

## Planning a homebirth

Better births (2016) states that all women/people should be given the choice of where to give birth. East Sussex Healthcare Trust (ESHT) enthusiastically encourages all birthing persons who do not have any additional concerns or complications, to have their baby at home. To that end we have well- integrated experienced home birth midwives. Studies of over 1 million women/people (Reitsma et al. 2020) have shown that planning to give birth at home is safe resulting in less interventions such as caesarean section, forceps delivery, epidural, episiotomy (a cut to assist with birth), the use of oxytocin, experiencing excessive blood loss after birth and a 3<sup>rd</sup> or 4<sup>th</sup> degree tear.

In some circumstances, such as if you have an existing medical condition which is stable, raised BMI, increased maternal age, previous severe tears (3<sup>rd</sup>/4<sup>th</sup> degree), previous caesarean section, 5<sup>th</sup> or subsequent baby, your pregnancy goes beyond 42 completed weeks and some other birth related issues, we may be able to offer a home birth following an assessment of your individual circumstances (ESHT 2017). However, women/people with medical or pregnancy related complications will be advised that the safest place for delivery is within an obstetric unit. Reitsma, et al (2020) found that this careful screening by experienced home birth midwives increases the chance that your home birth will be safe for both yourself and your baby.

Birth in the UK is generally very safe (NICE 2014). The Birthplace Study (Brocklehurst et al. 2011) followed nearly 65,000 women/people who planned to have their babies in a variety of settings (home, midwifery-led units and hospital) to look at what happened to them and their babies. This study showed that for women/people who are healthy and having a straightforward pregnancy, there is a low risk of problems for their baby, irrespective of place of birth.

The study, looked at how often serious problems like: stillbirth in labour; death in the first weeks after birth; serious conditions which would result in baby being admitted to a Neonatal Intensive Care Unit; bone fractures; or a nerve injury to baby's arm. Overall this showed that 996 out of a thousand babies suffered no serious problems.

However, there are slight differences in outcome based on whether this is your first baby or a second or subsequent baby.

The study came to the conclusion that for women/people having their first baby, there is a slightly higher chance of their baby having a serious problem at home (9 out of 1000) compared to in the hospital (5 out of 1000). However, for women/people/people planning a homebirth there was a decrease in those requiring caesarean section or instrumental delivery (forceps/ventouse), episiotomy, epidural analgesia or a hormone drip to speed up labour.

Women/people who have already had a baby have the same risk of complications whether they have a homebirth or deliver in the hospital but outcomes have been shown to be better for women/people at home. The study also showed that women/people who plan to deliver at home have the lowest rates of intervention compared with those giving birth in Midwifery-led unit or in hospital.

However, a more recent study (Hutton, et al. 2020) published in the Lancet also found that the chance of these events were no different whether babies are born at home or in the hospital.

Essentially, all low risk women/people planning a home birth, or even starting their labour at home will ensure a better chance of a normal delivery (Brocklehurst et al. 2011, Reitsma. et al. 2020).

## So what are the alternatives?

- **Midwifery-led Birthing Centre** – low risk midwife only unit either not attached to the hospital or free standing such as our Eastbourne Midwifery Led Unit (EMU).
- **Obstetric-led Consultant unit** – main hospital units which employ midwives, obstetricians and anaesthetists, 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 aftercare.

## Who will care for you?

If you live in the Eastbourne area then your care will be provided by the Coastal team along with the community midwives and staff from EMU (Eastbourne Midwifery Led unit).

In the Hastings area you will be cared for by an Ivy Team midwife who will often be supported by a community midwife.

There is a midwife experienced in home births on call 24 hours a day, 7 days a week. If you labour during daylight hours you will often be cared for by one midwife who will call a second midwife to attend when you are approaching birth. During the hours of darkness there will always be 2 midwives present.

## What are the advantages of a homebirth?

- You are more likely to have a normal birth even if you are transferred into hospital.
- In your own home you are more likely to feel relaxed, comfortable and in control.
- Supported to labour/birth in an environment tailored to your needs.
- Sleep in your own bed after baby is born.
- Not having to leave your partner and family.
- Not having to travel to hospital during labour and the stresses that this entails.
- Having access to food and drink of your choosing when you want it.

