

Information for patients

Introduction

This information leaflet has been produced to answer some of the commonly asked questions women have when considering the option of where to have their baby. It contains details regarding the safety of a home birth and how this can be arranged.

Who can have a home birth?

Any woman can choose to have a home birth, including women having their first baby. However, there are instances when a home birth may be unwise due to concerns about conditions you may have for instance. Your midwife or doctor can discuss these with you.

Choosing a home birth – the advantages

Women have their own personal reasons for choosing a home birth, such as:

- It feels right for them
- The need to feel safe, secure and in control
- Less disruption to family life, especially other children
- More privacy
- More relaxed in home environment

Who will be there?

A midwife will attend any woman choosing to have a home birth. Midwives are experts in normal pregnancy, birth and care of you and your baby following birth.

The Community Midwives work in a team and will provide your antenatal, labour and postnatal care. However, the midwife on duty when you go into labour may not necessarily be someone you know as the midwives take turns to be on duty.

Is it safe?

Evidence from research suggests that healthy women who are at low risk of complications are more likely to have a normal birth when birth is planned at home compared to hospital.

Women expecting their first baby, and who are at low risk of complications are advised to plan to give birth in a midwifery-led unit.

Women expecting their second, third or fourth babies, who are at low-risk of complications, are advised to plan to give birth at home or in a midwifery led unit.

This is because the rate of interventions is lower and the outcome for baby is no different to an obstetric unit.

For women expecting their first baby 67% who planned a birth at home had a normal vaginal delivery compared to 46% who planned a hospital birth.

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For women expecting their second, third or fourth baby 96% who planned a birth at home had a normal vaginal delivery compared to 70% who planned a hospital birth.

For women expecting their second, third or fourth baby, and who are at low risk of complications, the outcome for baby is better when birth is planned at home.

2 per 1000 babies born at home compared to 3 per 1000 babies that were born in hospital needed extra care and treatment.

There are lower rates of interventions whilst many women also report feeling much more satisfied with their birth experience at home when compared to a hospital birth.

The perinatal mortality rate (stillbirths and deaths of babies in the first few weeks of life) is significantly lower in planned home births.

What pain relief can I have?

Women who labour and deliver at home report needing fewer drugs for pain relief. Women at home tend to be more relaxed, feel in control and are able to cope with the pain of their contractions.

You will have access to Entonox (gas and air), which is brought to your house by the midwife. You may wish to consider non-drug methods of pain relief, such as TENS (Transcutaneous electrical nerve stimulation). TENS is a method of pain relief involving the use of a mild electrical current which block the pain receptors in the central nervous system.

Relaxation and breathing techniques, being active and changing positions regularly all can help reduce perception of pain.

Midwives are trained to care for women who wish to plan for a waterbirth. Birthing pools are readily available for private purchase or hire.

Choosing a home birth – the disadvantages

Whilst still uncommon; for women having a first baby, a planned home birth can increase the chance of a poor outcome for baby. 9 per 1000 babies born at home compared to 5 per 1000 babies that were born in hospital needed extra care and treatment. It is not yet known why this occurs.

If any complications develop for you or your baby, it is advised to transfer to hospital by ambulance for escalation of care. In an emergency situation community midwives have the equipment and training to carry out some emergency care however the transfer time may delay access to some forms of emergency treatment, depending on how long it takes to get to the hospital from where you live.

The Birthplace study (2011) showed that for women having a first baby the transfer rate was 45% compared to 12% for women having a second or subsequent baby.

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The most common reasons for transfer from home to hospital during labour are:

- The need for improved pain relief
- Delay in labour (at any stage) 32.4%
- Meconium liquor. When baby has opened their bowels in labour this can be a sign that they are in distress, your waters could appear brown or green in colour 12.2%
- Concerns about the fetal heart 7.0%

Choosing a hospital birth

Within our Trust we are able to offer Midwifery care in labour at either one of our two consultant hospital units (Grimsby and Scunthorpe) or our midwifery unit (Goole Hospital). 69% of babies are born normally and delivered by midwives in our units. 31% of births are assisted by an obstetric doctor either by caesarean section or an instrumental delivery.

Birthing pools are available at all three units.

There is access to all types of pain relief, including an epidural (this is not available at Goole midwifery unit).

Extra equipment and monitoring are available should the need arise.

If an emergency situation occurs there is 24 hour consultant cover within the Grimsby and Scunthorpe units.

For women who are considered to be at risk of complications during labour or birth, it is advised to plan to give birth in an obstetric unit. This is so there is access to monitoring equipment, obstetric doctors and anaesthetics.

Your Choice

Choosing where to give birth is important. When you make your choice, remember the following:

- You are not only choosing the place of birth, often you are choosing who will be with you and the type of care you and your baby will get
- You should give birth where you feel safe, comfortable and relaxed
- You do not have to make a decision now and after you make a decision you can always change your mind at any time during your pregnancy
- You have the right to give birth in the place of your choice. If you are advised not to give birth in the place of your choice, ask the doctor or midwife to explain the benefits and risks for you and your baby

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How do I arrange a home birth?

Speak to your midwife who will be able to discuss home birth with you in more detail and answer your questions. She will also discuss the practicalities with you.

For women who are struggling to have their care choices met and / or where a planned home birth is considered to be against medical advice, your midwife can create a personalised care plan with you that takes in to account any additional risk factors and additional care that may need to be planned for.

How to Find Out More Information

If you would like to talk more about the different places you can give birth, you can discuss this leaflet with your midwife or doctor.

Community Midwives

Grimsby 03033 305232

Louth 01507 600100

Barton 01652 660052

Brigg 03033 306860

Scunthorpe 01724 847362

Isle 01724 712925

Goole 03033 304079

References

Birthplace study (2011) Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study www.npeu.oc.ac.uk/birthplace

CEMD (Confidential Enquires into Maternal Death) (2008) Perinatal Mortality 2006

Coxon (2014) Birth Place Decisions. www.nhs.uk

NCT (National Childbirth Trust) Briefing: Home Birth (2008) policy. www.research@nct.org.uk

NICE (2014) Guideline CG190 for Intrapartum Care www.nice.org.uk/guidance/cg190

NMC (National Midwifery Council) (2012) Midwives Rules and Standards.

RCOG (Royal College of Guidelines) / RCM (Royal College of Midwives) (2007) Joint Statement: Home Births.

(2004) Department of Health (DoH) National Service Framework for children, young people and maternity services. London. Stationery Office.

(2005) Place of birth: Informed choice leaflets, MIDIRS, Bristol at www.infochoice.org

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Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at nlg-tr.interpreters@nhs.net

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