

Information for Parents planning a Home Birth



[Patient Information](#)

Giving birth at home can be a very fulfilling experience for you and your family. This information leaflet has been compiled by midwives for women and birthing people who are planning a home birth and we trust it will answer the questions you may have. There is a summary of benefits, risks and alternatives at the end of this leaflet.

Please discuss any questions you may have with your midwife when considering your homebirth.

What are the benefits of having a homebirth?

You can be in your own environment and remain as comfortable as possible throughout labour and immediately after your baby is born.

It reduces the risk of interventions.

What is the evidence around the safety of homebirth?

Research shows that homebirth is safe for healthy women and birthing people, with no complications birthing between 37 - 42 weeks pregnant (Birthplace study, 2011).

For those who have had a baby before, there was no difference found in birth outcomes for mother/parent or baby between those giving birth at home, or in a hospital (Birthplace study, 2011).

Birth at home for first time mothers/parents is generally safe but there is a slightly higher risk of an adverse outcome for the baby, compared to giving birth in a midwife-led unit or obstetric unit (NPEU 2015; NICE, 2022).

You may have to transfer to hospital if problems occur during labour, birth or immediately after the baby is born.

Delays are possible during transfer and this may affect the outcome for both you and your baby.

Who do I speak to if I want a homebirth?

If you are wishing to consider a homebirth, please speak to your community midwife at the earliest convenience. They will be able to discuss your wishes with you and plan for a home assessment to be carried out. This is usually done at 36 weeks.

Please remember that you are always able to change your mind should you wish to at any time.

In what circumstances would a birth in hospital be recommended?

Labour starting before 37 weeks or after 41 weeks of pregnancy

Before 37 weeks, it is recommended that a neonatologist or an advanced neonatal nurse practitioner is on hand for the birth. National guidance recommends induction of labour is offered to all women and birthing people at 41 weeks.

Waters breaking before the onset of labour

The majority of women and birthing people will go into labour within 24 hours of their waters breaking. The incidence of serious neonatal infection is 1% following the waters breaking compared to 0.5% for women and birthing people with waters intact.

If your waters break and labour does not start, you will be offered either induction of labour in hospital or 'expectant management' at home where we wait to see whether labour starts naturally.

Hospital induction is offered because of the risk that you may be carrying a bacteria present in your vagina, called Group B Streptococcus (GBS). This is found in 20-40% of women and birthing people in the UK. This can very rarely, cause a serious infection in the baby. If you choose 'expectant management' at home, you will be advised to check your temperature twice daily and to contact the delivery suite if it goes above 37.5°C, if the waters change colour, if you feel unwell, or you notice a reduction in your baby's movements.

Your midwife will give you further information of the risks and benefits of both expectant management at home and induction of labour in hospital.

Who will attend my baby's birth?

A midwife from either the community or the hospital team will attend your homebirth. Once your labour is established a 2nd midwife will be asked to attend.

How do I contact the midwife?

Our contact telephone for the Central Delivery Suite is **01493 452190 or 01493 452480**

When you think you are in labour, please contact the central delivery suite on the number above and inform the midwife that you are booked for a home birth. You will be asked for your name, address, telephone number and your hospital number. The midwife taking your call will discuss all aspects of your labour to date and advise you accordingly.

When should I contact the midwife?

All women are welcome to contact the central delivery suite at any time if they have any concerns or anxieties or simply want to discuss signs of labour and early coping strategies.

If your waters break, with or without contractions, please phone the central delivery suite straight away. It is particularly important to let us know immediately if the waters appear green, brown or yellow.

Once labour is established a midwife will stay with you at home. However, there may be a changeover of midwife during your care.

How will the midwife monitor my well-being during labour?

Throughout your labour the midwife will ask to take your temperature, pulse and blood pressure. The midwife will encourage you to empty your bladder regularly.

In order to monitor your wellbeing, we would recommend that your midwife is present in the room you are labouring in at all times.

The midwife will encourage you to drink regularly and eat a light diet. They will advise you to rest as well as have active periods throughout your labour.

How will the midwife monitor my baby's well-being during the labour?

The midwife will ask you if they can listen to your baby's heartbeat at regular intervals throughout your labour. They will use a handheld stethoscope called a pinard or a sonicaid to do this (the same used by your community midwives at your antenatal appointments). If your midwife has any concerns with your baby's heartbeat, they would advise you to transfer to hospital.

