

Place of Birth Handbook¹

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The College of Midwives of BC (CMBC) has developed this document to provide information for midwifery clients about place of birth options and to summarize the CMBC practices and policies for midwives regarding place of birth.

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¹ Formerly called Home Birth Handbook for Midwifery Clients

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INTRODUCTION

This *Place of Birth Handbook* contains information for you in preparation for birth. As experts in normal birth, midwives in British Columbia provide care during labour and birth in a hospital or a home with excellent outcomes.

College of Midwives of British Columbia (CMBC) midwives respect the right of the client to make an informed choice about the setting for birth. Additionally, midwives recognize and support the client as the primary decision maker.

This handbook has two purposes.

- Firstly, the handbook has a section for the midwifery client. The handbook provides information for clients about place of birth options.
- Secondly, the handbook has a section for midwives to summarize the CMBC practices and policies for midwives regarding place of birth.

The final sections of this handbook contain research and references if you want more information about home births and hospital births.

PLACE OF BIRTH—CLIENT SECTION

Midwives are experts in normal birth. In British Columbia, you can choose to give birth at home or in a hospital with a midwife as your caregiver.

The College of Midwives of British Columbia (CMBC) provides policies and standards for midwives, so midwives can safely support you during pregnancy, labour, birth, and post-partum. The CMBC supports the right for you to choose where to give birth.

Informed Choice

Informed choice means that you have the right to receive information and to make decisions about your care.

Informed choice is a fundamental principle of midwifery care in British Columbia. Midwives have a responsibility to inform you about your care options and to support you in making decisions about your care. This includes the choice of place of birth.

See the *Appendix* for the *CMBC Informed Choice Policy* and other CMBC documents that are related to place of birth.

Choosing a Place of Birth

Throughout pregnancy, your midwife will assess your health needs and screen for clinical risk factors. Your midwife will provide you with information to help you make a safe and informed decision about where to give birth. Your midwife will make recommendations for a place of birth based on safety.

You can learn more about health assessment in the following documents, *CMBC Indications for Discussion, Consultation and Transfer of Care* and *Indications for Planned Place of Birth* in the *Appendix*.

Home Birth

Midwives in British Columbia provide care during labour and birth in a hospital or a home with excellent outcomes.

Safety

Research shows that home birth is as safe as hospital birth, where there is screening, planning, trained professional midwives and a health care system that supports midwifery and home birth. You can read more in the *Research* section of this handbook.

Here are some of the CMBC expectations for a home birth:

- The birth is planned and prepared for in the home (or another suitable out-of-hospital setting);
- The birth is attended by two registered midwives, or a registered midwife and a CMBC approved second birth attendant;
- The supplies, equipment and training, required to treat emergency conditions in the home, are maintained and updated by each midwife;
- Continuous one-to-one care and monitoring during active labour is provided;
- Your midwife has a well-developed system of consultation with and referral to physicians;
- Cooperation exists among health care professionals in your community;
- Emergency transportation with trained personnel and access to medical services are available;
- A plan for *Hospital Procedures for Emergency Transport from Planned Home Birth* is in place at the closest hospital providing obstetric and newborn care;
- Where a midwife works with a second birth attendant, consideration is given to the training, qualifications and experience of that second attendant; and
- Consideration is given to the length of time required to travel to hospital under the current local road and weather conditions in your community.

For midwives, safety is the central issue in every birth. Midwives are trained to manage maternal and newborn emergencies in the home and in the hospital. The CMBC has standards and policies to support safety in home birth. See the *Appendix* for this and other related CMBC documents.

Planning

During regular prenatal visits, your midwife will continue to evaluate your health and your baby's health status. Your midwife will discuss with you any changes to your risk status.

Together, you and your midwife are responsible for preparing for a home birth. For example, the following plans are expected to be in place before the birth:

- Your midwife ensures that the CMBC *Required Equipment and Supplies for Home Birth Setting* are available;

- You ensure that the *Client Supplies for Home Birth* as requested by your midwife are available;
- Your midwife ensures that a second midwife or second attendant is available as per the *CMBC Policy for Second Birth Attendants*;
- You prepare directions to the home where you plan to give birth, especially if the location is difficult or rural.
- You ensure you are pre-registered at the hospital.
- The midwife provides a copy of the antenatal records to the hospital at 20 and 36 weeks².
- The midwife notifies the hospital staff at the onset of active labour and planned home birth.

Backup planning

Planning a home birth will not ensure a home birth for everyone. It is important to inform your midwife of changes in your circumstances that could affect the safety of a home birth. Your midwife will expect that you agree to be transported to the hospital during labour or postpartum if problems arise that may be best managed in a hospital setting.

Most transports from home to hospital are not emergencies and generally take place by private car. In emergency situations, transport most often takes place by ambulance.

Midwives work together with ambulance and hospital personnel toward the common goal of providing the safest care. According to British Columbia Ambulance Service (BCAS) policy, midwives requesting ambulance services have the authority and responsibility to continue providing care to the maternity client and/or newborn as the primary caregiver and medical escort during transport to hospital.

