Homebirth preparation

Contact number:
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NHS
Salisbury
NHS Foundation Trust

You have received this information because you are considering or planning to give birth at home. This leaflet aims to help you prepare and understand what to expect.

The **Birthplace in England Study (2011)**, which included more than 64,500 women with uncomplicated pregnancies, found the following, that by planning a homebirth:

If you have had a baby before	If this is your first baby
You are less likely to need interventions (such as forceps or ventouse birth, caesarean section, or episiotomy) compared with planning birth in an obstetric unit. The risk of your baby having a serious medical problem (which is very low) is the same regardless of where you plan to give birth. 6.4% of women were transferred to hospital during labour, and 5.2% after birth.	You are less likely to have interventions compared with planning birth in an obstetric unit. There is a small increase in the risk of your baby having a serious medical problem (though this risk remains low). 35.1% of women were transferred to hospital during labour, and 8.9% after birth

For more detailed information on outcomes on different birth settings see 'NHS your choice where to have your first baby' or 'NHSE your choice where to have your subsequent baby'

Desirable criteria for homebirth - discussed

Singleton pregnancy	No medical or obstetric complications in the pregnancy or previously
Cephalic presentation	FBC within normal range (>105g/l)
Gestation between 37-42 weeks	Platelets >100
Midwifery lead care	No child protection plans
Less than 5 previous pregnancies	Aware of reasons for recommendation of transfer and transfer rates
BMI at booking less than 35	

If any risks identified a further discussions about associated risks with specific Complexities will be offered this may include a discussion with a consultant or complex care midwives. If determined at time of birth then transfer to hospital will be recommended.

Advantage of Homebirth	Considerations
Familiar surroundings where you and others with you may feel more relaxed and able to cope with labour Less likely to have interventions such as Caesarean, ventouse or forceps Not having to interrupt your labour to travel to hospital Can have additional birth support and children present.	A transfer may be recommended if there are concerns with yourself or baby There may be a delay in transfer due to ambulance capacity It is rare for low risk mothers, but if something goes wrong during your labour, it could be worse for you or your baby than if you were in hospital with immediate access to additional care Access to specialist care, equipment and additional medication is not immediate. Homebirth is most suitable for people with a low risk, uncomplicated pregnancy

This document uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period.

Statistics on birth outcomes and neonatal outcomes based on planned place of birth

These tables from the Birthplace in England research study, 2011 outline the Rates of different modes of birth, transfers to an obstetric unit and Obstetric interventions and neonatal outcomes for each planned place of birth for women with a low risk pregnancy having their first and subsequent babies *(Number of incidences per 1,000 women fiving birth by location.)*

Women who have had a baby before	Planned homebirth	Planned alongside midwifery led unit	Planned obstetric unit
Spontaneous Vaginal birth	984	967	927
Birth with forceps or ventouse	9	23	38
Unplanned caesarean birth	7	10	35
Transfer to the obstetric unit	115	125	10 *
Regional Analgesia *(epidural and/or spinal)*	28	60	121
Episiotomy	15	35	56
Blood Transfusion	4	5	8
Outcome for baby	**Planned homebirth**	**Planned alongside midwifery led unit**	**Planned obstetric unit**
Babies **without** serious medical problems	997	998	997
Babies **with** serious medical problems	3	2	3

** Transferred to a different obstetric unit due to the acuity or expertise*

Women who have not had a baby before	Planned home-birth	Planned alongside midwifery led unit	Planned obstetric unit
Spontaneous Vaginal birth	794	765	688
Birth with forceps or ven-touse	126	159	191
Unplanned caesarean birth	80	76	121
Transfer to the obstetric unit	450	402	10 *
Regional Analgesia (epidural and/or spinal)	218	240	349
Episiotomy	165	216	242
Blood Transfusion	12	11	16
Outcome for baby	**Planned home-birth**	**Planned alongside midwifery**	**Planned obstet-ric unit**
Babies born **without** seri-ous medical problems	991	995	995
Babies **with** serious medical problems	9	5	5

Reasons transfer to hospital advised:

These include, but are not limited to:

Slow progress in first or second stage

Additional pain relief wanted

Suspected fetal distress

Meconium stained liquor

Vaginal bleeding

Retained Placenta

Difficult suturing

Heavy bleeding following birth

Baby or mother unwell following birth

EMERGENCY PROCEDURES

Fetal distress

Shoulder Dystocia

Resuscitation of baby

this transfer will be in a separate ambulance

Postpartum Haemorrhage

Undiagnosed breech

Maternal compromise

Midwives are trained to deal with obstetric and neonatal emergencies however most will require support and/or transfer via an ambulance. Midwives will assess the urgency of the situation and liase with the ambulance service directly.

These transfers will be via Ambulance and consideration of home to hospital mileage and time is considered. Transfer date depending on the day of these times can vary and a delay in transfer and response in an emergency situation can take place.

