

Appendix 8:

# Information for women and their partners on the RQIA guideline

Planning to birth at home in Northern Ireland (2019)



The **Regulation** and  
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Assurance, Challenge and Improvement in Health and Social Care

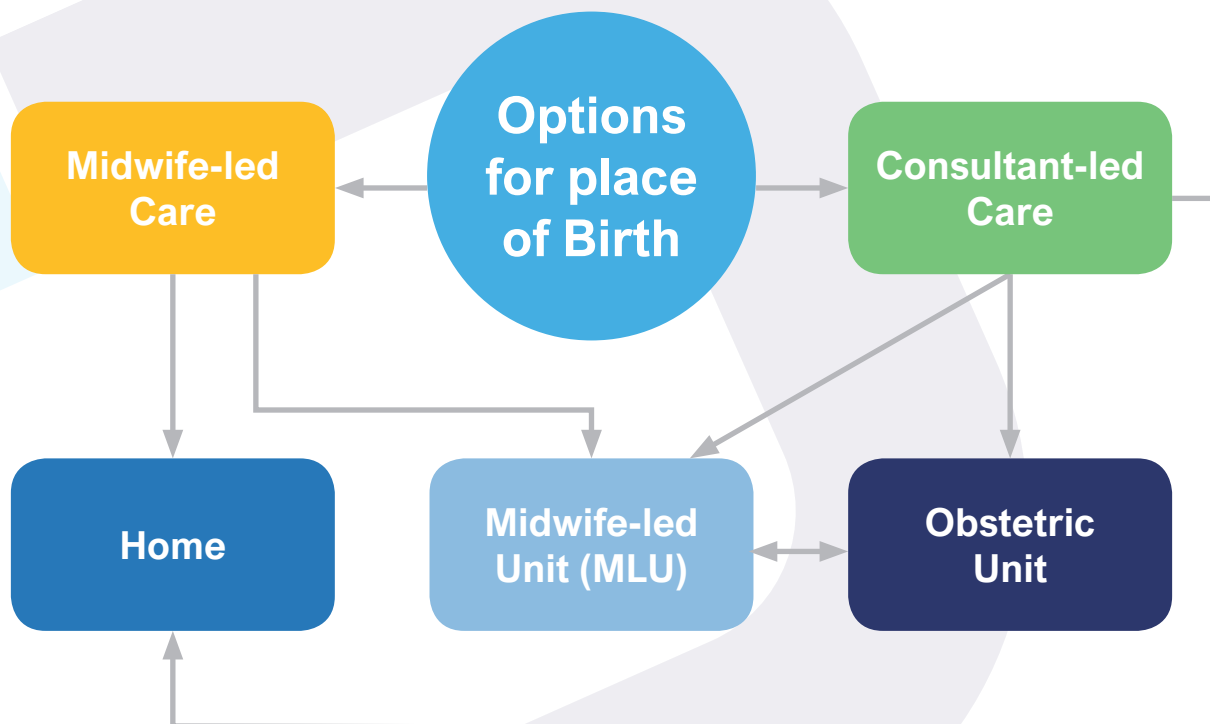
## Planning to birth at home in Northern Ireland (2019)

