Home birth
All you need to know

Written by Angela Horn
This booklet is designed to help you decide whether giving birth at home may be right for you, and includes practical suggestions for organising a home birth.

The NCT would like to thank the NCT members who sent in pictures of their home birth for use in this booklet.
"I decided to have my second birth at home in the hope that it would be a more positive experience than my first hospital birth. I’m so glad I chose this. It went exactly how I had hoped and afterwards I can remember feeling that there was nothing I couldn’t do: I felt so proud of myself. It was such a good start to becoming a mother again.”
Why home birth?

Women may plan a home birth because they:

- see birth as a natural process, with no need to be in hospital 'just in case' problems occur
- feel safer at home
- have had a previous positive birth experience in hospital, and now feel confident about birth at home
- dislike being in hospital
- are expecting their first baby and are worried about the effect of a hospital environment on their labour
- want to keep birth normal and avoid interventions
- want to reduce the risk of infection
- don’t want to be separated from older children
- want more than one birth partner
- want to avoid overnight hospital stay without partner
- hope to use a birth pool and cannot be sure that this will be possible in hospital
- want privacy
- want to feel more in control
- want continuity of care, with a midwife they know attending the birth.

There is no one ‘type’ of woman who has a home birth; women from all backgrounds choose this. Nationally, around 2% of babies are born at home, but in areas where women are well supported, it is more common. One midwifery practice in Peckham, London, based on a housing estate, has a home birth rate of over 40%. The rate varies between different countries too – in The Netherlands, around 30% of all babies are born at home.
“As for being at home, well I can’t describe the feeling of happiness as I gazed at my new baby from the comfort of my own bed – accompanied by my husband and a cup of hot tea.”

Many midwives enjoy attending home births, but some do not. If you feel that a particular midwife does not support you, or there is simply a personality clash, then you can inform the Supervisor of Midwives at the hospital, preferably in writing, that you feel that Midwife X and you are not really getting on well together and you do not wish Midwife X to be on the team caring for you.

Who will care for me at a home birth?

Midwives usually provide all care for women who plan a home birth. Midwives are the experts in normal birth, and are trained to recognise signs of complications during pregnancy and to refer their clients to a doctor/hospital if necessary.

Most women planning home births receive their care from a team of between two to eight community midwives. You may not know until the day which midwife will attend you in labour, although you should have had a chance to get to know the team.

Once you are in established labour, a midwife will stay with you. Often a second midwife arrives shortly before the birth.

Family doctors do not normally attend home births, unless they have a special interest. In the past, family doctors would sometimes perform forceps deliveries at home births, but nowadays this is considered unacceptable because of the risks of injury to mother and child because GPs no longer have sufficient experience in this sort of care. If additional care is needed, then it is given following transfer to hospital by specialist staff.
How do I arrange a home birth?

You can book a home birth either directly through your local midwives or through your family doctor. It is not necessary to involve your family doctor if you do not wish to. To book direct with midwives, write to the Supervisor of Midwives at your local hospital, stating that:

- you are expecting a baby
- you are planning a home birth and would like her support
- you would like to book directly with midwives and not through your doctor’s surgery.

If you would like some guidance on talking to your family doctor or midwives to help gain their support for your decision, contact your local NCT home birth support group.

Many women book home births through doctors’ surgeries with no problems, but some family doctors try to dissuade their clients. This may be because of their personal views about risk in childbirth, or because they mistakenly believe that they have to attend the home birth themselves.

If you encounter difficulties making your booking, consult your home birth support group or the Association for Improvements in the Maternity Services. You should not have to meet hostility from health professionals, but if it does occur, these voluntary groups can be a great help.

Going private

Independent midwives offer a private alternative for those who can afford their fees. They are fully qualified midwives who specialise in home births, and many women have found their support invaluable. They will accompany you to an NHS hospital if you need to transfer. Contact the Independent Midwives Association on 0845 4600 105 or www.independentmidwives.org.uk
Am I a suitable person for home birth?

The majority of home births occur after a normal, healthy pregnancy, with one baby who is head-down. If you fall into a higher risk category, home birth may still be an option, but seek specialist advice so that you can weigh up the pros and cons for your individual situation.

