

Options for place of birth: making a choice once you're in labour

This leaflet is for women who have previously had a vaginal birth and who have been assessed at home as being suitable for a home birth, if that is your choice. It outlines what will happen during a normal labour at home and how your baby's birth will be managed under most circumstances.

Congratulations! You have been assessed at home in labour by a midwife and you're in established labour. Our midwifery assessment is that both you and your baby are well, and that we could support you to carry on your labour and birth care with you at home.

You may be feeling surprised and pleased (or maybe a bit shocked!) about the progress you have already made, or feeling particularly comfortable in your home environment, and so your midwife has made an assessment that it would be safe, and even beneficial, for both you and your baby to stay and give birth at home.

Is it safe?

Yes. For every 100 healthy women who plan to have their baby in the following three options for place of birth, this is how many women experience the following:

Planning place of birth	Normal birth (%)	Instrumental birth e.g. forceps (%)	Caesarean (%)	A poor outcome for baby (%)
Home	98	1	1	0.2
Rushey	97	2	1	0.2
Delivery Suite	89	6	1	0.3

This means that your baby is safe to be born at home, and choosing to stay at home reduces your chance of labour interventions (e.g. forceps) that can increase complications for you. *Birthplace (2011) data, based on the birth outcomes of 64,000 healthy women.

What about if something goes wrong?

88 out of 100 women who make the choice now to remain at home to give birth, will have no complications requiring transfer to hospital.

Only 12 in 100 women will need transferring to hospital. The most common reasons for

needing a transfer are non-urgent reasons e.g. slow progress in labour. Of these 60-70% of these occurred in the first stage of labour. Around half of these transfers occur after the baby is born, e.g. more complicated perineal suturing (stitching tears), retained placenta, excessive blood loss or concerns about the baby. These transfers happen via ambulance, and the ambulance service prioritises maternity cases when we request their assistance.

What about pain relief?

At home, we can provide all of the main pain relief options for women in established labour, except an epidural or a birth pool.

Only 0.4% of women planning to have their babies at home transfer to hospital because they request an epidural. If you decide you would like to transfer for additional epidural pain relief, we would support you in this decision.

Help! Don't I need lots of stuff prepared in advance?

Your midwife has come with all of the equipment needed for a safe birth at home. This includes a wide variety of emergency equipment, should it be needed. Many women worry about potential mess at a home birth – don't! We bring what we need to keep your house clean and protected and we're excellent at cleaning up afterwards.

What happens after my baby is born?

We stay for a few hours after the birth to make sure you and your baby are safe and well. We love nothing more than to leave a new family in the comfort of their home.

What if I choose to go into the Birth Centre or Delivery Suite as planned?

We will absolutely support this decision. We can phone ahead and let them know you are coming. Sometimes labour can progress very rapidly so your midwife will advise you if she thinks you may not have sufficient time to travel to the hospital before your baby is born.

Further information:

More information is available on the Trust website: www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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