# Maternity Care in Northern Ireland

**There are two main types of maternity care for women in Northern Ireland:**

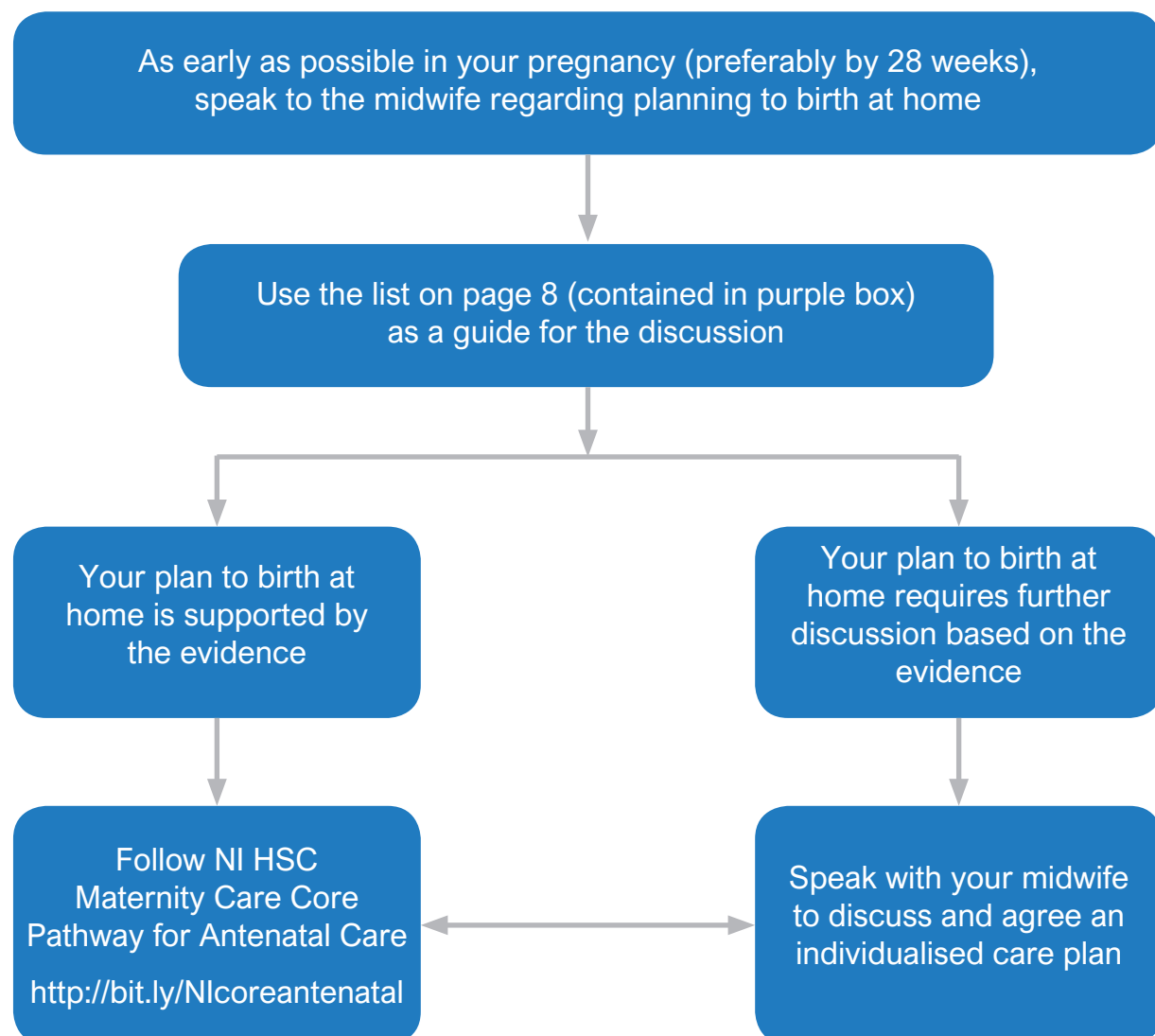
- a) Midwife-led care with the woman birthing at home or in a midwife-led unit.
- b) Consultant-led with the woman birthing in an obstetric unit (hospital).

If you have had consultant appointments during your pregnancy, depending on your individual circumstances, you can still consider giving birth at home (or in a midwife-led unit). If you choose home birth, your care will be provided by skilled and experienced midwives. They will bring the essential equipment to your home.



# Antenatal Care

Your midwives and doctors will follow the pathway below when supporting you through your pregnancy. Apart from additional discussions, if needed, to create an individualised care plan, your antenatal care will follow the usual pattern.



# Planning to birth at home in Northern Ireland (2019)

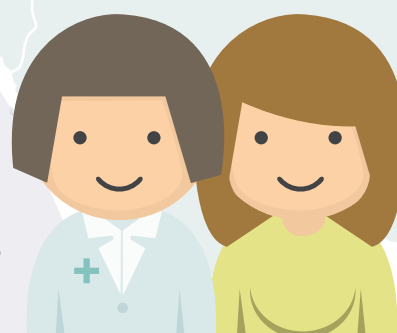
## Choosing your Place of Birth

It is important that you make an informed decision about where you would like to give birth. It is up to you where you have your baby, and even after you have decided, you can change your mind. Midwives and doctors will support you in your informed choice of birth setting.

At the booking appointment and throughout your pregnancy, your midwife will discuss birthplace options with you, using evidence-based information.

