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## **NCT Briefing: Home Birth**

**This briefing sets out the NCT policy on access to home birth. It includes a historical introduction to the issue and explains why home birth is an important topic for parents using the maternity services. It sets out the social and clinical evidence on home birth and provides the policy context for all four countries of the UK. Women and their partners have experienced problems with arranging a home birth over many years. The briefing provides some evidence to demonstrate this problem and an explanation of the reasons for it.**

### **NCT policy**

- 1. All parents should be able to choose a place to give birth that they feel is right for them and their baby.**
- 2. Birth is a normal physiological process and most pregnant women are fit and healthy, so there are potential benefits of giving birth in a social setting, such as at home. Planned home birth is a positive choice for many parents, particularly women who are healthy, have no history of serious medical conditions or maternity complications, and have had a straightforward pregnancy.**
- 3. Being able to access a home birth is important because women have the greatest autonomy in their own home. Sometimes women giving birth in a hospital find that they lose control over what happens to them and their baby, the family is more likely to be separated and the institutional environment limits their privacy, freedom and intimacy.**
- 4. Evidence shows that for women with a straightforward pregnancy, home birth with care from an experienced midwife and the back up of hospital medical services is a safe choice, involving less medical intervention, with positive outcomes in terms of health and well-being for mothers and babies.**
- 5. Parents need up-to-date evidence-based information that addresses their questions, so they can make the right choice for them and their baby.**
- 6. Every woman has the right to a home birth. The NCT supports the Nursing and Midwifery Council 2006 statement that seeks to clarify the position regarding home birth, emphasizing that midwives have a professional duty to attend a woman in labour at home.**
- 7. The NCT supports woman-centred maternity services and a woman's right to accept or decline treatment. Where a woman chooses a home birth when her health professionals feel a hospital birth would be more appropriate, provision should be made to ensure that the woman is fully supported and any risk is minimised.**
- 8. Women choosing to give birth at home should be informed about the most common reasons for transfer, about local transfer rates both for women having a first baby and for other women, and about practical transfer arrangements, including the time to reach their nearest hospital and the available transport. The various parts of the maternity and neonatal system should work together to ensure that prompt transfer takes place if a different level of care becomes necessary. Systems need to be in place to make this possible.**

9. **The NCT works with and lobbies governments, commissioners and service managers for better access to a range of maternity care options that respond to parents' needs. We fully back the *Maternity Matters* choice commitment, set out by the government for maternity services in England in 2007, which says that women in all areas should have access to, and the option to choose between planning for a home birth, or using a midwife-led birth centre or a hospital labour ward.**
10. **In all areas, the planned home birth service should be an integral part of the wider maternity and neonatal service. Within these services, community-based and midwife-led services, including home birth, are especially able to promote normality and support families in the social and emotional transition to parenthood.**
11. **Provision of choice of place of birth should be reviewed at management board level along with other aspects of the maternity services at least once a year, with reports taken from the maternity services liaison committee, and the primary care trust (in England) to ensure that the service is genuinely offering choice, providing adequate services with a normality focus to minimize unnecessary intervention, and to respond to parents' needs and wishes.**

The following sections of this briefing provide information to explain the historical and policy context in which these NCT policy statements have been developed, together with relevant evidence and a more detailed exposition of our policy in some areas. The NCT's position statement on home birth is available on our website [www.nct.org.uk/](http://www.nct.org.uk/)

## **Background**

At the start of the 20<sup>th</sup> century, 99 per cent of British babies were born at home.<sup>1</sup> From this time the home birth rate gradually began to decrease with the increase in popularity of small maternity homes and cottage hospitals within the community. The move away from home birth was not initially motivated by concerns over safety, but from a desire to provide facilities for women whose homes were overcrowded, and who needed rest after the birth. By the 1950s, around one third of births took place at home.<sup>2</sup>

