



Home Birth

Midwives support you to give birth in your home. If you require further support or if there is a complication you will be transferred to hospital.

Advantages of planning to have your baby at home are:


- You will be birthing in familiar surroundings, which can make you feel more relaxed
- Family, including children can be present
- You are less likely to have medical interventions such as caesarean, forceps, ventouse or episiotomy
- You can have a birthing pool if you wish
- After the birth you will have the benefit of recovering in your own home

Environment


Your environment can be tailored to whatever you feel comfortable with in your home. You can have access to any supporting persons (partners, children, family members, doulas) with you at any stage, along with your midwives. Control of who and what is there can help you to feel more relaxed.

You may use props such as specific lighting or scents. You can access equipment such as a birth pool and birth ball and any room in your home with freedom of movement to help make you feel comfortable .

Your midwife will bring essential equipment which includes standard and emergency medication and any equipment needed if your baby requires any support with breathing following birth (resuscitation).



Your midwife will do a risk assessment prior to your birth to go through the safety of the environment of your home for birth.



Having a familiar surrounding may reduce anxiety and help to ease you into labour at your own pace and time.

Is this type of birthplace suitable for you?

Giving birth at home may be an option for you if:

You are healthy

Your pregnancy has been straight-forward

You are full-term (37w or more of pregnancy).

If you would really like a home birth, but have complications or other risk factors, please discuss your options with your midwife or consultant at the hospital. They will be able to talk you through the risks and benefits of your options. This might include referral to a birth options clinic.

Who looks after you?

Community midwives experienced in caring for women planning home births will provide your care. Your midwife will organise a second midwife to join for your baby's arrival. It is common to have two midwives with you when your baby is born. This enables one midwife to monitor and look after you, whilst the other midwife will monitor and look after your baby.



Who else can be with you?

It is essential to think about who you would like with you at your birth. Having the right people with you during labour can help provide the additional support to make birth a much more relaxing experience. If you choose a home birth, you can have any number of support people with you.

The different support people might be:

- Partners and Family members - You may have a preference to have immediate or extended family with you
- Doulas - Doulas act as non clinical, practical and emotional support birthworkers, who can assist with comfort measures, support you (and your partner) during birth and ensure your wishes are being upheld.
- Religious Leaders/Practices - such as Imans, Priests, for Namkaran (naming ceremony).

What happens when it's time to give birth?

When you feel you are going into labour, you can call triage and a midwife will come out to see you. Your midwife will talk to you and your birth partner, assess you and your baby and may carry out an internal examination if you request or would like one. Your midwife may stay with you or they may come back later depending on how far along in labour you are, and what you would prefer.

What pain relief is available?

The following types of pain relief are available at home:

Birthing Pool

Gas and air (entonox)

You may also wish to use other alternative pain relief options such as TENS, massage, hypnobirthing and aromatherapy. Speak to your midwife about how to organise this yourself.

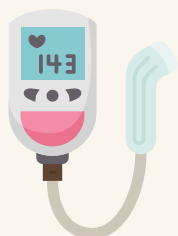


How are you and your baby monitored?

When you are in established labour, the midwife will want to closely monitor the wellbeing of your baby. At home this will involve monitoring the baby's heart rate intermittently (usually every 15 minutes and more frequently before the birth).

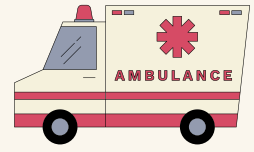
For more information see [fetal monitoring](#).

Regular maternal observations will also be taken such as blood pressure, temperature and pulse. You will be offered internal examinations to help assess how your labour is progressing.



What happens if there is a problem?

If there are any concerns during labour or immediately after your baby is born, you will be transferred to the labour ward or delivery suite at your nearest hospital. Most transfers are non-emergencies. Your midwife will arrange for an ambulance. Your birth partner will be able to travel in the ambulance with you along with your midwife. Reasons for transfer might include:



- Your labour is taking a long time
- You request further pain relief, such as an epidural
- Your baby showing signs of fetal distress, such as meconium in the waters or a concerning fetal heart rate.
- You have a complicated tear that needs to be repaired in the hospital
- If there are concerns with your baby after birth your baby may be transferred by ambulance to the hospital.

Arrival of the ambulance and transfer times might differ depending on the reason for the transfer and the clinical urgency. Estimated average ambulance arrival time for an emergency (category 1) is 7 minutes (9/10 times arrival is in 15 minutes).

It is always good to discuss the procedures of what will happen in case of an emergency with your healthcare provider. This will help you to be well informed in deciding what you would like and will ensure your wishes are being met at every stage of your care, inside and outside of your home.

Once you get to hospital, your home birth midwife may carry on caring for you, although it's more likely that other midwives and doctors on the labour ward will look after you.

What happens after your baby is born?

Once your baby is born, you and your baby's wellbeing will be checked. Your midwife will stay with you for at least 2 hours following the birth and support with your baby's first feed. Your midwife will ensure you have contact information if you have any concerns. All babies have a new-born examination within the first few days following birth (within 72 hrs) which can normally be done by a midwife visiting you at home. You will be invited to a clinic appointment to get your baby's hearing tested in the first 4-5 weeks. Read more about [Postnatal Care](#) on our website or view the [Postnatal Padlet](#) for further information.



What happens to people who choose this place of birth?

The 2011 “Birth Place in England Study”, which studied more than 64,500 women with a straightforward pregnancy, found that:

If you have had a baby before and plan to give birth at home:

- You are less likely to have interventions (such as a ventouse or forceps birth, caesarean section and episiotomy) compared with planning birth in an obstetric unit.
- The chances of your baby having a serious medical problem (which are very low) are not affected by where you plan to give birth.
- 6.4% of women transferred during labour and 5.2% transferred after the birth.

If you are having your first baby and plan to give birth at home:

- You are less likely to have interventions (such as a ventouse or forceps birth, caesarean section and episiotomy) compared with planning birth in an obstetric unit
- There is a small increase in the chances of your baby having a serious medical problem (which are very low).
- 35.1% transferred during labour and 8.9% transferred after the baby was born.

For more detailed information on outcomes on different birth settings see [Your choice where to have your first baby](#) or [Your choice where to have a subsequent baby](#).

What if you want more information?

[My Birth My Choice: Greater Manchester & Eastern Cheshire Local Maternity System](#)

[Birthrights factsheet: choice of place of birth](#)

[AIMS: choosing place of birth information](#)

[NICE: choosing where to have your baby](#)

[Greater Manchester Homebirth Support Group on Facebook](#)

[Birthrights factsheet: Unassisted birth](#)

[AIMS: Freebirth, unassisted childbirth and unassisted pregnancy](#)

