The Rosie Hospital
Patient Information
Homebirth

The Rosie offers women the choice of birthing at home. This leaflet is intended to help you plan your baby's birth at home. You will have the opportunity to discuss this leaflet and your individual birth plan with your community midwife at your 36 week home birth appointment which may be undertaken in your home. However, you are welcome to discuss your wishes for your birth with your midwife at any time during your pregnancy.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

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Homebirth: benefits and safety

For women with no complications in pregnancy, childbirth is generally very safe. The ‘Birthplace study’ looked at a large number of women with no complications in pregnancy and compared the safety of births planned in four settings: home, freestanding midwifery units, alongside midwifery units (midwifery unit within a maternity hospital) and obstetric units. The study showed that among women with an uncomplicated pregnancy who plan to give birth at home (or in a midwife-led unit) there is a higher likelihood of a normal birth and significantly less intervention. For example, caesarean section, epidural, episiotomy and instrumental birth.

The study showed that, for low risk women having their second or subsequent baby, a homebirth is as safe as birthing in an obstetric unit and can offer additional benefits to the mother.

For women having their first baby the study showed that for women who choose home birth, there is a slightly increased risk of a poorer outcome for the baby (such as increased risk of death in labour or shortly afterwards; or birth injury) compared to those women who give birth in a midwife led unit or obstetric unit. (1:110 risk of a poor outcome for a home birth compared to 1:190 for women in an obstetric unit). With respect to midwife led units, the risks to the baby were the same as those born in an obstetric unit, but again there was less intervention during labour and birth.

We hope this leaflet will prove useful and that you enjoy the birth of your baby wherever that will be.

Useful websites and information

National Perinatal Epidemiology Unit (NPEU)
www.npeu.ox.ac.uk/birthplace


The Royal College of Midwives (RCM) www.rcm.org.uk

National Childbirth Trust (NCT) www.nct.org.uk/birth-topics/home-birth

Association for Improvement in Maternity Services (AIMS) www.aims.org.uk

BirthChoiceUK www.which.co.uk/birth-choice

Homebirth reference site www.homebirth.org.uk

NHS Choices www.nhs.uk
Postnatal care

The midwife will remain with you for around two hours after the birth of your baby. During this time the midwife will repair any perineal tears (if required), check that you are well, and that you have been able to have a wash/shower and emptied your bladder. Your baby will be checked and weighed, vitamin K given if required and he/she encouraged to feed. We encourage skin to skin contact immediately following the birth.

Before leaving you, your midwife will provide you with contact phone numbers in case of emergencies and for help and advice. Your own community team will be informed of your birth and plans for your next visit made. Your midwife will ensure you have information on basic safety and care principles in looking after yourself and your baby, including:

- Sleeping positions
- Environmental temperature
- Pain relief for yourself
- What to expect in relation to your recovery from birth

Your baby will have an Oxygen level check prior to leaving you after the birth. A neonatal examination by a specially trained midwife, within 72 hours of the birth. This may be performed at your home, local children’s centre or at the Rosie hospital. Your baby’s newborn hearing test will also be arranged as an outpatient appointment.

The National Institute of Clinical Excellence) provides guidance based on the best available evidence. It acknowledges that:

- Women should be offered the choice of planning birth at home, in a midwifery led unit or in an obstetric unit.

It also advises that you be aware that:

- Giving birth is generally safe for both you and your baby.
- The obstetric unit provides direct access to obstetricians, anaesthetists, neonatologists and other specialist care including epidural analgesia.
- The possibility of being transferred into the obstetric unit exists and this possibility and the time this may take should be discussed with you by your midwife.
- If something does go unexpectedly wrong during labour, at home or in a midwife-led unit, the outcome for you or your baby could be worse than if you were in the obstetric unit at the hospital with access to specialised care.
- If you have a pre-existing medical condition or have had a previous complicated birth that makes you at higher risk of developing complications during your next birth, you will be advised to give birth in an obstetric unit.

The Royal College of Midwives state that women do not need, and should not be expected to change their plans as a result of the Birthplace study unless they wish to do so, or their clinical condition changes.
Contacting a midwife when you are in labour

When you think you are in labour you should call the delivery unit on 01223 217217, stating you are planning to have your baby at home. The midwife who takes your call will ask you some questions to help decide if it is time for the community midwife to attend you. The midwife who takes your call will organise for the attending midwife to call you back. The midwife attending your birth may not be known to you and she will ask you for more information, directions and let you know how long it will take her to get to you.

The Rosie hospital aims to provide a homebirth service to all women who choose to stay at home to birth. However this is not an absolute guarantee and sometimes due to the number of women birthing at any one time and the midwives available, you will be asked, in the interest of safety for you and your baby, to birth in the Rosie birth centre or on the delivery unit.

Identifying your home

You will need to prepare clear directions to your home, in advance of the birth, for the midwife who will attend. She may be unfamiliar with the area. You could identify your house in some way, such as fairy lights around a window, balloons on the door or hazard lights on your car. The midwife attending you will need to have good access to your house and be able to park nearby. She may need help from your birthing partner to carry in the homebirth equipment.