As hospital birth became the norm, the perception developed that home birth was less 'advanced' than birth in more technological surroundings, and the Peel Report to the government in 1970 assumed a "...*greater safety of hospital confinement for mother and baby*". From then on the proportion of hospital births grew, from about 70 per cent in 1970 to over 97 per cent in the 1980s and 1990s. Home birth rates declined at the same time, reaching a low of less than 1 per cent in the mid-1980's.<sup>3</sup> During this time, a number of studies challenged the idea that birth in hospital was safer. After reviewing the evidence, in 1992 the parliamentary Health Select Committee, led by Audrey Wise MP and Nicholas Winterton MP (chair), informed the government that Peel had been mistaken:

"..the policy of encouraging all women to give birth in hospitals cannot be justified on the grounds of safety."<sup>4</sup>

Nowadays the home birth rate is a little higher – in 2006, 2.5 per cent of births in the UK took place at home<sup>5</sup> – but women's access to a home birth service varies greatly between areas, and can be restricted by the attitudes of healthcare providers.

1. **All parents should be able to choose a place to give birth that they feel is right for them and their baby.**

Maternity care should be a positive experience for women and make a significant contribution to public health, the well-being of families and the next generation. Experiences of pregnancy, birth and the early weeks with a new baby can have a long-lasting impact on the family, affecting

physical and mental health, social relationships and child development. It is important that women begin motherhood feeling good about themselves, and valued and supported by others.

- 2. Birth is a normal physiological process and most pregnant women are fit and healthy, so there are potential benefits of giving birth in a social setting, such as at home. Planned home birth is a positive choice for many parents, particularly women who are healthy, have no history of serious medical conditions or maternity complications, and have had a straightforward pregnancy.**

There are many reasons why women may want to choose a home birth:

- They can labour and give birth in familiar surroundings. This is likely to make them feel more relaxed and can help labour to progress.
- They don't have to make a decision about when to go to hospital or interrupt labour with a journey.
- They are usually looked after by a small team of midwives who will have got to know them during their pregnancy, and who look after them in the days following the baby's birth.
- They may find labour less painful and are less likely to want strong pain-relieving drugs.
- They are less likely to have medical interventions or be subject to arbitrary time limits.
- They don't have to be separated from their partner after the birth.
- If they have older children, they don't have to leave them.
- They and their baby are protected from exposure to the risk of hospital-acquired infection.

- 3. Being able to access a home birth is important because women have the greatest autonomy in their own home. Sometimes women giving birth in a hospital find that they lose control over what happens to them and their baby, the family is more likely to be separated and the institutional environment limits their privacy, freedom and intimacy.**

Experience suggests that women are more likely to be able to create a calm atmosphere into which they can welcome their baby, preserving the intimacy, privacy and sense of control that so many women and men want at this special time in their lives.

It is widely accepted that women who choose a home birth feel an increased sense of control, empowerment and self esteem, and an overwhelming preference for this birth setting. This feeling of control is linked to better emotional outcomes for women.<sup>6</sup>

For example, a British study carried out in 1993 showed that women who arranged a home birth preferred it for a number of reasons including feeling more relaxed, peaceful and calm, feeling more in control, their partner was more involved, they felt safer and it was more private. Only one woman out of the 142 women who had a home birth said that she would prefer a hospital delivery in a subsequent pregnancy.<sup>7</sup>

Another prospective study of women's expectations and experiences of childbirth<sup>6</sup> reported that the satisfaction rates were highest amongst women who had fewest interventions, including those who gave birth at home.

A quantitative study (N = 550) measuring satisfaction with birth in different settings in Canada<sup>8</sup> found that women who gave birth at home were more satisfied with their birth experience than women who gave birth in hospital, even though care was provided by the same midwives in both settings. The women who planned a home birth more often felt able to deal with labour than women who had planned a hospital birth, and felt more competent, secure and relaxed. In comparison, women who had planned a hospital birth more often felt powerless, fearful and anxious, and as if someone else was in charge of their labour.

A qualitative study of women planning home births in Scotland<sup>9</sup> found that women valued the autonomy that having a home birth provided. Women planned home births for many reasons, including avoiding being attended by strangers, having control over decision-making, and avoiding

invasive interventions. Some women associated hospitals with sickness and dying or with previous traumatic birth experiences. Being at home was equated with creating a loving and nurturing environment both for the women themselves and for their babies.

