

HOME BIRTH AT MERCY HOSPITAL FOR WOMEN



Mercy Health
Care first

This information sheet is for women experiencing a ‘low risk’ pregnancy who may be interested in Mercy Hospital for Women’s Homebirth program.

What is the Homebirth program?

Homebirth is available at Mercy Hospital for Women for women experiencing a ‘low risk’ pregnancy who prefer to give birth in the comfort of their own home and live within 30 minutes of the hospital. There are no costs to being part of the program.

To be eligible you must meet the strict criteria, in the Australian College of Midwives Guidelines for Consultation and Referral. Adhering to these guidelines keeps you safe.

Homebirth care is provided by our experienced midwifery group practice midwives.

You will be assigned midwives who will provide antenatal (pre birth) care at the hospital. During this time you and your baby’s wellbeing will be monitored to ensure you continue to be eligible to have a safe birth at home.

Midwives will care for you at home when you are in labour, assist your birth and provide after birth home care.

Sometimes pregnancy circumstances change and you may no longer meet the criteria for a safe home birth. If this occurs your assigned midwives will continue to care for you during your pregnancy and labour at the hospital.

While the terms ‘woman’, ‘women’ 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.

Homebirth benefits and risks

Some studies have reported that some women feel more relaxed, confident and in control of their labour when birthing at home.

Women assessed as ‘low risk’ and eligible for homebirth are supported by trained professionals, must attend appointments, recommended pregnancy assessments and transfer to hospital if advised.

This approach is supported by Safer Care Victoria¹. Women considering having a planned homebirth should be aware and consider the following **risks and limitations**:

¹ https://www.safercare.vic.gov.au/sites/default/files/2021-05/GUIDANCE_Homebirth.pdf

- Even if a pregnancy has been assessed as ‘low risk’ sudden unexpected complications may arise during the antenatal, intrapartum or postpartum period that may include a threat to the life of the mother or the baby.
- If an unexpected life threatening event occurs there will be relatively few resources available to manage the complication.
- While our midwives are well trained to manage emergencies, there will be no doctor, anaesthetist or paediatrician in attendance at the birth. This means that if a serious complication occurs, for example, severe blood loss or a baby born that is not well, there is an increased chance of a poor outcome, including serious risk to the health or life of the mother or the baby.
- The risk of poor outcomes is increased by any circumstances that delay arrival at hospital such as:
 - An inability to contact Ambulance Victoria (000)
 - Delayed arrival of an ambulance to the home
 - Heavy traffic conditions.
- For women having their first baby the chances of needing transfer to hospital while in labour is around 35% (3 in 10). Women who have had a baby before, have a 10% (1 in 10) chance of requiring transfer to hospital when in labour.

Care while you are pregnant (antenatal)

You will attend the hospital and see your allocated (or back-up) midwife for your appointments.

To remain eligible for homebirth, you must attend;

- All antenatal appointments
- A fetal morphology ultrasound at 20-22 weeks
- Follow up ultrasounds if requested by your midwife/doctor
- Routine blood tests including Gestational Diabetes screening tests (Oral Glucose Tolerance Test (OGTT) at 24-28 weeks.
- Regular monitoring of your baby’s heart rate and if your pregnancy continues past 41 weeks, a scan to assess the fluid level around the baby.

Midwives will discuss any unusual findings or recommendations for further assessment or management with you. It is important that you and your baby remain well and safe to birth at home.

These are some complications that would make hospital the safest place for you to birth your baby

- Abnormal formation of the placenta or umbilical cord
- High blood pressure
- Diagnosis of Gestational Diabetes

- Significant changes in your blood results for example low platelets or red blood cells
- Very high or very low levels of fluid around your baby
- Suspected very small baby (fetal growth restriction)
- Suspected very large baby (macrosomia)
- Significant or reoccurring vaginal bleeding
- Weight gain of more than 20kg

When you are 35-36 weeks pregnant you will have an appointment with your midwife and an obstetrician. This provides an opportunity to check over your pregnancy and medical history and ensure you remain comfortable with your choices around having a homebirth.

