York and Scarborough Teaching Hospitals
NHS Foundation Trust

Choosing a Home Birth

Information for patients, relatives and carers

Maternity Services

ⓘ For more information, please contact:
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Introduction

This information leaflet has been co-produced alongside service users and the Maternity & Neonatal Voices Partnership (MNVP) to answer some of the commonly asked questions women and birthing people have when considering a home birth. It contains details regarding the safety of a home birth, pain relief options, and how a home birth can be arranged. It also provides information on equipment you will be required to provide if you choose to have a home birth, what to do when labour starts, useful website addresses and information on hiring birthing pools if you choose to have a home water birth.

Who can have a home birth?

As a maternity service, we support women and birthing people to make informed choices about where they would like to birth their babies. Any woman or birthing individual can choose to have a home birth, including those having their first baby. There are several instances where a home birth may not be advised but your midwife or obstetrician can discuss how these relate to you and your personal circumstances. You will still be able to access support should you choose to have a home birth against medical advice.

The Royal College of Midwives (2012) advocates choice stating that “Women and birthing people are more likely to have an enjoyable birth experience with better outcomes if they can choose a birth environment that feels best suited to them and are supported in this decision-making process”, while NICE (2023) agree that giving birth is generally very safe, that they may choose any birth setting and that we support them in their choice.

All low-risk women and birthing people having their first baby that are considering or planning to labour and birth at home should be aware that although the vast majority of women and birthing people have a safe home birth, there is however, a slight reduction of adverse perinatal outcomes of 5.3 per 1000 births for those that choose to give birth in hospital. (Adverse perinatal outcomes refer to several health effects involving pregnancy and the newborn infant. Infants with one or more adverse birth outcomes are at greater risk for mortality and a variety of health and developmental problems. Common adverse pregnancy outcomes include obstructed labour, retained placenta, malpresentation, prematurity, and stillbirth.)

All low-risk women and birthing people having their second or subsequent baby that are considering or planning to labour and birth at home should be aware that labouring and birthing at home is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared to birthing in hospital.

For women and birthing people having a first baby, a planned home birth increases the risk for the baby -

- there are around 9.3 adverse perinatal outcome events per 1000 planned home births compared with 5.3 per 1000 births for births planned in obstetric units.

For women and birthing people having a second or subsequent baby, home births and midwifery unit births appear to be safe for the baby and offer benefits for the parent that include:

- no significant differences in adverse outcomes between planned home births or midwifery unit births and planned births in hospital.

- birth in a non-obstetric unit setting significantly and substantially reduces the odds of having a caesarean section during labour, instrumental delivery, or an episiotomy (a cut of the perineum to quickly allow enlargement of the opening for the baby to pass through).

Transfer rates:

- For women and birthing people expecting their first baby, the transfer rate to hospital from home either during labour or immediately after birth is approximately 45% for planned home births. During labour, for example, this could be the requirement for additional analgesia or not as expected progress in labour.

- For women and birthing people expecting their second or subsequent baby, the transfer rate to hospital from home during labour or immediately after birth is approximately 12% for planned home births. During labour, for example, this could be the requirement for additional analgesia or not as expected progress in labour.

It is important to consider transfer times to hospital when considering a home birth. In the event of transferring into hospital, the midwife will remain with you to support you until you arrive at the hospital.

You canaccess further information here:

https://www.nhs.uk/pregnancy/labour-and-birth/preparing-for-the-birth/where-to-give-birth-the-options/

Why choose 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, particularly to other children.
- More privacy.
- To focus on active childbirth.
- Partners feel and can be more involved.
- The space to have more than one birth partner.

The disadvantages:

- If any complications develop for either you or your baby, you will be offered transfer to hospital. This means that, in an emergency, it will take longer to get specialist treatment for you and your baby which may be associated with a poorer outcome. The midwife is an expert in normal birth and will only have basic resuscitation equipment available in the home setting.
- Not all pain relief options are available at home

Who will be there?

