Birth place decisions

Information for women and partners
on planning where to give birth



BirthPlace & You

This guide is intended to help you plan where to give birth. You can use it by yourself, and it is also intended to support discussions with your midwife or obstetrician about where you would like to give birth.

Until recently, nearly all women gave birth in hospital labour wards (obstetric units or 'OUs'). We now know that this is not an ideal environment for all women, although birth in a labour ward is recommended for women with health conditions, or known problems with their babies. If you and your baby are healthy, your pregnancy is at low risk of complications, and you have not previously had a caesarean, you should be offered alternatives such as birth in an 'alongside' or 'freestanding' midwifery unit, or birth at home, and this guide explains why these choices are important.

What does being 'at low risk of complications' mean?

In this guide, being 'at low risk of complications' means that:

- You are healthy and well, other than the common discomforts of pregnancy.
- You have no medical conditions (such as diabetes or high blood pressure) affecting you or your baby, and if you have given birth before, that there were no complications, (such as caesarean birth or heavy bleeding after birth).
- It also means that you are pregnant with one baby only (not twins or triplets) and that your baby grows healthily during pregnancy and is in a 'head down' position.
- When you give birth, this should take place between 37–42 weeks (nine months), and you should not have developed new problems (such as bleeding, or your waters breaking for more than 24 hours before labour begins, or infections that could be passed to your baby) just before labour begins.

Birth settings

Maternity care is changing, and new settings for birth are now being provided in many areas. Some terms used to describe these new birth settings are explained here. These terms are also used in the 'Birthplace' study, which is where most of the information in this guide comes from. See **www.npeu.ox.ac.uk/birthplace** for more information about this research.

Obstetric units (OUs) – a new name for 'labour wards'

Obstetric units are based in hospitals that provide 24 hour services including medical, obstetric, neonatal and anaesthetic care. Although care is provided by a team of people, obstetricians (doctors who specialise in birth) lead care if you are at high risk of complications during labour and birth. Midwives also provide care to all women in an obstetric unit, and lead your care if you have a straightforward pregnancy and birth.

Midwifery units and home birth services

In recent years, many hospitals have opened midwifery units, or changed parts of obstetric units into a midwifery unit. Around half of maternity hospitals now have at least one midwifery unit as well as the 'main' obstetric unit. These new units are designed for healthy women at low risk of complications, and specialise in providing care which helps women to have a normal birth (birth without medical interventions). There are two main kinds of midwifery unit and in this guide, the following terms are used to describe birth settings where midwives lead care:

Alongside midwifery units (AMUs) are based within hospitals, but are separate from obstetric units. Midwives take responsibility for your care during labour, and support you to have a normal birth. If you or your baby need specialist medical care or you decide to have an epidural for pain relief, you will need to be transferred to an obstetric unit on the same site. Transfer will normally be by bed or wheelchair.

Freestanding midwifery units (FMUs) are birth centres on a separate site from the nearest main hospital. Midwives take responsibility for your care during labour, and support you to have a normal birth. If you or your baby need specialist medical care or you decide to have an epidural or drugs for pain relief, you will need to be transferred to an obstetric unit, which may be several miles away. Transfer is normally by car or ambulance.

Home birth means planned home birth, with a midwife providing care during labour and following birth. Midwives are trained to help you give birth at home safely, and will also advise you if transferring into an obstetric unit would be best. Transfer is normally by car or ambulance.

Source of information for this guide

This guide draws on the 'Birthplace' study, which was published in 2011. This research looked at safety of different places of birth for healthy women with straightforward pregnancies, and their babies. It was a large study, involving 64,500 women and babies, who were followed through pregnancy, labour and for a short time after the birth. The Birthplace research was the first study to show what happens to babies and women when they plan birth in one setting (such as at home or in hospital), even if, in the event, plans change, and they are transferred to a different setting.

Key findings from the 'Birthplace' study

In brief, the Birthplace research found that:

- Giving birth is generally very safe for healthy women at low risk of complications, and their babies.
- For women having a first baby, planned birth in a midwifery unit (either freestanding or alongside) offers benefits for the mother and appears to be as safe for the baby as planned birth in an obstetric unit (labour ward).
- For women having a first baby, a planned home birth increases the risk for the baby by a small amount, compared to giving birth in an obstetric unit.
- For women having a first baby, there is a fairly high likelihood of transferring from home (45%) or from a midwifery unit (36–40%) to an obstetric unit (labour ward) during labour or immediately after the birth.
- For women having a second, third or fourth baby, planned home births and planned midwifery unit births offer benefits for the mother and appear to be as safe for the baby as birth in obstetric units (labour wards). The transfer rate to an obstetric unit (labour ward) from home or midwifery units is around 10%.

