East Sussex Hospitals NHS
NHS Trust

Information for Women

Obstetrics and Gynaecology

Information for women planning to give birth at home

What is a home birth?

Giving birth at home attended by community midwives

What are the alternatives?

Midwifery-led Birthing Centre - low risk midwife only unit not attached to the hospital.
Obstetric-led Consultant Unit - main hospital units which employ midwives, obstetricians, and anaesthetist, with a Special Care baby Unit on site.
Independent Midwife - work similar to community midwives and they are employed by you for the whole of your pregnancy, birth and after care.

What are the expected benefits of a home birth?

Available evidence suggests that among women who plan to give birth at home there is a higher likelihood of a normal birth with less intervention National Institute for Health and Clinical Excellence (NICE 2007).

- You may feel more relaxed and in control in your home surroundings.
- Greater privacy.
- Less risk of acquiring an infection.
- Women giving birth at home use fewer drugs to help them cope with labour.
- Many women report more satisfaction and fulfilment from birth at home than hospital.
- Your family can be around you.

What are the risks of a home birth?

Giving birth is generally very safe for both the woman and her baby (NICE 2007).

Women who have a pre-existing medical condition, or have had a previous complicated birth that makes her of higher risk of developing complications during her next birth are advised to give birth in an obstetric unit - this should be discussed on an individual basis with your community midwife.

Women should be aware that if something does go unexpectedly seriously wrong during labour at home the outcome for a woman and baby could be worse than if they were in an obstetric unit with access to specialised care (NICE 2007).

Women whose current pregnancy has risk factors are advised to give birth in an obstetric unit. These include:

- Twin pregnancy.
- Baby in a breech / transverse presentation (at term).
- Pre-eclampsia or pregnancy induced hypertension.
- If there has been recurrent bleeding during pregnancy (antepartum haemorrhage).
- Women with a body mass index at booking greater than 35kg/m^2
- Substance misuse / alcohol dependency.

Information for women planning to give birth at home continued…

Who will attend my home birth?

If your 'named community midwife' is on duty she/he will where possible care for you during your labour. If she/he is not available another midwife, often from the same team, will be called.

A second midwife will be called when required, and will **aim to** be present for the birth.

Student midwives work with community midwives throughout their training and you may be asked if they can attend and/or provide labour care for you, under supervision of the community midwife.

Some women may choose to engage the services of an independent midwife.

Will I have to transfer to hospital / obstetric care?

Complications can arise anytime during pregnancy, labour and after birth and it is important, when booking a home birth, that it is recognised that all may not go as planned and transfer of care to an obstetric unit may be advised at any stage.

Circumstances in which transfer to hospital would be advised

Before labour:

- Antepartum haemorrhage (vaginal bleeding before labour): A steady blood loss or continual spotting of blood may indicate the placenta is starting to separate from the uterus (placental abruption), which would require continual monitoring of the baby's heart during labour.
- Raised blood pressure: This can cause significant complications for both mother and baby.
- Baby in a breech transverse presentation at term.
- It is usual for labour to start between 37 and 42 weeks of pregnancy. Women whose labour starts before 37 completed weeks of pregnancy are advised to give birth in an obstetric unit as the baby will be premature and may need neonatal / special care at birth or soon after.
- Women who have not started labour after 41 weeks of pregnancy will be offered induction of labour, because from this stage the placenta begins to work less effectively, which can have an impact on your baby's wellbeing and ability to adapt to the stresses of labour. (See also Induction of Labour Leaflet).
- If your waters have broken more than 24 hours before your labour has started (Pre-labour Rupture of Membranes – PROM), your baby will be more susceptible to developing infection in the uterus and you will be advised to give birth in an obstetric unit where you will be offered antibiotics during labour and your baby's condition can be more closely monitored.

Information for women planning to give birth at home continued…

During labour:
Midwives are experienced in detecting abnormalities during labour. Regular monitoring of the mother and baby throughout labour provides warning signs of developing complications and with your consent the midwife will arrange immediate transfer to hospital.

