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## **Homebirth**

### *Preamble*

There is ample evidence that labouring at home increases a woman's likelihood of a birth that is both satisfying and safe, with implications for her health and that of her baby. Both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives in the UK support the choice of women who wish to deliver at home. However, pregnant women and their carers need to be aware that there may be circumstances in which birth at home is not the best option. The reasons may range from risk factors arising from the individual woman or her pregnancy, remote or limited access to the home or a lack of resources to back up a home birth or a failure to accept the practice by other maternity health care providers in the region. At all stages in the planning it is important to recognise that transfer of the mother or the baby to a hospital may become necessary and the potential impact of this on the intended outcomes needs to be taken into account.

The rate of home births within the UK remains low at approximately 2%, but it is believed that, if women had true choice, then the rate would be around 8–10%.

### *What is the Evidence that Homebirth is Safe and Satisfying?*

A distinction needs to be made between women who plan for a home birth and those who have an unintended home birth, as unintended home births or women who received no antenatal care are associated with a higher rate of both maternal and baby complications. Some of the statistics also relate to a planned home birth in which the preparation, facilities and resources were less than optimal. These may obscure the potential for the practice, albeit whilst illustrating the reality.

It has been concluded that a study that would provide the best evidence for the safety of homebirth will not occur because this would require randomisation of a very large number of healthy women with normal pregnancies to delivery at home or in hospital. The studies that have been done indicate that women have less pain at home and use less pharmacological pain relief, have lower levels of intervention, experience more autonomy and increased satisfaction. The studied interventions included induction and augmentation of labour, the need for stitching, instrumental delivery and caesarean section. These are not insignificant interventions that may have considerable impact on a woman's long-term health and emergent relationship with her baby, as well as her satisfaction with her birth experience. Furthermore, women's descriptions of home birth experiences have produced qualitative data on increased sense of control, empowerment and self esteem, and an overwhelming preference for home birth.

### *What are the Risks?*

Reasons that require transfer to hospital and risks for the mother or baby include:



- Slow progress in labour
- Needing pain relief not available at home, such as epidural anaesthesia
- Maternal haemorrhage during but more commonly immediately after a birth
- Concerns about intrapartum fetal wellbeing
- A baby born in an unexpectedly poor condition.

The chance of these arising differ from one study to another but there is universal agreement that the need to transfer to hospital occurs more commonly if it is a mother's *first birth*. It is also recognised that there is no antenatal assessment process or person that can satisfactorily exclude the possibility that things may go wrong. This is summarised in the expression: "Low risk is not no risk".

### *Practical Issues*

- Because of current uncertainties about the risks associated with homebirth patients may be asked to sign a special consent form to indicate that all of the issues and practical details have been discussed.
- It is desirable that care is provided by the same person or team of people through whom continuous communication occurs.
- Carers should be trained and familiar with homebirth and competent to deal with all of the emergencies that may arise.
- The chosen place of birth should be appropriate and accessible to emergency services such as an ambulance. Maternity care providers in the region should have guidelines, facilities and staff who support homebirth and will provide unbiased care should transfer to hospital become necessary.
- Patients should meet with the carers who will be providing the backup in a hospital.
- Patients should develop a birth plan with both your home and hospital care providers that will establish guidelines for transfer to a hospital should the circumstances arise.
- Observations of the mother's and baby's wellbeing during and after birth at home should be carried out at the same frequency and with similar resources to those used in hospital for a low risk pregnancy.
- Patients need to be prepared to accept the advice of care provider if a need to transfer to a hospital arises. The advice by care provider should be timely, clear and appropriate to the circumstances..
- Patients should be transferred directly to a hospital and a part of that hospital that is best able to provide the services that are required as a consequence of the emergency that has occurred.
- Homecare provider should be provided with a role in the continuing hospital care of their patients.
- All homebirths should be registered and documented. This will help to improve knowledge and resources for other women who may wish to choose this option.

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