For more information about the Birthplace study, please see **www.npeu.ox.ac.uk/birthplace**

NICE guidelines (NICE 2014) for care of healthy women and their babies

Following the Birthplace study, new NICE guidelines give the following recommendations:

For women who are at low risk of complications, giving birth is generally very safe for both the woman and her baby. Women may choose any birth setting (home, freestanding midwifery unit, alongside midwifery unit or obstetric unit), and you should be supported in your choice of setting wherever you choose to give birth.

Women expecting their second, third or fourth babies, who are at low-risk of complications, are advised to plan to give birth at home or in a midwifery-led unit (freestanding or alongside). This is particularly suitable because the rate of interventions is lower than in an obstetric unit and the outcome for the baby is no different compared with an obstetric unit.

Women expecting their first baby, and who are at low risk of complications, are advised to plan to give birth in a midwifery-led unit (freestanding or alongside). This is particularly suitable because the rate of interventions is lower than in an obstetric unit and the outcome for the baby is no different compared with an obstetric unit. If women expecting their first baby plan birth at home, there is a small increase in the risk of a poor outcome for the baby.

What to do if you have not been given a choice of place of birth

The NICE guidance is clear. Healthy women who are at low risk of complications should have an opportunity to choose where to give birth. Your named midwife or obstetrician should discuss this with you, but if you haven't had a chance to talk this through with your maternity care professional, there are some resources you can use to find out more yourself, and on page 15, there are some ideas of who to contact if you want to discuss your place of birth further.

If you have not been given a choice of place of birth, and you think this may be because you or your baby are at increased risk of complications, please see page 6.

When birth in an obstetric unit is recommended

In some circumstances you will be advised to give birth in an obstetric unit (labour ward), where you have access to care by specialist midwives, doctors and the wider team. Also, more intensive monitoring facilities are available, if you or your baby require these. Some conditions that mean birth in an obstetric unit will be recommended for you are listed below. The list is not exhaustive, and your midwife or doctor can discuss this further with you.

Current pregnancy

Twin or triplet pregnancy, pregnancy or 'gestational' diabetes, placenta is too low-lying, breech pregnancy, high blood pressure, high BMI (35 kg/m^2 or more), pregnancy lasts less than 37 weeks or more than 42 weeks (including induction of labour), baby is too small, anaemia (low iron levels), too much or too little water (amniotic fluid) around the baby, active infections including group B streptococcus, where antibiotics in labour are recommended.

Previous pregnancies and births

Previous caesarean, post-partum haemorrhage (bleeding) which required additional treatment or a blood transfusion, pre-eclampsia requiring pre-term birth, eclampsia, retained placenta, previous shoulder dystocia (when it is difficult to deliver baby's shoulders), previous stillbirth.

Long term medical conditions

Diabetes, heart disease, kidney disease, history of high blood pressure or stroke, asthma, cystic fibrosis, sickle cell disease, clotting or bleeding disorders, hyperthyroid, current infections (for example HIV, hepatitis B or C, toxoplasmosis), liver disease, epilepsy, mental health conditions requiring inpatient care.

When individual assessment of place of birth is recommended

Some circumstances mean that place of birth should be considered on an individual basis. These include if you have a medical condition which is stable, previous severe tears during birth (third or fourth degree tears), being aged over 35 at booking, having a higher BMI (30–35 kg/m^2), expecting a fifth or subsequent baby.

What to do if you are at increased risk of complications, or you need individual assessment, and have not been given a choice of place of birth

In this situation, it is really important that you are given information so that you know why birth in an obstetric unit has been recommended. If you have been advised to give birth in an obstetric unit, but would like to consider birth at home or in a midwifery unit, do discuss this with your consultant or your midwife as early as possible. Page 15 includes some additional resources and contacts for you.

Here's what some women say about deciding where to give birth...