- **Meconium-stained liquor**: Yellow/Green/brown staining of the liquor (waters) this happens when your baby opens it's bowels inside the womb and may indicate fetal distress (reduced oxygen supply to the baby). Inhalation of meconium during labour and/or at birth may cause severe breathing difficulties and lead to infection (pneumonia).
- **Please note**: If the waters break late in labour there may not be enough time to transfer to an obstetric unit. In these circumstances it is safer to remain at home and transfer to hospital after the birth for the baby to be monitored.
- **Non-reassuring fetal heart-rate**: A prolonged increase or decrease in the baby's heart rate and a deceleration in the rate between contractions are 'non-reassuring features and may indicate that the baby is not receiving adequate oxygen.
- **Delay in 1st or 2nd stage of labour**: Occasionally labour does not progress smoothly, with delayed cervical dilatation and a long pushing phase with lack of progress of the baby through the birth canal. Often associated with a baby not lying in the correct position as he/she enters the pelvis this is called occipito transverse / posterior. The midwife will encourage mobility / change of position and ensure an adequate intake of fluids and calories. In these circumstances transfer to an obstetric unit may be advised for epidural analgesia and / or labour to be Speeded up with a hormone (oxytocin) infusion to establish effective contractions.
- **Maternal exhaustion:** Occasionally labour may be particularly intense, prolonged and difficult to cope with causing exhaustion and dehydration which require management in an obstetric unit.

After labour:

- **Retained placenta**: Occasionally the placenta fails to deliver either spontaneously or with 'active management' (administration of uterotropic drug, which makes the uterus contract) and needs to be removed manually for which epidural or general anaesthetic is required.
- **Postpartum haemorrhage**: Excessive bleeding occurs when the uterus fails to contract after birth. The community midwife carries drugs to control bleeding but if blood loss is excessive (above 700ml) or is causing symptoms like fainting, shortness of breath, (depends on the woman's haemoglobin [iron] levels at the end of pregnancy) transfer to hospital is necessary.
- **Perineal suturing:** Only those women with an extended / complex tear need to be transferred to hospital. The community midwife will suture an uncomplicated cut / tear. Small tears may be left to heal naturally.
- **Baby not breathing at birth**: Occasionally a baby fails to breathe spontaneously at birth. Community midwives carry resuscitation equipment to manage this situation and will keep the baby oxygenated with a 'bag and mask'. Most babies will breathe within one to two minutes, but if this doesn't occur immediate transfer to hospital is arranged.

Information for women planning to give birth at home continued…

Regardless of whether the reason for transfer is urgent or not, transfer to hospital is always by ambulance, accompanied by the community midwife. Ambulance staff are able to maintain communication links with obstetric staff if necessary during the journey, and ensure minimal delay in heavy traffic.

On arrival at hospital your care is usually transferred to a hospital-based midwife. In some circumstances it may be possible for your community midwife to remain with you.

In the unlikely event that a woman is unwilling to accept the advice of the community midwife and declines transfer to hospital the midwife will continue to provide basic care at home. In these circumstances the midwife will seek support from the obstetric registrar (senior doctor) and a supervisor of midwives, who may wish to speak to you and / or be present at your birth to support / assist the midwives.

Pain relief and other medication

- **Alternative methods of pain relief**: acupuncture / aromatherapy / homeopathy / hypnosis / reflexology etc, are arranged privately by the woman and do not involve the community midwives.
- **Transcutaneous Electrical Nerve Stimulation (TENS)**: Directs an electrical stimulus to the back, which interferes with pain signals to the brain. Can be hired to aid pain relief during a home birth (details in hand-held notes). It is battery operated so it cannot be used in the bath or birthing pool - however it can be used with pethidine and entonox.
- **Hydrotherapy**: Sitting in a deep, warm bath is a effective means of managing pain in labour.
- **Entonox**: A limited amount of ‘gas and air’ is available from the community midwives for home births. If more is required this may need to be collected from the hospital by your support person, relative or friend while you are in labour. Entonox can be used in a birthing pool.
- **Pethidine**: This can be administered during a home birth at the discretion of the community midwife. Timing is important as it can impact on the baby’s breathing at birth. Needs to be prescribed by GP, together with ‘Narcan’ (antidote). **NB**: Pethidine cannot be used if you are planning a water birth.
- Epidural analgesia is not available at a home birth.
- **Syntometrine**: Combination drug (oxytocin and ergometrine) which is used to ‘actively manage’ the third stage of labour (expulsion of the placenta and membranes). Syntometrine causes the uterus to contract to deliver the placenta and membranes quickly and to minimise blood loss. It is the woman’s choice as to whether this drug is used. Syntometrine is also used to manage heavy bleeding post birth. This drug is carried by the community midwife.
- **Vitamin K**: You will be offered vitamin K prophylaxis for your baby, which is given to prevent haemorrhagic disease of the newborn (blood clotting disorder). It is advised that this is given by one injection soon after birth. Some parents prefer that it is given orally. Oral vitamin K needs to be prescribed by your GP, so must be obtained by 37 weeks of pregnancy.

