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Homebirth



Congratulations on your pregnancy; here at Cwm Taf Morgannwg we are looking forward to supporting you on your journey to parenthood.

Having a baby is an exciting and special time and the decision about where to give birth is important. We want to support you to make choices which are right for you and your family. We are here to answer any questions you may have, and offer up to date information and advice.

What is homebirth?

Homebirth is where you labour and give birth to your baby at home, attended by your personal support system and community midwives.

The role of a midwife is recognised as the lead carer for women experiencing a straight forward pregnancy and birth, and as such are well trained and fully equipped to provide monitoring, care and support to women during pregnancy and labour.

The midwife caring for you will act as your advocate and will support you to have a positive birth experience, facilitating your choices and preferences throughout this process.

Within Cwm Taf Morgannwg, our community midwives provide a 24/7 on-call rota to support births in the community.



What benefits does homebirth offer?

Research has consistently shown that for healthy women who are having a straight forward, uncomplicated pregnancy, having their baby at home is a safe option and one which we would encourage and support.

At home, you have the opportunity to create whatever environment that will support you in your birthing experience best. It will be familiar, calm, quiet and relaxed (all the things we know support physiological labour and birth). You have full control over who you would like to be present in your personal space, and you will have your chosen support people with you throughout the whole process.

You are in complete control of your surroundings, able to sleep in your own bed and eat whatever you feel like, as you feel like it. Once your labour begins, there is no need to interrupt things to go into hospital.

Women who have birthed at home often report a wonderful, positive and empowering experience, often feeling fully in control of their environment and experience.

The other positive aspects of giving birth at home include:

- You are in your own environment with your own family around you.
- Increased privacy.
- You are more likely to be cared for by a midwife you know.
- You are likely to feel more relaxed and in control and can move around freely.
- Women report labour as less painful and tend to use less pain relieving drugs.
- You are less likely to need or have intervention in the labour and birth process (including instrumental birth and episiotomy).
- It reduces the likelihood of needing a caesarean section.
- You are less likely to need stitches.
- Many partners also report feeling more relaxed and in control in their own environment, and therefore more involved in the process.
- There is less risk of hospital acquired infection.

Reasons to give birth at home

From looking at research in to birth settings, we know that having a baby is generally very safe (Birthplace study 2011).

Women having a second or subsequent baby who are healthy and experiencing an uncomplicated pregnancy are advised to give birth under midwifery led care, including at home. This setting is equally as safe as planning birth in an obstetric unit/hospital, and we know rates of intervention (such as assisted birth, episiotomy and epidural) are significantly reduced. The risk of adverse perinatal outcomes for babies was 2 per 1000 births (which is the same as those birthing in an Obstetric Unit).

For women having their first baby who are healthy and experiencing an uncomplicated pregnancy, planning birth at home, offers benefits for the mum. The risk of adverse perinatal outcomes for babies was 9.3 per 1000 births compared with 5.3 per 1000 births for those birthing in a midwifery-led unit/birth or obstetric unit. This means the risk of adverse perinatal outcome in this cohort of women is increased, although remains low.

If you wish to discuss any of this information further please feel welcome to explore this with your community midwife.

For those of you who -

- Are healthy and have been well throughout your pregnancy, with no medical conditions which affect you or your baby.
- Are having your first baby, or have had a vaginal birth (which includes women who have had an assisted birth e.g. forceps/ventouse).
- Go in to labour by yourself between 37 and 42 weeks of pregnancy.
- Are carrying one baby, who is growing well and is in a cephalic (head down) position.

Having your baby at home would be an ideal birth setting for you.

For those of you who like the idea of birthing at home, but feel you may not fall in to above, we would always encourage you to discuss your individual circumstances with your community midwife.

Community Midwifery staff are available to discuss additional information and answer any questions you may have about home birth and your individual needs and preferences.

For some women and / or babies, the recommendation may be for birth to take place in an Obstetric Unit, however we recognise you may want to explore how using homebirth would look in your particular circumstances.

We always respect your choices and preferences, and if after discussing your particular circumstances with your midwife (and sometimes, the Consultant midwife), you decided that the care we can provide at home would be right for you, we would support you with an individualised plan of care.

What are the reasons why homebirth would not be recommended?

- High blood pressure or pre-eclampsia
- Diabetes / Gestational diabetes
- Bleeding during the pregnancy (this does not include early pregnancy bleeding)
- Concerns about the baby's growth or development
- Multiple pregnancy
- Breech (bottom down) or transverse (baby laying across the abdomen) lie after 36 weeks
- Premature labour (before 37+0 weeks)

If these problems were to develop during your pregnancy, it may be safer for you to have your baby in a hospital environment where you would be able to access additional care or monitoring that cannot be provided at home.

Managing with your labour

At home, the environment is so important to supporting you through your labour journey, and being in your own environment is likely to be familiar and reassuring, leading to a calm and comfortable atmosphere.

