



Planning a Home Birth

Patient Information Leaflet

January 2019

Giving birth at home can be a very fulfilling experience for you and your family. This information leaflet has been compiled by midwives for women who are planning a home birth and we trust it will answer the questions you may have. There is a summary of the risks and benefits at the end of this booklet.

Who will attend my baby's birth

A midwife will care for you throughout your labour, however this may not be your named midwife. You may also be asked to consent to a student midwife to attend. Being competent at caring for women birthing at home is an important part of a midwives training. Towards the end of the labour a second midwife will be called to be present.

How do I contact the midwife?

Our contact number is 0161 922 4921

The delivery suites number is 0161 922 6172/6173

When you are in labour, contact the midwifery led care unit, if there is no answer then contact the delivery suite on the above number. Inform them that you are booked for a home birth. Give your name address, telephone number and the name of your midwife. The midwife taking your call will discuss all aspects of your labour to date and advise you accordingly. When a midwife has been contacted, she may telephone you and make arrangements to visit you, either immediately, or later as appropriate.

The home birth rate is on the increase and on **some occasions** if several women are labouring simultaneously, deploying the services of all the available midwives, **you will be advised and requested by a hospital midwife, to go to the maternity unit for your labour and delivery.**

When should I call the midwife?

All women should contact the MLC unit or the delivery suite **at any time if they have any concerns or anxieties.**

If labour begins during the day it is useful for us to know early in the labour so that your team of midwives can reorganise their workload.

If labour begins at night, contact the MLC/Delivery suite when your contractions are coming every five minutes.

If your 'waters break', with or without contractions please phone the MLC unit/delivery suite straight away. It is particularly important to let us know if the 'waters' appear green, brown or yellow.

Once labour is established a midwife will stay with you at your home. **Please ensure your home is easily identifiable by the midwife.** If she is attending you at night please put on all your house lights until she has arrived. If your home is not easy to access or does not have a number or name plaque displayed, please arrange for an adult to meet the midwife at the door, gate or nearest accessible tarmac road.

How will the midwife monitor my well being during labour?

Throughout the labour the midwife will take your temperature, pulse and blood pressure and will test a sample of your urine at regular intervals.

The midwife will encourage you to have a regular intake of fluid, a light diet and to have a rest as well as active periods of labour.

Support persons at the birth

Most women choose to have a birth 'partner' present for support in labour. This may be the baby's father or a relative or friends. In addition another adult should be present at the home to:

- Take care of other children
- Make or answer telephone calls
- Assist in making drinks for you and your partner

What to arrange or supply

- 24 hour access to a telephone
- Ensure there is adequate heating in the room you plan to give birth in
- Means of gently warming baby linen i.e. hot water bottle with cover (not used for the baby)
- A clean hot water supply
- Clean hand towel and soap for the midwife
- Bucket or washing up bowl for wet rubbish
- Plastic bin liners to protect cushion/pillow etc
- Plastic sheeting or old shower curtain for the floor (available from DIY store)
- Plastic mattress cover to protect mattress/futon etc (available from chemists)
- Old clean sheets and towels
- Pack of full sized maternity sanitary towels

For the baby

- 2 soft towels (old but clean)
- Vest
- Babygro/nightdress
- Cardigan
- Socks or booties
- Nappies
- Cotton wool
- Cot sheets
- Blankets

The equipment necessary for the birth will be delivered to your home when you are approximately 36 weeks pregnant. The entonox (gas and air) and oxygen will be brought to your home when you are in labour.

Pain relief

The entonox will be available and if any more is required the second midwife will bring this from the hospital. Midwives do not carry pethidine.

You may like to hire an obstetric **tens machine** to aid with pain relief at home.

Syntocinon

Syntocinon is a drug, given by injection, which is used to speed up the delivery of the placenta and membranes and to minimise blood loss. It is your choice as to whether this drug is given as a preventative measure or only used in the treatment in the event of a problem occurring. Please discuss this with your midwife prior to birth.

What if there are any problems during the labour?

In certain circumstances the midwife will advise that the transfer to hospital is necessary.

