

“Since 1994, when midwifery was regulated in Ontario, midwives have attended over 25,000 home births, and attend about 3,000 annually.” Source: Association of Ontario Midwives

Is home birth safe?

Research over the last few decades has found that planned, attended home birth is at least as safe as hospital birth for healthy women with normal pregnancies. Reviewing several studies the British Medical Journal concluded that home birth is ‘safe for normal, low-risk women with adequate infrastructure and support’. The Society of Obstetricians and Gynaecologists of Canada, in their March 2003 Policy Statement, recognized and stressed the importance of choice for women and families in the birthing process.

Advantages of home birth for mothers and babies

Research studies have found no difference in the risk to mothers and babies between planned home births and hospital births for low-risk women. In fact, women who start labour planning a home birth have better outcome in some respects.

- Approximately half the risk of having a caesarean section
- Approximately half the risk of an assisted delivery with forceps or vacuum
- Babies are less likely to be in poor condition at birth
- Less risk of haemorrhage
- Baby is less likely to have birth injuries
- Baby is less likely to need resuscitation

Why Choose Home Birth?

There are many reasons why women choose home birth.

- See birth as a natural process with no need to be in hospital
- Dislike being in hospital
- Want to avoid an overnight stay without their partner
- Do not want to be separated from their children
- Want to keep birth normal and avoid intervention
- Want to have a water birth
- Feel safer and more in control at home
- Want to avoid the cost of hospital birth if they do not have OHIP
- Want to reduce the risk of infection
- Have had a previous positive birth experience in hospital and now feel confident to have a home birth
- Are expecting their first baby and are worried about the effect a hospital environment might have on their labour
- Have previously delivered quickly and want to avoid travel in labour

Am I a suitable candidate for home birth?

A woman is a suitable candidate for home birth if she has had a normal, healthy pregnancy with a single baby who is term (i.e. 37-42 weeks of pregnancy) and in the head down position. In other circumstances, a hospital birth would be recommended. These include preterm (less than 37 weeks of pregnancy), a baby in the breech or transverse position, placenta previa (placenta covering the cervix), twin pregnancy or certain health concerns related to the mother or baby. Your midwife will discuss with you whether or not home birth is a safe option.

Why are outcomes for home birth so good overall?

Labours tend to progress well at home, where the mother is relaxed and free to move as she wishes. This often means there is less need for intervention such as drugs to speed up labour and less need for assisted delivery, like forceps or vacuum. These interventions carry risk as well as potential benefits and are more likely to be suggested for a hospital birth. There is also less risk of infection at home for both mother and baby. Finally, women who have high risk pregnancy, and therefore a higher risk of undesirable outcomes, are not suitable candidates for home birth.

What if a complication arises?

If there are problems with your labour, such as slow progress or concerns about your baby or your blood pressure, the midwife will advise that you should transfer to the hospital. You will either travel by car or by ambulance depending on how advanced you are in labour and the nature of the concern. It is possible that you may need an emergency treatment and it may take longer to get if you have to transfer from home to hospital. However, it is extremely rare for interventions such as caesarean to suddenly become necessary with no earlier signs. If your midwife believes you need an urgent Caesarean, she will call ahead to the hospital where they will organize a team and be prepared for your arrival. The standard policy is for hospitals to be ready within 30 minutes for an emergency c-section both for women who are already in hospital and for those arriving from outside the hospital. Ambulance headquarters is notified at 36 weeks gestation of all planned home births in the community with all of the relevant contact information. This helps ensure a prompt response if emergency services are needed.

Fortunately, it is very rare for emergencies to arise at the last minute with no advanced warning. However, when this happens, it is important to know that midwives are trained in the first-line emergency skills required at home or in the hospital.

How am I looked after in labour?

Once you are in established labour, a midwife will stay with you. The second midwife usually arrives just before the birth and stays a few hours after. The midwives will monitor you and the baby, provide comfort measures and ensure that equipment and supplies are ready for the birth.

Midwives are trained to provide emergency treatment if there are complications during or after a birth. They carry oxygen and resuscitation equipment for babies who are slow

to breathe, as well as drugs to treat heavy bleeding after birth. Midwives are skilled to repair tears or episiotomies. They can administer local anaesthetic for the procedure.

What pain relief is available to me at home?

Women who labour and deliver at home tend to be relaxed and feel in control, and therefore do not normally need pain relief. However, there are techniques that can aid in labour. These include:

- Breathing and relaxation techniques
- Warm water
- Different positions
- Movement
- Massage and complementary therapies
- Sterile water injections (for back labour)
- Analgesics such as Tylenol
- Nitrous Oxide

If a woman feels she has exhausted all her options at home and requests further pain medication, care will be transferred to the hospital. This, rather than an acute emergency, is the most common reason why a home birth plan changes to a hospital birth.

What happens after the birth?

Your midwives make sure you and your baby are making the normal transition postpartum. We will ensure that the baby is breathing well and help you to breastfeed. We do a newborn exam and your baby will be cleaned up and dressed. You will be watched for bleeding, we will make sure you eat something and get you up to the bathroom. We complete our paperwork and usually leave a couple of hours after the birth. We recommend that you not be left alone for the first day. Someone should be inside the house to help you and to call us if problems arise.