

Home Birth

At your booking appointment and during pregnancy your Midwife will discuss where you plan to give birth.

Home birth is nationally supported for women with low risk pregnancies between 37 and 42 weeks of pregnancy (NICE 2017 – see helpful links).

What are the benefits of home birth?

Home birth is linked with positive birth outcomes including:

- higher vaginal birth rates
- fewer assisted births (forceps or vacuum assisted birth)
- lower caesarean section rates
- reducing the risk of haemorrhage (heavy bleeding)
- less likely to have severe perineal trauma (a severe tear to the area between the vagina and the anus)
- greater satisfaction with birth experience

Some of the reasons home birth has these benefits are:

- feeling relaxed in your own environment
- ability to move about as you wish
- likelihood of knowing the Midwife caring for you

Home birth is as safe as hospital for babies born to women in their second or subsequent pregnancy with 2 per 1000 (0.2%) having a poor outcome. There is a marginally higher rate of adverse outcome for babies born to first time mothers at home when compared to hospital or birth centre—9 per 1000 (0.9%) at home versus 5 per 1000 (0.5%) in hospital/birth centre.

All Midwives attending home births are trained in neonatal resuscitation.

For more information go to:

<http://www.buckshealthcare.nhs.uk/birthchoices>

How do I book a home birth?

Plans for home birth are usually confirmed at 36 weeks of pregnancy to ensure that no new complications have developed in the pregnancy that may make a hospital birth advised. Your Midwife will arrange to see you at home to discuss your plans at this stage of pregnancy.

Who will attend my home birth?

We aim to provide two Midwives at your home birth. We are a training hospital, therefore a student Midwife may also be present with your agreement.

Who can be with me?

You may wish to have birth partners present. If you have other children, please plan prior to your labour whether they are going to be present or cared for, and let your Midwife know. It is essential to have made some childcare arrangements in case you are

transferred to hospital. Please make appropriate arrangements for any pets in your home; it is advised that they are not present in the room prepared for birth.

Where should I give birth?

You need to consider which room you will give birth in; it needs to be a suitable size and warm. You may choose to give birth on the floor, sofa, bed or in a birthing pool.

If you wish to use a birth pool it must be used downstairs and it is recommended that you hire one from a reputable manufacturer with a suitable liner. You will need to have easy access to hot water in order to fill the pool and facilities to empty it.

How do I contact a Midwife when I am in labour?

When you think labour has started, please contact either Wycombe Birth Centre on 01494 425520 or Labour Ward at Stoke Mandeville Hospital on 01296 316103 (depending on where you live). You need to state that you are booked for a home birth and ask for the on call Midwife to come. *Please note:* it could take up to an hour for the Midwife to arrive at your home.

Why might I need to be transferred to hospital?

Transfer from home to hospital is sometimes needed either during labour or after birth. This will be by ambulance. It is more common if you are having your first baby at home; between a third and a half (36-45%). If you are having a second or subsequent baby, transfer to hospital is less likely 9-13 per 100 (9-13%). There are a number of reasons transfer to hospital might be advised; most transfers are non-emergency. For more information please talk with your Midwife.

Most common reasons for transfer to hospital

In Labour:

- delay in first or second stage
- fetal distress
- epidural request
- meconium stained liquor (when the baby poos in the waters prior to birth and they look a green colour)

Following birth:

- repair of perineal tear
- concerns about the baby after birth
- retained placenta

What equipment do I need for a home birth?

You will need:

- clean toilet with the surfaces freshly wiped
- the Midwife should be provided with a clean towel and soap (for hand washing)
- access to a telephone (either good mobile reception or landline)
- large plastic sheet (approximately double bed size)
- black bin liners

- torch/lamp (standing or desk– whatever is available in your home. Make sure you have batteries for the torch)
- hot water on
- old towels (2 or 3 is ideal)
- food and drink

Your Midwife will bring equipment needed, including gloves, absorbent sheets and paperwork.

Pain relief choices at home

The Midwives will bring gas and air (Entonox®) to your home for you to use if you choose.

Pethidine injections are available if you wish but this will not routinely be brought to your home. The midwives can arrange for this to be collected from the hospital if requested. If you have Pethidine, you will be advised not to get into the birthing pool for at least 2 hours following the injection.

If you wish to use a birthing pool you will need to hire this as described in the paragraph above 'Where should I give birth?'

Transcutaneous electrical nerve stimulation (TENS) machines are available to hire or buy. If you wish to use hypnobirthing or complementary therapies it is advised that you seek guidance from a practitioner trained in these techniques for pregnancy and childbirth.

What happens after birth?

The Midwives will usually stay with you for 1-2 hours after birth, to check that you and your baby are well. Before leaving they will give you all the contact telephone numbers you may need and will tell you when a Midwife will return to visit you. Within the first three days of your baby being born, your Midwife will give you an appointment for the hospital or postnatal Community Midwife clinic for a detailed newborn check of your baby.

Helpful links:

National Institute of Health and Care Excellence (NICE) Intrapartum care for healthy women and babies, Clinical guideline [CG190] Published date: 03 December 2014 Last updated: 21 February 2017, available at:

<https://www.nice.org.uk/guidance/cg190/ifp/chapter/Care-of-women-and-their-babies-during-labour-and-birth>

http://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/Birth_place_decision_support_Generic_2_.pdf

<http://www.homebirth.org.uk/>

<http://www.which.co.uk/birth-choice/environments/home-birth>

Useful Contact Numbers

Aylesbury Birth Centre	01296 316103
Wycombe Birth Centre	01494 425520/13

How can I help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

Approvals:

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O&G SDU: V1 Sep 2016, V2 Apr 2020

Clinical Guidelines Subgroup: not required

MSLC: Nov 2016, V2 Apr 2020

Equality Impact Assessment: V1 Nov 2016, V2 Mar 2020

Patient Experience Group: Jan 2017, V2 July 2020

Division of Women, Children & Sexual Health Service