A safe home birth is not possible if you have a full placenta praevia (placenta covering the cervix), or your baby is in a transverse lie (sideways across the womb) because these births require a caesarean section. Many women also choose a hospital birth if they have severe health problems, or their baby is likely to need medical attention immediately after birth – for example, if it is premature. In certain situations, some professionals will advise you to give birth in hospital, while others may be willing to support you at home. For example, many women in the following groups have considered the risks and benefits and made an informed decision to give birth at home:

- previous difficult birth or heavy bleeding after the birth
- previous caesarean section
- over 42 weeks’ gestation (you may be offered the choice of induction of labour, and if you accept, this will only be done in hospital)
- moderately raised blood pressure
- anaemia (low iron count)
- fifth or subsequent baby.

Breech (bottom- or feet-first) and twin births at home are rare, but they do happen – usually under the care of independent midwives who specialise in such situations.

If your midwife does not consider you a good candidate for home birth, ask her to go through the reasons with you. What evidence is there of relevance to you personally?
You are entitled to a copy of your medical records from any previous pregnancies. The NCT can send you a leaflet which explains how to obtain them.

**Remember BRAIN**

A BRAIN analysis can help you reach a decision. Think about the **Benefits** and the **Risks** attached to your choice of birth place. Are there any **Alternatives** to giving birth at home (such as a small birth centre) that would be acceptable to you? What is your **Instinct** telling you? What will happen if you do **Nothing**?

Contact your local NCT home birth support group and the Association for Improvements in the Maternity Services to explore your options (www.aims.org.uk). Whether you choose to go to hospital, or to stay at home, it is important that this is your decision, and that you have all the information you need to make it.

**First baby?**

Home birth is increasingly common for first babies. Some experts have said that a first labour is particularly suitable for home because if it does not progress smoothly there will be plenty of time for transfer to hospital – as labour is usually longer.

Up to 40% of first-time mothers who planned a home birth will eventually give birth in hospital. Some will switch to hospital care in late pregnancy (e.g. to have labour induced, or because of concerns about blood pressure). Others will transfer to hospital in labour because of slow progress, or to have an epidural if the mother is tired.
Managing pain: self-help techniques

You might find these tools for managing labour pain useful:

- different positions – at home you are free to labour in whatever position you find most comfortable
- movement – swaying, walking, dancing, circling hips
- focusing on breathing – breathing out very slowly, panting or blowing
- vocalisation (making sounds – e.g. singing, moaning, humming)
- distraction – keeping busy, watching TV, listening to music
- warm water – a bath, shower or birth pool. Many women find a birth pool very effective
- TENS (transcutaneous electronic nerve stimulation)
- relaxation techniques
- self-hypnosis – e.g. learned on Hypnobirthing™ courses*
- massage, aromatherapy, acupuncture, or other complementary therapies*

Some of these options, such as distraction, are most useful in early labour, while others, such as warm water, movement and focusing on your breathing, can be invaluable all the way through. As labour progresses, you could combine Entonox with other pain management techniques; it can be used in a birth pool, for example. If you have Pethidine, you may feel too drowsy and ‘out of it’ to do anything else until the drug wears off, after about three hours.

* for further information, contact the NCT Enquiry Line: 0300 33 00 770
What pain relief can I have at home?

Women who give birth at home consistently rate the experience as less painful than a hospital birth.¹ This may be because they are more relaxed and feel more in control. However, there is no doubt that managing labour pain is challenging for most women, wherever they deliver their babies. Some choose self-help techniques alone, while others combine these with drugs supplied by their midwife. Pain-relieving drugs available for use at home include:

- **Entonox (‘gas and air’) —** inhaled through a mouthpiece or mask to reduce the intensity of pain; women often say that it “takes the edge off the contractions”.

- **Pethidine and other injected opiates —** these relax your skeletal muscles and may make you feel sleepy, as if you were drunk, or confused. Some women love it, but others find it does not relieve their pain, and can make them feel nauseous and helpless.

Epidurals and spinal blocks are only on offer in hospital, as these must be given by an anaesthetist. If you decide during your labour at home that you want an epidural, you can transfer to hospital. Your midwife may phone ahead to try to arrange for this to be given soon after your arrival.