Midwives are experts in normal pregnancy, labour and the care of you and your baby following birth.

A midwife will attend any woman or birthing person choosing to have a home birth. Usually, there is only one midwife with you until the labour is fully established and as the birth becomes imminent, a second midwife will be called to attend in case of any unexpected complications. If you have chosen to birth at home outside of guidance or advice, this will be discussed with you at your homebirth agreement home visit at around 36-37 weeks – this may take place earlier if your homebirth is planes outside of guidance. Our midwives cover a large geographical area therefore there may be delays in arriving at your home address. The midwife should be able to give you an estimation of how long she will be, when you call to tell us you are in labour.

Student midwives may also work alongside the midwife, and they would welcome the opportunity to support your care. Please let your midwife know if you would prefer not to have a student involved in your care.

You may also choose to have a doula or mother, sister, or friend as well as your partner with you. It is a good idea to invite the people who will be supporting you to the homebirth agreement meeting.

The midwives employed by our Trust have a team approach to care for women in labour at home so that a 24-hour service can be provided. Your named midwife may only be available to care for you if they are ‘on call’ when you are in labour.

It is important that you consider childcare arrangements for any other children in the home.

Your named midwife or someone from the team will:

Provide antenatal care to help you prepare for the birth and the period afterwards.

Visit you and your partner, and any other birth supporters at home at about 36–37 weeks to formulate a homebirth agreement – this may take place earlier if your homebirth is planes outside of guidance. We will discuss your birth choices and preferences with you and talk to you about our homebirth service. This will help you to prepare yourself and the home environment for birth. A homebirth box of equipment will be left with you to keep in a safe place, away from pets or other children, ready for when you are in labour. For Scarborough women/birthing individuals the midwives will bring a homebirth bag with all the equipment in when you go into labour. Please ensure that the homebirth box is easily accessible when needed. If you decide to come into hospital to have your baby or are transferred in during labour, the midwife will call to collect the homebirth box later; please do not dispose of it yourself.

Direct you to resources available in your area.
Provide postnatal care for you after your baby is born at the postnatal clinics.

Are home births ‘messy’?

Most homebirths are remarkably ‘tidy’. However, adequate protection of your furniture and flooring will be discussed with you when your midwife visits you at home at 36-37 weeks.

What pain relief methods can I use?

You may wish to consider ‘non-drug’ methods of pain relief such as TENS, relaxation and breathing through contractions or labouring in water. In addition, you may choose other complimentary therapies such as reflexology, acupuncture, homeopathy, or hypnobirthing. Midwives are not generally trained in the use of complimentary therapies and so if you plan to use them you will need to seek the help and advice of a qualified practitioner. Certain ingredients in some complimentary therapies can interfere with the chemicals in medical ‘drugs’ (should we need to use them). It would therefore be helpful to ask your therapist to give you a list of prescribed treatments and their properties.
A pharmacist can then be contacted to advise on any potential interactions.

You will also have access to Entonox® (gas and air), which your attending midwife will bring to your home when you are in labour if you wish to have it available.

Please note that epidural pain relief is not available at home.

For further information on the advantages and disadvantages of non-drugs or drugs used in labour, please see our Trust Information Leaflet ‘Coping Strategies in Labour’ available from your midwife or the Trust website.

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. Your midwife will also discuss the practicalities with you and invite you to the home birth support group. You can change your mind about your place of birth at any time and it is important to let us know about this so that we can make any necessary arrangements or changes to your care plan.

What equipment will I need to provide?

You will need:

- Bright torch or moveable angle poise light.
- A clock with seconds indicator
- Measuring jug to measure urine.
- Soap and clean towel for the midwives.
- Warm towels and blankets for baby.
- Clean old towels or sheets.
- Small plastic bowl or bucket (in case you feel sick).
- Large plastic waterproof sheet(s) – to protect your home.