## Concerns arising during pregnancy which may affect homebirth:

If during your pregnancy additional needs 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 the appropriate Trust/National guidelines with you. If you still wish to go ahead with a homebirth 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 may also be advised that the planning of your birth be discussed with a senior midwife/obstetrician; to ensure you have all the information required to make an informed decision about your birth.

## Reasons for transfer to hospital

While midwives are experts in normal pregnancy and labour care, it should be recognised that if they have concerns their Code of Practice states they should refer to the most appropriate practitioner (Nursing and Midwifery Council).

Below are some of the reasons that we would recommend transfer into hospital, your midwife will discuss these with you when your home birth assessment is done:

- 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\* (currently the most common reason for transfer) in your waters.
- There is any abnormal bleeding from your vagina.
- There are concerns about your health during labour. E.g. raised blood pressure, pulse or temperature.
- Your labour is progressing slowly and it is considered that some assistance may be necessary.
- You wish to transfer for any reason, such as for further pain relief.
- Following an obstetric emergency (discuss with your midwife).
- After birth if there are any concern with your baby's breathing or temperature.
- After birth if there are any tears to your vagina or perineum which are either outside of the midwife's ability to repair, or are too difficult to repair in the home environment.

For all transfers you will be accompanied in the ambulance by the midwife who has been caring for you at home.

You will have the opportunity to discuss this list further with your midwife at your homebirth assessment.

\*the main reason for meconium stained liquor is that baby's gut is mature enough for him/her to do their first poo. However, on occasion it is due to baby experiencing a stressful incident during labour. Therefore, we always recommend that you continue your labour and birth in the hospital where we can monitor you more effectively and have access to specialist care if it is needed.

### **36 week home visit**

Your midwife will visit your home at 36 weeks of pregnancy to discuss specific details such as who, where and when to call; to discuss a birth plan, should you have one, and further details about giving birth at home.

Should you decide at any time that you would prefer to give birth in hospital then this option remains available to you.

### **When should I call triage?**

- When your contractions become regular. This is usually when the contractions are about 2 in every 10 minutes.
- If your waters break.
- If you have any bleeding.
- Any other concerns, eg: your baby's movements are reduced.
- Or if you feel that you need some additional support.

When you think you are in labour you should call the triage number on 0300 131 5341, stating that you are planning to have your baby at home. The midwife who takes the call will ask a

series of questions and will then ask the Ivy Team/Coastal midwife on call to call you back. This will be to make sure that we come to you at the right time to support you.

The midwife will then come to your home. If you are in established labour they will remain with you until your baby is born. You will need to prepare clear directions to your home, in advance of the birth, for the midwife who will attend as they 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.

It is usual for a second midwife to be called to attend when you are coming up for birth. If we are coming to you within the hours of darkness then two midwives will attend from the start. After the baby is born we will normally stay with you until we are happy that you and baby are well.

## How can I use water in labour?

Many women/people use water in different ways and at different points during their labour.

'Using water in labour' is when you stay mobile and get pain relief throughout labour with the use of water (whether in a shower, regular bathtub or birth pool).

A water birth is when you give birth to your baby in a birth pool.

Water birth: the benefits:

- Being in a birth pool can be relaxing and a good way of reducing pain in labour. Research involving more than 3,000 women/people found that those using a birth pool during labour are less likely to need an epidural. (Cochrane review 2018)

Because the water supports your weight, it can be easier to move around and get into comfortable positions. Being enclosed and surrounded by water in a birth pool can also give you a sense of privacy, which in itself may help labour to progress.

Some women/people report an increased feeling of birth satisfaction after giving birth in water. Water births might also be easier as the water provides support, allowing you to get into upright positions that are beneficial for labour.

Depending on your circumstances, such as the position of your baby, you might also be less likely to experience a tear to your perineum, the area between the opening to the birth canal and the back passage.

Some women/people feel that having a water birth provides their baby with a more gentle transition to the start of his or her life, although no one can be sure how babies feel during labour.

