

# Homebirth

*A Consumer Guide for those considering birthing at home*



Western Health

The Sunshine Homebirth Programme has been running successfully for over 10 years and is facilitated through our Midwifery Group Practice (MGP) Team.

MGP is a model of care offered to women\* having their baby at Joan Kirner Women's & Children's Hospital, where expectant families meet mostly with one midwife (with the back-up support of their practice partner, small team, midwifery staff and medical teams).

## About the Program

In MGP, your Primary Midwife provides clinical and emotional care throughout your pregnancy, labour/birth and early postpartum period. Midwifery 'Continuity of Care' has been shown to foster trusting relationships that lead to favourable birth outcomes and improved maternal satisfaction.

For women who are deemed 'low risk' of developing pregnancy or birth related complications, the option of birthing in their home may be available to them.

The Primary Midwives work in both the home and hospital environments and have good working relationships with the medical teams. These things mean the program is well-integrated into the hospital, making homebirth a safe option and ensuring a smooth transition of care into the hospital if it is required.

\*While the terms 'woman', 'women', 'mother' and 'maternity' are used for simplicity throughout this document, we acknowledge that not all pregnant people identify this way; we welcome gender diverse people into our program.

Growing research (from both Australia and overseas) demonstrates the benefits and safety of homebirth when the right providers, right women and right transfer plans are integrated.

Some of the reasons you may choose to birth at home could include:

- Privacy and having control over who comes into your birthing space.
- To enable involvement of children, friends or extended family.
- To feel more relaxed in comfortable, familiar surrounds.
- To avoid the use of pharmacological pain relief.
- Wanting a different experience to your previous birth event.

## Why birth at home?

As well as offering a more intimate, alternative option for your birth experience, current evidence shows some positive clinical outcomes for those planning to birth at home compared to those planning to birth at hospital. These include:

- Increased rates of unassisted vaginal birth.
- Decreased rates of instrumental birth (birth with forceps or vacuum).
- Decreased rates of Caesarean Section performed during labour.
- Decreased rates of 3rd and 4th degree perineal tearing and episiotomy.
- Decreased rates of post-partum haemorrhage (PPH)/excessive bleeding post birth.
- Similar rates of baby's Apgar Score (a wellness assessment) at 5 minutes of age being <7
- Similar rates of Stillbirth and Neonatal Death

For more detailed data around risks and benefits of planned homebirth, please view: <https://www.bettersafecare.vic.gov.au/clinical-guidance/maternity/homebirth>

Western Health supports women who are deemed to be 'low risk' of developing pregnancy or birth related complications to have choice in their place of birth.

Certain criteria must be met to ensure that those women birthing at home truly do have a very low chance of experiencing a poor outcome for them or their baby.

## Homebirth Eligibility

Eligibility to birth at home is assessed at initial contact and in an ongoing manner throughout pregnancy. This is because, even when things start off in a straight-forward way, sometimes issues can arise over the course of your pregnancy which may contribute to the chance of birth-related complications. **This means your homebirth eligibility may change over time.**

Initial inclusion criteria and exclusion criteria are listed below. Please note that this list is not exhaustive. You are welcomed to discuss your individual case with your care provider or Homebirth Management Team via email: [homebirth@wh.org.au](mailto:homebirth@wh.org.au).

## Inclusion Criteria

(General)

- You will be aged 42 or younger on your 'due' date
  - You are carrying only 1 baby, in a head-down position at time of labour
  - You have birthed between 0 and 5 babies (not more than 5 births) in the past
  - Your body mass index (BMI) is less than 35 and you weigh less than 100kg at booking
  - You are free of any clinically important medical conditions
  - You have not had uterine surgery (including caesarean section)
  - Your previous pregnancies and births (if any) were free from complications (further detail below).
  - You live within 30 minutes of Joan Kirner Women's and Children's Hospital (as per WAZE)
  - Your birth occurs from 37<sup>0</sup>weeks to 41<sup>6</sup>weeks gestation
- You have a safe and suitable environment to birth in (further detail below)
- You have ambulance Victoria Membership
- Participation in required appointments, tests & investigations (further detail below)

Most homes are suitable for Homebirth! Your Primary Midwife will visit around 36 weeks in your pregnancy to assess safety/comfort of your home environment.

Some considerations for a safe and comfortable labour & birth at home are:

## Inclusion Criteria

(Home Environment)

- Ability of midwives to locate your home, park close by and get easily into your home.
- Access to clean running water, electricity, lighting, heating/cooling as necessary.
- That there is mobile coverage where your home is situated.
- A home free of illicit drug use, weaponry and domestic violence.
- Plans for pet or child care as required.
- Clear space and access for your birth pool (if using)
- Availability of someone who can stay and care for you/your baby in the first 24hours after birth.

