

The Community Midwives at St George's have a long and happy tradition of providing a home birth service for women with uncomplicated pregnancies.

To help you decide if this option would be right for you, we have put together this booklet with some questions that women frequently ask about home birth. We hope that these will cover many of your questions. If you would like any more information your community midwives would be pleased to talk to you about your individual situation.

The Government paper 'Maternity Matters' (2007) states that by the end of 2009 every woman will be guaranteed the opportunity to make an informed choice about their place of birth.

Benefits of a home birth

- You are more likely to feel relaxed and in control of the birth.
- You are more likely to have care from a midwife that you know.
- You are more likely to have a midwife stay with you throughout your labour.
- You are less likely to have interventions.
- You are less likely to need strong pain-relieving drugs.
- You will not be separated from your partner after the birth.
- It is less likely that you or your baby will get an infection.

Having a home birth.

How many home births take place nationally and locally?

The home birth rate is about 2% of all births, both nationally and at St George's.

How is a home birth organised?

You can book a home birth at any time. Midwives in your community team will be able to discuss this with you.

An appointment is arranged when you are 36 weeks pregnant, to discuss details of your home birth and complete a checklist. It is recommended that your birth partner and support persons including doulas are present at this discussion

The midwives will then arrange a visit to leave a pack of equipment at your home when you are 37 weeks pregnant.

How do the midwives work at St George's?

The community midwives at St George's operate in teams of six to eight midwives who work in shifts. You cannot choose which midwife will be at your

home birth but every effort is made for you to meet all the team members during your antenatal care. Sometimes a midwife from another team will need to attend your birth.

I would like to contact other women that have had a homebirth, is this possible?

Speak to your midwife who will give you details of the monthly local homebirth support group at St. George's Hospital or contact the NCT (as listed at the end of the leaflet).

How do I contact the midwife when I am in labour?

Call the delivery suite at St George's and tell them that you are having a home birth, along with the name of the community team caring for you. They will contact the community midwife who will then ring you back and discuss with you how things are going. The community midwife will also arrange when she or he should come to your home.

I am interested in having a waterbirth, how can I arrange this?

If you would like to give birth to your baby in water, discuss this with your midwife. You would need to

hire and set up your own pool at home. Every effort would be made to ensure that a midwife who is experienced in waterbirth is able to attend you.

What pain relief is available at a home birth?

Pain relief options that are available at home include:

- massage
- breathing
- water
- TENS
- gas and air.

Can I change my mind and go to hospital if I am already in labour?

You can change your mind at any time after you have arranged a home birth, including during labour.

How will the midwife monitor my baby at home?

Your midwife will monitor the baby's heart regularly using a small, hand-held Doppler machine (exactly

the same as is used in your antenatal appointments and during a low risk labour in hospital).

How will the midwife monitor me at home?

As in hospital, the midwife will regularly monitor your temperature, pulse, blood pressure and contractions. If your waters break, the colour will be noted. The midwife will use these observations so that they know how you and your baby are doing. Any potential problems will be discussed with you.

Is a home birth messy?

No, not usually. The midwives will talk to you before about which room at home you might like to give birth in and how to protect your flooring and furniture.

Will the midwife need to bring lots of equipment?

Your midwife will bring a small amount of emergency equipment with them when you are in labour.

Can my other children be present?

Some parents want older siblings to be at the birth and they should be prepared appropriately. You may like to show them relevant books or videos/dvds and discuss the process with them. Ask at your local library or home birth support group for recommended books, videos or dvds. Other parents will arrange for their children to be taken out by friends or relatives (if the birth happens during the day). Sometimes they will sleep through the whole labour and wake up in the morning to be greeted by their new baby brother or sister.

What happens after I've given birth?

The midwife will usually stay with you for a couple of hours after your baby is born. The midwife will help you to have skin to skin contact with your baby and to breastfeed (if you wish). She or he will examine you and your baby to ensure you are both well and comfortable. They will also assist you to bath or wash and do any stitches if you need them.

The midwife will contact your GP or another midwife to arrange a check up for your baby. The check up will be within 72 hours. The midwife will write up some notes and leave a summary of events at your home for the next midwife or GP

visit. You will also be given an emergency contact number in case you need it.

What will happen to the placenta (afterbirth)?

This will be disposed of at the hospital, unless you request otherwise. The NHS Cord blood bank service is not available for women having a home birth.

Is it safe to give birth at home?

Research has found that home birth is as safe as hospital birth for healthy women with a straightforward pregnancy.

