than planned home birth when accompanied by competent midwifery support and collaborative medical care. However, hospital deliveries often result in more interventions and complications compared to home births.^{1,5}

Research into home birth practices has been growing worldwide, with an increasing body of evidence supporting its safety for low-risk pregnancies, particularly in the United Kingdom.⁶ Such studies have consistently shown that planned home births are associated with fewer medical interventions, higher rates of maternal satisfaction, and lower costs of intrapartum care.⁷

In Saudi Arabia, the concept of home birth is not well-established, and no formal evidence is available regarding home birth preferences or practices. Traditionally, before the modernization of healthcare services in 1952, most births occurred at home with the assistance of traditional birth attendants (TBAs) or midwives (WHO, 2020). TBAs have played a crucial role in maternal and child healthcare, especially in rural regions of developing countries, due to their accessibility and cultural integration within communities (WHO, 2019). However, in Saudi Arabia, advancements in healthcare infrastructure and the availability of modern medical facilities have largely reduced reliance on home births.⁸

The introduction of Saudi Vision 2030, which emphasizes improving preventive healthcare services, has provided a new impetus for the expansion of midwifery-led care models in the country. The Saudi Ministry of Health's care model calls for midwifery-led continuity of care to become a standard in maternity care. Under this model, uncomplicated deliveries can occur at home, in a birth center, or in a hospital, according to the woman's and her family's preferences. Despite these recommendations, there are still no formal home birth services available in Saudi Arabia, creating a gap in maternity care choices for women.⁹

This study aims to explore the attitudes and views of reproductive-age women in Al-Madinah, Saudi Arabia, regarding home birth and the factors that influence their decision-making

Methods

Study design

This study employed a qualitative phenomenological approach to explore the attitudes and experiences of reproductive-age women regarding home birth in Al-Madinah, Saudi Arabia. The phenomenological approach was chosen because it is well-suited to capturing the lived experiences and perceptions of individuals, allowing for a deeper understanding of the complex factors that influence their decision-making processes.¹⁰

Study design

The study adopted an exploratory qualitative design using semi-structured interviews to gather data. A qualitative design was deemed appropriate due to the need for in-depth exploration of women's attitudes, beliefs, and experiences regarding home birth. Semi-structured interviews provide the flexibility to adapt questions during the interview based on the responses of participants, allowing richer and more detailed data collection.¹¹

Participants and sampling

The study utilized a purposive sampling strategy to recruit participants who had relevant experiences with childbirth and could provide insightful information regarding home birth. Women of reproductive age (18-45 years), who were residents

of Al-Madinah, were recruited from primary healthcare centers and maternity clinics. A total of 25 participants were interviewed, ensuring a diversity of socio-economic backgrounds, educational levels, and childbirth experiences. This sample size was chosen to achieve data saturation, where no new themes emerged from the data.¹²

Data collection

Semi-structured interviews were conducted with participants to explore their perspectives on home birth. Interviews were carried out in Arabic, the native language of the participants, to facilitate comfortable and open discussions. Each interview lasted between 45 and 60 minutes and was audio-recorded with the participants' consent. The interview guide included open-ended questions aimed at understanding participants' views on home birth, perceived risks and benefits, cultural influences, and factors that would facilitate or hinder their decision to have a home birth.

Data analysis

The data collected from the interviews were transcribed verbatim and translated into English for analysis. Thematic analysis was used to analyze the data, following Braun and Clarke's (2006) six-phase approach: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. NVivo software was utilized to manage the data and support the coding process. To ensure rigor and reliability, two researchers independently coded the transcripts and discussed discrepancies until consensus was reached.

Ethical considerations

Informed consent was obtained from all participants, and they were assured of confidentiality and their right to withdraw at any time without consequences. The selection of clinics and centers was based on accessibility and their relevance to the study population, ensuring a diverse demographic representation. Translation of the interviews was conducted by bilingual researchers, with accuracy

verified through a back-translation process. Thematic analysis followed Braun and Clarke's six-phase framework: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Each phase was applied systematically to ensure transparency, rigor, and reliability in data interpretation

Results

The analysis of the interviews identified five major themes influencing women's decision-making regarding home birth: 1) Cultural Beliefs and Traditions, 2) Perceived Safety and Risks, 3) Role of Healthcare Providers, 4) Socio-Economic Factors, and 5) Support and Resources for Home Birth.

Theme 1: Cultural beliefs and traditions

Many participants highlighted the impact of cultural beliefs and traditions on their decision to choose a home birth. Cultural expectations regarding childbirth, along with pressure from family members, played a significant role in shaping women's preferences. Participants expressed that family approval and cultural norms about privacy during childbirth were strong motivators for opting for home birth.