**4. Evidence shows that for women with a straightforward pregnancy, home birth with care from an experienced midwife and the back up of hospital medical services is a safe choice, involving less medical intervention, with positive outcomes in terms of health and well-being for mothers and babies.**

Although there is limited research evidence about clinical outcomes of women having home births, the better conducted studies have shown benefits to women of planning a home birth.

There are difficulties with carrying out research comparing planned home birth with planned hospital birth. Well conducted randomised controlled trials (RCTs) are considered the gold standard for assessing the benefits and harms of interventions or forms of care but it is not feasible to carry these out for comparing planned hospital birth with planned home birth because only a small proportion of women are willing to be randomised as to place of birth. It has been shown that women tend to volunteer for these studies because they want to have a home birth.<sup>10</sup> For studying rarer outcomes such as perinatal mortality, the number of 'low-risk' women required to be recruited and randomised in order to demonstrate any difference is enormous, and therefore impractical. Therefore most research is carried out using non-randomised studies, the results of which can be less reliable than randomised studies.

There are additional factors which can limit the value of the research evidence, such as

- differences in when women are recruited to studies (sometimes women who transfer to hospital care during pregnancy are included in the home birth group for analysis of the results)
- including women at different risks of complications
- studies undertaken in different geographical areas or where maternity services are organised differently.

A review by the NCT of the evidence about home birth<sup>11</sup> identified 17 studies and assessed their quality according to an existing scale of quality measurement.<sup>12</sup> Only five studies (Chamberlain 1997, Wieggers 1996, Janssen 2002, Woodcock 1994, Ackermann-Liebrich 1996),<sup>13,14,15,16,17</sup> were considered to be of a sufficiently high quality to compare outcomes of planned home birth with outcomes of planned hospital birth. One of these studies (Ackermann-Liebrich)<sup>17</sup> was not of good enough quality to provide information about safety of home birth.

The NICE guidelines on *Intrapartum care* states: '*Women should be offered the choice of planning birth at home, in a midwife-led unit, or in an obstetric unit. Women should be informed that giving birth is generally very safe for both the woman and her baby.*'<sup>18</sup>

*Evidence on interventions*

One of these studies, conducted by the National Birthday Trust Fund<sup>13</sup> was undertaken in the UK. This covered nearly 5,000 planned home births in 1994 and recruited women at low risk of complications. Each woman was matched for risk level and obstetric history with another who planned a hospital birth. The study found that:

- The home birth group had roughly half the risk of ending up with a caesarean birth compared to the hospital group (2.0% versus 4.1% - the national caesarean rate at the time was about 15%<sup>19</sup>).
- The home birth group had roughly half the risk of ending up with a ventouse or forceps delivery (2.4% versus 5.4% - the national rate at the time was about 10%<sup>20</sup>).
- Mothers who planned home births were less likely to suffer a post-partum haemorrhage.
- Babies in the planned home birth group were significantly less likely to be in poor condition at birth – i.e. have an APGAR score below 7 (5.2% versus 9.3%) or to need resuscitation.

- Babies in the planned home birth group were less likely to suffer birth injuries.

Non-UK studies (from Canada<sup>15</sup> Australia<sup>21</sup> and Switzerland<sup>17</sup> showed similar findings including fewer caesarean births, operative vaginal births, epidurals, analgesia, augmentation of labour and episiotomies for women who planned home births.<sup>18</sup>

Thus women at low risk of complications planning a home birth are more likely to have a normal birth with all the attendant benefits.<sup>22</sup> The RCOG/RCM recognise that “...*these are not insignificant interventions and may have considerable impact on a women’s long term health and the emergent relationship with her birth experience*”.<sup>23</sup>

#### *Evidence on safety*

The National Birthday Trust Fund study<sup>13</sup> was unable to compare perinatal mortality adequately with 5 babies dying in each group. However, the perinatal mortality was low at just over 1 per 1000. The non-UK studies<sup>14,15,16</sup> indicated that perinatal mortality for both planned home births and planned hospital births was low. They showed no differences in perinatal mortality between the two groups, although these studies were too small to assess any differences reliably.<sup>11</sup>

