

Home birth

Congratulations on your pregnancy! Thank you for choosing our service to care for you and your baby. Maternity services based at Wythenshawe Hospital are provided by South Manchester University Hospitals Trust (UHSM). This leaflet is designed to tell you more about your choice of place of birth. It focuses on home birth. There are also leaflets which explain in more detail about the other options open to you. Please ask your midwife about these.

Who can choose a home birth?

Home birth is an option for a woman who

- is healthy and well before pregnancy starts
- remains well throughout the pregnancy
- starts labour by herself between 37 and 42 weeks of pregnancy
- has no problems during labour

Some of the reasons that women give for choosing home birth:

- feeling more relaxed and comfortable in their own home and with the people who they choose as their supporters during labour and birth
- feeling that their labour is more likely to be uncomplicated at home
- having had a rapid birth previously and only just making it to the hospital or birth centre in time
- seeing birth as a 'normal life event' rather than a 'medical event'

A recent research study into place of birth (The Birthplace Cohort Study, NPEU 2011) found that giving birth in the UK is generally very safe. This information from the Birthplace Study is given so you can make an informed choice about where to have your baby.

For women having a second or subsequent baby:

- home birth appears to be safe for the baby and to offer benefits for the mother. Fewer women had an emergency caesarean, instrumental delivery (birth assisted by forceps or ventouse) and episiotomy (cut made to enlarge the entrance to the birth canal)
- there were no significant differences in 'adverse perinatal outcomes' (see definition at the end of this leaflet) between a planned home birth, birth in a midwifery-led unit (also known as Birth Centre) and a birth in a consultant-led unit (also known as a 'delivery suite')
- the transfer rate from home to delivery suite during labour or immediately after the birth is around 12%

For women having a first baby:

- a planned home birth can increase the risk for the baby. There were 9.3 'adverse perinatal outcome' events per 1000 planned home births compared with 5.3 per 1000 births for births planned in delivery suites. This finding was statistically significant
- there is a fairly high probability of transferring to a delivery suite during labour or immediately after birth. The transfer rate was 45% for planned home births

Frequently asked questions

1. What preparations or changes do I need to make to my home?

Your midwife will visit you at home, at about 36 weeks of pregnancy, to talk through your plans for your birth. You don't need to make changes to your home, but there are some basic suggestions that may be useful. These include:

- a small, strong cardboard box to support a yellow waste bag (provided by the midwife) for safe disposal of rubbish
- a good source of light, for example an angle-poise lamp
- a portable heater in case your main source of heating breaks down
- a fan if the baby is due in the summer months
- a waterproof groundsheet or cheap shower curtain to cover your carpet or bed
- some disposable waterproof pads (incontinence pads) to cover carpets and bedding. You can buy these from the chemist or on the internet
- a selection of old towels, a minimum of four
- old t-shirts, knickers and maternity sanitary towels
- a bucket in case you are sick
- a plastic sieve if you are planning to use a pool in labour
- a selection of baby clothes, including a hat and some nappies
- a crib or Moses basket, ready for your baby

Make sure you have whatever you need to help you feel comfortable in labour and to keep your energy levels up. For example

- some sports drinks
- high-energy snacks eg cereal bars
- sweets for instant energy – jelly babies are good!

Some important safety tips

- Please do not light candles, incense burners or an open fire during labour as the 'gas and air' cylinders which will be delivered to your home contain flammable gases.

- If you are hiring a birth pool please do NOT fill it before labour starts, even if it has been supplied with a pump and heater. There has been an incident of a baby becoming severely ill after contracting Legionnaire's disease following a home birth in a heated pool that was filled in advance of labour starting. The pool should be filled after labour is well established
- If you are using a pool, please don't get into it until the midwife has seen you and assessed how far in labour you are. It is best to get in only when labour is well established and the cervix at least 4cm dilated, otherwise the contractions may slow down

2. When I go into labour, who should I contact and when?

When labour starts, contact Triage on (0161) 291 2724. The Triage staff will ask some questions about what's been happening so far. If labour seems to be establishing, she will contact a community midwife to come and see you at home. Between 8.30am and 5pm this will probably be a midwife from your local team. Between 5pm and 8.30am there is an on-call system and the community midwife on call will come to your home.

