Research shows:

When comparing similar women at low risk of complications; those women intending a home birth rather than a hospital birth are:

- More likely to have a normal birth with 85-90% of women achieving this
- Less likely to have labour and birth interventions such as medication to 'speed up' labour, epidural analgesia, episiotomy, birth assisted with instruments, such as forceps and/or caesarean section
- Less likely to experience severe perineal trauma or haemorrhage after birth
- More likely to initiate breastfeeding earlier and breastfeed for longer

Their babies are:

- > Less likely to need admission to a nursery
- > At equal risk of stillbirth and neonatal death

Transfer to hospital

If you are having your first baby, you are more likely to require transfer to hospital during pregnancy, labour or after birth when compared with women having their second or subsequent baby (approximately 30% versus 10%). Your baby may have more complications as a result, but the overall risk remains low.

You can plan to give birth to your baby at home if all of the following applies to you:

- > You are pregnant with only one (1) baby
- You do not have a medical reason that would preclude you from a home birth
- You weigh 100kg or less and your BMI (Body Mass Index) is 35kg/m² or less
- You have not had a previous caesarean section
- You have not had significant problems in a previous birth (e.g. haemorrhage after birth of more than a litre)
- You have had screening for diabetes in pregnancy and you do not require medication for uncontrolled sugar levels
- You have had a morphology ultrasound with no significant complication identified
- You have had a normal pregnancy without complications
- You are more than 37 weeks but less than 42 weeks pregnant
- > Your baby is head down before labour starts
- You do not want pain relief medication for labour
- > There are no child protection concerns for your unborn baby
- > You are prepared to cover the cost of ambulance transport to hospital if required
- You have been informed about the SA Health Planned Birth at Home Clinical Directive, discussed it with your midwife and signed the consent form for Planned Home Birth

You can plan to birth your baby at home if your home:

- > is less than thirty (30) minutes travelling time by ambulance to the supporting hospital
- has reliable telecommunications; landline or mobile with 'coverage'
- has easy access for an ambulance should it be required
- > has clean running water and electricity
- > is clean
- has an area to secure animals safely away from the birthing environment

You will also need to ensure that other children or dependant persons within the home will be cared for by someone other than yourself and that you have support at home, particularly for the first 24 hours after the birth.

You may need to transfer to hospital during labour or after the birth if:

- your labour does not progress as expected by your midwife
- any other complications develop in labour, during birth or immediately after the birth
- there are concerns for your baby's wellbeing during labour, birth or after your baby is born

You must be ready to accept your midwife's advice for transfer to hospital if she/he thinks it is necessary. Reasons for this can be discussed with your midwife in advance and are listed in the Planned Birth at Home Clinical Directive.

Why Home Birth?

The birth of your child is a joyous and intimate experience to be shared with those closest to you. It comes as no surprise then, that like some women, you may wish to give birth in the comfort and privacy of your own home.

Women who have had a home birth(s) describe a greater sense of self-determination and a feeling of being more in control of the birth process and their environment, free from the pressure and restraints sometimes felt with birth in hospital. Women indicate that this leads to a feeling of empowerment and sense of achievement, which in turn improves satisfaction with the birthing experience and overall psychological wellbeing.

Women also describe how the presence and involvement of their partner and/or close family or friends is more easily facilitated, providing heightened reassurance and support.

There are many factors to consider when planning to give birth at home, some personal and some governed by the South Australian Department for Health and Wellbeing. Government-employed registered midwives who participate in planned home birth must adhere to the SA Health Planned Birth at Home Clinical Directive and other relevant polices (e.g. First Stage Labour and Birth in Water Clinical Directive).

For more information

SA Maternal, Neonatal & Gynaecology Community of Practice Women's & Children's Health Network 52 King William Rd North Adelaide SA 5006

www.sahealth.sa.gov.au

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Information for Women



SA Health