

NCT Policy Briefing: Choice of Place of Birth

This briefing sets out the NCT policy on choice in place of birth.

NCT policy

- 1. All pregnant women should be able to make choices about their planned place of birth. There should be sufficient provision of midwifery-led services, based on a social model of care, to meet the demand in all areas. Women and their partners need respectful professional support and evidence-based information relevant for their particular circumstances so that they can decide what feels right for them and their baby.**
- 2. A planned home birth is a safe option for women who are at low risk of obstetric complications, and the opportunity to plan for a home birth should be made available to them. Women who are healthy, with a straightforward pregnancy, and who have no history of serious medical conditions, can benefit from giving birth in a setting outside hospital.**
- 3. Women and their partners, across the whole of the UK, should be able to plan to give birth in a birth centre or community maternity unit. This midwife-led model of care focuses on supporting the woman and her family socially, emotionally and physically during pregnancy, birth and the postnatal period, while facilitating normal birth and breastfeeding.**
- 4. Women and their families need up-to-date evidence-based information, provided in an appropriate and accessible format, which addresses their questions, so that they can make well informed decisions about their baby's birth. Information about increasing the chances of having a straightforward birth is important, so that they can make choices in planning the birth to maximise the family's ongoing health and well-being.**
- 5. If a woman's preferred choice is not available, information about maternity services outside the local area should be given. In addition, women should be made aware there may be options for care outside the NHS, such as the services of independent midwives. When the NHS is understaffed, inflexible or unresponsive, the right to go elsewhere enables women to make choices and obtain the kind of care they want. (Independent midwives charge for their services, so they are not accessible to everyone).**
- 6. Partners of expectant women may play an influential role in the decision about where to have the baby. It is important that maternity care professionals include partners in discussions about place of birth and provide appropriate information for expectant fathers.**

- 7. Statistics giving detailed information about services and outcomes of births in various settings are available from the health administrations of the four UK countries, or from independent websites such as BirthChoiceUK. Women and partners should be encouraged to access these data, if they wish, but such information should be used in addition to detailed discussion with caregivers and response to parents' questions. It is important that prospective parents obtain a full picture of the service they plan to use, not just a statistical comparison, to ensure their decision is grounded on a broad information base.**
- 8. Women and partners should not feel pressured into making a decision about place of birth. Those who are undecided about where they would like to have their baby should be given the opportunity to talk through the advantages and disadvantages of all available options and have time to make an informed decision. All women should be made aware that they are able to make up their mind about the chosen place of birth at any time during pregnancy, and if necessary while in labour. Health professionals providing care to healthy women without complications should start discussions about place of birth with mention of community settings, such as birth centre or home birth.**
- 9. NCT supports woman-centred maternity services and a woman's right to accept or decline treatment. There may be circumstances where a woman chooses a birth at home or in a midwife-led birth centre, when her health professionals advise that a hospital birth would be more appropriate. In these cases it should be ensured that the woman is fully supported and any risk is minimised.**
- 10. NCT works with and lobbies governments, commissioners and service managers for better access to a range of maternity care options that respond to parents' needs. We support recent moves in all UK countries to put in place policy that supports women in all areas having access to options for planning a home birth, using a midwife-led birth centre or giving birth in a hospital labour ward.**
- 11. Provision for choice of place of birth should be reviewed at management board level along with other aspects of the maternity services at least once a year, with reports taken from the maternity services liaison committee, and the health trust or board, to ensure that the service is genuinely offering choice, providing adequate services, designed to respond to parents' needs and wishes, with a focus on normality to minimise unnecessary intervention.**
- 12. The media should be urged to play a positive role in the shaping of informed attitudes towards choice of birth setting. Broadcast, web-based and printed material referring to place of birth should ensure that images and words are based on known evidence about safety and risk, positively portray non-hospital births, and help to increase public acceptance and reduce fear associated with birth outside hospital.**

Background

Choice of place of birth helps to ensure that a woman expecting a baby feels comfortable, safe and well-cared-for in the setting she has chosen to give birth. It also means that the appropriate type and level of support will be available for her during labour and birth, so that healthcare resources are not misused. Making an informed choice, after discussion with her caregivers, will help a woman to feel engaged with the process of care, empowered to make further decisions if required and more confident about her transition to parenthood.

The likely options for place of birth are: birth supported by a midwife at home; birth supported by a midwife in a local midwifery facility such as a designated local midwifery unit or birth centre; birth

supported by a maternity team in a hospital. Women should be made aware that choosing a place of birth may also determine the structure of care. For example women choosing home birth or a birth centre are more likely to get continuity of care throughout their pregnancy, labour, birth and the postnatal period, and more likely to get one-to-one midwifery care, both of which have been shown to improve women's satisfaction and reduce medical intervention. Obstetric units may provide similar continuity of care, or there may be a variety of caregivers, with women being attended in labour by midwives they have never met before.

Maternity policy in the UK countries

Maternity services policy since *Changing Childbirth* in 1993¹ has acknowledged the positive value of women and their partners being enabled to make choices about the style of care they want to receive around the birth of their baby. *Maternity Matters* in 2007 guaranteed, among other things, that women in England would have choice of place of birth.²

The *Framework for Maternity Services*³ in Scotland stated that: "Women have the right to choose how and where they give birth" and the *Refreshed Framework* in 2010⁴ added "The choice of where and how to give birth ... should be provided where possible".