Don’t feel guilty, or that you’ve ‘failed’, if you find that you need to transfer to hospital for an epidural to deal with your labour pain. Everyone’s experience of labour and birth is different; what matters is that you get support to make the choice which is right for you, on the day.
Is a home birth safe?
There has been continuing debate over many years about the safety of home birth.2,3,4 A number of research studies have been undertaken across the world, and two summaries of these studies, one in 1997 and one in 2007, found no evidence that hospital birth was safer than home birth for women at low risk of complications.5,6 Studies in the UK have had similar conclusions.3,7 Although more recently the UK NICE intrapartum care guideline raised concerns about the evidence, it states that “Women should be offered the choice of planning birth at home” and that “giving birth is generally very safe for both the woman and her baby”.8 The Department of Health has commissioned research to produce better evidence on the safety of out-of-hospital birth in England (see www.npeu.ox.ac.uk/birthplace).

Why do some people think home birth is unsafe?
In the past, debates over the safety of home and hospital birth have been confused by inaccurate statistics. Often, outcomes for births out of hospital included unplanned as well as planned home births. For example, the birth of a very premature baby on the way to hospital would be counted as a home birth. Similarly, if a woman had concealed her pregnancy, received no antenatal care, and gave birth alone, in secret – that would be counted as a home birth for statistical purposes. The outcome is often poor in cases like these, but it has little relevance to the safety of planned home birth, with a midwife in attendance, or women with normal, healthy pregnancies.

What are my rights?
The legal situation is slightly confusing. Every woman has the right to stay at home to give birth, but there is no statutory right to have a midwife attend you there. However, it is government policy that women who intend to give birth at home should be supported. The midwives’ governing body has said that midwives should not withdraw care if a woman continues to plan a home birth against advice.
Advantages of home birth for mothers and babies

Research has found no difference in the death rates of mothers or babies between planned home births and hospital births. However, home birth provided better outcomes in many respects. A recent study of nearly 6,000 women who planned home births in the UK noted the benefits of home birth. Each woman planning a home birth was matched for risk level with a similar woman in the same area who planned a hospital birth, although it was not always possible to find an appropriate match. The study found that, compared to women planning a hospital birth, mothers in the home birth group had:

- a lower risk of having a caesarean section
- a lower risk of an assisted delivery, i.e. forceps or ventouse
- less risk of haemorrhage.

Babies in the home birth group were:

- less likely to be in poor condition at birth
- less likely to have birth injuries
- less likely to need resuscitation.

Your midwife will monitor your baby’s heart and your condition regularly through labour, and will advise that you transfer to hospital if she has any concerns about the health of either of you. The aim is to transfer well before the situation becomes an emergency.
Why are the outcomes for home birth so good overall?
Labours tend to progress well at home, where the mother is relaxed and free to move as she wishes. She is also under less pressure to labour within strict time limits. This means there is less need for intervention such as drugs to speed up labour, or delivery with forceps or ventouse. These interventions carry risks, as well as potential benefits, and are more likely to be suggested in a hospital birth. Finally, there is less risk of infection at home, for both mother and baby.

What if something goes wrong?
If there are complications with your labour, such as slow progress or concerns about your blood pressure or the baby’s heart rate, you will usually be advised to transfer to hospital. You would travel either by car or by ambulance, depending on how advanced your labour is. Overall, around 1 in 6 women transfer to hospital in late pregnancy or during or after labour.³

Is my home suitable?
Women give birth in homes of all shapes and sizes – in country houses or rented inner-city bedsits. It does not matter if your home is small, untidy or in need of decorating. The important thing is that you feel comfortable there. Your midwife can discuss how long it would take an ambulance to reach you in an emergency, and any access concerns. The final decision about whether your home is suitable is yours alone.

What about my other children?
Some women arrange for their children to be cared for elsewhere by a friend when they go into labour, while others are happy to keep them at home. If your children will be staying put, try to have somebody there just for them, so that your birth partner can...
concentrate on supporting you. Tell your children what noises they might hear, and what they might see, if they come into the birth room. You could look at books or videos about birth together; you may be able to borrow some from your local NCT branch.

“The midwives melted away, taking their equipment with them and we were left in peace to get used to being a family of five. It was a perfect summer’s day.”

It is always possible that you may need emergency treatment, and it may take longer to get if you have to transfer from home to hospital. However, it is extremely rare for intervention such as a caesarean to suddenly become necessary with no earlier warning signs.

