



Information for women considering a home birth with Community Midwifery Program

The Community Midwifery Program (CMP) offers women a publicly funded home birth in the Perth metropolitan area.

Community midwifery aims to meet the individual needs of women and their families by providing them with continuous midwifery care throughout their pregnancy, labour, birth and the early postnatal period. Ongoing professional care has been shown to support health and well-being during pregnancy.

Eligibility for home birth with the CMP is based on an initial assessment by a midwife. CMP home birth is only available to women who are considered to be at low risk of pregnancy complications.

Women accepted onto the home birth program will be required to sign a "Terms of Care Agreement". This will be reviewed and signed again at 28 and 36 weeks pregnant.

What can I expect from a home birth with the Community Midwifery Program?

You will be able to give birth in your own home.

Your midwife will be skilled at home birth and experienced at caring for healthy women. You will have a midwife on call 24 hours a day to address any concerns or problems, however this may not always be your primary midwife due to holidays and days off.

What can I expect from my midwife during my pregnancy?

You will attend appointments throughout your pregnancy at your local Community Midwifery Program Centre with the exception of your booking and 36 week appointment which will take place at your home. Your midwife is trained to respond effectively to any situations that arise either during your pregnancy or, during your labour. It is important to remember that you may change your mind at any time during pregnancy without affecting your pregnancy care. Your midwife will also visit you regularly for postnatal checkups in your own home following the birth of your baby for the first 5 days and then in clinic at 10 days with the option of up to 2-4 weeks care if required.

What happens if there are problems with my pregnancy, can I still have a home birth?

If there are problems detected during your pregnancy, a hospital birth may be advised as a safer option for you and your baby. Your midwife will refer you to an obstetrician for consultation.

Benefits of having a home birth

When comparing low risk pregnancies and place of birth, women who birth at home compared with those who birth in hospital report having:

- ▶ An overall more positive experience
- ▶ fewer medical interventions including epidurals
- ▶ higher vaginal birth rates
- ▶ fewer infants born requiring resuscitation and fewer birth injuries
- ▶ more intact perineums (the skin that stretches from the vagina to the anus)
- ▶ lower rates of infection after birth
- ▶ lower rates of depression after birth.

Women also reported:

- ▶ being relaxed, confident and in control of their birth experience
- ▶ having a trusting relationship with their midwife

- ▶ enjoying the opportunity to choose who is at the baby's birth
- ▶ feeling more privacy and control in labour and after birth
- ▶ appreciating the inclusion of other children as part of the birth experience

For some women, home birth eases the worry of leaving it too late to go to hospital or leaving your other children behind.

Risks and disadvantages of having a home birth

- ▶ If problems arise with either you or your baby, transfer to hospital may be necessary. This may be by ambulance. The ambulance response time can take up to 30 minutes plus the travel time taken to reach the hospital.
- ▶ In most cases there is time to transfer to hospital, without any real problem for you or your baby, but in rare circumstances there may be serious complications because of time taken to transfer.
- ▶ At home there will be no obstetrician, anaesthetist or paediatrician present if an urgent situation occurs.
- ▶ Your midwife will leave within a few hours after the birth and you will not have round-the-clock professional support, such as a midwife to assist with each breast feed or help with nappy changes until you feel confident.

For low risk women planning a home birth published studies show that:

- ▶ 7.4%–30% of women will be transferred during the antenatal period
- ▶ 1.5%–13% will require transfer after the onset of labour 0.7%–6.7% require transfer in the postpartum period for maternal reasons
- ▶ 0.06%–1.4% of babies will require transfer to hospital after birth.

Women having their first baby are more likely to need transfer to hospital. They have a higher risk of unexpected complications during or following birth, although the actual risk is still small. They have an overall small increase in the risk of a baby having a serious medical problem (about 4 more per 1000 births).

How many midwives will be at my birth?

There will be two midwives present at your birth. Your primary midwife will attend and support you throughout your labour and will call a support midwife (whom you most likely will have already met) just before your baby is about to be born.

The midwives work in small groups. In the event that your primary midwife is unavailable to attend, the on-call midwife will attend in their place (again whom you most likely will have already met).

Is my house suitable for a home birth?

Most people's homes are suitable for birthing in. You need access to a toilet, clean running water and a phone. Heaters in the winter months are essential and fans/air conditioning for the very hot summer months will help ensure you and your baby maintain a comfortable temperature.

Vehicles should be able to access your house easily. Please discuss your individual needs with your midwife.

What is the role of my midwife when I am in labour?

