



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Choosing a Home Birth

Information for patients, relatives and carers

Maternity Services

York Hospital Tel: 01904 631313
Wigginton Road, York, YO31 8HE

Scarborough Hospital Tel: 01723 368111
Woodlands Drive, Scarborough, YO12 6QL

① For more information, contact your own Midwife

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National Institute for Health and Care Excellence (NICE) (2017), Intrapartum care for healthy women and babies, London. (Accessed online November 2018)

Introduction

This information leaflet has been produced to answer some of the commonly asked questions women have when considering a home birth. It contains details regarding the safety of a home birth, pain relief options, and how a home birth can be arranged. It also provides information on equipment you will need to provide if you choose to have a home birth, what to do when labour starts, useful website addresses and information on hiring pools if you choose to have a home water birth.

Who can have a home birth?

We support women to make informed choices about where they would like to birth their babies. Any woman can choose to have a home birth, including women having their first baby. There may be instances when a home birth might not be recommended and your midwife or doctor can discuss these with you.

Women are more likely to have an enjoyable birth experience with better outcomes if they are able to choose a birth environment that feels best suited to them and are supported in this decision making process (Royal College of Midwives, 2012).

NICE (2017) suggest we explain to women that giving birth is generally very safe, that they may choose any birth setting and that we support them in their choice.

We should advise low risk women having their first baby that planning to give birth at home means there is a small increase in the risk of an adverse outcome for the baby.

We should advise low risk women having a subsequent baby that planning to give birth at home is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit (in hospital).

For women having a second or subsequent baby, home births and midwifery unit births appear to be safe for the baby and offer benefits for the mother that include:

- no significant differences in adverse outcomes between planned home births or midwifery unit births and planned births in obstetric units.
- birth in a non-obstetric unit setting significantly and substantially reduces the odds of having an intrapartum (during labour) caesarean section, instrumental delivery or episiotomy (a cut of the perineum to quickly allow enlargement of the opening for the baby to pass through).

For women having a first baby, a planned home birth increases the risk for the baby -

- there are around 9.3 adverse perinatal outcome events per 1000 planned home births compared with 5.3 per 1000 births for births planned in obstetric units.

Transfer rates:

- For women having a first baby, there is a fairly high probability of transferring to an obstetric unit during labour or immediately after birth. The transfer rate is around 45% for planned home births.
- For women having a second or subsequent baby, the proportion of women transferred to an obstetric unit during labour or immediately after the birth is around 12% for planned home births.

It is important to consider transfer times to an obstetric unit when considering a home birth. You can discuss this further with your midwife.

You can access further information here:

<https://www.nhs.uk/pregnancy/labour-and-birth/preparing-for-the-birth/where-to-give-birth-the-options/>

Why choose a home birth?

The advantages:

Women have their own personal reasons for choosing a home birth, such as:

- It feels right for them.
- The need to feel safe, secure and in control.
- Less disruption to family life, particularly to other children.
- More privacy.
- To focus on active childbirth.
- Partners feel and are able to be more involved.
- The space to have more than one birth partner.

The disadvantages:

- If any complications develop for either you or your baby, you will be offered transfer to hospital. This means that, in an emergency situation, it will take longer to get specialist treatment for you and your baby which may be associated with a poorer outcome. The midwife is an expert in normal birth and will only have basic resuscitation equipment available in the home setting.
- Not all pain relief options are available at home.

Who will be there?

Midwives are experts in normal pregnancy, labour and the care of you and your baby following birth.

A midwife will attend any woman choosing to have a home birth. Usually, there is only one midwife with you until close to the time when the baby is due to be born. As the birth becomes imminent, a second midwife will be called to attend in case of any unexpected complications. If you have chosen to birth at home outside of guidance or advice, two midwives will attend and this will be discussed with you at your homebirth agreement home visit at around 36-37 weeks. The midwife covers a large geographical area therefore there may be delays in arriving at your home address. The midwife should be able to give you an estimation of how long she will be, when you call to tell us you are in labour.

Student midwives may also work alongside the midwife and they would welcome the opportunity to support your care. Please let your named midwife know if you would prefer not to have a student involved in your care.

You may also choose to have a doula or mother, sister, or friend as well as your partner with you. It is a good idea to invite the people who will be supporting you to the homebirth agreement meeting.

The midwives employed by our Trust have a team approach to care for women in labour at home so that a 24 hour service can be provided. Your named midwife may only be available to care for you if they are 'on call' when you are in labour.

It is important that you consider childcare arrangements for any other children in the home.

Your named midwife or someone from the team will:

- Provide antenatal care to help you prepare for the birth and the period afterwards.
- Visit you and your partner, and any other birth supporters at home at about 36–37 weeks to formulate a homebirth agreement. We will discuss your birth choices and preferences with you and talk to you about our homebirth service. This will help you to prepare yourself and the home environment for birth. A homebirth box of equipment will be left with you to keep in a safe place, away from pets or other children, ready for when you are in labour. Please ensure that the homebirth box is easily accessible when needed. If you decide to come in to hospital to have your baby or are transferred in during labour, the midwife will call to collect the homebirth box later; please do not dispose of it yourself.
- Direct you to resources available in your area.
- Provide postnatal care for you after your baby is born at the postnatal clinics.

Are home births ‘messy’?

Most homebirths are remarkably ‘tidy’. However, adequate protection of your furniture/flooring will be discussed with you when your midwife visits you at home at 36-37 weeks.

What pain relief methods can I use?