The *Strategic Vision for Maternity Services in Wales* (2010)⁵ pledges "adequate capacity to enable women to give birth at home, in a birth centre or midwife led unit where that is their choice".

In Northern Ireland, the Department of Health, Social Services and Public Safety has stated, in the *Maternity Strategy For Northern Ireland* (2011)⁶ that "In the future all women should have the opportunity to have their baby in a place that is appropriate to their level of need, either at home, in a Midwife Led Unit or in a Consultant Led Unit. ... Women should be supported to make an informed decision about place of birth. Women with straightforward pregnancies should be encouraged to consider Midwife Led Units or home births".

1. The options of out-of-hospital settings - home and birth centre - have both been confirmed as safe choices for women at low risk of complications.^{6,7} Mounting evidence also shows that the frequency of unnecessary medical interventions is reduced in out-of-hospital settings and women's satisfaction with the birth experience is increased.⁸ The landmark 'Birthplace in England' study⁷ confirmed that there were generally high levels of safety for low-risk women in all settings, although in obstetric units there was a higher rate of intervention and, for first-time mothers, a slightly increased risk of poor outcome for the baby with a planned birth at home.
2. Many women would like to choose to give birth in their own home because it enables them to have more control over the experience in a reassuring setting. It is an ideal choice, for example, for women who have a physical disability or sensory impairment and need to be in familiar surroundings with their usual support. Families may also have cultural customs to birth which involve special ways of welcoming the newborn baby, most appropriately carried out in the home.
3. Over the past 20 years birth centres have become increasingly recognised as highly appropriate options for healthy women with a normal pregnancy, who have no need of the technological support that may be available in acute hospital units. Evaluations of birth centre care reveal safe outcomes with high levels of both women's and midwives' satisfaction with the personalised and low-tech style of care.^{7,8}
4. Relevant, up-to-date, evidence-based information is crucial to enable a woman and her partner to make the best decision about her place of birth. Written information is helpful, so long as it is provided in a style, format and language that make it easily accessible. However, this should not be a substitute for discussion where questions can be answered by a midwife. The focus of information about the various locations should be the positive aspects, including the better chance of a straightforward birth in an out-of-hospital setting; however, it also needs to be made clear where services such as anaesthetic support will not be available.

5. NCT has campaigned vigorously for reasonable access to choice of place of birth for all women, so that they can reach a chosen location within half an hour or less.⁹ In the case where the preferred type of setting is not available locally, information and support around other options should be offered. The Nursing and Midwifery Council states that supervisors of midwives can help by 'Supporting and advising you and your midwife in your care choices, for example place of birth'.¹⁰
6. NCT believes that fathers have a central role to play in family life and child development. Becoming a father for the first time is a major life event for men. The birth of a baby changes relationships in the family, brings new responsibilities and has a considerable economic impact. Men have their own needs as new fathers; they also need information about what their partner is going through and how they can support her.
7. Maternity statistics are available from the departments of health in UK countries, the NHS Information Centre, the Office of National Statistics and various websites such as www.birthchoiceuk.com. However, they may offer incomplete information (owing to data not provided by NHS trusts) and not be able to present a full picture of the type of care offered. Midwives should discuss options fully with all the women in their care and facilitate visits to units for the woman and her partner where possible.
8. Throughout pregnancy, a woman's knowledge and attitudes to different forms of care may undergo change as she learns more about the options. Her physical health or the baby's wellbeing during pregnancy may mean that certain choices become more - or less - appropriate. She and her family may also move house or other circumstances change. For these reasons, it may be best for a final decision about place of birth to be delayed until near the end of the pregnancy or even the beginning of labour. Support from health professionals should recognise this, and the option of an out-of-hospital location be kept available.
9. NCT strongly supports the statement of the Nursing & Midwifery Council (NMC) confirming that 'it is good practice for the midwife and the woman to agree a plan of care and the action that will be taken should problems arise'. In addition, the NMC says: 'Women can make the choice for a particular place of birth at any stage in pregnancy. The presence or absence of risk may change during pregnancy and labour and the midwife must continuously assess the advice she gives to women about the place of birth. Conflict sometimes arises over whether or not the woman is making a choice that places her or her unborn child at risk ... In assessing where a woman is best advised to give birth, the midwife should give consideration to factors pertinent to the woman's individual and unique situation. Midwives may have some anxieties if there is a clash of a woman's choice versus the perceived risks of caring for women in a home setting. If there is a clash then the midwife must continue to give care The supervisor of midwives will discuss how the midwife may reduce any risks inherent in a woman's choice of home birth. It is a midwife's duty to make all options and choices clear and to respect the choices a woman makes if she is legally competent to make that choice.'¹¹
10. NCT works with and lobbies governments, commissioners and service managers for better access to a range of maternity care options that respond to parents' needs. NCT strongly supports the current maternity strategies that promote this choice. NCT members on Maternity Services Liaison Committees and other policy groups will be pushing for comprehensive implementation of the policies and monitoring to ensure it is maintained.
11. NCT works closely with media representatives to aim for well-informed coverage of the issues and a balanced portrayal of birth in print, web-based and broadcast media, whether fictional or documentary. At least 1 in 12 women in the UK now give birth in a setting other than an obstetric unit, and it is therefore realistic to refer to birth in out-of-hospital settings without presenting this as unusual or controversial.

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The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

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