Choosing Your Birthplace

The care providers at Inlet Community Birth Program value safety for clients and babies as our primary concerns. Current evidence supports both home and hospital birth as safe and reasonable choices in the context of (a) low-risk pregnancy and (b) typical emergency services and team availability. 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 choices.

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 labours, and clients were often also supported by 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 15% 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)
- Emergency services availability & travel time in the event of an urgent/emergent 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, malposition 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 (>39 weeks for clients over 40)

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

Flexibility

There are many things about labour that neither clients nor care providers can control; planning a home birth does not guarantee a home birth. Creating a backup plan (for example, packing a hospital bag if you are planning a homebirth, or converting your planned place of birth to home if you are progressing quickly and have a history of fast births) is wise.

Logistics may also play a part—if several babies are being born on the day that you are in labour, or if a Community-call midwife is unavailable for an unforeseen reason—you may be asked to come to the hospital for delivery. There may also be rare occasions when a homebirth has been planned, but concerns arise during pregnancy that could make a homebirth unsafe. Flexibility regarding your planned place of birth may be necessary. In those situations, your care providers will discuss the concerns with you. If members of the team feel that a homebirth would not be safe for either you or for your baby, they will request that you come to the hospital to give birth. Please discuss this and any other questions or concerns you have with the team.

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[1] For those clients planning or considering homebirth, please note our practice policy for a minimum of baseline lab work, and at least one ultrasound in the 2nd or 3rd trimester (to rule out fetal abnormalities or abnormal 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 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 if needed.

Birthplace Planning Checklist

If any of these conditions are present at any time during your pregnancy or labour, we strongly recommend that you plan to give birth in hospital:

- ❏ History of postpartum hemorrhage
- ❏ History of retained placenta
- ❏ Uterine fibroids
- ❏ History of shoulder dystocia
- ❏ Low iron or clotting factor levels
- ❏ Gestational diabetes
- ❏ Marginal or placenta previa
- ❏ High blood pressure
- ❏ 4th baby or more
- ❏ Meconium-stained amniotic fluid
- ❏ Fetal growth restriction
- ❏ SSRI use in pregnancy
- ❏ Pregnancy >42 weeks gestation
- ❏ Twins
- ❏ Breech
- ❏ Trial of labour after cesarean
- ❏ Blood-borne infection
- ❏ History of Covid in pregnancy

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 care providers at Inlet Community Birth Program will discuss with me any changes in my situation that may affect 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 my support people will wear PPE as requested by the midwife.

I affirm my understanding that, in an obstetrical or neonatal emergency, there is limited assistance available in the home setting, and that a long ambulance delay could contribute to serious injury or death for myself and/or my baby.

I agree that, if I am planning a home birth and 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' judgment, would make a home birth unsafe, I understand that they may decline to attend me at home, 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:__________________

References

Association of Ontario Midwives, 2016. *Choice of birthplace*.
https://www.ontariomidwives.ca/sites/default/files/CPG%20supplemental%20resources/Choice%20of%20birthplace.pdf, accessed 12 Mar 2022.
BC College of Nurses & Midwives, 2021. Midwifery Scope and Model of Practice.
https://www.bccnm.ca/Documents/standards_practice/rm/RM_Scope_and_Model_of_Practice.pdf, accessed 12 Mar 2022.
BC College of Nurses & Midwives, 2015. *Planned Place of Birth Handbook*.
https://www.bccnm.ca/Documents/standards_practice/rm/RM_Place_of_Birth_Handbook.pdf, accessed 11 Mar 2022.