

Information for parents planning a home birth



Giving birth at home can be a very fulfilling experience for you and your family. This information leaflet has been compiled by midwives for women who are planning a home birth and we trust it will answer the questions you may have. There is a summary of benefits, risks and alternatives at the end of this leaflet.

Please discuss any questions you may have with your midwife when booking your homebirth.

You will be invited to attend the My Homebirth Matters group for more information. This will also give you a chance to meet other women who are planning to have their baby at home. Partners are welcome too.

Who will attend my baby's birth?

A midwife from either the community or the hospital team will attend your homebirth. All midwives have the skills to support normal birth regardless of the place of birth.

How do I contact the midwife?

Our contact telephone number is:

Royal Sussex County Hospital

01273 696955 Direct line: 01273 664793

Princess Royal Hospital

01444 441881 Direct line: 01444 448669

When you think you are in labour, contact the appropriate labour ward on the above number and inform the midwife that you are booked for a home birth. You will be asked for your name, address, telephone number and your hospital number.

The midwife taking your call will discuss all aspects of your labour to date and advise you accordingly. The homebirth midwife will telephone you and will make arrangements to visit you. This may be straight away or later following discussion with you.

When should I call the midwife?

All women are welcome to contact the labour ward at any time if they have any concerns or anxieties or simply want to discuss signs of labour and early coping strategies.

If your waters break, with or without contractions, please phone the labour ward straight away. It is particularly important to let us know immediately if the waters appear green, brown or yellow.

Once labour is established a midwife will stay with you at home. However, there may be a changeover of midwife during your care.

How can I help the midwife get to me quickly?

It is helpful if your home is easily identifiable by the midwife. If she is attending you at night please put on your house lights until she has arrived. If your home is not easy to access or does not have a number /name displayed, please arrange for an adult to meet the midwife at the door, gate or nearest accessible tarmac road. We would be grateful for advice where to park if access is difficult. We might ask you to provide visitors parking vouchers depending on where you live. Sometimes the midwife will ask for help to carry essential equipment in to the house from your birthing partner.

How will the midwife monitor my well-being during labour?

Throughout your labour the midwife will ask to take your temperature, pulse and blood pressure. She will encourage you to empty your bladder. In order to monitor your wellbeing it is essential that your midwife is present in the room you are labouring in at all times.

The midwife will encourage you to drink regularly and eat a light diet. She will advise you to rest as well as have active periods throughout your labour.

How will the midwife monitor the baby's well-being during the labour?

The midwife will ask you if she can listen to your baby's heart beat and rate at regular intervals. She will use a hand held sonicaid or pinard to

do this (the same used by your community midwives at your antenatal appointments) every 15 minutes throughout the first stage of labour (before you are fully dilated)¹, and in the second stage of labour (when you are fully dilated and want to start pushing), every five minutes or after each contraction¹.

The midwife will check the colour of the waters after your waters have broken, as discoloured waters may be a sign that the baby is distressed. If this was to happen the midwife would advise you to transfer your care into hospital.

It is very important to let your midwife know if you have any concerns about us monitoring your baby before you go into labour.

Who can be with me during the birth?

Most women choose to have a birth partner (or support person) present for support in labour. This may be your partner, a relative, friend or doula.

It is helpful to have another adult available to:

- Care for any other children is a necessity (if applicable)
- Collect extra equipment from the hospital if necessary (Preferably a person who is able to drive and with access to a car)
- Make/answer telephone calls

What do I need to arrange / supply?

- 24 hour access to a telephone - with a good mobile signal if applicable
- A good portable light with an adequate extension lead or a good torch with batteries in and a willing hand to hold it
- Adequate heating in the room where you plan to give birth
- Means of gently warming baby linen i.e. hot water bottle with cover
- (not to be used for baby)
- Clean/hot water supply
- Clean hand towel and soap for the midwife
- Bucket or washing up bowl (to put dirty things in)
- Plastic bin liners to protect cushions/pillows etc.

- Plastic sheeting for floor (available from DIY stores)
- Plastic mattress cover to protect mattress/futon etc. (available from chemists) or an old clean duvet which is less slippery and noisy
- Old clean sheets and towels (a good supply)
- Packet of at least six incontinence pads to protect carpets/chair, cushions etc. (available from chemists or pet shops)
- 2 packets of full-sized sanitary towels.

For the baby:

- 3 soft towels (old but clean)
- A vest
- Babygro or night-dress
- Cardigan
- Booties
- Nappies
- Cotton wool
- Cot sheets and blankets.

Refreshment for the midwife would be appreciated i.e. toast/sandwiches /tea/coffee/cold drinks, as she may be with you a number of hours.

What equipment is carried by the midwives?

Midwives have basic equipment to monitor your well-being and that of your baby during labour. They are also equipped to deal with problems that occur unexpectedly at the birth i.e. heavy bleeding or a baby that is slow to breath. Midwives do not carry oxygen.

The midwife attending you will bring the necessary equipment to your home once labour is established.

Pain Relief

Midwives carry a limited amount of Entonox (gas and air). Midwives do not carry Pethidine.