Some complications experienced in a previous pregnancy may occur again– sometimes more severely .

Other complications experienced may have caused ongoing changes in your body. For these reasons, we support hospital-based birth in cases where you have experienced:

## Ineligibility Criteria

(Previous pregnancy)

- PPH (excessive bleeding at birth) >1000ml
- Shoulder Dystocia (where baby’s shoulders become ‘stuck’ and require assistance to be born)
- Retained Placenta (part or all of your placenta remained inside you)
- Eclampsia or HELLP Syndrome
- Placenta Acreta (your placenta is unusually embedded in your uterus)
- Rhesus Isoimmunisation (where your baby’s blood type triggers immune response in you)
- Perinatal death (your baby has died) due to a cause other than prematurity
- Neonatal GBS sepsis (your baby has become very sick from GBS infection)
- Neonatal admission to special care nursery (SCN) -where the cause is unknown and/or where future babies are likely to be similarly affected.

It is an expectation that those planning to birth at home will participate in recommended appointments, tests and investigations to ensure ongoing health to remain eligible for homebirth. Examples of required tests include:

## Inclusion Criteria

(Participation)

- Fetal Morphology Ultrasound scan
- Follow up ultrasound scans if baby considered to be growing very small or large.
- Fasting blood glucose (to check for Gestational Diabetes)
- Testing of blood counts and iron
- Attendance to post-dates monitoring from 41 weeks which includes fetal heart rate assessment and brief ultrasound scan to review amniotic fluid levels.

The option of planned Homebirth by Western Health may be withdrawn on clinical or environmental grounds during pregnancy or birth should the pregnancy become higher risk or the availability of safe care or transfer processes become compromised.

If hospital becomes the recommended birth place, families will continue to receive care from their known MGP midwives who will provide ongoing support throughout the pregnancy/birth/postnatal journey.

During your regular pregnancy check-ups, your midwife is assessing your physical health, baby’s position & growth and your holistic wellness. If there are any unusual findings, your midwife will discuss recommended follow-up and/or investigations to rule out deviations. They will help you access treatment early so that things can be managed well.

There are many possible things that can come up during pregnancy. This list is not a complete summary, but serves to demonstrate the type of complications which would make hospital the safest place for you to birth your baby:

## Ineligibility Criteria

(Developing in pregnancy)

- Abnormal formation of your placenta or umbilical cord insertion
- Pre-eclampsia or hypertension (high blood pressure conditions that come on in pregnancy)
- Suspected fetal growth restriction (baby growing smaller than expected)
- Suspected fetal macrosomia (baby growing larger than expected)
- Abnormal amniotic fluid levels (low/high level of waters around baby)
- Pregnancy beyond 41+<sup>6</sup> weeks (also called ‘post-dates’)
- Gestational Diabetes Mellitus (GDM) requiring medication to control
- Significant or recurrent vaginal bleeding (also called ‘APH’) in pregnancy
- Significant deficiencies in your blood work (eg. very low platelets or red blood cells)
- Excessive weight gain (in excess of 20kg or BMI >35)
- Group B Strep (GBS) positive

At around 35-36 weeks of pregnancy, your Primary Midwife will attend an Obstetrician appointment with you to check over your medical and pregnancy histories and ensure you feel comfortable with your choices around homebirth. Following this appointment, your midwife will:

- arrange oxygen cylinder delivery to your home
- bring some medications to your house the next week.
- help you to arrange hiring a birth pool (if desired)

## Ineligibility Criteria

(Prior to labour)

Even between this point and early labour, there are various scenarios that may occur which would indicate that hospital is the safer place to birth your baby. Here are some examples of these types of issues:

- Going into labour before 37 weeks gestation
- Your pregnancy extends beyond 41+<sup>6</sup> weeks
- Your waters releasing but your labour not starting within a certain time
- Your waters releasing with staining of your baby's meconium (first poo in the fluid)
- A significant change or decrease in your baby's movement
- Abnormal findings at your post-dates monitoring (occurring 2nd daily in the 41<sup>st</sup> week of your pregnancy).

## Ineligibility Criteria

(During labour)

Once you are in established labour your Primary Midwife (or another MGP Midwife) will attend you at home. A second midwife arrives when it seems that you are close to birth. The midwives provide emotional support, encouragement and perform discrete observations to ensure you and your baby remain well as you do the work of birth.