For access to the RQIA Planning Birth at Home guideline and this leaflet (search [rqia.org.uk/planningbirthathome](https://rqia.org.uk/planningbirthathome) for 'Planning birth at home'). Please ask the midwife for this information, if it is not provided.

- Home birth is safe for most women
- Home birth is offered in all parts of Northern Ireland
- Midwives will bring the essential equipment to your home



### Giving birth for the first time

**79%** chance of having a normal vaginal birth

**45%** chance of transfer to obstetric unit (see pages 10 & 11 for more information)

### If you have had a baby before

**98%** chance of a normal vaginal birth

**12%** chance of transfer to obstetric unit (See pages 10 & 11 for more information)

There is a **less than 1%** chance of your baby having a serious medical problem at birth regardless of place of birth.

# For women giving birth for the first time

Evidence shows that a healthy woman having a straightforward pregnancy is likely to have fewer interventions and better outcomes if they give birth at home or in a midwife-led unit, compared with an obstetric unit (NICE 2014).

For women having their first baby, there is a slightly increased chance of the baby experiencing a serious medical problem at birth - See Place of Birth Tables in your Maternal Hand Held Record (green notes).

## **Vaginal birth (women giving birth for the first time):**

794 women per 1000 (79%) women planning to give birth at home have a spontaneous vaginal birth, as compared to 813 (81%) in a freestanding midwife-led unit (FMU), 765 (77%) in an alongside midwife-led unit (AMU) and 688 (69%) in an obstetric unit.

## **Transfer rate (women giving birth for the first time):**

450 women per 1000 (45%) may transfer to an obstetric unit.  
Common reasons for transfer are:

- Request for stronger pain relief
- Slow progress in labour

## **Caesarean Section rate (women giving birth for the first time):**

80 per 1000 women (8%) transfer from their planned home birth and go on to have a caesarean section, as opposed to 121 per 1000 (12%) in an obstetric unit.

## **Outcomes for the baby (women giving birth for the first time):**

9 babies per 1000 (0.9%) will have a serious medical problem, compared to 5 babies (0.5%) born in a midwifery-led unit or an obstetric unit.



# Planning to birth at home in Northern Ireland (2019)

## Place of birth - the evidence

### For women who have given birth before

#### Vaginal birth (for women who have given birth before):

984 women per 1000 (98%) women planning to give birth at home have a spontaneous vaginal birth, as compared to 980 (98%) in a freestanding midwifery unit (FMU), 967 (97%) in an alongside midwifery unit (AMU) and 927 (93%) in an obstetric unit.

#### Transfer rate (for women who have given birth before):

115 women per 1000 (12%) may transfer to an obstetric unit.  
Common reasons for transfer are:

- Slow progress
- Request for stronger pain relief

#### Caesarean Section rate (for women who have given birth before):

7 women per 1000 (0.7%) who plan to birth at home will have a caesarean section as compared to 35 per 1000 (3.5%) in an obstetric unit.

#### Outcomes for the baby (for women who have given birth before):

3 babies per 1000 (0.3%) will have a serious medical problem compared to 2 babies per 1000 (0.2%) born in an alongside midwifery unit (AMU) and 3 babies per 1000 (0.3%) born in a freestanding midwifery led unit (FMU) or an obstetric unit). What this means is 2 or 3 babies per 1000 will have a serious medical problem regardless of place of birth.

# Pros and Cons of Home Birth

## Advantages

- You are more likely to feel relaxed in your own home.
- You are more likely to be looked after by a midwife whom you have got to know during your pregnancy.
- You are more likely to have a normal labour and birth.
- You are less likely to experience interventions such as having your waters broken or having a drip to speed up your labour.
- You are less likely to require a diamorphine injection or an epidural for pain relief.
- You are less likely to need a caesarean section, ventouse (vacuum) or forceps to assist with the birth of your baby.
- You are less likely to need a blood transfusion.
- You are more likely to breastfeed successfully (if this is your choice).
- You and your partner will be able to stay together during and after the birth.

## Disadvantages

- You may transfer to a MLU/ obstetric unit during labour or after baby is born. An emergency (blue light) transfer is rare. Further details on pages 10 & 11.
- You can access gas and air and medication such as a diamorphine injection at home. However, if you would like stronger pain relief, such as an epidural, you will need to transfer to obstetric unit.