The midwife will check the colour of the waters after your waters have broken, as discoloured waters may be a sign that the baby is distressed. If this was to happen the midwife would advise you to transfer your care into hospital.

The midwife will regularly ask you about your baby's movements throughout your labour.

It is very important to let your midwife know if you have any concerns about us monitoring your baby before you go into labour.

Who can be with me during the birth?

Most women, birthing people, choose to have a birth partner (or support person) present for support in labour. This may be your partner, a relative, friend or doula.

It is helpful to have another adult available to:

- Care for any other children (if applicable)
- Make/answer telephone calls

Please note that if you have pets it would also be advised to ensure they were taken care of and plans were made accordingly - this allows our midwives to support you as best as possible without any distractions.

What do I need to arrange / supply?

- 24 hour access to a telephone - with a good mobile signal if applicable
- A good portable light with an adequate extension lead or a good torch with batteries in (and a willing hand to hold it if required!)
- Adequate heating in the room where you plan to give birth
- Means of gently warming baby linen i.e. tumble dryer/ radiator/hot water bottle with cover (not to be used for baby)
- Clean/hot water supply
- Clean hand towel and soap for the midwife
- Bucket or washing up bowl (to put dirty things in)
- Plastic measuring jug
- Plastic bin liners to protect cushions/pillows etc.
- Plastic sheeting for floor (available from DIY stores)
- Plastic mattress cover to protect mattress/futon etc. (available from chemists) or an old clean duvet which is less slippery and noisy
- Old clean sheets and towels (a good supply)
- Packet of at least six incontinence pads to protect carpets/ chair, cushions etc. (available from chemists or pet shops)
- Two packets of full-sized sanitary towels.

For the baby:

- Three soft towels (old but clean)
- A vest
- Baby grow
- Cardigan
- Nappies
- Cotton wool
- Cot sheets and blankets.

Please note that it would be good to pack both yours and your baby's hospital bags and have these ready in case you have to attend the hospital at any time.

What equipment is carried by the midwives?

Midwives have basic equipment to monitor your well-being and that of your baby during labour. They are also equipped to deal with problems that occur unexpectedly at the birth i.e. heavy bleeding or a baby that is slow to breath. Midwives do not carry oxygen.

The midwife attending you will bring the necessary equipment to your home once labour is established.

Pain Relief

Midwives carry a limited amount of Entonox (gas and air). Midwives do not carry Pethidine. Please note that the midwives must collect Entonox from the hospital, which may mean there is a delay in bringing this to you.

You might like to hire an obstetric TENS machine to help with pain relief at home. This cannot be used in water.

You may wish to use a pool for pain relief during labour which must be pre-arranged by yourself. However, please consider the best place for the birthing pool to be located, as full birthing pools are very heavy. If you live in a rented property, please ensure the terms of your lease allow for the use of a birthing pool with your landlord. ***It is recommended that you do not get into the water until a midwife arrives.***

Oxytocin

Oxytocin is a drug, given by injection into your thigh, which is used to speed up the delivery of the placenta and to minimise blood loss. It is your choice as to whether to have this drug. Please discuss this with your midwife prior to the birth.

What if there are problems during labour?

If there are problems in labour or during the birth with you or your baby the midwife will advise you that a transfer to hospital may be necessary. This journey is always made by ambulance and the midwife will always accompany you, this is so good communication links with health care professionals can be maintained in the event of problems. Your partner might be asked to follow in his or her own vehicle.

If you have any questions or concerns about this, it is very important to talk to your midwife about these during your antenatal appointments.

What about Vitamin K?

Please refer to the Personalised Care Plan booklet and scan the Q-R code linked to vitamin K or speak to your midwife for further details. Midwives carry a supply of vitamin K for both injection and oral use.

What happens after the birth?

Your midwife will stay with you for at least two hours after the birth and will support you to feed your baby however you choose to. It is also important for you to empty your bladder (have a wee) before the midwife can leave to ensure you are clinically well - please make sure you are drinking plenty after the birth of your baby. Before the midwife leaves, they will ensure that you have telephone numbers which you can call if you have any worries or concerns at any time (24 hour service).

Your midwife will discuss your postnatal care and make a plan of care with you. They will advise you when to expect your next visit.

As with all births we recommend that all new mothers arrange for support at home by a friend or relative for the first few days after their baby is born.