These pages contain views from pregnant women who were interviewed about where they planned to give birth, and their reasons for planning birth in different settings. Some had given birth before, and most were at low risk of complications.

It's not up to me, I've been told I have to give birth in hospital



Although there are circumstances when birth in an obstetric unit is recommended (see page 6), NICE guidance recommends that women should have an opportunity to discuss where they want to give birth and what is important to them during birth. Planning where to give birth is important, because a normal birth is more likely when birth is planned in midwifery units or at home, and normal birth leads to fewer complications (such as infections or difficulties breastfeeding) and a quicker postnatal recovery. Even if birth in an obstetric unit is recommended, support for normal birth should be available. There are some resources on p. 15 that may be useful if you would like to find out more.

I need to be where there are doctors, to feel safe...

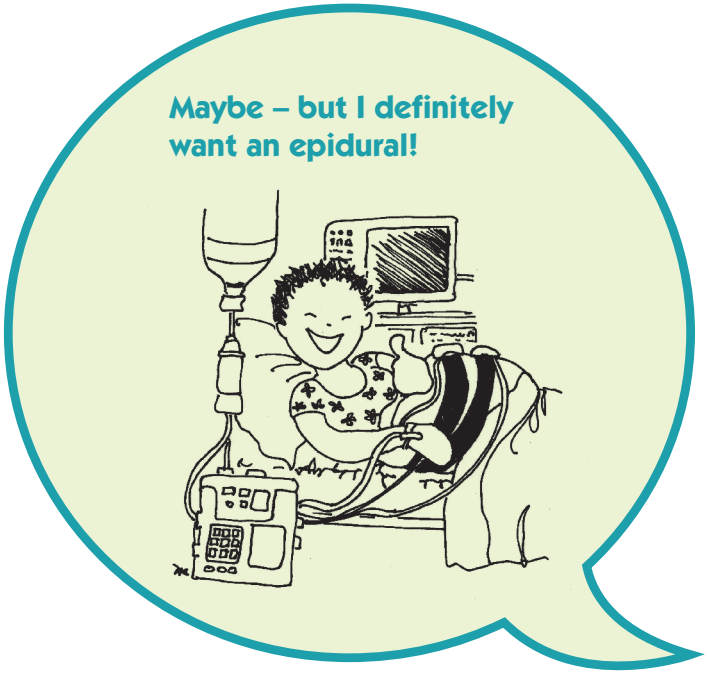


Birth is generally very safe for healthy women and their babies. In the UK, midwives and doctors are trained to respond to birth emergencies and to ensure you have access to the right care. However, healthy women are much more likely to have interventions (such as caesarean or birth assisted by forceps or ventouse/vacuum) if they plan to give birth in obstetric units, compared to similar women who plan birth at home or in midwifery units (see pages 12–14). Intervention rates are lower for planned home and midwifery unit births, even if women are transferred into obstetric units during labour, so the increase is not because women can't have interventions at home or in midwifery units. However, it is really important that you feel safe, and one option is to find out about birth in an alongside midwifery unit, which is based in hospital, close to (but separate from) the obstetric unit, allowing quick transfer should you require this.

There isn't an alongside midwifery unit near me

Have you checked on the Which? Birth Choice website?
www.which.co.uk/birth-choice





The Birthplace research showed that healthy women and their babies are as safe in midwifery units as they are in obstetric units (labour wards). Home birth is also safe when women at low risk of complications are planning a second, third or fourth birth at home, but the likelihood of the baby having a poor outcome is a little higher if a first birth is planned at home. The numbers of babies affected is small, but this is still an important consideration (see page 11).

Women who have medical conditions which affect their pregnancy, or previous complications which may affect their birth, are advised to give birth in an obstetric unit, but you can still be helped to have a normal birth in the obstetric unit.

Epidurals give good pain relief, but they also reduce your mobility, and birth assisted by ventouse/vacuum or forceps is more likely. Epidurals do not make caesarean birth more likely. Placing an epidural can only be done in an obstetric unit, by an anaesthetist, so epidurals are not available at home or in midwifery units. If you know that you want an epidural, talk to your midwife or consultant about planning birth in an obstetric unit (labour ward). Planning birth at home or in a midwifery unit does not mean you can't have an epidural, but you would need to transfer into an obstetric unit first. If you are unsure, or who would like to be supported by midwives to give birth without an epidural, midwifery units provide a setting where you can get one to one care from a midwife, and you can still go into the obstetric unit for an epidural if you decide during labour that is right for you.