# Planning to birth at home in Northern Ireland (2019)

## Suitability for home birth

Home birth is particularly suitable for women who are having a straightforward pregnancy, and have therefore not experienced any complications. This means that you are pregnant with one baby, that both you and the baby are healthy, and that you go into labour between 37- 42 weeks of pregnancy.

**However, home birth may also be suitable for other women, such as those described in the box below (from the RQIA Planning Birth at Home Guideline).**

### Home birth is suitable for you if you:

- Are aged between 16 and 40 years at your booking appointment
- Are pregnant following assisted conception with Clomifene
- Had a Body Mass Index (BMI) at booking that is greater than or equal to 18kg/m<sup>2</sup> and less than or equal to 35 kg/m<sup>2</sup>
- Had a previous third degree tear with no significant symptoms
- Had a previous baby with a condition requiring medical assistance, and in this pregnancy there is no evidence of the same condition recurring
- Have had up to 4 previous vaginal births in the absence of a uterine scar
- Have experienced mental ill-health and fulfil the criteria for Step 1 & 2 of the Regional Perinatal Mental Health Care Pathway (<http://bit.ly/PMHcarepathway>)
- Have had a threatened miscarriage but pregnancy continued normally
- Have a last recorded blood count (iron/haemoglobin) of at least 100g/l prior to labour
- Have a placenta that was previously low lying but is now in a better position
- Have a medical condition that does not affect your pregnancy
- Are receiving support from Social Services with no impact on your pregnancy
- Have had a threatened early labour, and have reached 37 weeks
- Have blood results showing serum antibodies with no clinical significance (i.e. this has no effect on your baby)
- Have had previous cervical treatment and have reached 37 weeks
- Are having a baby which is growing normally as recorded on your customised growth chart
- Are in labour, your waters broke on their own less than 24 hours ago, you have no signs of infection, you are feeling well and a midwife has confirmed that your baby is well
- Have had your waters break on their own, they are slightly green in colour, and a midwife has confirmed that your baby is well



## Individualised Care Plan

Women with other health and well-being considerations not included in the list in the purple box on page 8, may want to consider a home birth for a variety of reasons. If this is the case, your midwife will discuss in detail the pros and cons of planning a birth at home and you will be supported with an individualised care plan for your birth.

The individualised care plan will be revisited if the situation changes, and it will focus on issues specific to you, rather than on the general issues of childbirth.

Your midwife will want to check that you understand the pros and cons of all options, and any issues relating specifically to you and/or your baby.

All discussions about the ‘risk’ or ‘chance’ of complications with your birth will follow best practice.

This means that discussions will be

- Individualised and relevant to you and your pregnancy
- Evidence based and balanced (particularly when discussing uncommon events and complications)

If you still have any questions after you have talked with your midwife, or if you want more support for your choice of birthplace, you can get in touch with the Head of Midwifery/Consultant Midwife from your local Health and Social Care (HSC) Trust (contact details available on your local HSC Trust website).



## Planning to birth at home in Northern Ireland (2019)

# Transfer to Hospital

Maternity care providers aim to keep to your birth preferences and provide safe care for you and your baby at home. However, sometimes there are reasons why your midwife may suggest to you that it would be better for you and/or your baby if you travel to hospital (or a midwife-led unit) for further care.

It is important to remember that all women who go into labour at home, and who are not planning a home birth, transfer in labour to their planned place of birth.

Transfer from a planned homebirth normally takes place by ambulance or your own transport (if it is safe to do so). Emergency (blue-light) transfer is rare. Most transfers are slow, calm, and peaceful.

The table on page 11 outlines some common reasons for transfer.

Midwives are skilled and experienced in dealing with emergencies such as those listed, but may recommend transfer to hospital for further treatment or monitoring. Transfer will only take place with your consent unless you cannot give consent, e.g. if you are unconscious.

As part of planning for birth at home, feel free to ask your midwife about the possibility of a transfer.