You may opt to hire a birth pool; the use of water in labour and birth offers comfort, relaxation, buoyancy, mobilisation and warmth, all of which are perfect to support the discomfort of labour. If you choose to use a birthing pool, you and your partner will be responsible for filling, maintaining and emptying the pool.

Being mobile and in an upright position such as a squat, or on all fours are likely to be beneficial in keeping you mobile and active during your labour, and we know that these things are important to help your labour to progress.

Certain positions are far easier to manage in water, and we try wherever possible to facilitate access to a birth pool for your use at home. (You will be asked to supply some single use items such as pool liner, hose, thermometer and sieve).

Community midwives will support you to use relaxation, breathing, visualisation and positive birth affirmations, in addition to hypnobirthing techniques if you choose to use them.



Massage can be particularly helpful, and a way your birth partner can be involved in your experience.

You may wish to hire a TENS machine to use during labour, which you may find helpful.

We offer Entonox (gas and air), which a significant volume of women find of benefit during labour and birth. Your midwives will supply this, and will bring entonox with them when you are in labour.

We do not offer pethidine for use at home, as this is a controlled drug and a prescription can be challenging to obtain for administration by midwives in a home environment. If you wanted to have pethidine during labour, the midwives would facilitate safely moving you to an Obstetric Unit where this could be provided.

If you wanted to have an epidural during labour, this wouldn't be offered at home (because it needs to be put in by an anaesthetist - a specially trained doctor). If you felt that during your labour or this is something you needed, the midwives would facilitate safely moving you to an Obstetric Unit where this could be provided.



What care will I receive at home?

When you feel labour is beginning, we would ask you to call the midwifery team or maternity department contact number that you are provided to inform them you are in labour and intend to give birth at home.

A midwife will speak with you over the phone to find out how your labour is progressing, and, together decide a plan that you are happy with which may include some self-support advice, or, when you are happy or requesting this, a community midwife will come to your home and provide a holistic assessment. We would encourage you to call with as much notice as you can, so we can ensure your midwife gets to you in plenty of time (please bear in mind that your midwife may be nearby, but could be a further distance away, or on-call from home during night time hours).

Once in active labour, they will stay with you and support you throughout your labour.

The care offered will include things such as:

- Talking and listening to you, and your birth partner/s.
- Observing and palpating contractions (feeling your tummy).
- Intermittently monitoring your baby's heartbeat (every 15 minutes during 1st stage of labour, and every 5 minutes in 2nd stage (pushing) after a contraction).
- Checking your observations (blood pressure, pulse, respiratory rate and temperature).
- Making sure you are able to pass urine (and using dipsticks to check a urine sample).
- Offering other assessments such as vaginal examinations, to monitor dilatation of the cervix and descent of the baby's head as you progress of your labour.
- Keep records of your labour progress (we use a document called the All Wales Clinical Pathway for Normal Labour).

A second midwife will usually be present at the birth itself. This midwife will be there to support you and your baby, and available to help if any concerns arise.

On occasions, you may be asked for consent for a student midwife to be present, and involved in providing care to you (under supervision of a qualified midwife).

After your baby is born, the midwives will support you to deliver your placenta and then ensure that both you and baby are well.

This will involve assessment and support for you both, including things like:

- Supporting you to have skin to skin contact and feed your baby.
- Weighing your baby, and a top-to-toe visual examination of your baby.
- Offering Vitamin K administration.
- If you have any vaginal tears that are recommended to be stitched, then this can usually be done at home.

When you are ready, they will assist you to freshen up and have something to eat, and ensure that you are able to empty your bladder as normal.

The midwives will then clear up, and will take away any 'clinical waste', remove any equipment, and dispose of the placenta (unless you wish to keep this).

The midwives will leave you settled in your home with plenty of information and support you to start your parenting journey with confidence, in addition to providing contact information should you require further advice, or have any concerns.

A community midwife will arrange further visits that day / the following day, but if you have any concerns prior to this there will be 24/7 support contactable.

A neonatal examination will be offered within the 72 hours after birth, and your midwives will endeavor to arrange for this to be performed at your home wherever possible. If this cannot be undertaken at home, your midwives will ensure you have an appointment within the hospital or birth centre within the first 72 hours.

What do I need?

Your midwives will bring their clinical equipment to your home.

In reality, you need very little, but feedback from those who have had home births suggest that some of the following items may be useful:

- towels (for you and your baby).
- clean and hot water supply access.
- hand washing facilities for the midwife (e.g. liquid soap / clean towel or kitchen roll).
- snacks and isotonic drinks.
- large incontinence pads.
- sanitary pads.
- a plastic covering for your birthing area (e.g. a shower curtain or other waterproof sheet).
- a birthing ball.
- TENS machine (these will need to be hired).
- a birthing pool should you wish to use one (these can be hired privately and the maternity service also have some birth pools to offer you the use of in labour).
- If you have a birth pool at home, you will need to consider the following equipment / items: a step for getting in and out of the pool, a mirror, a pool thermometer, a single-use pool liner and a single-use hose.
- a light source such as a torch or a lamp.
- a bucket.
- reliable access 24/7 to a telephone / mobile phone.
- a grab bag (with some essentials) in case of recommendation to transfer in to hospital.