You may wish to consider ‘non-drug’ methods of pain relief such as TENS, relaxation and breathing through contractions or labouring in water. In addition, you may choose other complimentary therapies such as reflexology, acupuncture, homeopathy, or hypnobirthing. Midwives are not generally trained in the use of complimentary therapies and so if you plan to use them you will need to seek the help and advice of a qualified practitioner. Certain ingredients in some complimentary therapies can interfere with the chemicals in medical ‘drugs’ (should we need to use them). It would therefore be helpful to ask your therapist to give you a list of prescribed treatments and their properties. A pharmacist can then be contacted to advise on any potential interactions.

You will also have access to Entonox[®] (gas and air), which your attending midwife will bring to your home when you are in labour.

Please note that epidural pain relief is not available at home.

For further information on the advantages/disadvantages of non-drugs/drugs used in labour, please see our Trust Information Leaflet 'Coping Strategies in Labour' available from your midwife or the Trust website.

How do I arrange a home birth?

Speak to your midwife who will be able to discuss home birth with you in more detail and answer your questions. Your midwife will also discuss the practicalities with you and invite you to the home birth support group. You can change your mind about your place of birth at any time and it is important to let us know about this so that we can make any necessary arrangements or changes to your care plan.

What equipment will I need to provide?

You will need:

- Bright torch/moveable angle poise light.
- Soap and clean towel for the midwives.
- Warm towels and blankets for baby.
- Clean old towels/sheets.
- Small plastic bowl/bucket (in case you feel sick).
- Large plastic waterproof sheet(s) – to protect your home.

Additionally, if planning a water labour/birth:

- Sturdy pool; be wary of hiring/buying an inflatable pool – they have a tendency to ‘topple over’ if leaned on, causing water to flood everywhere! Please note that paddling pools are not appropriate.
- Sturdy stool for use as a step when getting out of the pool.
- Working thermometer for checking water temperature (should be supplied with the pool).
- Small sieve.
- Two foam woggles/noodles (to assist in helping you from the pool, should an emergency arise).
- You may want to consider a long armed mirror to view under the water.

Your midwife may be working long hours – drinks and snacks are always welcome!

NB: Access to a working telephone (with a strong signal if only a mobile available) is essential. Please discuss this with your midwife.

The arrangement of adequate car parking facilities for two midwives’ cars is also needed, especially if you live in an area where car parking is restricted. The first midwife in particular will have a lot of heavy equipment to transport from their car to your home, so close access is important.

Can a home birth be guaranteed?

Unfortunately, not always: Complications may arise in either your pregnancy or during labour that would make it unwise or unsafe to continue with a home birth. There may be occasions when we are unable to provide a midwife to attend a home birth because of an unexpected period of high activity within the hospital, meaning the community midwives will need to provide care for women who are giving birth there. Additionally, the community midwives can only provide care at home to one woman at a time so, in very rare circumstances, you may be asked to give birth at hospital because the midwives are already caring for another woman at home. Your midwife will discuss this further with you during your home visit.

Who do I call when labour starts?

Please phone labour ward on **York 01904 726004** or **Scarborough 01723 342124**.

They will contact your team to arrange for a midwife to speak with you. If this is during the day, this will be a midwife on duty. If you call us out of hours or on a weekend, this will be the on call midwife. If you are using a pool for labour, we advise that you prepare the pool ready for use and wait for the midwife to arrive before getting in. Please remember to call in plenty of time to ensure the midwife has time to get to you.

Remember: Please phone labour ward if you think your waters have broken, even if nothing else is happening.

What happens if there are problems at home?

If problems occur during or after birth, depending on what they are and at what stage during the birth process they arise, your midwife may advise transfer to a hospital. Sometimes it might be appropriate for your partner to drive you to the hospital. If it is not, the midwife attending you will arrange for an ambulance.

Community midwives carry minimal equipment and are trained in basic adult and baby resuscitation. Advanced resuscitation is only available in hospital or upon arrival of paramedics.

In an emergency, you (and/or your baby) would be transferred to the nearest hospital by ambulance, attended by trained paramedics and the midwife who has been caring for you. Your partner will have to make their own way to the hospital as there will be no space available in the ambulance. You need to be aware that though we will call for an ambulance as soon as we feel it is necessary, there may be a wait for an ambulance to arrive.

What happens after the birth?

Your attending midwife(s) will check to see if you need any stitches. If stitches are needed and the midwife feels that they can do this safely at home, then this will be done as soon as practically possible. If the midwife feels they need better lighting, or you need stronger pain relief than can be provided at home, then they will arrange for you to be transferred to hospital.

You will be helped to feed your baby and assisted into the bath to freshen up. Whilst you are relaxing in the bath, the midwife(s) will complete their records and tidy up the equipment they brought with them.

One midwife at least will stay with you for a minimum of an hour after the birth to ensure you and your baby are well and support you to feed. If all is well, you will then be left to get to know one another. Arrangements will be made for the following day for the baby to have its Neonatal Infant Physical Examination (NIPE check), which has to be completed within 72hrs of birth. You may need to attend the hospital, if your midwife can not do this examination at your home. You will be given telephone numbers to call in case problems arise before your next planned visit.

Midwives usually see you at home for the first day visit and after this, you are invited to a postnatal clinic for 10 - 14 days after the birth. The frequency and timing of the visits will depend on your needs and will be discussed with you at the time.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Clinical Governance - Care Group 5, telephone York 01904 721327 or Scarborough 01723 236253.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供，電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

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