3. Who will look after me in labour?

In early labour, when the contractions are building up into a regular pattern, we will give you advice on self-help comfort measures. These include:

- staying active and mobile if it's daytime, for example going for a walk or using a birth ball
- resting as much as possible at night, to save energy
- taking simple pain relief, for example paracetamol
- having a bath
- using hot water bottles
- making sure you keep eating, little and often
- having plenty of fluids to keep well hydrated
- using a TENS machine if you have hired one

When the 1st stage of labour is established and the contractions are coming in a regular pattern, getting longer, stronger and closer together, you will be looked after by a community midwife. She may have a student midwife with her. When the birth of your baby is near, she will call a second midwife. This is usually in the 2nd stage of labour. There may be some shift changes during your labour. For example, if you start labour overnight you will be cared for by the on-call midwife. At 8.30am the midwife on duty for your area that day will take over your care.

4. What equipment does the midwife bring?

The midwife will bring all the equipment she needs to care for you in labour and help you deliver your baby. She also carries basic equipment to cope with emergencies. This includes

drugs for the mother in case there is excessive bleeding after birth, and basic resuscitation equipment for the baby.

About 3 weeks before the baby is due she will give you details of how to order a cylinder of Equanox ('gas and air') for you to use in labour. This will be delivered to your home. The midwife will bring the tubing and mouthpiece when she comes to you when you are in labour.

5. What are my pain relief options at home?

Women who have their babies at home tend to use self help forms of pain relief. These include support from their partner and other birth companions, movement and mobility, massage, and relaxation and breathing. Your midwife will help with all of these. You can also hire a TENS machine and may choose to book a self-hypnosis course. Some women opt to hire a pool and use water for labour and/or birth. Details of local companies are given at the end of this leaflet.

Most women who labour at home find the benefits of feeling relaxed in their own surroundings mean that they manage their contractions using the self-help tools described above. Some also use 'gas and air'. Stronger forms of pain relief, for example diamorphine, are not advised at home because they can depress the baby's breathing at birth.

6. I live in a flat. Can I plan a home birth?

Babies can be born anywhere! They have been born in small flats, enormous mansions and in every type of home inbetween, including house boats and tepees! When your midwife visits you at 36 weeks she will talk to you about which rooms you plan to use for labour. Remember that in labour you will choose the places that feel most comfortable at the time. This may not be where you planned to be!

The midwife will also talk through with you what would happen if you need to transfer to hospital by ambulance in labour. She will consider how easy it would be to carry a stretcher downstairs in an emergency.

7. Will there be a mess?

The midwife will be careful to keep mess to a minimum. She aims to leave no evidence behind her that you have had a home birth – just the baby!

8. What about my other children?

It's important, if you have other children, to make sure you have family or friends who can look after them during your labour. This can be at home or elsewhere. The choice is yours, but you need to be able to concentrate on labour or on supporting your partner without worrying about the other children. Remember too that you may need to transfer to hospital so make sure you have plans in place in case this happens.

9. What if there's an emergency?

Please pack a small bag with essentials for mum and baby in case you need to transfer to hospital:

- nightwear and slippers
- feeding bra and breast pads
- knickers and sanitary pads
- soap bag and towel for mum
- a couple of changes of clothes and nappies for the baby

Most transfers to hospital happen for non-emergency reasons. These include the mother wanting an epidural or the contractions slowing down in the 1st stage of labour. In some situations you may travel to hospital in your own car. The midwife will advise at the time. In other situations the midwife will dial 999 for a paramedic ambulance to transfer you to hospital. These include a delay in the 2nd stage of labour.

If there is an emergency, for example bleeding in the mother, or the baby needing active resuscitation, the midwife will always call an ambulance.

10. What happens after the birth?

After your baby has been born and the placenta safely delivered, the midwife will check that all is well with you and your baby. Your baby will usually be having skin-to-skin cuddles with mum and if you are breastfeeding, the midwife will be on hand to help with the first feed. When you are ready she will check your baby over thoroughly, including the weight. After you have given written consent, she will give the baby's Vitamin K injection.