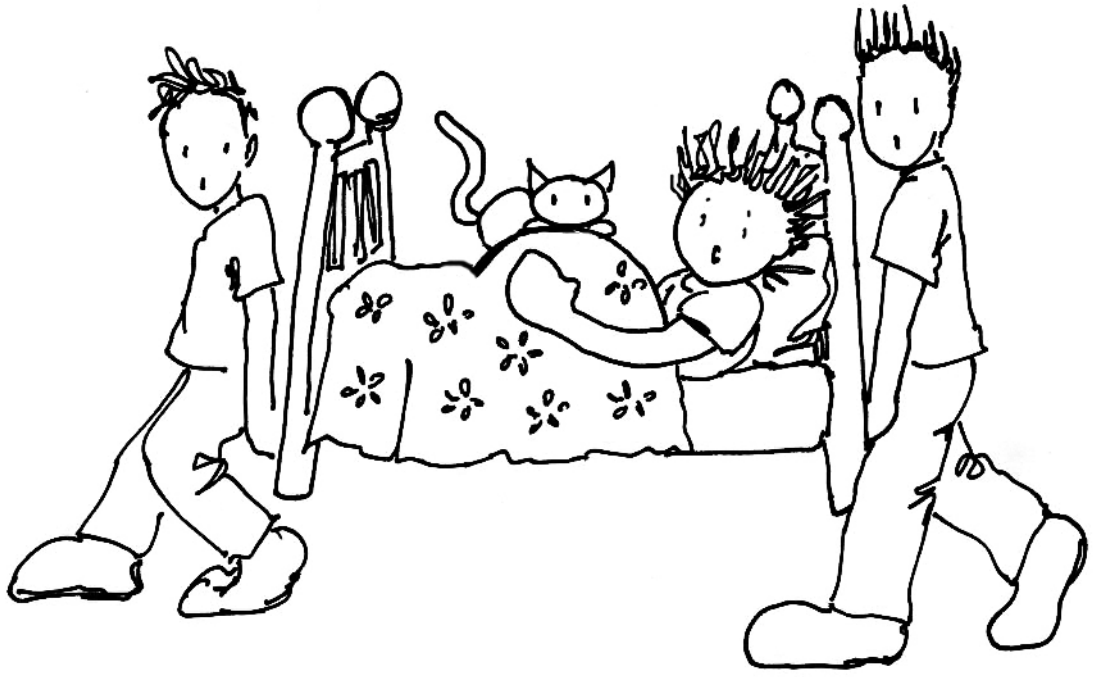
Thinking about transfer into hospital from home, and from freestanding midwifery units

Transfer into hospital during labour or following birth is an important consideration when planning where to give birth. When people think about 'transfer', they often think this will be an emergency, but in practice, most transfers are for non-emergency reasons (such as a long labour, or 'delay' in labour). Midwifery units and midwives providing home birth services work closely with hospitals and ambulance services to provide safe, timely and co-ordinated care during transfers.

Transfer from home or midwifery units is more likely for women expecting their first baby. Between a third (36%) and half (45%) of women who plan first births at home or in midwifery units are likely to require transfer into an obstetric unit (labour ward).

For women expecting their second, third or fourth baby, transfer into hospital is less likely. About 10% of women planning second or subsequent births at home or in midwifery units are likely to require transfer into an obstetric unit.

Remember, these numbers refer to healthy women with straightforward pregnancies. For women at risk of complications, birth in an obstetric unit is recommended.



Find out what's available near you

You can ask your midwife or obstetrician how many of the four birth settings (home, alongside midwifery unit, freestanding midwifery unit and obstetric unit) are available in your area, or look at NHS trust maternity care webpages. You can also use the free 'Which? Birth Choice' website (**www.which.co.uk/birth-choice**), to find out which services are close to you geographically.

Below are some additional questions to ask your midwife or consultant about different birth settings. The answers to many of these questions can also be found on the Which? Birth Choice and NHS Trust websites.

Home birth:

- Is a home birth service available? If so, who can have a home birth?
- How do women find out about home birth in your area?
- How many women have had a home birth in the last year?
- How many women who plan home birth have required transfer into hospital during labour or just after birth?
- If you plan a home birth, will you have a chance to get to know the midwife who will look after you in labour whilst you are pregnant?