Summary

Here is a summary of the main points in the Home Birth section:

- In British Columbia, based on your health needs and recommended options, you can choose to give birth at home or in a hospital with a registered midwife as your caregiver.
- Research shows that home birth is as safe as hospital birth, where there is screening, planning, trained professional midwives, and a health care system that supports midwifery and home birth.
- Safety is the central issue in every birth. Midwives are trained to manage maternal and newborn emergencies.
- Together, you and your midwife are responsible for preparing for a home birth and also for preparing a transport plan.

See the *Appendix* for a list of CMBC documents that are related to place of birth.

² If a client lives remotely and is planning on birthing in another community, the Antenatal Record Part 1 & 2 at 20 and 36 weeks gestation must be received at the closest remote hospital **and** the hospital of the community where the birth is planned.

Hospital Birth

Midwives are experts in normal birth. Midwives in British Columbia provide care during labour and birth in a hospital or a home with excellent outcomes.

Your midwife works together with other health care professionals in your community—professionals such as doctors, nurses, and lactation consultants. Your midwife is an independent practitioner and, like a doctor, can admit and discharge you from the hospital, order medications, and provide health care.

Safety

When midwives work in hospitals in BC, they follow the CMBC standards of practice and guidelines, and they follow the policies and procedures of the hospital. For midwives, safety is the central issue in every birth. Midwives are trained to manage maternal and newborn emergencies in the home and in the hospital.

Hospitals are categorized according to available resources and level of care capability. Hospitals are identified as level 1, 2 or 3. In rare circumstances, if a higher level of care is necessary and cannot be safely managed in your local hospital, you may need to be transferred to a larger centre.

Planning

During regular prenatal visits, your midwife will continue to evaluate your health and your baby's health status. Your midwife will discuss with you any changes to your risk status.

Together, you and your midwife are responsible for preparing for a hospital birth. For example, the following plans are expected for a hospital birth:

- You understand directions to the hospital and the procedure for admission.
- The midwife ensures they have directions to your home or labour place because the midwife may provide labour care and assessment prior to admission to the hospital.
- You ensure you are pre-registered at the hospital.
- The midwife provides a copy of the antenatal records to the hospital at 20 and 36 weeks³.
- The midwife notifies the hospital staff when admission or labour assessment is anticipated in-hospital.
- You and the midwife consider the travel times to the hospital under road and weather conditions.
- Midwives have all the necessary equipment for a home birth in case of precipitous delivery or in case you decide to remain at home for the birth.

³ If a client lives remotely and is planning on birthing in another community, the Antenatal Record Part 1 & 2 at 20 and 36 weeks gestation must be received at the closest remote hospital **and** the hospital of the community where the birth is planned.

Summary

Here is a summary of the main points in the Hospital Birth section:

- Midwives are experts in normal birth and are trained to manage maternal and newborn emergencies in the home and in the hospital.
- Your midwife is an independent practitioner and, like a doctor, can admit and discharge you from the hospital, order medications, and provide health care.
- Together, you and your midwife are responsible for preparing for a hospital birth.

See the *Appendix* for a list of CMBC documents that are related to place of birth.

PLACE OF BIRTH—CLINICIAN SECTION

This section of the Place of Birth Handbook summarizes CMBC standards of practices and policies for registered midwives regarding place of birth. This section also summarizes a list of activities for midwives around place of birth settings.

Standards and Policies

The CMBC *Standards of Practice Policy* states, “The college holds the midwife to the standard of a competent health care practitioner who maintains all requirements of registration, who keeps current with safe midwifery practice and who practices in accordance with the Code of Ethics, Model of Practice and other policies of the college.”

In accordance with “Standard Seven”, “The midwife shall respect the client’s right to make informed choices about the setting for birth and shall provide care in all appropriate settings. In each case, the midwife shall assess safety considerations and the risks to the client and inform her of same.”

For further information on Practice Standards and policies as they relate to the choice of place of birth, see the following documents in the CMBC [*Registrant’s Handbook*](#):

- *Standards of Practice*
- *Standards of Practice Policy*
- *Code of Ethics*
- *Midwifery Model of Practice*
- *Informed Choice Policy*
- *Policy for Client Requests Outside Midwifery Standards of Practice and Required Procedures for Midwife-Initiated Termination of Care*
- *Planned Place of Birth Informed Consent*
- *Policy on Hospital Privileges*
- *Indications for Discussion, Consultation, and Transfer of Care*
- *Indications for Planned Place of Birth*
- *Statement on Home Birth*
- *Policy for Home Birth Transport Plan* and related form
- *Required Equipment and Supplies for Home Birth Setting*
- *Policy for Second Birth Attendants* and related form

Activities

In order to meet CMBC standards and provide care to midwifery clients in appropriate birth settings, midwives perform the following activities:

- ✓ Comply with CMBC standards.
- ✓ Maintain competency to provide care to midwifery clients in a variety of birth settings including home and hospital settings.
- ✓ Maintain competency to manage maternal and newborn emergencies in home and hospital settings.
- ✓ Maintain hospital privileges.
- ✓ Provide clients with information about a midwife's scope of practice.
- ✓ Provide clients with information on place of birth.
- ✓ Assess health needs of clients and screen for clinical risk factors.
- ✓ Inform clients of the benefits, risks and safety of home birth and hospital birth.
- ✓ Inform clients about how emergency procedures may be carried out at home and in hospital.
- ✓ Support clients in their choice of place of birth.
- ✓ Complete the documentation associated with the place of birth.