This journey is **always made by ambulance** the midwife will accompany you. By this means, heavy traffic can easily be negotiated and good communication links with medical staff maintain in the event of a difficulty. Your partner may wish to accompany you or follow in his/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 a supervisor of midwives and the medical staff, and she will continue to care for you at home. However, it must be appreciated that the midwife **does not have access to more sophisticated equipment and medical expertise that is available in the hospital.**

What if I need stitches?

Your midwife will endeavour to assist you to deliver your baby as easily as possible to prevent tearing the perineum.

Small tears may be left to heal naturally. Should you require stitches most midwives are able to suture simple tears at home. If the tear is more complex you will need to transfer to hospital for stitching. If this is necessary your baby and your support person could accompany you in the ambulance, or follow in their own vehicle. You would be discharged afterwards using your own transport.

What about vitamin K?

All babies are offered the routine injection of vitamin K. (you have already received a leaflet which gives you information on this.)

After the birth

Your midwife will stay with you for at least one hour after the birth of your baby. She will assist you with breastfeeding as soon as possible after the birth. When the midwife leaves she will ensure that you have a telephone number which you can call if you have any worries or concerns and arrangements will be made for a further visit later in the day or early the following morning.

It is recommended that all new mothers be cared for by a friend or relative for the first few days after your baby is born.

The baby will have a neonatal examination between 6 – 24 hours following the birth. This is carried out by a midwife who has taken extra training in order to carry out this examination; it may not be your own midwife.

Circumstances in which transfer to hospital would be recommended

- Labour starting before 37 weeks or after 42 weeks of pregnancy
- If labour has not started within 24 hours of the waters breaking. You are advised to have labour induced in hospital. Your midwife will discuss this issue with you.
- If the waters are brown/green (meconium) when they break. This indicates that the baby has opened his/her bowels, which may be a sign of distress. We therefore recommend that in these circumstances the baby's heart rate be

monitored continuously during labour.

- Abnormalities in the baby's heart rate. Both a very fast and a very slow heart rate can be a sign of distress. If either was to occur and persist and the birth is not imminent, you will be advised to transfer to hospital for closer monitoring.
- Excessive blood loss. This may occur during or after the birth.
- Raised blood pressure
- Exhaustion. Occasionally labour may be very prolonged or difficult to cope with despite good support and good preparation for the birth. However if you need stronger pain relief you may choose to be advised to transfer to hospital where additional help is available i.e. methods of increasing the efficiency of the contractions and/or epidural anaesthesia.
- Retained placenta. Some placentae do not deliver in the normal way and transfer to hospital is necessary for removal.
- For perineal suturing
- If there are any concerns regarding the baby's wellbeing after the birth. You will be advised to transfer to hospital for assessment, observation and/or treatment.

The majority of women who plan to give birth at home succeed in doing so. Complications are uncommon; however they do sometimes occur and for this reason this booklet has been produced to provide information on what to expect in these circumstances.

We wish you a happy and fulfilling experience.

Benefits and risks associated with home births

Benefits/advantages

- The Birthplace study (2011) stated "Women with planned births at home.... Were significantly less likely than those with planned birth in an Obstetric Unit to have an instrumental or operative birth or to receive medical interventions."
- Planned home birth is associated with good outcomes for both mothers and babies (Chamberlain et al 1997)
- You may feel more relaxed and in control in your own home
- There is ample evidence showing that labouring at home increases a woman's likelihood of a birth that is both satisfying and safe (RCOG and RCM joint statement 2007)

Risks/Disadvantages

- You will be unable to have an epidural at a home birth
- You may have to transfer to hospital in any complications arise during labour. If transfer is required there will be a delay in delivery, this could compromise the outcome

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

آپنی یہی آہی تھی پڑتے ہا بڑتے نا پائےن، تاہلے انورھ کرے ا تھنیک ہلےٹھ ٹیمےر ساہے ٹےلیفونے یوگایوگ وکنن 0161 331 5149/5150 آہی ناہارے، تھن تارا آپنیکے ساہیا کرے پائے ہا

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0161 331 5149/5150 لائل مہراپڈ ہاڈو تےآو آپلے آنہر اڈھ

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