Choosing Your Birthplace

The care providers at Inlet Community Birth Program value safety for clients and babies as our primary concerns. Assuming a healthy pregnancy, current evidence supports both home and hospital birth as safe and reasonable choices. We feel privileged to attend births, wherever our clients plan to do so. We hope that our clients feel free to choose the place of birth that feels best and safest for them. This document is meant to discuss the available options objectively, as well as to offer some logistical considerations for both options.

Homebirth: Is It Right For You?

Up until the 20th century, it was unusual to give birth anywhere but your own home. Midwives and physicians attended women's labours, and clients were often assisted by female relatives. There was a move to hospital delivery in the early 20th century, but in the 1970s, homebirth once again became a more popular option. In some parts of Europe, homebirth never "went out of fashion". For instance, in the Netherlands and many parts of Scandinavia, the homebirth rate is as high as 35%. In some Canadian midwifery practices, the homebirth rate is greater than 50%: across BC, slightly fewer than 7000 babies per year (about 2% of all births) are born at home. Approximately 25% of our low-risk clients choose to give birth at home. If you are having a low-risk pregnancy[1] and are considering homebirth, here are some things to consider:

- Homebirth setup, supplies, and cleanup
- Child care, pet sitting
- Waterbirth (water *labour* is available in both settings; waterbirth is currently available only at home)
- Travel time in the event of transfer to hospital.

When Is Hospital Birth Recommended?

The following is a list of some situations where hospital birth is recommended:

- Fetal concerns (twins, suspected large or small baby, or suspected fetal anomaly)
- Fluid concerns (low or high amount of fluid suspected, or meconium-stained fluid)
- Maternal concerns (gestational diabetes, high blood pressure, medical problems)
- Birth history concerns (history of hemorrhage, retained placenta, or shoulder dystocia)
- Labour prior to 37 or later than 41 weeks and 6 days' gestation

Finally, hospital birth is generally the preferred choice if the client herself feels safer or more comfortable in that setting.

Flexibility

There are many things about labour that neither the client nor her care providers can control. Creating a backup plan (for example, packing a hospital bag if you are planning a home birth, or paging the on-call care provider to attend you at home if you are progressing quickly and have a history of fast births) is wise. Logistics may also play a part--if your care provider is already at the hospital with another client, or if it is rush hour and your trip to the hospital may be challenging,

[1] For those clients planning or considering homebirth, keep in mind that it is a practice policy for clients to do a minimum of baseline lab work, and have at least one ultrasound in the 2nd or 3rd trimester (to rule out fetal abnormalities or problems with placental placement). Because of the reduced amount of immediate assistance available in the home setting, we require adequate information to be assured that your pregnancy is low-risk prior to planning for homebirth. If this policy is a concern, please speak with us as soon as possible, so that we may discuss your wishes, and find alternate care for you if we are not able to come to agreement.

flexibility regarding your planned place of birth may be necessary. There may also be rare occasions when a homebirth has been planned, but concerns arise during the pregnancy that could make a homebirth unsafe. In those situations, your care providers will discuss the concerns with you. If the team feels that a homebirth would not be safe for either you or for your baby, they may request that you come to the hospital to give birth. Please discuss this and any other questions or concerns you have with the team.

INFORMED CONSENT

I have read and understand this document, and had the opportunity to have my questions answered. I understand that I can change my mind about my planned place of birth at any time, and that the midwives and physicians at Inlet Community Birth Program will discuss with me any changes in my situation that may affect their recommendations about my planned birthplace.

□ *I plan to give birth at home.* I agree to do baseline lab work and have at least one ultrasound in the 2nd or 3rd trimester. I understand that if I do not do the lab work or ultrasound, my care providers will recommend that I give birth in hospital.

I agree that, if I am planning a home birth but my care provider recommends that we plan for a hospital birth—either prenatally or during the labour itself—that I will accept and trust the recommendations. Should concerns arise that, in my care providers' judgement, would make a homebirth unsafe, I understand that they may decline to attend a home delivery and may request that I come to the hospital.

□ *I plan to give birth in hospital.* I understand that Royal Columbian Hospital is where most planned hospital births take place in our practice; and that in some circumstances, we may be required to attend another local hospital for reasons of hospital staffing and/or lack of beds.

Client's signature:_____ Date:_____

Care provider's signature:_____ Date: _____

References

Association of Ontario Midwives. *Choice of birthplace*. http://www.ontariomidwives.ca/midwife/philosophy/birthplace, accessed 15 Jan 2015.

College of Midwives of British Columbia, 2005. Statement on Home Birth. http://www.cmbc.bc.ca/pdf.shtml?Registrants-Handbook-13-01-Statement-on-Home-Birth, accessed 15 Jan 2015.

College of Midwives of British Columbia, 2013. *Homebirth Handbook for Clients*. http://www.cmbc.bc.ca/pdf.shtml?Registrants-Handbook-13-07-Handbook-for-Midwifery-Clients, accessed 16 Jan 2015.