If there is a shortage of midwives, will this affect a home birth?

Priority is usually given to women having a home birth and we try to ensure the presence of two midwives at the actual birth.

What if my GP does not support my wish for a home birth?

Your GP cannot stop you from having a home birth as the arrangement is between you and the maternity unit at St George's. A home birth does not need the participation of the GP, except perhaps for the newborn examination of your baby. Sometimes a midwife may be able to do this examination.

If I had complications in a previous pregnancy, will this affect the likelihood of having a home birth this time?

Complications in a previous pregnancy will not necessarily happen again in a subsequent pregnancy. We would suggest that you discuss this with your community midwives.

Can I still have a homebirth if my pregnancy is not completely straightforward?

We feel that it is very important for a woman who is thinking about having a home birth to make her choice when she has heard the best available research evidence. We would suggest that you discuss your situation fully with the midwifery and consultant teams involved.

If you feel that you need further discussion or support you might like to contact some of the organisations listed at the end of the leaflet.

Is it common for women to be transferred into hospital during a home birth?

At St George's the overall transfer rate is about 40%. This figure includes women transferring in antenatally, during labour, and soon after the birth. These situations are rarely an emergency.

St Georges Home-birth Statistics 2005-08

Year	2005	2006	2007	2008
Total booked	175	190	165	165
Total achieved	97	105	90	84

What are the reasons to transfer into hospital?

Before labour:

- excessive bleeding
- placenta praevia (placenta is partially covering the cervix)
- high blood pressure
- unusually small or large baby
- waters break but labour has not started within 18 hours

- baby is more than 14 days overdue
- labour starts before 37 weeks
- abnormal heart rate
- baby is in breech position.

In labour:

- lack of progress in labour
- high blood pressure
- baby's heart rate is abnormal
- waters have meconium in them when membranes rupture
- mother asks for epidural
- membranes have been ruptured over 18 hours (further discussion and intravenous antibiotics are recommended)
- previously undiagnosed breech position.

After the birth:

- part of placenta remains inside the womb
- excessive bleeding
- complicated stitching of the perineum is required
- baby is having breathing difficulties.

There are several reasons why transfer to hospital might be the best option at any stage. Your midwife will be happy to discuss these reasons in further detail if required.

What happens if I do have to go into hospital during labour?

The midwife would ring the hospital to inform delivery suite that you will be coming in and call an ambulance to transfer you. The ambulance will usually respond within minutes to an obstetric emergency and your community midwife would remain with you.

If the baby has a problem breathing when first born, would my midwife be able to deal with the situation?

Midwives are trained to provide initial resuscitation of normal babies who are born with unexpected breathing difficulties. Most babies like this respond well to resuscitation. If more help is needed, an ambulance would be called and both you and your baby would go into hospital.

What if my baby is overdue?

You can still have a home birth up until the time you would be induced (the artificial starting of labour). A membrane sweep will usually be offered to you at 41 weeks of pregnancy. After that, if you still don't

go into labour, induction will usually be offered to you at 42 weeks. If you do choose to be induced, closer monitoring of you and your baby is needed. Unfortunately, this monitoring cannot be managed at home.

Thank you for taking the time to read this information.

Over many years we have had a high level of satisfaction with our homebirth service. We actively seek feedback from women who have homebirths to improve our service even more.

Checklist

For yourself:

Night dresses or baggy t-shirts

Supportive bras and breast pads

Maternity pads and disposable underwear

Change of bed linen

Spare old bed sheets and towels

Plastic mattress cover/sheeting

Room thermometer (minimal temperature 20C/65F)

Portable lamp preferably angle-poise and spare 100 watt bulb

Large and small disposable bags

For baby:

Cot, carrycot or crib

Cot bedding

Towels to wrap baby in at birth

Baby clothes and nappies

Plus you should prepare a small bag for you and the baby in the event of transfer to hospital

Useful Contacts:

St George's Community Midwives Teams:

Yellow Team 020 8772 0696

Red Team 020 8767 7562

Blue Team 020 7441 0923

Green Team 020 8875 4517

Orange Team 020 8789 2316

Pink Team 020 8725 2537

Lavender Team 020 8725 2537

Lead Midwife Community 020 8725 0333

Supervisor of Midwives 020 8725 2042

NCT (National Childbirth Trust) for your local
homebirth support group: www.nct.org.uk
Enquiry Line 0870 444 8707
Breastfeeding Line 0870 444 8708

AIMS www.aims.org.uk 0870 765 1433

Website providing general information about
homebirths: www.homebirth.org.uk

