Choosing the place of birth

The results of the recent Birthplace cohort study compared the safety of births planned in four settings:

- Home,
- Community maternity units,
- Midwifery led units run alongside in the hospital
- Obstetric units in the hospital (care given by midwives and doctors)

For women having their second or subsequent baby homebirths and midwifery unit births appear to be safe for the baby and offer benefits for the mother.

For women who are having their first baby and are low risk, if you plan birth at home there is a small increase in the risk of an adverse outcome for the baby. (Your community midwife will be happy to discuss all aspects of the Birthplace study with you and the recommendations from the National Institute for Health and Care Excellence NICE Intrapartum Care Guidelines: Care of healthy women and their babies during childbirth released in December 2014)

To make your decision you should have clear, accurate and unbiased information from your midwife and GP and your choice should be respected and supported. If you are having difficulty making your choice you can contact the Supervisor of Midwives who will be able to advise and support you. (Please see contact details on the back page).

If your risk of complications is low, your main carer will be your midwife. If you have complications that might put you or your baby at risk, your care will be shared with a Consultant at your local hospital unit and you will be advised to give birth there.

There are advantages and disadvantages of where you give birth and these vary depending on your pregnancy. You will be encourage to choose what you believe to be the best place of birth for you but should also be informed of how your overall birth experience might be affected by that choice.

It is advisable that you consider what pain relief you would like during labour as epidurals are only available in hospital.
A full risk assessment will be discussed with you and your birth partner in your home following the recommendations from the NICE Intrapartum Care Guidance.

There are some questions frequently asked by women considering a home birth:

Q. Do I need any special equipment?

A. Your midwife will provide everything that she needs for the birth of your baby. However some clean towels to wrap your baby in after delivery would be appreciated.

Q. What happens if there is an emergency?

A. A Midwife is trained to deal with any emergencies for the mother and baby. If the midwife has any concerns regarding your labour, she can arrange for you to be transferred into hospital by ambulance.

Q. Can I eat and drink in labour?

A. Yes if you feel like it. Light snacks are recommended as these are easier to digest, drink as much as you want, but avoid fizzy drinks.

Q. Is it Messy?

A. Not normally, you can protect the area you choose to deliver in with plastic sheets, shower curtain, old sheets and towels you do not mind getting stained.

Q. How do I contact my midwife when labour starts?

A. During office hours: Monday – Friday: 8.30am -4.30pm 0151 430 1492. Out of office hours, weekends and bank holidays: phone 0151 426 1600 (switchboard) and ask for the maternity bleep holder, who has a list of the community midwives on call.

Your midwife will go through this information with you when she drops off the homebirth equipment 3 to 4 weeks before your due date.

Alternatively you may feel that you would prefer a hospital birth. Some women feel reassured in a hospital environment, and following the birth, arrangements can be made for you to go home the same day.

Women who wish to avoid intervention, or would like to receive continuity of care with a midwife they know, may choose a home birth. Being at home can help you feel more in control and more able to relax. It is also known to reduce the need for pain relief.
However, with this choice you should be informed that, where there is a problem during labour, you may need to be transferred to a hospital maternity unit. How far away you live from the local hospital maternity unit and the time it could take to be transferred to it, all need to be considered.

Women’s experiences

Research has shown that, compared with women giving birth in hospital:
- Women giving birth at home used less pain relief
- Experienced fewer birth interventions
- Were more likely to be assisted by a midwife they knew
- More likely to feel relaxed, in control and safe
- This feeling of control is linked to better emotional outcomes for women.

Changing your mind as pregnancy progresses

If you have planned your place of birth early in pregnancy, you may need to change your choice if complications develop.

Common causes necessitating change of planned place of birth are:
- Raised blood pressure in pregnancy
- The need to induce labour
- A low-lying placenta (placenta praevia)

Transfer in labour

In some circumstances, women develop complications during their labour that require specific care and they may need to transfer from their chosen place of birth to the hospital.

The most common reasons for transfer are where there is delay in labour or where the condition of the baby is giving cause for concern.

Where there is any concern, the decision to transfer will usually be made in conjunction with your attending midwife who will explain her concerns to you and where it is agreed, will then make all the arrangements to transfer you to the hospital by ambulance.

For further information or support:
Community Midwifery Office
0151 430 1492

Supervisor of Midwives
0151 426 1600
Supervisors of Midwives provide help and support to women who experience difficulties in arranging a home birth – they are on call 24 hours a day every day

References: The Birthplace in England Research Programme
https://www.npeu.ox.ac.uk/birthplace


North West Local Supervising Authority (2008) LSA Guidance for Supervisors of Midwives

This leaflet can be made available in alternative languages/formats on request

Creation Date – June 2011
Reviewed – April 2015
Review Date – March 2018
Produced by – Department of Maternity Services