



The Dudley Group
NHS Foundation Trust

Home birth

Maternity Department Patient Information Leaflet



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Introduction

For lots of families, choosing to birth their baby at home comes with a wide range of benefits and can be the safest place to give birth. There are also circumstances, where birthing within the hospital is advisable due to additional risk factors affecting you, your pregnancy or the baby which mean that giving birth at home may put you or your baby at an additional risk. This leaflet will outline some of these circumstances as well as the risks and benefits of choosing a home birth, enabling you to make an informed decision about where you would prefer to give birth. You can speak to your community midwife or consultant about any of these things in more detail if you have any questions.

Who can have a home birth?

Most women who choose to have a home birth fall into a 'low risk' pregnancy category which means that they have no additional risk factors. This usually means: -

- You are receiving your antenatal care from a midwife rather than an obstetrician
- You have a body mass index (BMI) of less than 35.
- You have reached 37 weeks of pregnancy with no complications. Any complications will be discussed with you by your midwife or obstetrician.
- You are no more than 12 days past your due date at the onset of labour
- You are pregnant with one baby, who is in a head down (cephalic) position by 36 weeks
- Your waters have not been broken for more than 24 hours before your labour has started. If the waters have broken, they are clear & the baby has not passed meconium.

Your community midwife will assess you throughout your pregnancy to ensure you meet the above requirements. If there are any contradictions to the above guidance, you will have an appointment to discuss your individual circumstances and the reasons why home birth may or may not be recommended. It is then your decision whether you would prefer to birth at home or in the hospital.

A home visit will be arranged after 34 weeks of pregnancy with a community midwife to assess the suitability of your home environment for a home birth and/or water birth.

Is having a home birth safe?

A large research study into place of birth (The Birthplace Cohort Study, NPEU 2011) found that for women having a second or subsequent baby:

- Home birth appears to be safe for the baby and to offer benefits for the mother
- Fewer women had an emergency caesarean section, instrumental delivery (birth assisted by forceps or ventouse) and episiotomy (cut made to enlarge the entrance to the birth canal)
- There were no significant differences in adverse outcomes for the baby between a planned home birth, birth in a birth centre and birth on a labour ward
- The transfer rate from home to delivery suite during labour or immediately after the birth is around 12%

For women having their first baby:

- Giving birth at home came with a slightly increased risk to the baby- there were 9.3 'adverse perinatal outcome' events per 1000 (0.93%) planned home births compared with 5.3 per 1000 (0.53%) births for births planned in hospital. This finding was statistically significant

· There is a fairly high probability of transferring to a delivery suite during labour or immediately after birth. The transfer rate was 45% for planned home births

Some women & their families also choose to birth at home because:-

· They feel more comfortable labouring and giving birth in a familiar environment and some research shows that labour may be shorter as a result.

· They have more control and say over who is present at their birth and no restrictions regarding visiting times

· They are worried they may not make it to the hospital in time as they previously had a very quick birth

· They are more likely to be cared for by a midwife they have met during their pregnancy

· You can set up the birthing environment however you like e.g., music, low lighting, aromatherapy etc.

· There is some evidence that you are less likely to bleed heavily following delivery if you choose to birth at home & are less likely to have a significant perineal tear

What do I need for a home birth?

- A protective covering for carpets or bedding, for example, a shower curtain or plastic decorating sheet
- Large bin bags for rubbish
- Old sheets
- Plenty of towels including four towels for the baby
- A crib, moses basket or cot made up ready for baby
- A bag packed for you and baby in case you need to go into hospital

- Enough space to move around safely
- A quiet, relaxed atmosphere and anything that will create a calm environment such as music, soft lights, massage oil
- A supportive birth partner
- Drinks and healthy food and snacks for you and your birth partner(s)
- Childcare for any other children when you go into labour
- Easy access to your property with nearby parking
- For a water birth: a mirror, torch and a waterproof thermometer to ensure that water temperature is maintained
- 24 hour access to a telephone - with a good mobile signal if applicable
- Adequate heating in the room where you plan to give birth
- Care for any other children if transfer into hospital is needed (if applicable)

What do I do when I go into labour?

When you begin labour you must contact:

Community midwives 01384 244358 (9am to 5pm, Monday to Friday)

or

Russells Hall Hospital switchboard 01384 456111 at any other time

When calling, please say that you are booked for a home birth and a community midwife will return your call. Please note: this may not be your named/usual community midwife. The community midwife will ask about your labour and discuss a plan of care with you. A home visit may be arranged for you.

It is quite common for your waters to break before you begin labour. If this happens, please call the community midwives and let them know what time this happened.

Once the waters have broken, there is a small risk of infection to you and your baby. Therefore, if you are not established in labour (regular, rhythmic contractions lasting more than 45 seconds) within 18 hours, we would recommend that your labour is induced and will ask you to attend the Maternity Unit. This will be arranged for you by a community midwife.

After the midwife has assessed you at home, if you are in early labour and all is well with you and baby, the midwife will often leave you and come back when labour is established. A second midwife will be called nearer to the birth.

If your initial visit is during the night, two midwives will attend. Occasionally, there are some circumstances where they will be unable to provide your care, for example, if they are with another woman in labour. You may then be asked to go to hospital for assessment or delivery.