You will have an opportunity to discuss this list further with your midwife at your home birth appointment at around 36 weeks. The Birth place study showed that transfer rates in labour to obstetric units from home are higher for first time mothers (45%) compared to mothers who are in their second or subsequent pregnancy (12%). If you are transferred, it will be by ambulance. The midwife will accompany you in the ambulance, but may hand over your care to another midwife on arrival at the Rosie delivery unit. Your birth partner is likely to have to travel in your own car, not with you in the ambulance. If your baby needs to transfer to hospital following the birth, where possible you or your partner may go with your baby in the ambulance. Your midwife will talk to you about the locally available services and possible transfer times to your nearest obstetric unit.

Other concerns

If during your pregnancy additional risks have been identified and you are at higher risk of complications developing during your birth, you will be advised to give birth in an obstetric unit where specialised care is available. Your midwife will discuss these factors and appropriate Rosie hospital guidelines with you. If you still wish to birth at home an appropriate plan of care will be discussed with you and this will be put in place with any necessary arrangements made in time for your birth. It is also recommended that the planning of your birth be discussed with a senior obstetrician; to ensure you have all the information required to make an informed decision about your birth.
A mirror suitable for use in water and a good torch are also useful, so that your baby can be seen being born under water.

**Reasons for transfer to hospital**

The midwife will recommend transfer of you and/or your baby to hospital if:

- There are any concerns about your baby’s wellbeing during labour. This may be if there are concerns about your baby’s heartbeat or if your baby has passed meconium in your waters.
- There is any abnormal bleeding from the vagina.
- There are concerns about your health during labour. For example raised blood pressure, pulse or temperature.
- Your labour is progressing slowly and it is considered likely some assistance is necessary.
- Your baby is in a position that could make the birth more difficult.
- You wish to transfer for any reason, such as for other pain relief.
- Following an obstetric emergency (see list received from midwife).
- After the birth if there is any concerns with your baby’s breathing or temperature.
- After the birth if you have a tear to your vagina or perineum that is considered too difficult to repair in the home or if it requires repair by a doctor.

**Preparations for a homebirth**

Your midwife will be able to suggest any changes or preparation you could make to ensure your home is ready for the birth of your baby. You will be given suggestions of the items or equipment you will need. For example:

- Good torch, angle-poise light or similar. New batteries or an extension lead.
- Plastic sheeting approximately two square metres. (for example old shower curtain or bubble wrap)
- Old sheet or large old towel to cover plastic sheeting.
- Several old but clean towels including one in which to wrap your newborn baby.
- Box of tissues or kitchen roll.
- Soap and hand towel for the midwife.
- Mirror.
- Adequate heating in the home.
- A work surface in the room chosen for the birth.
- A clear and designated area for your baby should he/she requires any support at birth.
- A set of baby clothes and nappy, warmed for the birth.
- Cotton hat for the baby.
- Suitable clothes for you in labour.
- A packed bag for you and your baby in case of transfer to hospital.
- Birth paperwork (provided by the midwife)
- Any items you wish to have to support your comfort in labour such as pillows, birthing ball, beanbag, heat pads, TENs, paracetamol
• Medication prescribed by your GP such as Pethidine or oral vitamin K. Your midwife will discuss responsibility and safe storage of these drugs with you.

The equipment and drugs carried by the community midwives will also be discussed with you.

**Care of other children**

During the daytime, child care should be arranged, although you may wish for your child/children to be present for the birth. In this case, a responsible adult should be available to look after your child/children’s needs, especially if they do not wish to remain with you. If the birth is at night your child/children may remain asleep. However, you should arrange for a nearby responsible adult to be available to care for them in case they wake up, or you need to be transferred to hospital.

**Care in Labour**

A midwife will care for you in labour, once labour is established. After your initial assessment she may keep in touch with you by telephone until you need a midwife with you. If labour goes on for a long time, care may be provided by more than one midwife. Nearer to the time of birth a second midwife may be called. The attendance of a second midwife is not a legal or professional requirement but is recommended to provide additional support and assistance to the first midwife for the birth of your baby. You may be asked if a student midwife can attend your birth with your midwife. We like to encourage student midwives to attend homebirths to gain valuable experience in normal childbirth.

During your labour you will be encouraged to have plenty of rest periods. You should have something to eat and drink regularly and try and empty your bladder frequently. You will be supported in your choice of positions during labour and encouraged to remain mobile. Your midwife will be observing and monitoring your progress during labour.

**Water birth**

A warm bath can be relaxing in labour but it is not usually large enough for a water birth. Pools can be bought or hired. Your birthing partner will be responsible for filling the pool, maintaining water temperature and emptying the pool. The surrounding floor should be protected. A quantity of towels will be required, including one or two large bath sheets for your use when you get out of the pool. An area outside of the pool is also needed for you to give birth if you decide to get out of the water.