Statistics for response times (time to arrive at your property) for ambulances:

	South West Ambulance Service	South Central Ambulance Service
Category 1 - Life Threatening Injuries	Average time 7 minutes	Average time 7 minutes, and at least 90% of the time within 15 minutes
Category 2 - Emergency calls	Average time 18 minutes	Average time 18 minutes and at least 90% of the time within 40 minutes
Category 3 - Urgent calls	Average time 90% within 120 minutes	Within 120 minutes at least 90% of the time

Primary reasons for transfer to an obstetric unit by number of women transferred (% of total transferred from home) Statistics from the Birthplace in England research study, 2011	
Delay in first of 2nd Stage of labour	32.4%
Abnormal fetal heart rate	7.0%
Request for epidural	5.1%
Meconium stained liquor	12.2%
Retained placenta	7.0%
Repair of perineal trauma	10.9%
Postpartum Neonatal concerns	5.1%
Other	20.1%

During your labour and birth the midwives support you in your birth plan and preferences. They will monitor you & your babies well being as per NICE Guidelines (2023). If you would like care outside of these guidelines please discuss with your midwife so individualised care planning can be considered.

You are encouraged to drink when you feel thirsty and to eat small amounts of food little and often, as you feel able. We will also encourage you to empty your bladder every two to four hours. You will be supported to move freely and to use the positions that feel most comfortable for you during labour.

A warm bath can be helpful for relaxation during labour; however, most household baths are not large enough for a water birth. If you wish to labour or give birth in water, a birth pool can be bought or hired. Your birth partner will be responsible for filling the pool, checking and maintaining the water temperature, and emptying the pool after use.

Please consider in your birth planning:

- Plans with a **birth pool** (Hiring/buying one, adequate space, equipment to set up, fill and take down, emergency evacuation - *if required*)
- **Childcare and pet arrangements.** There should be a responsible adult available to care for children in the event of you not wanting them present or need for transfer to hospital. Pets should be in a separate area throughout labour and birth
- Consider if you are happy to have **student midwife involvement** throughout your labour and birth as you may be asked at the time
- Prepare a **safe environment for birth**, clear of clutter and draughts. There should be a designated flat surface for neonatal resuscitation available to the midwives.
- **Call the midwives** as soon as you feel you are starting in labour so that plans can be made for midwives to attend when you are ready. There will be two midwives attending, one may attend initially and then the second attend later or they may both attend at the same time. You may not have met the midwives attending your homebirth as they are from all community areas.
- **Midwives can take around 1 hour to attend.** To help them arrive promptly please ensure your house name/number is clearly visible and a light/sign (Ballons, fairy lights, car hazard lights on) at the entrance and access is clear where possible. If it is difficult to find your home or parking is limited letting us know this will help minimise interruptions at the time of labour.
- If there is limited staffing or unsafe weather conditions the **homebirth service may be suspended** due to this and in this eventuality you would be invited into the hospital for midwifery support for your birth.

What the midwives will bring?

- Birth equiptment to help support birth of your baby
- Observation equiptment to offer routine regular monitoring of yourself and your baby
- Entonox piping *(you will be provided with cylinders in the antenatal period if you want these)* Emergency and Resuscitation equiptment
- Laptop to document
- Medication: **Diclofenac -** *(For pain relief post birth).* **Lidocaine Hydrochloride Injection** - *(For local anaesthetic in the event of considering an episiotomy and for perineal suturing).* **Oxytocin & Syntometrine® -** *(For delivering the placenta if choosing active management or for management of a significant bleed if required)*
- Waste disposal equiptment

List of things to have available:

- ☐ Waterproof sheeting and incontinence pads to cover area of birth
- ☐ Plenty of old towels (For yourself and baby)
- ☐ Bucket, sieve, waterproof mirror and thermometer *(if having a pool)*
- ☐ Hot water and heating on constant for birth space
- ☐ Paracetamol and Ibuprofen for post birth *(if able to take ibuprofen)*
- ☐ Bags packed for yourself and baby *(in case of need for transfer)*
- ☐ Snacks for yourselves and team attending
- ☐ Access to Wi-fi details available for the midwifery team *(if they have challenges with the IT)*
- ☐ Any items you wish for your comfort/pain relief in labour such as birth balls, heat pads & TENs
- ☐ Birth plan/preferences

Care following birth

The midwife will stay for a minimum of 2 hours following delivery of the placenta. The midwife will assess and offer repair of any perineal tears (if not requiring transfer), check that you are well and able to wash/ shower and empty your bladder. Support with the first feed for baby and ensure wellbeing of mum and baby. The midwife will give you advice on basic safety and care principles such as safe sleep, pain relief for yourself, signs of an unwell baby and provide contact numbers.

Newborns are offered Pre and post ductal saturation monitoring and Newborn Initial Paediatric Examination (NIPE) within different timeframes in the first few days, this may be offered at various locations depending on location of equipment/staff availability. Newborn hearing screening will be arrange within your community team and may be as an outpatient appointment within the hospital.

If medications are required for yourself or baby (Such as postnatal Anti-D, Oral vitamin K or Thromboprophylaxis) arrangements will be made via the hospital and communicated with you.

Ongoing postnatal care will be offered within the routine timeframes and individualised to need.

Any additional questions please ask your community midwife. When showing signs of labour or any questions or concerns please call: **01722 425183**