Using pain relief in a birth pool:

Entonox (gas and air) can be used in a birth pool, please ask the midwife to bring it with them when they attend you in labour. Some women/people also like to use more holistic methods in labour, such as massage and breathing techniques; these can all be used in a pool

## Having a home water birth:

Make sure you're prepared by running through the questions below as you plan the birth.

- Is the floor strong enough? If you're planning to use your birth pool upstairs or you live in a flat, you will need to make sure that your floor can take the weight of a pool full of water. A filled birth pool with you in it can weigh almost 800kg. This is about the same as

11 people, and in addition there will probably be a couple of midwives and at least one birth partner in the room. So if your upstairs floor is strong enough to hold 15 people for a day, chances are it will also be fine with a birth pool. If in doubt, contact the pool manufacturers for more guidance.

- Is there enough room for a birth pool? Birth pools come in different sizes; the smallest are around 170 x 135cm. If you think about it, it's the same as having a small Jacuzzi (it is not recommended to give birth in a Jacuzzi) in your living room. Before measuring up, bear in mind that the midwife needs to be able to sit next to the pool, and you have to be able to get in and out easily. It's worth shopping around if you don't find a suitable pool straightaway – look for a company that makes compact pools, as these may be a better fit for your home. Having a small birth pool doesn't have to be a bad thing. Many women/people practising hypnobirthing deliberately choose a small pool, as it makes them feel more enclosed and secure.
- Is there easy access to hot water to fill the pool? Make sure there are no glitches on the big day and practise filling and draining the pool before you go into labour. You'll need a long enough hose (this should be a new hose, bought especially for this purpose) to go from the tap to the pool, and enough hot water to fill it. Since you may be in the pool for quite a while, you also need to be able to add more hot water to keep the temperature comfortable throughout labour. It is therefore a good idea to have a bucket available to remove some of the cooled water.
- How will the pool be drained after the birth? You can either use a pump to empty the birth pool or use a bucket to scoop out the water. If you're using a pump, it's better to have it go to the toilet, as the water may not go down fast enough in your kitchen sink. If you gave birth in the pool, it's a good idea for your birth partner to use a sieve to get any bits out before using the pump, so your hose doesn't end up blocked.
- Should I hire or buy a birth pool? Setting up a birth pool at home doesn't have to be expensive. Hiring a pool is a popular option and generally costs less than £100. If you want to buy a pool, it could cost up to £400, however, it is worth checking online to see if someone is selling their pool privately as this may provide a more economical option. Please bear in mind that in all circumstances you will need to buy a liner for the pool.
- When is the birth pool needed by? Plan to have the pool delivered to your home by the 37th week of your pregnancy so you're prepared in case your baby arrives before its due date. This will also give you time for a practice run of filling and emptying the pool. If you go into labour before 37 weeks or after 42 full weeks of pregnancy (see above), your midwife is likely to recommend that you don't have a home birth, as there could be higher risks of complications for your baby.

### **Home birth pain relief and relaxation:**

- Birth pool and accessories if you want to have a home water birth (see above)
- Hot-water bottle
- TENS machine: this needs to be pregnancy specific (as these have bigger pads and a boost button) and can either be bought or hired.
- As midwives we can also bring Entonox (gas and air) with us when we attend your homebirth, just let us know that you would like to have it available when you call us.
- Any hypnotherapy affirmation cards you want to focus on

- Music that will help keep you calm and focused
- Candles or any special lighting to create a calm atmosphere, if you are planning to use Entonox (gas and air) in labour then we would recommend that you use battery powered candles.
- Food and drinks for you and your partner
- A cup or bottle with a straw can be helpful as this means you won't need to tip your head to drink which can be a distraction when you are in labour.
- Ice cubes to suck on if you have a dry throat
- Birth ball to keep you active and help you move your labour along
- Massage oil so your birth partner can help you relax

### **Practical things for a home birth:**

Your birth plan and maternity notes

- Triage number on the front of your notes, it may be helpful to put it into your contacts on your phone so that you and your partner don't need to spend time looking for it.
- Plastic sheeting to protect floors, sofas and beds
- Soft coverings like old sheets or towels
- A large towel to wrap yourself and your baby in
- Extra old towels if you're planning to use a birth pool
- If you are planning to have a water birth it would be helpful to have a mirror so that the midwives can see how you are progressing and a sieve to remove any 'extra's' from the pool.
- Disposable bed mats – we will bring some with us too.
- Bin bags for laundry
- A bucket (which has many uses)
- Comfy clothing and clothes to go outside in (maybe to go to the hospital or perhaps just for a walk around the garden)
- An angle-poise lamp or good torch in case you need stitches following delivery.
- Tea/coffee and biscuits for the midwives
- A packed hospital bag (just in case you need to go to the labour ward).

