

Comments, compliments or complaints

We welcome any suggestions you have about the quality of our care and our services.

Contact us:

Freephone: **0800 1613997**

Phone: **01625 661449**

Textphone: **01625 663723**

Customer Care, Reception, Macclesfield District General Hospital, Victoria Road, SK10 3BL

Email: Customercare.service@echeshire-tr.nwest.nhs.uk

For large print, audio, braille version or translation contact Customer Care

NHS Direct is a 24 hr phone advice service providing confidential health advice and information.

Phone: **0845 4647** (Textphone **0845 606 46 47**)

www.nhsdirect.nhs.uk

Equality and Human Rights

East Cheshire NHS Trust is committed to ensuring that patients and staff are not discriminated against regardless of age, disability, gender, race, sexual orientation or religion.



East Cheshire
NHS Trust



Planning a Home Birth

Information for women

Maternity Unit
01625 661153

Macclesfield District General Hospital

Supervisors of Midwives

Supervisors of Midwives offer professional leadership to support and guide midwives in providing a safe and quality service to protect mothers and babies. Women and their families choosing the East Cheshire NHS Trust Maternity Services may contact a Supervisor of Midwives at any time for advice and support or to discuss concerns regarding the service.

Please phone **01625 661140**.

You can ask for further information on your options from:

- Your midwife
- Supervisors of Midwives.

Your Midwife's Name.....

Tel no.....

Notes.....

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References:

Chamberlain G., Wraight A., Crowley P (1997) Home Births; the report of the 1994 confidential enquiry by the National Birthday Trust Fund. Parthenon Publishing Group: London/New York.

NICE Guideline: electronic Fetal monitoring: Induction of Labour.

RCM (2002) Position paper 25: Home Birth. RCM: London

Further Reading

National Childbirth Trust (2001) Home birth in the United Kingdom NCT: London

Useful Addresses (please note that this information is provided as a service only. East Cheshire NHS Trust Trust cannot be held liable for any information provided by these organisations).

Home birth reference site

www.Homebirth.org.uk

National Childbirth Trust

www.nctpregnancyndbaby care.com

East Cheshire NHS Trust

www.eastcheshire.nhs.uk

B Walsh 2008, Supervisor of Midwives

- Women are able to mobilise more effectively which supports the normal mechanisms for labour.
- The quality of rest that women experience is far greater than that received on a maternity unit.
- Less chance of hospital acquired infections.

Risks/Disadvantages

- Women who chose to have home births that have complications of pregnancy and may need medical assistance at the birth may be placing herself and the unborn baby at risk.
- You will be unable to have an epidural at a home birth.
- You may have to transfer to hospital if any complications arise during labour. If transfer is required there will be a delay in delivery.

On rare occasions you may be requested by a hospital midwife to go to the maternity unit for your labour, care and delivery. The home birth rate is on the increase and if several women are labouring at home simultaneously this may be advised.

Introduction

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 who are considering birth at home and we trust it will answer the questions you may have. There is a summary of the risk and benefits at the end of this leaflet.

Your team midwife will arrange to visit you at home before your baby's birth to discuss any outstanding questions you may have. A scan will be performed at 37 weeks to confirm presentation.

The majority of women who plan to give birth at home succeed in doing so. Complications are uncommon. However, they do sometimes occur and for this reason this leaflet has been produced to provide information on what to expect in these circumstances.

We wish you a happy and fulfilling birth experience.

Who will attend my home birth?

A team midwife will care for you throughout your labour. You may be asked for permission for a student midwife to attend, this is an important part of a midwife's training. Towards the end of the labour a second qualified midwife will be called to be present at the delivery.

Support persons at the birth

Most women choose to have a birth 'partner' present for support in labour. This may be the baby's father or a relative or friend. In addition another adult should be present in the home if there are existing children who may need supervision.

How do I contact the team midwife?

When you are in labour, contact the Maternity Unit on the **01625 661153/661155**, and say you are booked for a home birth. Give your name, address, telephone number and team leader. The midwife taking your call will discuss all aspects of your labour to date, and advise you accordingly.

When a team midwife has been contacted, she will telephone you and make arrangements to visit.

When shall I call the midwife?

- All women should contact the Maternity Unit at any time if they have any concerns or anxieties.
- If labour begins during the day it is useful for us to know early in the labour so that your team of midwives can re-organise their workload.
- If labour begins at night, contact the Maternity Unit when your contractions are coming every five minutes.
- If your 'waters break', with or without contractions, please phone the Maternity Unit straight away. It is particularly important to let us know immediately if the 'waters' appear green or brown.

Once labour is established a team midwife will stay with you at your home. Please ensure your home is easily identifiable by the midwife. If she is attending you at night please put on all your house lights until she has arrived.

If your home is not easy to access or does not have a number/name plaque displayed, please arrange for an adult to meet the midwife at the door, gate or nearest accessible tarmac road.

Please leave telephone answer phone off until the midwife has arrived.

