Midwifery Council of New Brunswick

Conseil de l'Ordre des sages-femmes du Nouveau-Brunswick

Position Statement: Home Birth

The Midwifery Council of New Brunswick (MCNB) recognizes that birth for a woman is a profound rite of passage and a family life event as well as being the start of a lifelong relationship with her baby. The MCNB supports a woman's right to give birth in her own home with her family and thus requires registered midwives (RM) to provide choice of home and hospital birth within their scope of practice.

According to their 2007 Joint Statement, "*the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives support home birth for women with uncomplicated pregnancies. There is no reason why home birth should not be offered to women at low risk of complications and it may confer considerable benefits for them and their families. There is ample evidence showing that labouring at home increases a women's likelihood of a birth that is satisfying and safe, with implications for her health and that of her baby".* (1)

The Midwifery Council of New Brunswick endeavours to unite practitioners (midwives, physicians, nurses, hospital staff, and ambulance personnel) with the common goal: **that home birth be made as safe as possible.** (2)

Research

There is a growing body of robust evidence examining midwife-attended births and the safety of planned home births in Canada. (4,7-10) The findings are consistent with studies looking at comparable health-care systems, such as England, New Zealand, the Netherlands and Norway. (4,18,19, 20) In jurisdictions where midwifery services are well-integrated into the health-care system, evidence shows that planning to give birth at home or in a birth centre is as safe as planning to give birth in a hospital for midwifery clients at low risk of complications. (3,4,8,18,19)

Planned home birth however, remains a contentious issue. There is diverse evidence available in the scientific literature of varying methodological quality and some with significant limitations that prevent the evidence being easily applicable to the New Brunswick model of midwifery. (4,8,14,17,19) Differing viewpoints demonstrate the variance in interpretations of research into home and out of hospital birth. (14,15)

Studies investigating home birth are generally in agreement that maternal outcomes are good, however in some health care jurisdictions the question of increased adverse neonatal outcomes and a higher neonatal mortality rate

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(14,17,21) remains inconclusive.(17,21) A recent critical review (assessing strengths and limitations of methodological approaches of 15 cohort studies focusing on selected infant outcomes found when studies focused on low-risk pregnancies, planned birth location and well-trained birth attendants there was no difference in neonatal morbidity. There continues to be a need for good quality evidence conducted with consistent, rigorous methodology, on all aspects of out of hospital birth.

The most positive outcomes for mother and baby appear to be associated with a high level of inter-professional collaboration and a supportive health care environment. (1,4,8,16,18) A 2012 Cochrane report supports the integration of home birth services into health care systems and recommends that, in countries where access to skilled care providers are available with collaborative medical back-up, all low-risk pregnant women should be informed of the option of planned home birth. (3)

When discussing the risks, benefits and alternatives associated with birth settings, midwives should present the best available evidence examining midwife-attended births and the safety of planned home births in Canada. (4,8)

Midwives can advise all clients at low risk of complications that giving birth is generally very safe for them and their baby. All clients at low risk of complications can choose any birth setting available in their community (e.g., home, birth centre, hospital, midwifery clinic and remote health centre). (4,8)

Planning birth at home or in a birth centre compared with a hospital is associated with a higher rate of spontaneous vaginal birth and lower rates of postpartum haemorrhage, perineal trauma (3rd and 4th degree perineal tears) and of obstetric interventions, such as caesarean section, assisted vaginal birth, episiotomy, augmentation of labour with oxytocin, epidural or spinal anaesthesia (7-13). Planning birth at home is associated with lower rates of use of narcotics and nitrous oxide for pain relief. (7-10)

Overall, rates of neonatal interventions and negative health outcomes are low for all midwifery clients at low risk of complications in all birth settings. (7-12)
No difference was found in the risk of mortality (intrapartum, stillbirth, early neonatal death 0-28 days, when comparing planned home birth with planned hospital births, regardless of parity.(7-10)

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No difference was found in other neonatal interventions and adverse health care outcomes, including neonatal resuscitation with positive-pressure ventilation (PPV) and chest compressions (7,8) neonatal intensive care unit (NICU) admissions (7,11,12) and Apgar scores (7-11) when comparing births planned at home and in birth centres compared with hospital.(4)

These results from Canadian research are consistent with international research in settings where midwifery is well-integrated into the health care-system. (4)

Collaborative, informed choice

Choice of birth place and informed choice are fundamental principles of midwifery care. Midwives facilitate the collaborative process of informed decision-making and recognize clients as primary decision-makers in their health care.

Midwives develop an understanding of each client and family's social, cultural, physical and emotional circumstances and explore the most appropriate place of birth including out-of-hospital settings for each person: they take into account the client's housing situation, as well as the options and specific resources available in their local community. (4)

Midwives will facilitate informed choice discussions ensuring that clients understand:

- the reasons/conditions that may necessitate consultation with and/or transfer of care to another health care professional,
- the reason/conditions that may necessitate transport to hospital,
- the standard procedures and emergency measures that may be used by a midwife assisting with birth in either the home or hospital setting,
- the standard procedures and emergency measures available in the hospital that will not be available at a home birth, without transport to hospital and,
- the unpredictable nature of birth in either the home or hospital setting.

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Safety and Competency

The MCNB has standards and policies to support safety in home birth. Registered Midwives are trained to manage maternal and newborn emergencies in the home and in the hospital, and undergo regular re-certification in neonatal resuscitation and management of obstetrical emergencies.

The equipment that midwives bring to home births and that is available in birth centres is similar to the equipment in a Level 1 community hospital, including oxygen, neonatal resuscitation equipment and pulse oximeter, medications to treat postpartum haemorrhage, IV fluids, suturing supplies and sterile instruments.

Proximity to hospital and emergency services.

Most transports from home to hospital are not emergencies and generally take place by private car. In emergency situations, transport takes place by ambulance and the midwife accompanies the client as the primary caregiver and medical escort during transport.

Researchers and clinicians have speculated that distance from a hospital with emergency services and specialized personnel may affect overall outcomes; however, this has not been studied or verified. The results of one BC study examining the effects of distance to facilities on maternity care outcomes, indicated, in congruence with international data, that the key factor is access to skilled attendants **not the level** of facility.(3,5)

Midwifery Council of New Brunswick Expectations for Home Birth

- The birth is planned and prepared for in the home (or other suitable out-of-hospital setting).
- The birth is attended by two registered midwives, or a registered midwife and a MCNB approved second birth attendant.
- Where a midwife works with a second birth attendant, consideration is given to the training, qualifications and experience of that second attendant.

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- The supplies, equipment and training, required to treat emergency conditions in the home are maintained, updated and checked at each birth by the midwife.
- Continuous one-to-one care and monitoring during active labour is provided.
- The midwife has a well-developed system of consultation with and referral to physicians in the community.
- Cooperation exists among health care professionals in the community.
- Emergency transportation with trained personnel and access to medical services are available.
- A plan for hospital procedures for receiving an Emergency Transport from a Planned Home Birth is in place at the closest hospital providing obstetric and newborn care.
- Consideration is given to the length of time required to travel to hospital under current local road and weather conditions in the community.

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