What if I already have older children, can they be present?

At a home birth this is entirely up to you. Your home is your family's special environment, and you know your children best.

For some children, witnessing the birth of a sibling is a lifelong memory, but for some children it can be tricky seeing their mother going through an intense experience.

Birth is a social event and part of family life; however, it is important that you have a responsible adult present to support your children, or to care for them if the need for transfer arises.



Do I need to have lots of space?

Babies can be born pretty much anywhere! There needs to be enough space for you, your support team and the midwives. Your midwives will often ask for some space to be set aside should your baby need some extra support after birth.

At about 36 weeks your midwife will come and discuss your birth preferences and discuss planning for your home birth in more individual detail and this will involve use of space and possible plans should you need to transfer quickly.

Transfer

Why might I need to transfer to hospital?

The purpose of the care and monitoring that we provide pregnant women during labour is to ensure that things are progressing safely and without concern.

We use our skills and monitoring to recognise at an early stage any deviations.

If there are concerns or potential concerns about your wellbeing, it may highlight a need to recommend transfer to an Obstetric Unit for additional care or monitoring that we are unable to provide at home.

Some situations where a transfer might be recommended:

- you would like different pain relief that isn't available at home.
- the baby has done a poo before it is born (meconium stained liquor).
- abnormal vaginal bleeding (before or after birth).
- concerns regarding the progress of your labour.
- if breech presentation was diagnosed during labour.
- birth doesn't happen for a long period of time after your waters break (prolonged rupture of membranes).
- complicated or difficult perineal tears require more specialist suturing.
- concerns for your or your babies heart rate.

- you change your mind about where you would like to birth your baby.
- signs of infection (e.g. raised pulse / temperature).
- retained placenta.
- concerns regarding your baby (e.g. if your baby needed resuscitation or additional observations of their wellbeing).

What happens if I need to transfer?

If transferred, this is generally to the closest available obstetric unit / hospital (either the Princess of Wales Hospital in Bridgend, or the Prince Charles Hospital in Merthyr Tydfil).

Transfer will generally be facilitated by calling an ambulance, depending on the reason we are recommending transfer. The Welsh Ambulance Service give an 8 minute response time target, however we cannot guarantee that this will be met.

We would advise that the timing; from the point of identifying a deviation, arranging appropriate transport, facilitating transfer and getting a review with a doctor in the obstetric unit is usually around an hour.

You will be accompanied during this time by the midwife caring for you whilst you have been at home. Your birth partner will be welcome to join you at the hospital.

It is important to reassure you that the majority of transfers during labour or immediately following birth are due to reasons such as a longer labour or a delay in labour and are not due to emergency or life-threatening situations (which make up a very small proportion of transfers).

The midwives caring for you all receive appropriate skills training to support caring for you during transfer and during emergency scenarios if they arise during childbirth.

We know that transfer from home would be more likely if you are having your first baby, and national statistics show the rates of transfer from home are around 45% for women having their first baby.

For women who are having a second or subsequent baby, transfer is less likely at around 10%.

There is evidence that starting your labour outside of a hospital environment increases your chances of a spontaneous vaginal birth, and even for women where transfer occurs, you are still likely to experience lots of the benefits as outlined above, and those who feel fully informed often allows women who require transfer into hospital to take this in their stride.

What if my partner isn't sure?

Supporting someone through the birth of their baby is a significant event. It's important that you discuss this information together and share your desires and concerns around the birth of your baby.

We would recommend that your partner joins you to discuss your preferences and plans with your midwife around 36 weeks. Lots of partners report the same positives experiences as those who have given birth at home, feeling more involved and in control, and comfortable and calm in their own environment.



Is there any reason my home birth would not happen at last minute?

Whilst the midwives do their absolute best to ensure that they can accommodate your wish for a home birth, there are rare occasions when this is not possible due to unforeseen circumstances such as:

- Several home births happening at once.
- Severe weather that may compromise the midwives safety.
- Excessive workload on the maternity unit.
- Covid-19 causing service interruptions.

In these situations we would work with you to explore a suitable alternative (which may include one of our midwifery-led birth centres).

Further information

<https://www.npeu.ox.ac.uk/birthplace>

www.homebirth.org.uk

[https://www.nct.org.uk/labour-birth/deciding-where-give-birth/
giving-birth-home/home-births-are-they-safe](https://www.nct.org.uk/labour-birth/deciding-where-give-birth/giving-birth-home/home-births-are-they-safe)