Additionally, if planning a water labour or birth:

- Sturdy pool: Please ensure that the pool purchased is strong and sturdy and placed on a flat surface in your home to ensure it does not topple over causing the water to flood out. Unfortunately, paddling pools are not appropriate.

- Sturdy stool for use as a step when getting out of the pool.
- Working thermometer for checking water temperature (this should be supplied with the pool).

- Small sieve.
- Two foam woggles/noodles (to assist in helping you from the pool, should an emergency arise).
- You may want to consider a long-armed mirror to view the birth under the water if you wish.

Your midwife may be working long hours – drinks and snacks are always welcome

NB: Access to a working telephone with a strong signal if only a mobile available is essential. Please discuss this with your midwife.

The arrangement of adequate car parking facilities for two midwives' cars is also needed, especially if you live in an area where car parking is restricted. The first midwife will have a lot of heavy equipment to transport from their car to your home, so close access is important.

Can a home birth be guaranteed?

Unfortunately, not always. Complications may arise in either your pregnancy or during labour that would make it unsafe to continue with a home birth. There may be occasions when we are unable to provide a midwife to attend a home birth because of an unexpected period of high activity within the hospital, meaning the community midwives will need to provide care for women who are giving birth there. Additionally, the community midwives can only provide care at home to one woman at a time so, in very rare circumstances, you may be asked to give birth at hospital because the midwives are already caring for another woman at home. Your midwife will discuss this further with you during your home visit.

Who do I call when labour starts?

Please phone Triage on **York** 01904 726869 or **Scarborough** 01723 236869.
They will contact your team to arrange for a midwife to speak with you. If this is during the day, this will be a midwife on duty. If you call us out of hours or on a weekend, this will be the on-call midwife. If you are using a pool for labour, we advise that you prepare the pool ready for use and wait for the midwife to arrive before getting in. Please remember to call in plenty of time to ensure the midwife has time to get to you.
Remember: Please phone Triage if you think your waters have broken, even if nothing else is happening.

What happens if there are problems at home?

If problems occur during or after birth, depending on what they are and at what stage during the birth process they arise, your midwife may advise transfer to a hospital. Sometimes it might be appropriate for your partner to drive you to the hospital. If it is not, the midwife attending you will arrange for an ambulance.

Community midwives carry minimal equipment and are trained in basic adult and baby resuscitation. Advanced resuscitation is only available in hospital or upon arrival of paramedics.

In an emergency, you (and/or your baby) will be transferred to the nearest hospital by ambulance, attended by trained paramedics and the midwife who has been caring for you. Your partner will have to make their own way to the hospital as there will be no space available in the ambulance. You need to be aware that though we will call for an ambulance as soon as we feel it is necessary, there may be a wait for an ambulance to arrive.

What happens after the birth?

Your attending midwife(s) will check to see if you need any stitches. If stitches are needed and the midwife feels that they can do this safely at home, then this will be done as soon as practically possible. If the midwife feels they need better lighting, if the repair is complicated, or you need stronger pain relief than can be provided at home, then they will arrange for you to be transferred to hospital.

You will be helped to feed your baby and assisted into the bath to freshen up. Whilst you are relaxing in the bath, the midwife(s) will complete their records and tidy up the equipment they brought with them.

One midwife at least will stay with you for a minimum of two hours after the birth to ensure you and your baby are well and support you to feed. If all is well, you will then be left to get to know one another. Arrangements will be made for the following day for the baby to have its Neonatal Infant Physical Examination (NIPE check), which is recommended and ideally should be completed within 72hrs of birth. You may need to attend the hospital, if there is no community midwife available who is trained to perform this examination at your home. You will be given telephone numbers to call in case problems arise before your next planned visit.

You are usually seen at home for the first day visit and after this (depending on where you live), you may be invited to a postnatal clinic on days three and five and again between days 10-14 days after the birth or continue to be seen at home. The frequency of the visits will depend on your needs and will be discussed with you at the time by the midwife.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact Clinical Governance: yhs-tr.patientsafetymidwives@nhs.net.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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