- Abnormalities in the baby's heart rate. If the baby has either a very fast or very slow heart rate which persists, and the birth is not imminent, you will be advised to transfer to hospital for closer monitoring with more sophisticated equipment.
- Excessive blood loss during or after the birth.
- Occasionally labour may be very prolonged or difficult to cope with despite good support and good preparation for the birth.
- Retained Placenta. Some placentae do not deliver in the normal way and transfer to hospital is necessary for removal.
- If there are any concerns regarding the baby's well-being after the birth you will be advised to transfer to hospital for assessment, observation and / or treatment by the Paediatrician as necessary.

Benefits and risks associated with Home Births Benefits/Advantages

- There is no evidence to support the common assertion that home birth is a less safe option for women experiencing uncomplicated pregnancies and not anticipated to need medical assistance at birth. (House of Commons Health Committee 2003.)
- Planned home birth is associated with good outcomes for both mothers and babies. (Chamberlain et al 1997)
- You may feel more relaxed and in control when in your own home.
- Partners often feel more relaxed allowing them to support more efficiently.

If you have decided to bottle feed your baby, the midwife will ensure that your baby has taken the first feed. When your midwife leaves she will ensure that you have a telephone number you can call if you have any worries or concerns, and arrangements will be made for a further visit.

The midwife will also arrange for your baby's first formal physical examination at home. This will be undertaken by a midwife qualified in the "examination of the newborn" and will include listening to the heart, checking hips and eyes and is undertaken within the first 48 hours after birth.

What if there any problems during labour?

In certain circumstances the midwife will advise that transfer to hospital is necessary. This journey is always made by ambulance. (The midwife will accompany you.) By this means heavy traffic can easily be negotiated and good communication links with medical staff maintained in the event of a difficulty. Your partner may wish to accompany you or follow in their own vehicle.

Circumstances when transfer to hospital would be recommended

- Labour starting before 37 weeks or after term + 12 days of pregnancy. Induction is advised after term + 12 days of pregnancy and so an appointment should have been made prior to this.
- If labour has not started within 24 hours of the waters breaking you are advised to have your baby in hospital. Your midwife will discuss this issue with you.
- If the 'waters' are brown/green (meconium) when they break. This indicates that the baby has opened his/her bowels, which may be a potential risk so transfer to hospital will be made. It is routine that in these circumstances the baby's heart rate be monitored continuously and that a paediatrician be present at the birth.

Coping in Labour

The midwives will be helping and supporting you to cope whilst in labour, encouraging you to keep mobile and upright. You will have discussed with your midwife your chosen method of coping/support for labour. The midwife will encourage you to stay focussed.

Hydrotherapy, breathing techniques, and TENS are all methods encouraged by the midwives. Towards the latter stages of labour your midwife may offer Gas & Air (Entonox).

If Pethidine is required this should have been organised by your midwife from the GP and you will be asked to store it securely.

You may like to hire an obstetric TENS MACHINE to aid with pain relief at home whilst in early labour; your team midwife can give you details of hire.

Syntometrine

Syntometrine is a combination drug, given by injection, which is used to aid the delivery of the placenta and membranes and to minimise blood loss. It is your choice as to whether this drug is given as a preventative measure or is only used as a treatment in the event of a problem occurring. Please discuss this with your team midwife prior to the birth.

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

Your baby's heart rate will be listened to at regular intervals throughout labour with either a pinnard stethoscope (ear trumpet) or Doppler (ultra-sound).

Your contractions and progress will be monitored throughout labour ensuring that you are making progress and that you are coping.

Strategies for coping in labour will be discussed beforehand and the midwife present at your delivery will discuss your birth plan and encourage you to stay focused.

Throughout your labour the midwife will take your temperature, pulse and blood pressure and will test a sample of your urine at regular intervals.

What you need to arrange /supply

- The midwife will encourage you to have a regular intake of fluid and a light diet and to have rest as well as active periods throughout the labour.
- 24-hour access to a telephone.
- Ensure there is adequate heating in the room you plan to give birth in.
- A clean/hot water supply.
- Plastic sheeting for floor (Available from DIY stores)
- Plastic mattress cover to protect mattress/futon etc.
- Old clean sheets and towels.
- 1 packet of full-sized maternity towels.
- For the baby: 2 soft towels (old but clean), a vest, baby grow or nightdress, cardigan, nappies, cotton wool, cot sheets and blankets.

Equipment carried by the midwife

The team midwives have equipment to monitor your well-being and that of your baby during labour. They are also trained to deal with problems that occur unexpectedly at the birth, ie. heavy bleeding or a baby that is slow to breathe.

Where problems do arise a paramedic ambulance will be called to transfer you to hospital.

What if I need stitches?

In the event of tears and episiotomies which need stitching the midwife will be able to suture you at home. Small tears may be left to heal naturally. If the tear is more complex you may need to transfer to hospital for stitching. If this is necessary your baby and your support person could accompany you in the ambulance, or follow in their own vehicle. You would be discharged home afterwards using your own transport.

What about vitamin K

Vitamin K will be offered to your baby. A leaflet will have been given to you with your booking information and you should have discussed this with your midwife. If you are requiring oral vitamin K or are still unsure please speak to your midwife.

After the birth

Your midwife will stay with you for at least one hour after the birth of your baby when skin to skin contact will be encouraged. If you wish to breastfeed she will help you to put the baby to the breast as soon after delivery as possible.