Information for women planning to give birth at home continued…

After the birth

The community midwife will stay with you for a minimum of an hour after the completion of the third stage of labour. She/he will ensure:

- You have emptied your bladder - ensure normal bladder function / a full bladder encourages bleeding.
- You have bathed and changed your clothing (If you wish to at that time.
- That the baby has been put to the breast (if you are planning to breast feed.

When the community midwife leaves she/he will ensure that you have a telephone number which you can use if you have any concerns or questions. A further visit will be made later in the day or the following morning.

Your GP will be informed and will visit you at home to examine your baby. Not all GPs will carry out these 'baby checks' and in some circumstances you may be asked to attend the hospital as an outpatient at a later date.

What do I need for a home birth?

Your community midwife will bring all the equipment required with her. It is important that there is adequate heating in the room you plan to give birth in, and a clean, hot water supply. You will need plastic sheeting (available DIY stores / garden centres) shower curtain or a ground sheet with an old, clean sheet on top, to protect your bed / floor. Plastic bin liners covered with a large towel/sheet can be used to protect sofas and chairs.

Other items

- A couple of large old towels - will become very soiled so you may want to throw them away.
- Bucket - to put wet, soiled linen and absorbent pads into.
- A portable, angle-poise lamp with an adequate extension in case you need stitches.
- At least two packs of full-sized sanitary towels.
- Several pairs of knickers - disposable pants are very useful.

For your baby

- A couple of clean soft towels to wrap baby up immediately.
- Baby clothes - A vest, babygro or nightdress, cardigan, booties (ideally warmed).
- Nappies.
- Cot sheets and blankets.

Some women like to use tea lights or candles to light the room. These need to be kept well out of the way of the immediate area you plan to give birth in where they cannot be touched or knocked over by the midwife or other people in the room.

There cannot be any naked flames, however small if you plan to use entonox (medical gas and air) for pain relief.

Information for women planning to give birth at home continued…

Your Midwife may be with you for a number of hours. Refreshments such as tea, coffee or juice, are always very welcome.

Some women opt for a water birth at home and arrange to hire a birthing pool.

Support persons at the birth

Most women choose to have a birth 'partner' for personal support during labour. In addition another adult should ideally be present in the home to make telephone calls as required and collect additional equipment from the hospital if necessary. This is essential if there are children in the home as they will need a responsible adult to stay with them should transfer to hospital be necessary.

When to contact a midwife

All women should contact the delivery suite at any time they have any concerns regarding their own health or that of their baby. It is not necessary to report a 'show' (passing of mucous plug through the vagina), although this is often passed at the beginning of labour, some women may pass the show days before labour starts.

If your 'waters break' with or without contractions, please contact a midwife on the delivery suite straight away regardless of the time of day, who will arrange for you to be examined. The liquor (waters) surrounding the baby should be clear, or occasionally pink tinged. It is particularly important to report if the liquor is green, brown or yellow (meconium stained).

You should discuss with your community midwife at what stage she advises that you contact delivery suite, as this will depend on whether this is your first or a subsequent baby and how your previous labour/labours progressed.