# Possible reasons for transfer

## During labour

### Women:

- Signs of infection
- Raised blood pressure
- Significant bleeding
- Woman requests transfer
- Woman requests epidural (only available in hospital)
- Delay in either 1st, 2nd or 3rd stage of labour

### Baby:

- There is significant meconium (this means the baby's bowels have opened in the womb)
- Abnormal heart rate
- Shoulder dystocia (baby's shoulders were slow to come out and internal manoeuvres were needed)
- Cord prolapse
- Unexpected breech

## After the birth

### Women:

- Signs of infection
- Raised blood pressure
- Significant bleeding
- Complex perineal tear (the perineum is the area between the vagina and the anus)
- Retained placenta (neck of the womb closes before the placenta comes out)

### Baby:

- Baby has required active resuscitation
- Baby is born who is less than expected weight on a customised growth chart
- Any congenital abnormality detected
- Signs of infection

Adapted from South Eastern Health and Social Care Trust  
'HOME BIRTH - When a transfer to hospital for ongoing care may be needed (2017)' document.

# Planning to birth at home in Northern Ireland (2019)

## Helpful tips

Women who have had (or are planning) a home birth in Northern Ireland have suggested the following tips for you to consider:

- Hire or borrow a birthing pool – water birth is amazing!
- Think about your older children. You can arrange a babysitter, or they can be there for the birth.
- Do you want your pets to be there? If not, you'll need to arrange for them to be looked after.
- Have the right food available – for you, your birth partner/s, (and for the midwives, if you want to).
- You don't need a huge room, especially if you're not hiring a pool.
- Nobody will inspect your house for cleanliness! All homes are suitable for home birth (unless your home is unsafe in some way).
- Make your birth room special by putting up fairy lights and printing out affirmations, if you want to.
- Cleaning up isn't a big deal – there's much less 'mess' than you would think. Buy a cheap plastic sheet or shower curtain and throw it out afterwards.



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## Useful links

### **Planning Birth at Home**

[www.rqia.org.uk/planningbirthathome](http://www.rqia.org.uk/planningbirthathome)

### **Place of Birth**

<http://bit.ly/PlaceofBirth>

### **NICE Guideline CG190 – Intrapartum Care for Healthy Women and Babies**

<http://bit.ly/cg190>

### **BirthWise**

[www.Birthwise.org.uk](http://www.Birthwise.org.uk)

### **NICE Guideline CG138 – Patient Experience in Adult NHS Services**

<http://bit.ly/nicecg138>

### **RQIA Guideline for MLU**

<http://bit.ly/MLUwomen>

### **HSC Trusts in Northern Ireland**

<http://bit.ly/HSCTrustsNI>

## Thanks and acknowledgements

Thanks to the maternity care professionals and service users from the BHSCT Maternity Services who shared their 'Guideline for the Management of Homebirth SG125/08' (2017) with the Guideline Development Group to inform discussion and the content of the 'RQIA Planning a Homebirth' guideline. Thanks to the South Eastern Health and Social Care Trust for sharing their 'HOME BIRTH - When a transfer to hospital for ongoing care may be needed (2017)'.

Also, thanks to all the members of the Guideline Development Group who shared their resources, evidence, ideas and experiences to inform and shape the guideline.

Special thanks to all of the women who provided tips, quotes, and photos, and those who worked on the design of this leaflet.



## Planning to birth at home in Northern Ireland (2019)

### Quotes from women who have given birth at home

"The best thing about being at home is everything you might need is readily available - a few towels to protect the furniture, bath/shower for comfort. I just love the idea that you can have your baby in familiar surroundings with whomever you choose, and when it's over you can have a shower, get into your pjs, have a cup of tea in your own mug and into your own bed with your partner. If you wish to get a CUB or birth pool these can be hired."  
(NI Mum currently planning a home birth)

"I think that the biggest thing was safety for me. Knowing that the midwife brings the equipment well in advance and should you change your mind or issues arise, it is easy to transfer to hospital."

"I transferred to hospital after a slow second stage, and ended up getting a ventouse birth. The transfer was fine, and needed, but it wasn't an emergency and I didn't feel scared. I am so glad that I had so long at home though, and I'll definitely choose home birth next time again."

"There was minimal mess, plus you have all your home comforts about you"

"You feel more in control of what's happening"

"You get to sleep in your bed afterward. Your partner is with you, and your children are less disturbed."

"Having a home birth meant feeling safe and totally comfortable in my own environment. It was wonderful to be surrounded by my own family in the immediate postpartum hours, rather than on a hospital ward, and it was absolutely priceless for my two young daughters to witness the birth of their brother."

## Photos of births at home





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Authority

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