Birth in an alongside midwifery unit:
Does your trust have an alongside midwifery unit? If so:

- Who can give birth there?
- How do women arrange to give birth in the alongside midwifery unit?

(Some trusts automatically admit women to the alongside midwifery unit in labour, if they are healthy and at low risk of complications: you may want to find out if this is the case in your trust)

- How many women are transferred from the alongside midwifery unit to the obstetric unit in labour?

Birth in an freestanding midwifery unit:
(These are less common than alongside midwifery units)
Does your trust have an freestanding midwifery unit? If so:

- Who can give birth there?
- How do women arrange to give birth in the freestanding midwifery unit?
- How many women are transferred from the freestanding midwifery unit to the obstetric unit during labour or shortly after?
- Will you have a chance to get to know the midwife or midwives who will look after you in labour?

Birth in an obstetric unit
Most trusts have at least one obstetric unit. You may want to ask whether you have a choice of obstetric units.

- Who can give birth there? [Nowadays, some hospitals don't encourage women at low risk of complications to give birth in obstetric units]
- If you are planning to give birth in an obstetric unit, at what point can you be admitted during labour?
- Does the obstetric unit have any birth pools or other facilities to support normal birth?

Planned place of birth: outcomes for babies of healthy women at low risk of complications

Birth is generally very safe for women at low risk of complications and their babies. These diagrams show outcomes for babies when birth is planned in different settings. In each case, the green circles ● represent a baby born healthy, and the blue circles ● represent a baby with a poor outcome, meaning that the baby was injured, seriously ill or died during or just after birth. These outcomes are very rare amongst healthy women who are at low risk of complications, but they can happen in any birth setting. For women expecting their first baby, a poor outcome, whilst still uncommon, is more likely for planned home births.

First Baby

Birth planned in Obstetric Unit



Birth planned in Alongside midwifery unit (AMU)



Birth planned in Freestanding midwifery unit (FMU)



Birth planned at home



The orange outline shows that 4 more babies per 1000 have a poor outcome, compared to planned first birth in an obstetric unit

Second, third or fourth baby

Birth planned in Obstetric Unit



Birth planned in Alongside midwifery unit (AMU)



Birth planned in Freestanding midwifery unit (FMU)



Birth planned at home



Normal birth: outcomes for healthy women at low risk of complications

Normal birth means that you go into labour by yourself (labour is 'spontaneous'), and give birth without assistance from instruments (ventouse or 'vacuum' birth, or forceps), without caesarean section and without general, spinal or epidural anaesthetic before or after birth. This is the 'Maternity Care Working Party' definition, and was agreed by the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists and the National Childbirth Trust in 2007. Women recover more quickly from a normal birth, are less likely to have complications (such as pain and discomfort) following birth, and more likely to find they can establish breastfeeding.

The diagrams below show how many women per 100 have a normal birth, when they plan birth in different settings. The diagrams refer to healthy women at low risk of complications. In each diagram, women who have a normal birth are shown by a green figure and women who have interventions (induction of labour, birth assisted by instruments, birth by caesarean or birth with epidural or general anaesthetic) are shown by a blue figure.

First Baby

Birth planned in Obstetric Unit



Birth planned in Alongside midwifery unit (AMU)



Birth planned in Freestanding midwifery unit (FMU)



Birth planned at home



Second, third or fourth baby

Birth planned in Obstetric Unit



Birth planned in Alongside midwifery unit (AMU)



Birth planned in Freestanding midwifery unit (FMU)



Birth planned at home



Emergency (in labour) caesarean

In England, around 25% of women have a caesarean birth. This number combines emergency caesareans, which happen during labour, and elective caesareans, which are planned before labour. It also includes all women (those at low risk of complications, and also those with medical conditions or risk factors). Overall, about 15% of caesareans take place during labour ('emergency') and about 10% are planned before labour ('elective'). Women expecting their first baby are more likely to have an emergency caesarean (about 20%) compared to women expecting their second or subsequent baby (about 10%).