"My mother always talks about how giving birth at home was a more comfortable experience compared to hospitals. This influenced my decision to consider home birth." (Participant 7)

Theme 2: Perceived safety and risks

Safety concerns emerged as a significant factor influencing women's decision on where to give birth. Most participants expressed concerns regarding potential complications during childbirth that might necessitate medical intervention. Women who chose hospital births emphasized the importance of access to emergency facilities. In contrast, those opting for home births believed that under certain conditions, childbirth could be safely managed at home with the help of an experienced midwife.

"I wanted to give birth at home, but I was afraid of complications that may arise. I think having medical support nearby is very important." (Participant 12)

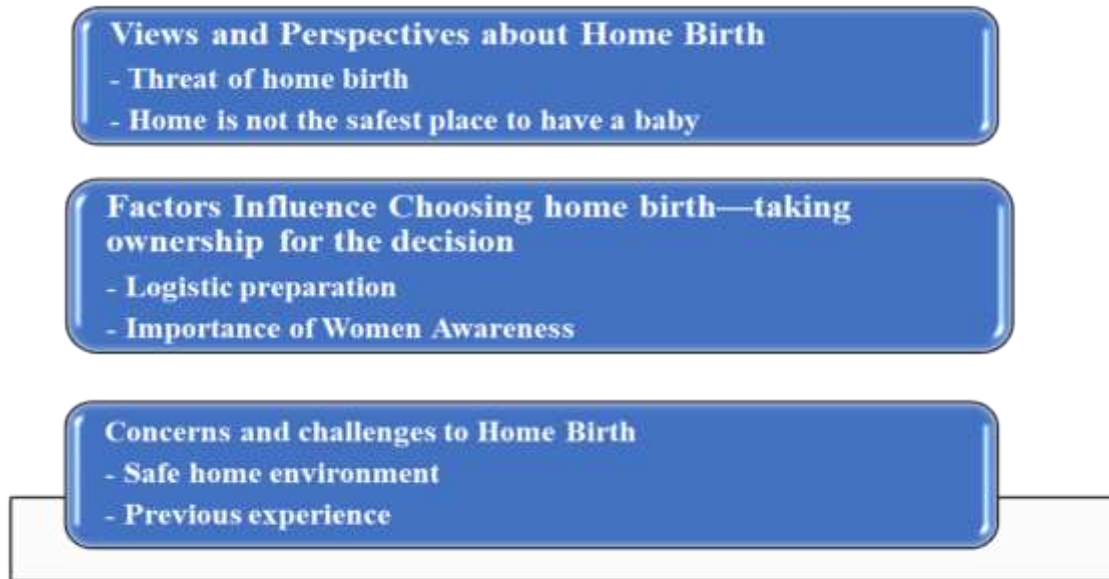


Figure 1: Themes and subthemes emerged from the study participant’s interviews

Table 1: Characteristics of participants

Participant ID	Age (years)	Education Level	Number of Previous Deliveries	Previous Home Birth Experience
1	30	University	3	No
2	37	University	4	No
3	36	Secondary	3	No
4	25	Diploma	1	No
5	32	University	1	No
6	25	University	0	No
7	29	High School	2	No
8	34	University	3	No
9	40	Diploma	4	Yes
10	31	Secondary	1	No
11	26	University	0	No
12	38	High School	2	No
13	41	University	5	Yes
14	28	Diploma	1	No
15	33	University	3	Yes

Theme 3: Role of healthcare providers

Participants highlighted the importance of support from healthcare professionals in their decision-making. women stated that midwives played a pivotal role in making them feel comfortable about home birth. The perceived expertise and reassurance provided by midwives were crucial in facilitating the decision to give birth at home. *"The midwife was very supportive and assured me that she had the necessary skills to handle any emergency during the home birth. This gave me confidence."*(Participant 4)

Theme 4: Socio-economic factors

Socio-economic factors, including the cost of hospital care and financial constraints, were also found to influence women's decision-making.

For some participants, home birth was perceived as a more affordable option compared to hospital delivery.

"Home birth seemed less expensive for us. Hospital costs can be quite high, and we prefer to save money and still have safe delivery." (Participant 15)

Theme 5: Support and resources for home birth

Access to adequate support and resources was also a major factor in choosing home birth. Women who had supportive family environments and could arrange necessary resources, such as experienced midwives, were more likely to consider home birth. Participants expressed that availability of support from family members and access to a well-trained midwife were key enablers for home birth.

"My family supported my choice of home birth, and I was able to find an experienced midwife who was available for the entire process. This made it possible for me." (Participant 9)

Conclusion

This study explored the factors influencing women's decisions to choose home birth in Al-Madinah, Saudi Arabia. The findings revealed cultural traditions, perceptions of safety, the role of healthcare providers, economic considerations, and the availability of support all shaped women's birth choices. While some participants viewed home birth as a safer and more comfortable option, others expressed concern about the lack of immediate medical support. The results emphasize the need for clear policies, improved access to trained midwives, and culturally sensitive health education to support informed decision-making. Expanding midwifery-led care models aligned with Saudi Arabia's healthcare vision could offer women more options while ensuring safe and supported childbirth experiences..

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