A Newborn Infant Physical Examination (NIPE) will be offered by a specialist midwife or staff member. This would be performed before your baby is 72 hours of age. Please ask your midwife for more information regarding this or refer to the birth choices pages in your blue hand-held notes. Your midwife will organise an appointment for this to be conducted. Please note that your baby's hearing check will be offered and undertaken in a hospital clinic as an outpatient appointment.

If you have a Rhesus negative blood group, and your baby has a Rhesus positive blood group, it will be necessary to have your postnatal Anti D injection administered. This needs to be given to you within 72 hours of birth and the midwife attending the homebirth will organise this for you.

Your GP and health visitor will be informed of the birth of your baby.

In what circumstances would a transfer to hospital be recommended?

1. **Abnormalities in the baby's heart rate**

Both a fast and a very slow heart rate can be a sign of distress. If either occurs and persists and the birth is not imminent, you will be advised to transfer to hospital for closer monitoring and/or a neonatologist can be present for the birth.

2. **Excessive blood loss during or after the birth**

Some bleeding after delivery is completely normal, however if you are bleeding heavily at any point before or after your baby is born we would advise you to be transferred to hospital where there are more staff and more equipment to reduce the bleeding.

3. **Raised blood pressure in labour**

Slightly raised blood pressure is expected during labour. You are working hard and your blood pressure will rise. However, there is a limit to what is considered normal and if the midwife has concerns she will recommend that you are transferred in to hospital.

4. **If the 'waters' are brown/green (meconium) when they break**

This indicates that the baby has opened his/her bowels. This may be a sign of distress and therefore we would recommend transfer into hospital where the baby's heart rate can be monitored continuously, and a neonatologist is present for the birth.

5. **Exhaustion**

Occasionally labour may be a very prolonged or difficult to cope with despite good support and good preparation for the birth. Entonox (gas and air) is offered as a safe method of pain relief. However, if you need stronger pain relief you may choose to transfer to hospital where additional help is available i.e. methods of increasing the efficiency of the contractions and/or epidural anaesthesia.

6. Retained placenta

Sometimes the placenta (afterbirth) does not deliver in the normal way and transfer to hospital may be necessary for removal.

7. For perineal suturing

Small tears may be left to heal naturally. Midwives are able to suture most tears at home should you require stitches. If this is not possible or the tear is more complex you may need to transfer to hospital for stitching.

8. If there are any concerns regarding the baby's well-being

If there are any concerns after the birth, you may be advised to transfer to hospital with your baby for assessment, observation and/ or treatment by the neonatologist, as appropriate. Reasons for this may include the baby not responding well after birth; if the baby has had her/his bowels open when inside you; or if your waters had been broken for a long period of time before the baby was born and there are signs of infection.

Your midwife will be constantly monitoring you and your baby to make sure all is well. She will discuss with you any concerns that arise and make suggestions as to how to manage them. Sometimes, complications arise that mean involving medical colleagues is the best plan, so transfer to Delivery Suite will be arranged after discussion with you.

What are the alternatives to having a homebirth?

At James Paget Hospital we have a Midwife-led Birthing Unit known as Dolphin suite. This is situated right next to Delivery Suite, where those at low risk of complications in labour and birth come to have their babies.

Our aim is to provide care which is focused on the individual, in a comfortable and relaxed environment.

Our midwives will work with you to support you during labour and birth.

We believe that you are more likely to labour and give birth without complications when you feel in control, and so we support you to do what is right for you.

Is it possible I will be refused a home birth?

We are committed to meeting the demand for homebirths in our area, however there are occasions where we are unable to safely care for you in your home. These can include more than one birthing person labouring at home or a busy delivery suite or dolphin suite where staff are unable to leave to attend your home. If this situation occurs a plan will be discussed with you on the phone. It may include an invitation into the hospital for assessment and in exceptional circumstances beyond our control we may ask you to give birth in the hospital.

Please remember, the majority of women who plan to give birth at home succeed in doing so. However, complications could occur without warning. Although midwives are trained in providing emergency treatment, transfer may become necessary. This leaflet has been produced to provide information on what to expect in these circumstances.

We wish you a happy and fulfilling birth experience.

Your Feedback We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

OUR VALUES

Proud of the Paget

Collaboration

We work positively with others to achieve shared aims

Accountability

We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan

Respect

We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride

Empowerment

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

Support

We are compassionate, listen attentively and are kind to ourselves and each other

Before leaving please complete a Friends and Family Test feedback card.

Help us transform NHS services and to support patient choice.



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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