You might like to hire an obstetric TENS machine to help with pain relief at home.

You may like to use a pool for pain relief which you can either hire or buy. Written information is available on line from a leaflet called 'Water birth'. www.mypregancymatters.co.uk **Please do not get into the**

water until the midwife is present.

(As recommended by the above leaflet).

Oxytocin

Oxytocin is a drug, given by injection into your thigh, which is used to speed up the delivery of the placenta and the membranes and to minimise blood loss. It is your choice as to whether this drug is given as a preventative measure or is only used as a treatment in the event of a problem occurring (such as heavy bleeding). Please discuss this with your midwife prior to the birth.

What if there are any problems during labour?

If there are problems in labour or during the birth with you or your baby the midwife will advise you that a transfer to hospital may be necessary. This journey is always made by ambulance and the midwife will always accompany you. Quick access to the hospital can be guaranteed this way. Good communication links with Health care Professionals can be maintained in the event of problems. Your partner might be asked to follow in his or her own vehicle.

In the unlikely event of you being unwilling to accept the advice of the midwife and you decline transfer to hospital, the midwife will inform the obstetric registrar (senior doctor) and a manager on call and continue to care for you at home².

However, it must be appreciated that the midwife does not have access to the more sophisticated equipment and medical expertise that is available in the hospital. Deciding not to accept the advice to transfer to the hospital could put you and your baby at risk³.

What if I need stitches?

Your midwife will endeavor to assist you to deliver your baby as easily as possible to prevent tearing of the perineum. The midwife will explain this to you. Written information is available on line in a leaflet called: 'Care of your Perineum' (www.mypregnancymatters.co.uk). Small tears may be left to heal naturally. Midwives are able to suture tears at home should you require stitches. If this is not possible or the tear is more complex you may need to transfer to hospital for stitching.

If this is necessary your baby will accompany you in the ambulance

and your partner/supporter will be asked to follow in their own vehicle. You will be discharged home afterwards using your own transport.

What about Vitamin K?

Please refer to the online leaflet about vitamin K or speak to your midwife. Midwives carry a supply of vitamin K for both injection and oral use.

What happens after the birth?

Your midwife will stay with you for at least one hour after the birth. If you wish to breastfeed, she will help you to put the baby to the breast as soon as possible. Before the midwife leaves she will ensure that you have telephone numbers which you can call if you have any worries or concerns at any time (24 hour service).

Your midwife will discuss your postnatal care and make a plan of care with you. She will advise you when to expect your next visit.

As with all births we recommend that all new mothers arrange for support at home by a friend or relative for the first few days after their baby is born.

Please note that your baby's routine newborn check and hearing check will be offered and undertaken in a hospital clinic or ward environment. Your midwife will organise an appointment for these checks.

If you have a Rhesus negative blood group it will be necessary to attend the hospital to have your postnatal Anti D injection administered as we do not give this injection at home. This injection needs to be given to you within 72 hours of birth.

In what circumstances would a transfer to hospital be recommended?

1 Labour starting before 37 weeks or after 42 weeks of pregnancy

Before 37 weeks it is recommended that a paediatrician or an advanced neonatal nurse practitioner is on hand for the birth.

After 42 weeks it is advised that you have closer monitoring during labour, as the baby is slightly more at risk¹, therefore we

recommend a hospital birth.

2 Waters breaking before the onset of labour

The majority of women will go into labour within 24 hours of their waters breaking. The incidence of serious neonatal infection is 1% following the waters breaking compared to 0.5% for women with waters intact¹.

If your waters break and labour does not start, you will be offered either induction of labour in hospital or 'expectant management' at home where we wait to see whether labour starts naturally.

Hospital induction is offered because of the risk that you may be carrying Group B Streptococcus a bacteria present in the vagina of between 10% and 30% of women that can, very rarely, cause a serious infection in the baby¹. If you choose 'expectant management' at home, you will be advised to check your temperature twice daily and to contact the delivery suite if it goes above 37.5°C, if the waters changes colour or if you feel unwell or you notice a reduction in your baby's movements.

Your midwife will give you further information of the risks and benefits of both expectant management at home and induction of labour in hospital.

3 If the 'waters' are brown/green (meconium) when they break

This indicates that the baby has opened his/her bowels. This may be a sign of distress and in most circumstances we recommend transfer into hospital where the baby's heart rate can be monitored continuously and a paediatrician is present for the birth.

4 Abnormalities in the baby's heart rate

Both a fast and a very slow heart rate can be a sign of distress. If either occurs and persists and the birth is not imminent, you will be advised to transfer to hospital for closer monitoring and/or a paediatrician can be present for the birth.

5 Excessive blood loss during or after the birth

Some bleeding after delivery is completely normal, however if you are bleeding heavily at any point before or after your baby is born we would advise you to be transferred to hospital where there are more staff and more equipment to reduce the bleeding.

6 Raised blood pressure in labour

Slightly raised blood pressure is expected during labour. You are working hard and your blood pressure will rise. However, there is a limit to what is considered normal and if the midwife has concerns she will recommend that you are transferred in to hospital.

