

Fact Sheet

Homebirth with Midwifery Caseload Practice

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Who can have a homebirth?

You can have a homebirth if:

- You live within Westmead hospital catchment area
- After your first antenatal visit your pregnancy is assessed at low risk of pregnancy complications
- Your pregnancy remains low risk. If you experience pregnancy complications, you will remain with the same caseload midwife but you will not be able to birth your baby at home, instead your midwife will care for you in the hospital
- Your home is a safe place for birth e.g. has lighting, electricity, access to clean hot water, reliable phone access, parking and easy access for emergency vehicles
- You feel comfortable labouring and giving birth at home

What are the benefits of having a homebirth?

Studies compared women with low risk pregnancies who birthed their babies at home and in hospital. Women who birth at home report having:

- A more positive birth experience
- Fewer birth interventions such as, breaking the waters around the baby or having an epidural
- Higher rates of vaginal birth
- Fewer babies in need of resuscitation
- More intact perinea (the skin and muscle between the vagina and anus)
- Lower rates of infection
- Lower rates of depression following the birth

Women also reported:

- Feeling more relaxed, confident and in control of labour and birth if they are in their own home
- Trusting in their midwife who has cared for them throughout pregnancy
- Being able to choose who is at the baby's birth, including their other children.

- Having more privacy and control

What are the disadvantages or risks of having a homebirth?

If problems arise during labour or birth with either you or your baby:

- Your midwife will call an ambulance to transfer care to the hospital, this may take up to 30 minutes plus the travel time taken to reach the hospital. However, in the majority of cases the midwives will recommend you transfer to hospital before the situation becomes urgent, leaving plenty of time for the ambulance to arrive.
- Most women and babies are transferred to hospital from homebirth without any harm being caused, but in rare circumstances there may be serious complications because of the time taken to travel
- Being at home means there is limited equipment and staff available if an urgent situation occurs.
- If you are having your first baby there is a slightly higher chance that you may need to transfer to hospital, during or after birthing your baby

Safety and risk

Homebirth is a good option for women who are well supported by midwives and who are at low risk of pregnancy and childbirth complications. The homebirth service is embedded within the Midwifery Caseload Practice Model of Care and this adds to the safety of the service. You will receive continuity of care by midwives who will monitor your health throughout your pregnancy, labour and birth, and identify if you have risk factors that mean home is no longer the best place for your birth.

Two midwives will be present at every homebirth. All homebirth midwives are highly experienced and they work in close collaboration with a team of midwives, obstetricians and neonatologists at the hospital. All homebirth midwives observe the current codes, guidelines, and professional standards published by the Nursing and Midwifery Board of Australia and NSW Health policy.

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How will complications be dealt with during pregnancy, the birthing process and postnatal period?

Complications can arise at any time in pregnancy, childbirth and the postnatal period. Your midwife will monitor the health and wellbeing of you and your baby throughout your care. This means that your care may be transferred to the hospital if complications are identified. Your midwife will work together with you and the hospital midwives and doctors, should you or your baby need to transfer care. In the event of an emergency NSW ambulance service will attend as quickly as possible to assist your midwives with the transfer.

What is the process once I've booked for a homebirth?

You will have a primary midwife who will make a full assessment following your interest in homebirth. Your primary midwife will arrange for you to meet other health professionals who will provide care for your pregnancy and planned homebirth, including a second midwife. You will continue to have midwifery care throughout your pregnancy, childbirth and the postnatal period.

You will arrange antenatal appointments with your midwife at a time to suit you. At your first antenatal home visit your midwife will complete a checklist to ensure your home is a safe environment for homebirth. Your 36 week appointment will take place in your home and your midwife will give you your homebirth pack. Your partner/support people should be present at this visit to ensure they understand their roles during the birth.

Does care given for homebirths differ to care given at the hospital?

The care given to women in their homes will be the same as the care given by caseload practice midwives in the hospital. All midwives have the necessary education, training and experience to identify a potential problem before it becomes an emergency and, if needed, can quickly arrange a transfer to hospital.

Can my family be with me during my homebirth?

Yes, you will discuss with your midwife who you would like to support you during labour, birth and after your baby is born.

Will I be able to have a water birth at home?

Water birth is an option for women at home. You can use your own bath or arrange to have an inflatable pool for your birth

What pain relief can I have during a homebirth?

Most women choose to use water therapy, or water immersion in a bath or other natural remedies including massage, heat packs, and movement and positioning. You may also choose to take paracetamol (panadol) to ease the discomfort. Epidurals and nitrous oxide gas will not be available for homebirths, if you find you need to use these your midwife will transfer you to the hospital

What facilities will be needed at home to enable homebirth?

Your home will need to be in Westmead hospital catchment area. It should be clean and comfortable with water and electricity available, and have a landline or good mobile phone coverage, but your midwife will also assess your home for suitability during your pregnancy.

What happens if I change my mind about homebirth? Can I go to hospital at any point during my labour?

If, during labour, you decide that you would prefer a hospital birth rather than a homebirth, you can talk about this at any point with your midwife and they will discuss the transfer option with you. Your midwife will continue to care for you in the hospital.

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What happens if I need to be transferred to hospital during my homebirth? And what is the transfer process?

Your midwife will advise you if there is a need for transfer to hospital. The reason for transfer could relate to you or your baby. This may be in your car or the midwife may decide to call the NSW Ambulance Service.

If I am transferred to hospital, will I keep my midwife?

Yes, you will usually have the same midwife throughout the duration of your birth, whether that is a homebirth or you are transferred to hospital. However occasionally, midwives need to call in another midwife to take over if they have been working for a long time and are tired.

What happens when I'm in labour?

Once you are in labour your midwife will support you and assess you and your baby's condition during the birth process. This means listening to your baby's heartbeat, taking your blood pressure, pulse and temperature at regular intervals, to ensure you and your baby's safety and well-being. This may include vaginal assessment to check on your labour progress. Your midwife will call a second midwife who will be known to you to assist at the birth. All clinical waste from the birth will be removed from your home by the midwives present at the birth.

If your midwife finds that labour is not progressing well, or you or your baby are becoming unwell, your midwife will discuss transfer to hospital. Any changes to your care will be discussed with you and your partner/support people so that you can make a fully informed choice. It is important to remain flexible and be guided by your midwife's expertise.

In the unlikely event of an emergency, your midwife has the necessary skills to give the proper care whilst waiting for an ambulance to transfer you to hospital.

What happens after the birth?

Your midwife will stay with you until you and your baby are safe, comfortable and your baby is breastfeeding well. Your midwife will also visit you regularly for postnatal check-ups in your own home following the birth of your baby and continue to be available by phone

Will my baby be checked by a doctor?

No, the midwife will undertake the first assessment of your baby following the birth. You will be advised by your midwife to have your baby checked at one week of age by your general practitioner. A Maternal and Child Health nurse will also visit you at home in the first month after you've given birth.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

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