After this visit, your midwife will visit you at home to make sure there is good mobile phone coverage, assess parking for midwives and an ambulance (if required) and assess your planned birthing environment.

The midwife will also ensure there is a good plan in place for securing any pets. They will confirm that support people are organised for 24 hours after birth and care for other children who may be in the house at the time of labour and birth.

The midwife will bring medication requiring refrigeration. This medication is essential to have on hand in the case of an emergency during birth.

It is important that you have conversations with your support people, including doulas (if applicable) about respecting and adhering to any decisions made by midwives for transfer into hospital while in labour.

In addition to complications already listed, the following are more likely to occur around your due and would indicate that hospital would be the safest place to birth your baby:

- Labour starts before 37 weeks (preterm labour)
- Pregnancy continues beyond 41.6 weeks (post dates)
- Known Group B Streptococcus (GBS positive)
- Your waters break although labour does not start
- Your baby's movements change or decrease

What happens when I am in labour?

Once you are in labour you will contact your midwife, they will come to your home when you are having regular, painful contractions.

The midwife will assess and document you and your baby's condition during labour and birth. This means listening to your baby's heartbeat and 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 assessments, with your consent, to check on your labour progress.

The midwife will bring the necessary equipment to monitor your labour and initiate basic emergency care for you or your baby if required.

When you are close to birthing, the midwife will call a second midwife to your home to assist.

If your midwife finds that labour is not progressing well, or you or your baby are becoming unwell, your midwife will discuss transfer to the hospital.

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 and recommendations if hospital transfer is recommended. Support people, including doulas, (if applicable) should support and respect midwifery recommendations.

Your midwife will be in regular contact with the hospital team and will update them on the progress of your labour.

The most common reasons that you may need to transfer to the hospital while in labour:

- Little or slow progress of labour
- The water around the baby is a green or brown colour (meconium liquor)
- You desire further pain relief
- You change your mind and want to birth in the hospital
- There is fresh bleeding which is heavier than a 'show'
- Abnormalities are detected with your babies heart rate
- The baby's umbilical cord is coming before the baby's head
- The baby's bottom is coming before the baby's head
- Your heart rate, blood pressure or temperature are not within expected range

Most transfers from home to hospital occur using Ambulance Victoria. Usually your midwife rides in the ambulance with you and will continue to provide your care once you arrive at the hospital.

What pain relief will be available?

Pain relief available in hospital, for example nitrous oxide gas, morphine and epidural, will not be available in your home.

When planning for a homebirth, you may like to prepare by looking at alternative pain relief tools and options that may work for you. These may include using water, breathing techniques, meditation, massage, acupressure and Transcutaneous Electro Nerve Stimulation (TENS) machines. Midwives will be able to assist you in researching these options.

Unavailability of planned home birth – unforeseen factors

There is a possibility that due to occupational health and safety factors, Mercy midwives will be unable to facilitate your planned homebirth on the day you commence labour.

In this event you can be cared for by your midwife in the hospital birthing services.

Factors influencing this may include:

- Extreme weather events
- Telephone network outages
- Unexpected staff leave.

What happens after the birth?

A midwife will stay with you for at least 4 hours after your baby is born. They will support you and your baby to ensure you remain well, are comfortable and your baby is feeding well.

After the birth, your midwife will be available via phone and will visit you at your home for postnatal check-ups until your local maternal and child health nurse visits you (generally 1-2 weeks). Your local maternal and child health nurse will be automatically notified after you have your baby.

The most common reasons women need to transfer to hospital after you have had your baby include:

- Bleeding that cannot be controlled or bleeding a large amount
- Having a large tear in the skin in and around your vagina, that cannot be stitched at home
- Your placenta (or part of your placenta) does not come out
- Your heart rate, blood pressure or temperature are not within expected limits after birth
- You cannot pass urine properly

The most common reasons your baby may need to come to hospital include:

- The baby's shoulders were very difficult to birth (shoulder dystocia)
- Your baby is having difficulties breathing
- Baby's heart rate or temperature are not within normal expected ranges
- Your baby has some form of birth injury such as excessive swelling on the head (cephalohematoma)
- The baby's weight is much lower or much higher than expected
- There is an abnormality noted during the baby's physical examination
- The baby becomes very yellow (jaundice)

Can I change my mind about homebirth?

