

## PATIENT INFORMATION

# Homebirth



We offer support for home births if you live in the area our maternity services cover. Please speak to your community midwife to check if you live in the area we cover.

Homebirth might be a good choice for you if

- You're experiencing an uncomplicated pregnancy
- Have no known medical conditions that may complicate your birth
- You're carrying only one baby
- Your baby is head down (cephalic presentation)
- You go into labour naturally between 37 weeks and 42 weeks (spontaneous onset of labour)
- You are having your 1st to 6th baby without previous complication
- You have a body mass index (BMI) between 18.5 and 40 at your booking appointment with good mobility

If during your pregnancy additional risks have been identified and you are at higher risk of complications developing during your birth you will be advised to give birth in hospital where specialised care is available. However, if you still wish to birth at home that is your choice, please let us know so a plan of care can be made with you. You will have an opportunity to discuss this with a senior obstetrician or consultant midwife to ensure you have all the information required to make an informed decision about your birth.

### **Benefits of a homebirth**

The birth place study showed that, for those with a low risk pregnancy having their second or subsequent baby, a home birth is as safe as birthing in an obstetric unit and can offer additional benefits. [The Birthplace cohort study: key findings | SHEER | NPEU > Birthplace](#)

- You're more likely to feel relaxed in your home, which can help the progress of your labour
- Some research has found those giving birth at home tend to use less pain relief. This suggests birth at home can be more manageable
- You can choose who is there during the birth and afterwards. You will not be separated from your family
- You do not have to worry about when to go to hospital or how to get there
- Research shows those who choose to have a home birth are less likely to need an epidural or instrumental birth

## Risks

- You may need to be transferred to hospital. For your first baby you have a nearly 1 in 2 chance (45%) of being transferred to a hospital, for second or subsequent babies this is around 12% or just over 1 in 10 people. Common reasons for transfer to hospital are for stronger pain relief or slow progress in labour.
- In the rare situation of an emergency, you may need to be transferred to hospital. The time taken to transfer to a hospital can lead to a delay in accessing specialist medical care. All our community midwives do carry emergency equipment to homebirths and are trained in maternity emergencies.
- For a first baby there is a small increase in risk of the baby being born seriously ill at home, this is **9 out of 1,000 babies**, compared to **5 out of 1,000** in a birth centre or delivery suite. For second or subsequent babies there is **no difference** in risks to the baby between home or hospital.
- If you have any complications, you may be advised to have your baby in hospital. This means you and your baby can be monitored more closely and have instant medical help if there is an emergency. We might recommend that you give birth in a hospital if your pregnancy is high risk, for example twins or your baby is [bottom down \(breech\)](#) or if you have complications such as high blood pressure or a low lying placenta.

## Alternatives

We have 2 alternative places of birth at Worcester.

- Meadow birth centre- At Worcestershire royal hospital
- Delivery Suite- At Worcestershire royal hospital

Please visit our website for more information about where you can give birth at Worcester Hospital.

[Having your baby - labour and Birth - Worcestershire Acute Hospitals NHS Trust](#)

If you plan to give birth at home you can still change your mind at any time during your pregnancy including during your labour, you can transfer to hospital at any point.

## Pain relief options at home

During a home birth, you can have:

- TENS, a method of pain relief involving electrical nerve stimulation. You can hire or buy a TENS machine for personal use

- Hydrotherapy (water birth), this can relax you and make your contractions seem less painful. Pools can be bought, hired or sometimes lent from the trust or local charities- speak to your community midwife.
- Paracetamol
- Gas and air (entonox)

If you would like stronger pain relief for example an epidural, you will need to be transferred into hospital. For further information about pain at Worcester, please read our **Pain relief options in labour leaflet.**

### **How to arrange a home birth?**

The decision of where you want to give birth can be made at any stage of your pregnancy, however if you are considering a home birth it is useful to let your midwife know as soon as possible. This is to ensure we have enough time to plan your birth, discuss in detail suitability, benefits and considerations you need to be aware of along with the practical aspects of giving birth at home.

### **What preparations or changes do I need to make to my home?**

If you decide to plan a homebirth, your midwife will visit you at home, at about 36 weeks of pregnancy to talk through your plans for your birth and give you all the information you need ahead of your birth.

You don't need to make changes to your home it may be useful to get a few things ready:

- A waterproof groundsheet or cheap shower curtain to cover your carpet or bed
- A selection of old towels
- Old t-shirts, knickers and maternity sanitary towels
- A selection of baby clothes, including a hat and some nappies
- A crib or Moses basket, ready for your baby
- A packed hospital bag for you and baby in case you need to be transferred into hospital.
- If you would like to use a birthing pool you will need to arrange this yourself.

Make sure you have whatever you need to help you feel comfortable in labour and to keep your energy levels up. For example,

- Some sports drinks
- High-energy snacks e.g. cereal bars

### **Who will be with me in labour?**

Once you are in established labour a midwife will be with you at home, providing support and monitoring you and baby. There may be a student working alongside them, please let your midwife know when birth planning if you would prefer not to have student present. When the birth of your baby is near, your midwife will call a second midwife. This is usually in the 2nd stage of labour when you are starting to push. This means two qualified staff members will be present during the birth. There may be some staff changes if your labour goes between the day and the night.

### **When I go into labour, who should I contact and when?**

**When labour starts, contact Maternity Triage on 01905 733060.**

The triage staff will ask some questions about what's been happening so far. If your labour seems to be progressing and you need care from a midwife, triage will contact a community midwife to come and see you at home. Between 8.30 am and 5pm this will probably be a midwife from your local team. Outside these times there is an on-call system and the community midwife on call will come to your home. This midwife may be from a different community team, but triage will arrange this.

If you are under the care of a continuity team, you will have the number of your team to contact if you go into labour. However, if no one answers the phone or you have any concerns about yourself and baby call triage on **01905 733060**. Do not send a message or leave a voicemail for your continuity midwife as they might not pick up the message for some time.

### **What happens after I've had the baby?**

Your midwife will remain with you for around two hours after the birth of your baby. During this time the midwife will repair any perineal tears (if required), check that you are well, and that you have been able to have a wash/shower and emptied your bladder. After skin-to-skin contact and a feed, your baby will be checked and weighed by the midwife, and vitamin k given if you have given consent for this. If you or your baby need any additional observations post birth, or a perineal tear is complex you may need to be transferred to delivery suite at Worcester hospital. Where possible you and your baby will travel together, and your birth partner will follow separately.

Before leaving, your midwife will provide you with contact phone numbers in case of emergencies and for help and advice. They will tell your own community team that you have given birth and arrange for your normal community team to visit you.

[Support at home – what to expect going home - Worcestershire Acute Hospitals NHS Trust](#)

- Your baby will have their oxygen levels check prior to the midwife leaving you after the birth.
- Your baby will have a neonatal examination by a specially trained midwife, within 72 hours of the birth. This may be performed at your home, local children's centre or on the postnatal Ward at the Hospital. [Newborn physical examination - NHS](#)
- Your baby's newborn hearing test will be arranged as an outpatient appointment.

**For further information please speak to your community midwife. Additional written information can also be found on the following websites.**

[Where to give birth: the options - NHS](#)

[Having a home birth | Tommy's](#)

## **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.