The NCT review concluded that there is no evidence to suggest that hospital birth is safer than home birth for women at low risk of complications:

“Until good quality about comparative safety is available, the choice a woman makes about where to give birth will have to rely on other factors. However the likelihood of a baby dying is very low for women at low risk of complications wherever they choose to give birth.”<sup>11</sup>

### **5. Parents need up-to-date evidence-based information that addresses their questions, so they can make the right choice for them and their baby.**

Most women are at low risk of complications and could have a birth without medical interventions.<sup>22</sup> When a woman first books her maternity care, she should be invited to think about where she might like to give birth, including the option of a home birth. She should be given good quality information which promotes informed choice, and whatever choice she makes should be supported and respected. She should understand that she can change her mind at any time during pregnancy and her final choice can be made at the end of pregnancy or even during early labour.<sup>24</sup>

It is important that women know the choice she makes about her birth setting can affect her birth experience. When a woman chooses where she wants to give birth, she chooses not only the environment where she wants the baby to be born but also the nature, pattern and provider of care.<sup>25</sup> In particular, choosing a home birth will often enable her to receive continuity of caregiver which has been shown to be of benefit.<sup>26</sup>

### **6. Every woman has the right to a home birth. The NCT supports the Nursing and Midwifery Council 2006 statement that seeks to clarify the position regarding home birth, that midwives have a professional duty to attend a woman in labour at home.**

Women in the UK have an absolute right to give birth at home, as there is no legal compulsion to give birth in hospital, provided that the mother is mentally ‘competent’. However, there is no absolute requirement made by government that all maternity services provide cover for home births all of the time and in all circumstances. Consequently, in some areas, particularly when there have been midwifery staffing shortages, NHS trusts in England have suspended their planned home birth service. Equally, early in pregnancy when planning their maternity care, women may be put off planning for a home birth as they may be told there is ‘no guarantee’ that a midwife will be available to them when they go into labour. This situation is unacceptable as it completely

undermines the principles of woman-centred maternity care, informed decision making, choice of place of birth and provision of emotional support.

The Nursing and Midwifery Council (NMC) issued a circular in 2006 to clarify the legal position on the obligation to provide a home birth service. This stated:

*“Midwives are experts in normal birth and the NMC’s standards require them to be competent to support women to give birth normally in a variety of settings including in the home...Whilst an employed midwife has a contractual duty to their employer, she also has a professional duty to provide midwifery care for women. A midwife would be professionally accountable for any decision to leave a woman in labour at home unattended, thus placing her at risk at a time when competent midwifery care is essential”.<sup>27</sup>*

This guidance to midwives, together with the strong policy expectation that commissioners of services, NHS trusts and midwifery managers will provide consistent access to home birth,<sup>28,29,30</sup> means that women who want to have a home birth can be very clear with their carers that they expect a midwife to be provided. If they call for a midwife to attend them at home when in labour, the trust and/or the midwife contacted could be failing in their duty of care if they do not attend. This means that if a woman is assertive, most NHS trusts will provide the necessary care, which may involve careful forward planning around how to respond to peaks in demand, employing extra midwives, or redeploying midwives from the labour ward into the community. One option is for the trust to contract with an independent midwife to provide care for women wanting a home birth, if their community service is at full-stretch.

It is very stressful for pregnant women and their family if they have to live with uncertainty, have to argue for a midwife to be provided, or are told when in labour, or late in pregnancy, that there is no midwife available.

**7. The NCT supports woman-centred maternity services and a woman’s right to accept or decline treatment. Where a woman chooses a home birth when her health professionals feel a hospital birth would be more appropriate, provision should be made to ensure that the woman is fully supported and any risk is minimized.**

Some women with a more complex pregnancy will weigh up the benefits and risks of the alternatives and decide that a home birth is right for them and their baby. The NICE guidelines on *Intrapartum care*<sup>18</sup> provide a list of obstetric, medical and other factors which indicate that women have an increased risk of complications, and many circumstances where ‘individual assessment’ is required. Women with any of these risk factors will generally be advised to give birth in an obstetric unit. Experience suggests that most women will follow advice to book for a hospital birth if they are advised that they are at increased risk of experiencing complications. However, some women may feel that in their particular circumstances that the risks are not much if any greater (e.g. women aged over 40); some may feel that the benefits of a home birth environment are too important to miss out on, and some will be afraid of going into hospital (perhaps because of previous sexual abuse, needle and other phobias, or previous bad hospital experiences).