When you phone please give your:

- Name
- Address
- Telephone number (land line and mobile if possible)
- Community midwife's name

Please ensure your home is easily identifiable by the community midwife. If she/he is attending you at night, please put all the house lights on. If your home is not easily accessible or does not have a number/name displayed, please arrange for an adult to meet the midwife at the door, gate or nearest roadway.

How to arrange a home birth

Your community midwife will discuss options for place of birth with you at your 'booking' appointment. You may already have decided on a home birth at your first appointment or you may make this decision at any stage during your pregnancy.

Obstetrics and Gynaecology

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Your community midwife will arrange to visit you at home before your baby's birth to fully discuss the risks and benefits of a home birth and answer any questions you may have. Following this meeting, if you decided to proceed with arrangements for a home birth your community midwife will ask you to sign an 'Acknowledgement of Receipt of Home Birth Information Leaflet' .

If you would like to look around the maternity unit, tours are available for you and your partner / birthing partner every weekend. To allow everyone to see and be heard, places are limited to 10 people, and we request that you do not bring children. To book, please telephone Community Liaison the contact details are on the front of your hand-held maternity notes.

As part of 'booking' a home birth you will be asked to sign an 'Acknowledgement of Receipt of Home Birth Information Leaflet.

You are not committed to a home birth and may change your mind at any time during the antenatal period or during labour.

Other sources of information

AIMS - Association for Improvements in Maternity Services: Tel: 0870 765 1433
Website: **www.aims.org.uk**

Independent Midwives Association
PO Box 539, Abingdon, OX14 9DF. Tel: 0845 4600 105
Website: **www.independentmidwives.org.uk**

National Childbirth Trust (NCT)
Alexandra House, Oldham Terrace, Acton, London, W3 6NH. Tel: 0870 444 8707
Website: **www.nct.org.uk**

National Institute for Health and Clinical Excellence (NICE) – Intrapartum Care (2007)
National Institute for Health and Clinical Excellence (NICE) – Induction of labour (2001)
Website: **www.nice.org.uk**

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

Hand Hygiene

In the interests of our patients the trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.

Information for women planning to give birth at home continued…

Other formats

If you require this leaflet in any other format such as larger print, audio tape, Braille or an alternative language, please ask at one of our PALS offices.

If you require interpreting services during your hospital visit please ask a member of staff who will be able to organise this for you via the appropriate department.

After reading this information are there any questions you would like to ask? Please list below and ask your community midwife or obstetrician.

Reference

The following clinicians have been consulted and agreed this patient information: Guideline Implementation Group, Labour Ward Forum, Women's Focus Group and the Strategic Business Unit Women's Health Operational meeting

This patient information leaflet was compiled by Debbie Street and Chris Cowling, Clinical Midwifery Matrons, Community Services / Supervisors of Midwives.

Date Agreed:	October 2009
Review Date:	October 2010
Responsible Clinicians:	Debbie Street / Chris Cowling Antenatal and Community Midwifery matrons, Gayle Clarke Specialist Midwife Practice development

East Sussex Hospitals NHS
NHS Trust

Acknowledgement of receipt of the home birth information leaflet

Affix address label

Tel:

Mobile:

I acknowledge receipt of the home birth information leaflet……..

We met today to discuss your wishes to give birth to your baby at home.
While we support your wishes to have a home birth, we have discussed certain reasons why transfer into a consultant led unit either in pregnancy, during labour or following the birth of you baby would be considered safer for you and / or your baby.

Some of these reasons are listed below, however this list is not exhaustive, if the midwife caring for you in labour has other concerns these will be discussed with you at the time.

- Raised blood pressure
- Bleeding in Labour
- Meconium stained liquor (where baby has opened his/her bowels)
- Abnormality with baby's heart rate.
- Baby in abnormal position (Malpresentation)
- Cord presentation/ prolapse (cord coming through the cervix)
- Postpartum haemorrhage
- Retained placenta
- Shoulder dystocia
- 3º tears and perineal trauma that cannot be sutured at home
- Presence of meconium at birth
- Baby requiring resuscitation
- Prolonged first or second stage with no progress
- If you ask for further pain relief

Any other comments:

Community Midwife: .....
PLEASE PRINT AND SIGN

Signed (recipient): .....

Date: .....