

Next baby

What does 'high risk' mean?

Current pregnancy:

- You are pregnant with twins or triplets
- You are known to have any of the following; gestational diabetes, high blood pressure, a low lying placenta, a raised BMI, a growth restricted baby, a breech baby, too much or too little water around the baby, anaemia or an infection (e.g. group B strep)
- Your labour starts before 37 weeks or after 42 weeks

Previous pregnancy:

- Previous caesarean
- Previous post- partum haemorrhage (heavy bleeding after birth, requiring treatment such as a blood transfusion)
- Previous shoulder dystocia (difficulty in delivery the shoulders)
- Previous pre-eclampsia requiring pre-term birth (before 37 weeks)
- Previous eclampsia
- Previous retained placenta
- Previous stillbirth

Long term conditions:

- Diabetes,
- Heart disease,
- Kidney disease,
- History of high blood pressure or stroke,
- Asthma,
- Cystic fibrosis,
- Sickle cell disease,
- Clotting or bleeding disorders,
- Hyperthyroid,
- Current infections (for example HIV, hepatitis B or C, toxoplasmosis),
- Liver disease,
- Epilepsy,
- Mental health conditions requiring inpatient care.

What does low risk mean?

- You have been healthy and well throughout your pregnancy and have no known medical or obstetric conditions
- When you have given birth before there were no complications such as having a caesarean or heavy bleeding after birth
- You are pregnant with one baby only (not twins or triplets), your baby is growing normally and is in a 'head down' position.

- You have not developed any new problems such as your waters being broken for longer than 24 hours before labour or being more than two weeks over your due date.

For women who are at low risk of complications, giving birth is generally very safe for both the woman and her baby.

Low risk women expecting their second, third or fourth babies are **advised to plan to give birth at home or in a MLU**. The reason for this recommendation is because the rate of interventions such as instrumental or caesarean birth is lower than in an obstetric unit and the outcome for the baby is no different compared with an obstetric unit.

Our recommendation for your birth place is based on the best available evidence, however where you chose to give birth is your decision and we will support you to make an informed decision.

So what does this mean for me?

This information can be overwhelming, so we've put the statistics into a table to help make them easier to understand. Remember the choice is yours. Talk to your midwife for further help and support to make a decision.

Low risk woman having her 2 nd /3 rd /4 th baby	Consultant Led Unit	Alongside MLU	Freestanding MLU	Home birth
Outcome for baby	3/1000 (0.3%) babies will have a poor outcome*	2/1000 (0.2%) babies will have a poor outcome*	3/1000 (0.3 %) babies will have a poor outcome*	2/1000 (0.2%) babies will have a poor outcome*
Outcome for mum	70 % will have a normal birth 30% will have a medicalised birth**	91% will have a normal birth 9% will have a medicalised birth**	95% will have a normal birth 5% will have a medicalised birth**	96% will have a normal birth 4% will have a medicalised birth**

** Poor outcome means that the baby was injured, seriously ill or died during or just after birth. These outcomes are very rare amongst healthy women who are at low risk of complications, but they can happen in any birth setting. For women expecting their first baby, a poor outcome, whilst still uncommon, is more likely for planned home births*

***Medicalised birth means: induction of labour, birth assisted by instruments, birth by caesarean or birth with epidural or general anaesthetic*

This data is taken from [Birth Place Decisions](#)