What pain relief can I use at home?

For self-help techniques in early labour, please ask your midwife for a copy of the 'Am I in labour?' patient information leaflet.

During a home birth, you will have the same options available for your home birth as you would have if you gave birth in the birthing centre (midwifery led unit). This includes: -

- Paracetamol (your own supply)
- Your own holistic measures such as breathing, massage, aromatherapy, acupuncture, self-hypnosis etc.
- TENS machine
- Water (hire or purchase a birthing pool)
- Gas & Air (Entonox)
- Pethidine (this must be pre-arranged)

Speak to your midwife when they are booking the home birth for more details about your options and what you may need to prepare yourself.

A birthing pool can be a great form of pain relief and can be used at home but it has to be supplied by you. If you choose to hire a birthing pool, your birth partner will be responsible for setting it up and maintaining the water temperature. If you would like to hire a birthing pool to use at home, please let your midwife know during one of your antenatal appointments.

PLEASE DO NOT GET INTO THE BIRTHING POOL UNTIL A MIDWIFE IS PRESENT.

The midwife does not provide alternative methods of pain relief such as aromatherapy or reflexology but will support you, if you have your own knowledge about these and want to use them.

What are the most common reasons for transferring to the hospital during labour?

Midwives are experts in normal labour but if any problems occur during labour, your midwife will discuss these with you. If admission to hospital is necessary, an ambulance will transfer you and your baby to hospital and your midwife will go with you. There are many reasons why this can happen, some of the more common ones include:

- Concerns about your or your baby's observations in labour (fetal distress)
- Delay in labour
- Meconium stained liquor (if the baby opens their bowels before they are born)
- Retained placenta

What happens after the birth?

Oxytocin is a drug, given by injection into your thigh, which is used to speed up the delivery of the placenta and the membranes and to

minimise blood loss. It is your choice as to whether this drug is given as a preventative measure or is only used as a treatment in the event of a problem occurring (such as heavy bleeding). Please discuss this with your midwife prior to the birth.

After the baby and the placenta have been delivered and the necessary checks have been made, you and your family can spend time together while the necessary information is completed/recorded on our computer system.

The midwives will stay with you as long as required to make sure you receive the care you need. The midwives will arrange your next visit and leave you emergency and support contact numbers.

Your baby will receive a full examination within 72 hours of the birth by a midwife who is qualified to do this.

If you have an RhD negative blood type and require anti-D immunoglobulin injections, your community midwife will arrange these for you. These will be given in the Maternity Unit at Russells Hall Hospital.

Your GP and health visitor will be informed of the birth of your baby.

WHAT IF I NEED STICHES

Your midwife will endeavour to assist you to deliver your baby as easily as possible to prevent tearing of the perineum. The midwife will explain this to you. Small tears may be left to heal naturally. Midwives can suture tears at home should you require stitches. If this is not possible or the tear is more complex you may need to transfer to hospital for stitching. If this is necessary, your baby will accompany you in the ambulance and your partner/supporter will be asked to follow in their own vehicle.

You will be discharged home afterwards using your own transport

WHAT IF THERE ARE ANY PROBLEMS DURING OR AFTER THE BIRTH

If there are problems in labour or during the birth with you or your baby the midwife will advise you that a transfer to hospital may be necessary. This journey is always made by ambulance and the midwife will always accompany you. Quick access to the hospital can be guaranteed this way. Good communication links with Health care Professionals can be maintained in the event of problems. Your partner might be asked to follow in his or her own vehicle. In the unlikely event of you being unwilling to accept the advice of the midwife and you decline transfer to hospital, the midwife will inform the obstetric registrar (senior doctor) and a manager on call and continue to care for you at home. However, it must be appreciated that the midwife does not have access to the more sophisticated equipment and medical expertise that is available in the hospital. Deciding not to accept the advice to transfer to the hospital could put you and your baby at risk. Although midwives are trained in providing emergency treatment, transfer may become necessary. This leaflet has been produced to provide information on what to expect in these circumstances.

Please Note...

We are committed to meeting the demand for a home birth in our area, however there are occasions when women labour simultaneously at home or if the labour wards are very busy and a midwife may not be able to attend to you immediately. If this situation occurs a plan will be discussed with you on the phone. It may include an invitation into the hospital for assessment and in exceptional circumstances beyond our control we may ask you to give birth in the midwifery led unit within the hospital – although this is extremely rare. Please remember, the majority of women who plan to give birth at home succeed in doing so and if asked to attend the Midwifery led unit we will accommodate your birth preferences as much as possible and may be able to offer you an early discharge pathway.

Can I find out more?

The following websites have more information about home births:

<http://www.which.co.uk/birth-choice/environments/home?gclid=ClqZzODnr0CFWXnwgod6B0Acw>

<http://www.homebirth.org.uk/>

<http://www.nct.org.uk/birth-topics/home-birth>

https://www.nct.org.uk/sites/default/files/related_documents/Home%20birth%20booklet_8.pdf

[The Birthplace cohort study: key findings | SHEER | NPEU > Birthplace \(ox.ac.uk\)](#)

Where to give birth: the options - NHS (www.nhs.uk)

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Community midwives on 01384 456111 ext. 3358 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/maternity/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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