In most cases, women and the midwives and obstetricians providing their care will be able to reach agreement about place of birth and circumstances for transferring from home to hospital. However, sometimes agreement cannot be reached and a woman chooses a home birth when health professionals feel a hospital birth would be more appropriate. If a woman declines the offer of a hospital birth for her baby, the NCT believes that the maternity services should ensure that:

- the lead professional states their position clearly without exerting emotional pressure,
- an experienced home birth midwife provides antenatal care and attends the birth (e.g. recruiting an independent midwife, if staffing levels or skill-mix is an issue)
- the lead midwife is supported by the local supervisors of midwives and a supportive consultant obstetrician,

- contact information and access details are known by those who may need them (community midwives, ambulance service, and labour ward)
- the ambulance service and labour ward are notified if a woman considered at high-risk of serious complications is in labour at home.

A planned home birth should not be denied to a woman who makes an informed choice despite the presence of known or possible additional risk factors.

**8. Women choosing to give birth at home should be informed about the most common reasons for transfer, about local transfer rates both for women having a first baby and for other women, and about practical transfer arrangements, including the time to reach their nearest hospital and the available transport. The various parts of the maternity and neonatal system should work together to ensure that prompt transfer takes place if a different level of care becomes necessary. Systems need to be in place to make this possible.**

Sometimes women who have planned a home birth may need to transfer to hospital during labour as a result of complications or because they feel they would be more comfortable being in hospital.

Rates of transfer from home to hospital during labour will vary locally depending on the support for home births and experience of midwives attending. The National Birthday Trust Fund study showed transfer rates of 40 per cent for first-time mothers and 10 per cent for those having a second or subsequent baby.<sup>13</sup> The National Institute for Health and Clinical Excellence (NICE) recommends that women choosing to give birth at home should be informed of local transfer rates.<sup>18</sup>

Studies have compared the outcomes of women who planned a home birth but transferred to hospital with those who achieved a planned home birth and also compared them with the outcomes of women who planned a hospital birth.<sup>13,31</sup> They have shown intervention rates and perinatal mortality rates to be higher among those women who transferred than for women who completed a home birth or for women who planned a hospital birth. What is not known is what the outcomes were for the sub-group of women who had planned a hospital birth and developed complications, as all the hospital-planned births are analysed together rather than separated out into those who had a straightforward birth and those who developed complications. Overall, there were no differences reported in intrapartum-related perinatal mortality outcomes for planned home births (completed home births plus transfers), compared with all births.<sup>31</sup> Taking into account women who transfer to hospital for care, Chamberlain et al found that women who planned a home birth had a reduction in interventions such as caesarean birth, forceps and the need to resuscitate the baby.<sup>13</sup>

The various parts of the maternity and neonatal system should work together to ensure that prompt transfer takes place if a different level of care becomes necessary. Systems need to be in place to make this possible, such as evidence-informed protocols agreed by the consultant midwife in collaboration with a multi-disciplinary team, a fully integrated ambulance and paramedic service, and direct communication for community-based midwives with senior staff on the labour ward.

**9. The NCT works with and lobbies governments, commissioners and service managers for better access to a range of maternity care options that respond to parents' needs. We fully back the *Maternity Matters* choice commitment, set out by the government for maternity services in England in 2007, which says that women in all areas should have access to, and the option to choose between planning for a home birth, or using a midwife-led birth centre or a hospital labour ward.**

Policies on women's choice of place of birth vary between the four countries of the UK.