You can change your mind at any time during your pregnancy or labour. Midwives will support your decision. Your assigned midwives can continue to provide your pregnancy and/or birthing care within the hospital.

How do I book a homebirth?

If you meet the eligibility criteria listed below ask your GP to send Mercy Hospital for Women a referral with a clear request for Maternity Group Practice - Homebirth. Midwives will discuss all aspects of the model and work through the eligibility criteria at your first visit.

Eligibility checklist

If you can tick all the boxes you may be eligible for the homebirth program

- Your residential address when you birth will be within 30 minutes of Mercy Hospital for Women as measured by the WAZE navigation tool at midday.
- You have current Ambulance Victoria membership
- You have Medicare
- You are not over 42 years old at due date
- Your body mass index (BMI) is between 18.5 and 35
- You weigh less than 100kg at the time of birth
- You are healthy and well
- You have not birthed more than 4 babies in the past
- You have not previously had a caesarean section or uterine surgery
- You have not had a previous pregnancy or birth complication such as a blood loss over 1000mls, shoulder dystocia or retained placenta
- You are aware that if labour or birth problems arise with either you or your baby, there will be no obstetrician, anaesthetist or paediatrician present.
- You understand that there are relatively few resources available for the management of sudden, unexpected complications which may include a threat to life of the mother or baby. These complications may affect any pregnancy or birth, even those without any known obstetric risk factors.
- You understand that if transfer to hospital is necessary, 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.

During your pregnancy you must be willing to

- attend all antenatal appointments with your midwife at the hospital
- attend an appointment with a doctor at 35 weeks
- have an ultrasound at 20-22 weeks to check your babies size and condition
- have a further ultrasound if your baby is considered to be very small or large
- have all routine bloods tests through the pregnancy including check for gestational diabetes by having a GTT blood glucose test at 26-28 weeks
- have a midwife visit your home and conduct a home safety check when you are around 35-36 weeks pregnant

- attend regular monitoring and have an ultrasound to review your baby's amniotic fluid levels if your pregnancy continues beyond 41 weeks
- acknowledge that if circumstances change, you may no longer be eligible for the program
- acknowledge that staffing limitations may limit access to having a homebirth when labour commences
- acknowledge that occupational health and safety regulations may affect the ability of midwives to attend your home when labour commences ie. Extreme fire danger days, telephone network outages or a circumstance where Ambulance Victoria is unable to provide normal services.
- sign a consent form agreeing to participate in all aspects of the program as described above and if transfer to hospital is recommended by your midwife, that you agree to transfer.

At the time of labour

- you need to be between 37 and 41.6 weeks pregnant
- you need to be pregnant with one baby ie not twins
- your baby must be in a head down position
- you wish to labour naturally, pain relief medication is not available at home
- you will be willing to transfer to hospital if complication arise. Please note, research shows that approximately 3 in 10 women having their first baby require transfer back to hospital during labour. Around 1 in 10 women having, second and subsequent babies require transfer to hospital.
- you are not be living in a domestic violence situation or with a family member dependent on alcohol and/or drugs
- you have one or more birth supporters from family/ friends who:
 - support your decision to have a homebirth
 - are available to be present throughout your labour, the birth and the postnatal period to provide support to you and your baby
 - will respect any decision made by the attending midwives for referral or transfer when you are in labour or during the postpartum period
 - present in the house and available to care for your other children, if necessary

You home must have

- electricity and good lighting
- running water
- clean and hygienic conditions
- land line and or reliable mobile phone coverage
- parking for two midwives and an ambulance
- all pets secured and away from the planned place of birth.

Our program is supported by Safer Care Victoria, further details can be found:

- <https://www.bettersafecare.vic.gov.au/clinical-guidance/maternity/homebirth>
- 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>



For more information

If you have any questions or need further advice, please contact:

Maternity Group Practice

Email: mgpenquiries@mercy.com.au

In the event of an emergency, please dial **000** for an ambulance or go to your nearest Mercy Health or other hospital emergency department.