## For after your home birth:

- Camera/mobile phone
- Sanitary towels/maternity pads
- Big old knickers/disposable pants
- Nappies
- Baby clothes
- A warm, light baby blanket
- Frozen meals

## After the birth:

The midwives will stay with you for a minimum of 2 hours after the completion of the third stage of labour.

- They will encourage you to try and empty your bladder - ensure normal bladder function as a full bladder can encourage bleeding.
- Support you to have a bath/shower and change your clothing (If you wish to at that time).
- Provide support with baby's first feed either breast or bottle.

When the midwives leave they will ensure that you have a telephone number which you can use if you have any concerns or questions. They will also discuss when the next visit will be, this is usually later the same day if you deliver in the early hours, or the next day if you deliver before midnight.

The midwives will also arrange a date and time for you to attend the NIPE (Newborn and Infant Physical Examination). This is normally undertaken in the hospital by one of the paediatric team, however, occasionally we can arrange for this to be undertaken in your own home.

## Sources of information:

Brocklehurst, P. et al. 2011. Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study. BMJ available at: <https://www.npeu.ox.ac.uk/birthplace>

Cluett. E et al. (2018). Immersion in water during labour and birth. Cochrane Database of Systematic Reviews. Issue 5. Available at: [Immersion in water during labour and birth - Cluett, ER - 2018 | Cochrane Library](#)

Mason. N. 2017. Clinical Guideline – Personalised Care. East Sussex Healthcare Trust (ESHT).

National Maternity Review. 2016. BETTER BIRTHS, Improving Outcomes Of Maternity Services In England. [online] Available at: [national-maternity-review-report.pdf \(england.nhs.uk\)](#)

NICE (National Institute for Health and Care Excellence) 2014. Intrapartum care for healthy women/people and babies. Available at: [Recommendations | Intrapartum care for healthy women and babies | Guidance | NICE](#)

Reitsmaa. A., et al. (2020) Maternal outcomes and birth interventions among women/people who begin labour intending to give birth at home compared to women/people of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. E-Clinical

Medicine volume 21. Available at: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30063-8/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30063-8/fulltext)

Huttona. E., et al. (2019) Perinatal or neonatal mortality among women/people who intend at the onset of labour to give birth at home compared to women/people of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. E-Clinical Medicine Volume 14 (59 -70). Available at: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30063-8/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30063-8/fulltext)

### Useful sources of information:

- Association for Improvements in the Maternity Services; Provides support and information about maternity choices. [www.aims.org.uk](http://www.aims.org.uk)
- Midwifery Matters; A support group of midwives, student midwives and others in the UK committed to improving the maternity care provided by the NHS. [www.midwifery.org.uk](http://www.midwifery.org.uk)
- National Childbirth Trust: <https://www.nct.org.uk/>
- NHS Choices: The UKs biggest health website, certified as a reliable source of health information: [www.nhs.uk](http://www.nhs.uk)
- Patient: Evidence based information on a wide range of medical and health topics. <https://patient.info/>
- Which? Birth Choice Understand maternity options, get expert advice and find local places that are the best fit for you. [www.which.co.uk/birth-choice](http://www.which.co.uk/birth-choice)

### Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

### Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

### Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

### Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4434 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

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



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## Reference

The following clinicians have been consulted and agreed this patient information: Sharon Foster  
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Enter names and job titles Women and Children's Guideline Implementation Group

The directorate group that have agreed this patient information leaflet: Women and Children's  
Guideline Implementation Group

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Responsible clinician/author: Sharon Foster Community Midwife

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