*England*

The Government supports women's choice of having a home birth. This was clearly set out in the Department of Health's policy document *Maternity Matters*<sup>32</sup> which includes a 'choice guarantee' from the Government, that, by the end of 2009, 'depending on their circumstances', women and their partners will be able to choose between three different options including home birth, birth 'in a local facility' under the care of a midwife, and birth in a hospital setting.<sup>32</sup>

This policy is supported by clinical guidance from NICE. These guidelines state that women should be offered the choice of planning birth at home, in a midwifery unit or in an obstetric unit, and be given information to enable her to make a well informed choice.<sup>18</sup>

### *Wales*

In Wales, in acknowledgement that choice of place of birth had been restricted and that medical interventions in labour were unnecessarily high, a 10 per cent target was set for home birth.<sup>33</sup> Following the introduction of this target, the rate rose from 1.9 per cent in 2001 to 3.5 per cent in 2006, with home birth rates in Mid Wales reaching 9 per cent in 2006.<sup>5</sup> The *National Service Framework for Wales* confirmed their commitment to home birth stating the standard should be "...women who choose home delivery as their birth option are supported in that choice, appropriate to the level of clinical risk."<sup>28</sup>

Wales, like England, is also covered by the NICE clinical guideline which states that women should be offered the choice of place of birth.<sup>18</sup>

### *Scotland*

The *Framework for maternity services in Scotland* stated that "Women should have the right to choose how and where to give birth".<sup>34</sup> Scotland's clinical standards for the maternity services<sup>30</sup> provide that women should be given information in order to make an informed decision about place of birth. Home birth rates in Scotland are low, 1.4 per cent in 2006 (although in some areas reached nearly 5%<sup>5</sup>) but this is an increase over recent years. The Scottish Government's programme *Keeping Childbirth Natural and Dynamic* is developing a pathway for normal maternity care. This would help women avoid unnecessary intervention and may highlight the value of a social context for maternity care, including community maternity units and at home.<sup>35</sup> Clinical standards for maternity care in Scotland state that a minimum of two trained professionals must be present at planned home births.<sup>30</sup>

### *Northern Ireland*

Home birth rates in Northern Ireland are low, at around 0.4 per cent<sup>5</sup> and have increased very little over recent years. No policies are in place to routinely offer home births to women, although a statement from the Minister for Health Social Services and Public Safety in September 2008 said that he was considering the implementation of the NICE *Intrapartum care* guideline in Northern Ireland.<sup>36</sup> This could include recommendations on offering choice of place of birth.

## **10. In all areas, the planned home birth service should be an integral part of the wider maternity and neonatal service.**

Complex modern health services should be seen as a system with each part having its own specialised function. Within the maternity and neonatal services, community-based and midwife-led services, including home birth, are able to specialise in promoting normality (natural birth without high-tech, medical interventions, care of the newborn and breastfeeding), and support families in the social and emotional transition to parenthood – something that often gets overlooked on a busy labour ward, where complex clinical needs and management of complications and emergencies must take priority.

## **11. Provision of choice of place of birth should be reviewed at management board level along with other aspects of the maternity services at least once a year, with reports taken from the maternity services liaison committee, and the primary care trust (in England) to ensure that**

**the service is genuinely offering choice, providing adequate services with a normality focus to minimize unnecessary intervention, and to respond to parents' needs and wishes.**

A survey in 2007<sup>37</sup> found that only 57 per cent of women were offered a home birth, but this varied between 22 per cent and 93 per cent across trusts. Only 51 per cent of the women who were given a choice about where to have their baby reported that they had definitely been given sufficient information to help them decide. This suggests that many women are not being offered a choice of place of birth when they book for maternity care, nor the information required to make such a decision. Many are not aware they could give birth at home.