Once your labour has established, your midwife will provide continuous one-to-one professional and emotional support and ongoing assessment of you and your baby's condition throughout the birth process. This will include regularly listening to your baby's heart beat and monitoring your blood pressure, temperature and pulse. Vaginal assessment may also be required to establish your labour progress. It is the midwife's role to ensure both the safety and wellbeing of yourself and your baby. You may be required to discuss alternative options, such as transfer to hospital, if the labour is not progressing well. Any changes to your care plan will be discussed openly with you and your partner so that you can make a fully informed decision. However, it is important to remain flexible and be guided by your midwife's expertise.

What pain relief can I have?

Most women choose to use water therapy and hire or purchase a birthing pool (see reference list for further information on water birth). A Transcutaneous Electrical Nerve Stimulation (TENS) machine may also be useful if not in water.

Others will also use alternative therapies to assist them in labour such as aromatherapy, homeopathy and hypnobirthing. Midwives are not trained practitioners in alternative therapies and therefore cannot carry or administer these therapies. You and your partner will need to speak with a complementary therapist prior to your labour to ensure you are fully informed on the use of such therapies and their safety. Pharmacological methods of pain relief like 'gas and air', narcotics and epidurals are not available at home.

What happens if there is a problem during labour?

In some clinical circumstances it may be necessary for the safety of you and your baby during the labour to transfer to hospital birth. In this situation simply being at home may delay access to medical care and increase risks to the woman and her baby.

All midwives have the appropriate education, training and experience to identify a potential problem before it becomes an emergency and, if needed, can quickly arrange a transfer to hospital. In the unlikely event of an emergency, your midwife has the necessary skills to provide immediate response to the situation whilst waiting for an ambulance to transfer you to hospital.

For this reason all women are required to book into a support hospital prior to the birth. The midwife will seek advice from the support hospital if needed.

What happens after the birth?

Your midwife will usually stay approximately two hours after the birth of the placenta. They usually return between within 12-24 hours and will continue to provide postnatal support at regular intervals.

What if I change my mind?

You may change your mind at any time during pregnancy without affecting your pregnancy care.

Frequently asked questions (FAQs)

Am I eligible for a home birth?

You are eligible for a homebirth if you:

- ▶ are over 18 years old by 37 weeks pregnancy
- ▶ understand the information given to you and can give written agreement to this information
- ▶ live no further than 30 minutes from a hospital birthing facility
- ▶ have received regular antenatal care, with a health professional beginning in the first trimester
- ▶ have booked into the CMP by 35 weeks of pregnancy
- ▶ have a singleton pregnancy (i.e. not expecting a multiple birth)
- ▶ at the time of labour the baby is head down and you are between 37 and 42 weeks
- ▶ remain free from any pregnancy complications whereby homebirth is no longer considered to be a safe option.
- ▶ are free from medical or previous pregnancy complications such as:
 - caesarean section
 - postpartum haemorrhage in excess of 1000ml
 - shoulder dystocia
 - retained placenta
 - a previous normally formed baby who died at term
- ▶ do not have:
 - a pre-pregnancy BMI > 35
 - any significant medical conditions
 - female genital circumcision that has not been repaired.
 - are not living in a domestic violence situation or with a family member dependent on alcohol and/or drugs.



Other criteria may apply and should be discussed with you when you consult with your midwife.

Further information

<http://kemh.health.wa.gov.au/For-patients-and-visitors/Pregnancy-patients/Community-Midwifery-Program>

<https://ww2.health.wa.gov.au/-/media/Files/Corporate/Policy-Frameworks/Clinical-Services-Planning-and-Programs/Policy/Women-requesting-immersion-in-water-for-pain-management/MP49-Women-requesting-immersion-in-water-for-pain-management-during-labour.pdf>

(Labour and/or Birth Using Water)

Home births (C-Obs 2) Royal Australian and New Zealand College of Obstetricians and Gynaecologists. July 2017

<https://www.ranzcog.edu.au/>

Maternal & perinatal outcomes by planned place of birth with low-risk pregnancies in high-income countries: A systematic review & meta-analysis. Scarf, Vanessa.L et al Midwifery. July 2018. Volume 62, 240-255.

<https://www.sciencedirect.com/science/article/pii/S0266613818300974>

Policy for Publicly Funded Homebirths including Guidance for Consumers, Health Professionals and Health Services, October 2013.

<https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Services-Planning-and-Programs/Mandatory-requirements/Maternity/WA-Health-Policy-for-Publicly-funded-Home-Births>

Intrapartum care for healthy women and babies 1.1 Place of birth. NICE Clinical guideline February 2017. <https://www.nice.org.uk/guidance/cg190/resources/intrapartum-care-for-healthy-women-and-babies-pdf-35109866447557>



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