The diagrams below show how many women who were at low risk of complications had an emergency (in labour) caesarean. The numbers are slightly lower than the national rate, because women at low risk of complications are less likely to need a caesarean. Also, women who had planned elective caesareans were not included in the Birthplace research, which this guide is based on, because they were not in a position to plan where to give birth. In each diagram, women who have an emergency caesarean are shown by a blue figure. Green figures represent women who had no emergency caesarean (they had a vaginal birth, or a birth assisted by ventouse/vacuum or forceps).

First Baby

Birth planned in Obstetric Unit



Birth planned in Alongside midwifery unit (AMU)



Birth planned in Freestanding midwifery unit (FMU)



Birth planned at home



Second, third or fourth baby

Birth planned in Obstetric Unit



Birth planned in Alongside midwifery unit (AMU)



Birth planned in Freestanding midwifery unit (FMU)





Assisted birth and emergency caesarean section

Ventouse or 'vacuum', and forceps, are sometimes used in the second stage of labour, to help deliver the baby more quickly if there is concern about the wellbeing of the baby or the woman. These interventions may be called 'instrumental' or 'assisted' births, and are only undertaken if there is good reason to think that a quicker birth would be beneficial, and that a caesarean birth may be avoided. Assisted births are associated with complications for women and babies, and recovery may be slower following birth. Overall, about half of assisted births are ventouse/vacuum births, and half are births with forceps. Like caesarean births, assisted births are more common amongst women having their first baby, compared to women having their second or subsequent baby. In some cases, the use of instruments is not successful, and then a caesarean is performed.

The diagrams below show how many women who were at low risk of complications had an assisted birth (ventouse or forceps) or an emergency caesarean in different birth settings. In these diagrams, women who have a caesarean birth are shown by a dark blue figure. Light blue figures represent women who have births assisted by ventouse/vacuum or forceps. Green figures represent women who had a straightforward vaginal birth.

First Baby

Birth planned in Obstetric Unit



Birth planned in Alongside midwifery unit (AMU)



Birth planned in Freestanding midwifery unit (FMU)



Birth planned at home



Second, third or fourth baby

Birth planned in Obstetric Unit



Birth planned in Alongside midwifery unit (AMU)



Birth planned in Freestanding midwifery unit (FMU)



Birth planned at home



Summary

Planning where to give birth is one of the most important decisions that you make during pregnancy. There is no ideal time to decide where to give birth, and you can change your mind as your pregnancy progresses. Remember to talk to your midwife, your obstetrician or your antenatal teacher about what is available to you locally. You can also look at the Which? Birth Choice website **www.which.co.uk/birth-choice**

- Think about your preferences for birth, what kind of birth you would like, and what kinds of support you might need during labour.
- Consider your views on transfer, and those of your birth supporter/s; find out more from your midwife or obstetrician.

Further information and resources

This guide is intended to help you think about where to give birth. It may have raised new questions for you; please talk to your midwife or obstetrician about these. Below are some additional resources which you may also find useful.

Which? Birth Choice website
www.which.co.uk/birth-choice
Helps you to understand your birth options, make comparisons between different settings, and find the best place for you. Free to use, and full of useful information, data and links.

NHS Choices www.nhs.uk/Pages/HomePage.aspx
Information about health conditions and services, including feedback from other people who have used these.

My Health London www.myhealth.london.nhs.uk
One in five babies are born in London; this website helps you to find out what is available and make comparisons.

National Childbirth Trust www.nct.org.uk
Find out about antenatal classes and about 'the first 1000 days' of parenthood.

Birthrights www.birthrights.org.uk
An organisation which campaigns to support human rights during birth.

If you don't feel they have been listened to, or you haven't had a chance to talk about where to give birth, try talking to your midwife first. If you still have questions, ask to speak to a consultant midwife or consultant obstetrician, a Supervisor of Midwives or to the Head of Midwifery at your NHS trust. For more detailed information, please see **www.which.co.uk/birth-choice/articles/negotiating-your-care-if-you-are-at-increased-risk-of-complications**

Sources

This booklet uses findings from the 'Birthplace in England' programme of research. More information including published papers and summaries of findings can be found at: **www.npeu.ox.ac.uk/birthplace**

The booklet also contains advice found in the revised NICE guideline: Intrapartum Care: Care of healthy women and their babies during childbirth Clinical Guideline 190 NICE December 2014 **www.nice.org.uk/guidance/cg190**

www.nice.org.uk/guidance/cg190

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