Home birth rates 2006	Home birth rate	Highest area*	Lowest area*
England	2.69%	14.2% West Somerset	0.4% Middlesbrough
Wales	3.53%	10.7% Powys	0.9% Conwy
Scotland	1.36%	4.8% East Lothian	0.3% Renfrewshire
Northern Ireland	0.39%	1.6% Moyle	0.0% Armagh
<b>UK</b>	<b>2.55%</b>		

\*Areas are: England, Local Authority; Wales, Unitary Authority; Scotland and NI, Council Area  
Sources of data: Office for National Statistics, General Register Offices of Scotland and Northern Ireland

The extent to which women actually have home births ranges from less than 1 per cent to over 14 per cent in different local authorities.<sup>5</sup> In England, four local authorities have a home birth rate over 10 per cent: West Somerset 14.2 per cent, Mid Suffolk 11.6 per cent, Teignbridge (Devon) 10.4 per cent and Penwith (Cornwall) 10.2 per cent; there is one local authority in Wales with a rate this high (see table above). Rates can be much higher in more localised areas. For example, in 2007 the Albany Practice in South-East London had a 47 per cent home birth rate, a rate that has been sustained at over 40 per cent for several years.<sup>38</sup> This practice provides midwifery services for women who live in the Peckham area which has high levels of deprivation. Further information about home birth rates is available on [www.birthchoiceuk.com](http://www.birthchoiceuk.com).

A MORI poll commissioned by the Expert Maternity Group found that 16 per cent of women would consider giving birth at home,<sup>39</sup> but this seems to be an underestimate in areas where home birth is presented as a realistic option by supportive health professionals.

Although differences in local demand will account for some of the discrepancy, it is likely that attitudes of healthcare providers have more influence. Choice can also be limited by factors such as lack of available staff or lack of training. Many GPs and midwives qualify without ever having attended a home birth and consequently they lack experience and may discourage women from actively considering a home birth. In England, *Maternity Matters* makes clear that women should be able to access the services of a midwife directly, with information on how to do so readily accessible in her local community.<sup>32</sup> This can help women whose choice of home birth may not be respected by their GP.

A further choice available to some women is care from an independent midwife. These are midwives who provide an alternative to NHS care in most areas of the UK and charge for their services. Many independent midwives specialise in home birth and provide a one-to-one service. As well as having considerable experience of normal labour and birth, they are often experienced in helping women give birth to twins, breech babies, and after a previous caesarean birth. In 2005-06, 433 women were attended by independent midwives, with a 68 per cent home birth rate.<sup>19</sup>

## Summary

Planning to give birth at home is a good option for women who are healthy and have a straightforward (low-risk) pregnancy. Government policy across the whole of the UK is to increase

women's choice of place of birth and access to midwife-led care. In England, from 2009, access to a home birth will be 'guaranteed', if policy is fully implemented.

There is no evidence that a planned home birth is less safe than a planned hospital birth for women with low risk of complications. In addition, women are less likely to experience medical interventions such as caesarean birth, assisted delivery or epidural pain relief if they plan a home birth. Many women like the feeling of being in control and being relaxed during labour at home, and would choose to give birth at home again.

Maternity services should be structured so that all women have the choice of a home birth. Although the evidence is not clear on outcomes for women who transfer to hospital during labour, it is important that women are able to transfer easily if additional care is needed at any stage, with good communication particularly once the woman is received at the obstetric unit so that any necessary care can be given as soon as possible.

### **Other sources of information**

#### *Websites*

[www.nct.org.uk](http://www.nct.org.uk) – the NCT website

[www.homebirth.org.uk](http://www.homebirth.org.uk) – the Home Birth Reference Site, providing detailed information on planning a home birth including other women's experiences and summaries of research evidence

[www.aims.org.uk](http://www.aims.org.uk) – the Association for Improvements in the Maternity Services, particularly helpful for those having difficulty booking a home birth

[www.birthchoiceuk.com](http://www.birthchoiceuk.com) – BirthChoiceUK, helping women choose where to have their baby, and with home birth statistics for different areas of the UK

[www.independentmidwives.org.uk](http://www.independentmidwives.org.uk) – Independent Midwives Association, for those wishing to find out about the services of independent midwives in their area

#### *Books/leaflets*

Home Birth: A practical Guide by Nicky Wesson

Home Birth: Information to help you decide – an NCT booklet

NCT Information Sheet: Home birth (available at <http://www.nct.org.uk/info-centre/publications/view/32> )

All books and leaflets available for purchase from [www.nctsales.co.uk](http://www.nctsales.co.uk)

## References

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The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

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