If mum needs any stitches, these are usually done at home by the midwife. She will help you to have a shower or bath and make sure you are comfortable. When she is happy with the wellbeing of mum and baby she will leave you to settle down and enjoy your new family. She will make sure you have contact numbers should any problems arise. Your community midwife will visit the next day.

11. I would like to have my baby at home but have been advised that hospital is a better option for me. Who can I talk to?

Contact a Supervisor of Midwives (see contact details at the end of this leaflet). She will meet with you to talk through your reasons for wanting a home birth and work with you to make a safe plan for your care.

Some more information and websites that you may find helpful

Talking to other parents who have had their babies at home is helpful to give you an idea of what home birth is like. Please see details of local organisations below.

- www.homebirth-manchester.org is a local support group which has regular meetings
- www.bluelagoonbirthpools.co.uk is a local company that hires birth pools and can give you advice
- Contact a local Supervisor of Midwives via our website ge-som@uhsm.nhs.uk
- A number of companies that hire TENS machines can be found on the internet, including local options

Antenatal classes

NHS classes are offered in local Children's Centres and at Wythenshawe Hospital – ask your midwife about booking these.

You may prefer to choose a private provider for your antenatal classes. There will be a fee to pay to attend these courses. There is a range of options, which include:

- www.nct.org.uk/branches/cent-south-manchester
- www.hypnobirthingmanchesterandcheshire.co.uk
- www.natalhynotherapy.co.uk/manchester

More information about The Birthplace Cohort Study:

- www.npeu.ox.ac.uk published the Birthplace Cohort study (2011) and you can find details on the NPEU website
- www.nct.org.uk is the UK's largest pregnancy and parenting organisation. Their website includes discussion of the Birthplace Cohort Study as well as lots of information about homebirth

The Birthplace Cohort Study

- Defines 'adverse perinatal outcomes as 'intrapartum stillbirth, early neonatal death, neonatal encephalopathy, meconium aspiration syndrome, and specified birth related injuries including brachial plexus injury'

It found that:

- For 'low risk' women the incidence of adverse perinatal outcomes was low (4.3 events per 1000 births)
- For women having their 2nd or subsequent baby, there were no significant differences in 'adverse perinatal outcomes' between planned home births or midwifery unit births and planned births in obstetric units

- For women having their 1st baby, there were 9.3 adverse perinatal outcome events per 1000 planned home births compared with 5.3 per 1000 births for births planned in obstetric units, and this finding was statistically significant

References

NHS England (2014) *Alert: Legionella and heated birthing pools filled in advance of labour in home settings* www.england.nhs.uk/patientsafety

NICE (National Institute for Health and Care Excellence) (2014) *Antenatal Care Overview* www.nice.org.uk/antenatal-care

NPEU (The National Perinatal Epidemiology Unit) (2011) *The Birthplace Cohort Study*, NPEU www.npeu.ox.ac.uk

The following information is to go on the back of the leaflet:

Here is some brief information about the options the full range of choices of place of birth. These include

- Birth at home, for healthy 'low risk' women
- The Birth Centre, based at Wythenshawe Hospital, again for healthy women with problem-free pregnancies
- Delivery Suite, for women who have problems with their own health, or who develop problems in pregnancy or during labour

If you have your baby at home or in the Birth Centre, you will be cared for by midwives. Midwives are specialists in caring for women during normal labour and birth. If you have your baby on Delivery Suite, you will be cared for by midwives, obstetricians (doctors who specialise in complications during pregnancy, birth and afterwards). There are anaesthetists available for women who would like an epidural or remifentanyl or who need to go to theatre to have their babies.

NICE (the National Institute for Health and Care Excellence) has published new guidance on choosing where you would like to have your baby (June 2014). It says that 'Women should be offered the choice of planning birth at home, in a midwife-led unit or in an obstetric unit'. For more information about the NICE guidance, please go to www.nice.org.uk/antenatal-care.

You will be able to discuss your options with your midwife during your pregnancy. You don't have to decide at the beginning of pregnancy. In fact there are benefits to staying open-minded until 36 – 37 weeks and waiting to see how your pregnancy goes.