7 Exhaustion

Occasionally labour may be a very prolonged or difficult to cope with despite good support and good preparation for the birth. Entonox (gas and air) is offered as a safe method of pain relief. However, if you need stronger pain relief you may choose to transfer to hospital where additional help is available i.e. methods of increasing the efficiency of the contractions and/or epidural anaesthesia.

8 Retained placenta

Sometimes the placenta (afterbirth) does not deliver in the normal way and transfer to hospital may be necessary for removal.

9 For perineal suturing (see page 6)

10 If there are any concerns regarding the baby's well-being. If there are any concerns after the birth, you may be advised to transfer to hospital with your baby for assessment, observation and/or treatment by the paediatrician, as appropriate. Reasons for this may include the baby not responding well after birth; if the baby has had her/his bowels open when inside you; or if your waters had been broken for a long period of time before the baby was born and there are signs of infection.

What are the benefits associated with home births?

Research over the last two decades has found that planned homebirth is at least as safe as hospital birth for healthy women with normal pregnancies and is associated with good outcomes for both mothers and babies³.

Women that give birth at home are much less likely to have a caesarean section or an assisted delivery and have a lower risk of haemorrhage. Babies born at home are less likely to have birth injuries and are less likely to need resuscitation³.

Studies have shown that women who give birth at home feel more in control of their labour, feel their labour was a positive, empowering experience, begin motherhood with increased self-esteem and have an overwhelming preference for planning homebirth again the future⁴.

What are the risks associated with home births?

Giving birth at home has many benefits and is generally safe. This is particularly the case for women that have given birth before and experienced no problems with either baby or themselves. However, some studies have shown that for first time mothers the risk of a poor outcome for baby is slightly increased³. As mentioned earlier, should you choose to have a home birth with a complicated pregnancy where medical assistance at the birth is anticipated, you may be placing yourself and your unborn baby at risk at the time of birth³.

You may have to transfer to hospital if problems occur during labour, birth or immediately after the baby is born. Delays are possible during transfer and this may affect the outcome for both you and your baby.

What are the alternatives to having a homebirth?

Your midwife will discuss this with you and a leaflet is available on line with full details called: 'Where will my baby be born.'

Is it possible I will be refused a home birth?

We are committed to meeting the demand for homebirths in our area, however there are occasions when women labour simultaneously at home or if the labour wards are very busy and a midwife may not be able to attend to you immediately. If this situation occurs a plan will be discussed with you on the phone. It may include an invitation into the hospital for assessment and in exceptional circumstances beyond our control we may ask you to give birth in the hospital – although this is extremely rare.

Please remember, the majority of women who plan to give birth at home succeed in doing so. However, complications could occur without warning. Although midwives are trained in providing emergency treatment, transfer may become necessary. This leaflet

has been produced to provide information on what to expect in these circumstances.

We wish you a happy and fulfilling birth experience.

My Home Birth Matters Group

RSCH

First and third Monday of every month from 2.30pm to 4.30pm.
Hollingdean Childrens Centre, Brentwood Road, Brighton, BN1 7DY
This can be booked via mypregnancymatters.co.uk

PRH

Every fourth Wednesday from 10.00am to 12.30pm.
Princess Royal Hospital, Lewes Road, Haywards Heath, RH164EX
This can be booked via mypregnancymatters.co.uk

National Childbirth Trust (NCT) (www.nct.org.uk)
Alexandra House, Oldham Terrace, Acton, London, W3 6NH

NCT help line **0300 33 00 0700**

Brighton and Hove Branch enquiry line 0844 24366
www.nct.org.uk/branches/brighton-hove/home-birth

Mid Sussex Branch enquiry line 0844 243 6209

Support Groups

The Maternity Service Liaison Committee (MSLC) is a forum of parents, midwives and obstetricians and can offer information and support whatever your pregnancy, birth and postnatal choices.

www.brightonandhovemslc.com
www.midsussexmslc.wordpress.com

Brighton and Sussex University hospital Trust has a website especially for women using maternity services. www.mypregnancymatters.co.uk

*BSUH NHS TRUST employs both male and female midwives. For the

purpose of this leaflet the midwife will be referred to as she but you may be attended by either a male or a female midwife.

Equality and diversity:

If you have any special requirements for example religion or related to an allergy or disability please contact the Maternity service for further discussion. If you have vision, mobility or access issues please contact Linda Woods (Maternity Administrator) on: **01273 696955 Ext.4603**, who will be able to direct your call for further advice and information.

References and Sources

1. NICE Guideline: Electronic Fetal monitoring: Induction of Labour. Updated July 2008
2. NursingandMidwiferyCouncil. Supporting women in their choice of homebirth: Annexe 2. London
3. The birthplace in England National prospective study, BMJ. 201
4. Maternity care Working party NCT, RCOG, RCM. Making normal birth a reality. London. MCWP 2007

Further reading

National Childbirth Trust (2001) Home birth in the United Kingdom NCT London.



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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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