If the midwife believes that you need an urgent caesarean then she will call ahead to have the operating theatre ready for your arrival. Even if you were labouring in hospital, there would normally be a wait of around 30 minutes while a surgical team was assembled. Midwives are trained to provide emergency treatment if there are complications after the birth. They carry resuscitation equipment for babies who are slow to breathe and drugs to treat heavy bleeding after birth. Facilities vary between areas, so do discuss with your midwife what would happen in an emergency.

Occasionally, transfer to hospital occurs after the birth – e.g. because of problems with the delivery of the placenta, or because of concerns about the baby’s breathing. Although transferring from a planned home birth can be disappointing, most women who have transferred say that they were glad to have spent time labouring at home, and would plan a home birth for their next baby.

I like the idea but my partner is not sure!
If your partner is worried about the safety of home birth, it may help to share the references in this booklet, and the suggestions for further reading. Contact your local home birth support group to
see if you could talk to other couples about their experiences. Your midwife may also be prepared to reassure your partner about your plans.

Most men who have been birth partners at home and in hospital say that they preferred the home birth, even if they had doubts initially. They are more likely to feel useful – that they have a definite role. You may be relying on your partner to provide practical support to a greater extent than in hospital – after all, he, and not the midwife, will know where you keep the towels, baby clothes, and so on! If he is nervous about this, you could invite a friend to help out as an additional birth partner.

**Birth pool**
Many people opting for a home birth also hire a birth pool for use at home. In this case, it helps if your partner can take responsibility for assembling the birth pool, and maintains the water at the temperature you prefer. However, a pool is by no means essential for a home birth.

“A lot of partners might be apprehensive about a home birth, due to worry that it might be a risk. I know John was, especially because I had a bit of a rough first-time birth... Afterwards, I asked him if it had stressed him out being at home, but he said that he much preferred it to being in hospital; he had a much more constructive role and felt more part of it all.”

**What do I have to do to prepare for a home birth?**
You do not need to plan a long list of special props for a home birth. Because you are at home, you can make use of things which you have around you every day (e.g. leaning over the sofa, sitting astride a kitchen chair, hanging off the stair banisters – if they’re strong enough!).
Your midwife will normally bring a ‘birth kit’ to your home towards the end of your pregnancy, containing items which she might use. Ask her what is provided, and if there is anything else which she would like you to have ready.

**Things to have ready**

- phone numbers of your midwife team
- somebody to look after any older children
- protective coverings for floor and furniture, e.g. plastic or rubber sheeting, waterproof tablecloth, large disposable pads
- protective covering for your bed, if you are considering giving birth there
- facilities to keep your baby warm after the birth: large towel to wrap mother and baby up in cosily together, baby clothes, or a heater
- sanitary pads
- hot water bottle or hot pack for aches and pains
- camera and film
- tea or coffee and biscuits for midwives – left out so they can help themselves
- emergency bag in case you transfer to hospital – with disposable camera, coins for phone, pants, sanitary pads, change of clothes, baby clothes, nappies etc.

**Is it messy?**

Most home births produce little mess, which is easily contained with some forward planning. Midwives bring large disposable pads to protect the surfaces you give birth on, and floors or beds can be covered with waterproof sheeting, a large waterproof tablecloth, old sheets, or newspapers. After the birth, they will clear up and remove the placenta and cord etc. unless you request otherwise.
In the event that your protective coverings do not catch all the mess, you can still save your soft furnishings from being permanently marked. Blot as soon as possible, and wash with biological detergent, using cold water so that the stain does not set. Bloodstains on carpets can often be removed using hydrogen peroxide from any pharmacy, after testing for colour-fastness. Clearing up after a home birth is usually very straightforward; it goes without saying that the new mother should not have to do any of this herself!

“I cut Abigail’s cord (it was my turn as Steve did it last time) and delivered the placenta naturally. I then went straight upstairs to the shower and let everyone else clear up the mess.”

Where to find out more
Home Birth Reference Site – www.homebirth.org.uk
Home Birth: a practical guide, by Nicky Wesson (Pinter & Martin Ltd, 2006)
Birth Your Way: choosing birth at home or in a birth centre, by Sheila Kitzinger (Dorling Kindersley, 2002)


References


Thinking about a home birth?
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To find out where your nearest home birth support group is, ring the NCT Enquiry Line on 0300 33 00 770

To obtain copies of this booklet, ring NCT on 08458 100 100 or visit www.nctshop.co.uk