Observations include periodic checks of your blood pressure, heart rate, temperature and noting your baby's position and descent. Your baby's heart rate is listened to regularly. Vaginal examinations to assess your cervical dilation and labour progress may be required. The midwives observe your behaviour, body language and sounds to better understand where your labour is at and document events in their clinical notes. Your midwives communicate with the hospital team at regular intervals, updating them of progress and labour plans.

The most common reasons for transferring from the home environment include:

- Little or no progress during elements of the 1<sup>st</sup> or 2<sup>nd</sup> stages of labour
- Waters releasing with meconium-staining and birth is not close
- Stalled labour and a desire for pain relief

Some uncommon, but possible (*yet not exhaustive list of*) situations that would require hospital transfer include:

- Fresh vaginal bleeding during labour (different to the 'bloody show')
- A change of mind— a desire to birth in hospital.
- Abnormal fetal heart rate
- Signs of maternal infection
- Umbilical cord prolapse (where the cord comes first— before the baby's head)
- Signs that the placenta has come away from the uterine wall (abruption)
- Maternal collapse (the mother passes out and needs urgent care)
- Elevated blood pressure in labour (a clue for pre-eclampsia)

All transfers from home to hospital occur via Ambulance Victoria. Usually your midwife rides on the truck with you and continues to provide support and care once you arrive at hospital. It is helpful to have a 'hospital bag' packed just in case and have some plans ready regarding pet and/or child care in this scenario.

As with labour transfers, post-birth transfers also occur via ambulance. It is much less common to need to transfer in to the hospital following birth, but some examples of types of situations are:

## Ineligibility Criteria

(Birth and immediately after)

### For the Mother:

- High blood pressure following birth
- Signs of infection
- A PPH (large blood loss) causing symptoms, >1000ml or that is uncontrolled
- Severe perineal trauma (3<sup>rd</sup> or 4<sup>th</sup> degree tear) or other genital tract trauma that cannot be repaired at home
- Retained placenta (where the placenta or part of it are not birthed and remain inside you)
- Urinary retention (concerns about not being able to void after birth).

### For the Baby:

- The baby became 'stuck', needing manoeuvres to assist their birth (also known as shoulder dystocia)
- An Apgar Score (Wellness assessment) at 5 mins of age is <7 (indicates they are not breathing well).
- Unexpectedly small size, weighing <2500g
- Signs of difficulty with breathing (respiratory distress) or signs of infection
- Any abnormality noted on baby's physical examination
- Any signs that baby is deteriorating or having seizures
- A birth injury (any physical damage resulting from birth such as excessive swelling on baby's head)

## Associated Costs

The Homebirth Program is publically-funded (covered by Medicare) and you will have access to referrals for physiotherapy, antenatal lactation consultancy and other support services within the hospital.

There may be some associated costs related to pregnancy care or equipment, such as:

- Cost of (optional) Chromosomal abnormality Screening Tests in the 1<sup>st</sup> or 2<sup>nd</sup> Trimester
- Early pregnancy and 20-week Morphology Ultrasound Scans
- Any Childbirth Education or courses you wish to undertake
- Fees for involvement of additional services (eg. Doula Services, Birth Photography)
- Membership with Ambulance Victoria (AV).
- Hire fees of (TENS) Transcutaneous electric Nerve Stimulation machine (if wanting).
- \$100 Cash as a bond for birth pool hire (able to hire from Sunshine Hospital).
- Costs for any towels, linen, hosing + attachments & other items to make birth at home more comfortable

## Pain Relief at home

One of the aims of birthing at home is to support physiological labour and birth -working with your natural flow of hormones and release of natural pain relieving endorphins. People who birth at home are confident in their ability to labour and do not wish to use pharmaceutical (medical) pain relief.

Planning for a homebirth involves women and their chosen support people researching, arming themselves and practicing a range of tools to help them to cope with labour.

Some of the popular methods that people use are:

- Using water (shower, birth pool)
- Deep breathing and meditation techniques such as Hypnobirth® or Calmbirth®
- Movement, position-changes, massage or acupressure
- Use of a TENS (Transcutaneous Electro Nerve Stimulation) machine
- Vocalising, stomping, squeezing a comb or stress balls

## Risks in planning Homebirth

- For those at low risk of complications, when supported by suitably trained midwives and with robust transfer processes, Homebirth is considered as safe as hospital based birth.
  - While great efforts are made throughout pregnancy and labour to detect, predict and treat for potential problems, all birth comes with unlikely but possible risk for mother and baby.
  - In the rare but possible scenario of an unpredicted medical emergency at home, being away from the advanced resources, staff and equipment of a hospital may contribute to a poor outcome. The time taken to transfer to a hospital environment (with consideration to traffic, road conditions and timing of ambulance arrival) may delay the input of advanced treatments and impact on the health of either mother or baby.
- Another potential risk of planning homebirth is that the plan has to change and homebirth cannot occur. Having the continuity of care from your primary midwives, regardless of where you birth is a positive factor however the transition in 'place-of-birth' can be disappointing and distressing for families who have spent much time working towards having a homebirth.
- In general, those expecting their first baby (primips) have a higher likelihood of needing to birth in Joan Kirner compared to those expecting their second or subsequent baby (multip's). Based on our programmes statistics, approximately 80% of primip's and 90% of multips planning to have a homebirth, successfully birth at home. The majority of plan-changes occur in the pregnancy, rather than during labour.
- Our strong adherence to inclusion criteria (developed from the Australian College of Midwives Guideline for Consultation and Referral) means that families are kept safe at home and that the public programme can continue to exist for years to come. For some families, the criteria may be considered too limiting or strict and their expectations may be best met in an alternative model of care.

## More Information

Information outlined was correct at time of authoring. For more information, please contact our homebirth management team on [homebirth@wh.org.au](mailto:homebirth@wh.org.au)

Our programme development and modelling is supported by Safer Care Victoria. Please see further details: <https://www.bettersafecare.vic.gov.au/clinical-guidance/maternity/homebirth>

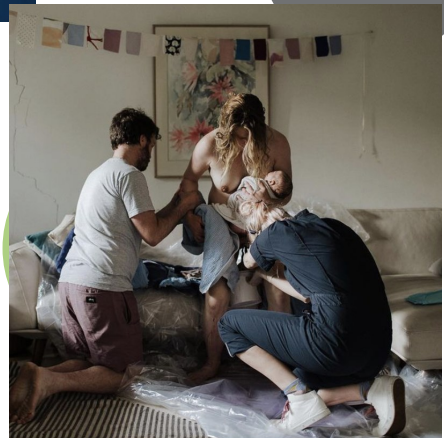
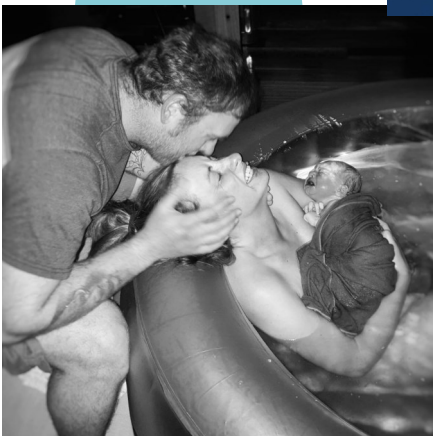
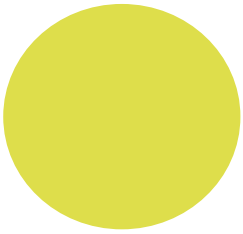
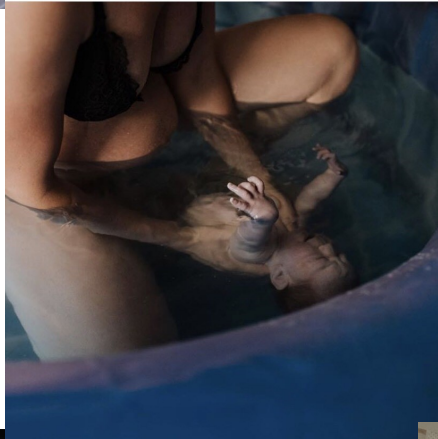
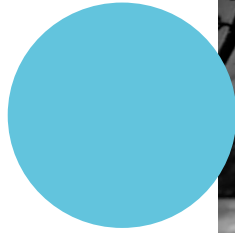
For further reading into the safety of homebirth and data surrounding this:

Homer CSE, Cheah SL, Rossiter C, et al. Maternal and perinatal outcomes by planned place of birth in Australia 2000 – 2012: a linked population data study.

BMJOpen 2019;9:e029192. doi: 10.1136/bmjopen-2019-029192

Australian College of Midwives Guidelines for Consultation and referral:  
<https://www.midwives.org.au/guidelines-and-standards>





Author: Midwifery Group Practice  
Date: July 2021  
Next Review: (July 2024)  
Version Control: v1



This material has been developed in partnership with Western Health consumers.