Evidence

One of the tenets of the CMBC *Midwifery Model of Practice* is to incorporate the principle of "evidence-based practice." The model of practice further states that midwives are accountable "for safe, competent, ethical practice that is informed by the current research evidence in maternity care."

Midwives must look to research findings as they inform clients of the benefits, risks and safety of home birth and hospital birth in order to ensure the client's right to informed choice. The following section provides a summary of research findings, primarily from BC, on place of birth settings.

FURTHER READING

Research

In the medical literature, a “planned home birth” is defined as any case when a client with a prognosis for optimal maternal/newborn outcomes intends to deliver at home and has qualified birth attendants who work within a health care system that provides access to equipment, specialized personnel, and/or hospitalization when necessary.

It is important to compare information according to the original plan for place of birth, so that maternal and fetal outcomes those who transfer to the hospital after a planned home birth are included in the home birth group. To provide reliability in “intention-to-treat analyses”, researchers have refined standards for methodology and recommendations to assure quality and reliability have emerged (Vedam 2003). Information about the latest studies is available in the *Home Birth: An Annotated Bibliography*, which is published by Vedam and colleagues at the University of British Columbia (Vedam, Stoll et al. 2013).

Choice of place of birth

Researchers have compared the outcomes of mothers and babies from planned home births with those from planned hospital births. They found that when a woman has a healthy pregnancy and has access to skilled attendants, there are no significant differences in the health outcomes of mothers and babies between settings (Cheyney et al. 2014; Hutton, Reitsam and Kaufman 2009; Olsen and Clausen 2012; Springer and van Well 1996). When home birth services are well integrated into the health care system, as they are in BC, all low-risk women should be given the option to choose either home or hospital birth (Canadian Association of Midwives 2014; Olsen and Clausen 2012; Janssen 2014).

Hospital births and midwives

Regarding the research into midwife-attended hospital births, a 2007 study in BC compared maternal and newborn outcomes for planned hospital births that were attended by midwives to hospital births that were attended by physicians. The results show that healthy women planning hospital births attended by midwives experience significantly lower rates of obstetric interventions and similar rates of neonatal morbidity as compared with the physician attended births (Janssen 2007).

Home birth and hospital birth

The extremely low rate of adverse events associated with birth in high resource countries makes it difficult to identify significant differences in outcomes across birth settings. No studies have been done evaluating the impact on safety of hospital birth alone, but this section will focus solely on the safety of home birth as it compares to hospital birth.

In 2012, Olsen and Clausen published a Cochrane report that offers a detailed analysis of the best available observational population-based cohort studies. They concluded that, in high resource countries where care is integrated across birth settings, low-risk

women who plan a home birth experience significantly fewer interventions and complications than low-risk women who deliver in hospital (Olsen and Clausen 2012). They acknowledge differing approaches to risk assessment, the ethical application of clinically meaningful evidence, and the interaction of available models of care with choice of place of birth. The authors conclude that current evidence supports integration of home birth services into the health care system. They recommend that, in countries where access to skilled care providers are available, all women should be informed of the option of planned home birth.

In 2009, three teams of investigators reported outcomes from well-designed cohort studies comparing planned home births with planned hospital births. In all three study sites, births were attended by professional midwife attendants (de Jonge et al. 2009; Hutton et al. 2009; Janssen et al. 2009). The largest cohort study to date (N=529,688) compared perinatal mortality and morbidity among planned home births (321,301; 60.7%), planned hospital births (163,261; 30.8%), and unknown place of birth (45,120; 8.5%), using the national perinatal and neonatal registration data from 2000-2006 (de Jonge et al. 2009). The women in each group were matched according to parity, gestational age, maternal age, ethnic background, socio-economic status and antenatal risk status. The main outcome measures were intrapartum death of the infant, neonatal death within 24 hours or 7 days after birth, and admission to a NICU. There were no significant differences found between planned home births and planned hospital births.

To date, this is the only high quality study available that examines data from a large enough sample size to reliably identify significant differences between birth sites for the outcome of perinatal mortality. Other investigators have defined perinatal and neonatal mortality as either up to 7 days postpartum or 28 days and compared outcomes by birth site, but none have enough cases to provide an appropriate denominator for these rare adverse outcomes.

In 2009, Janssen and colleagues published outcomes from a population-based 5-year prospective observational cohort study in BC that compared outcomes for low-risk women in a midwife-attended, planned home birth group (N=2802), in a physician-attended, hospital birth group (N=5985), and a midwife-attended planned hospital birth group (N=5984) (Janssen et al. 2009). This was an intention-to-treat design and women who were transferred from home to hospital were retained in planned home birth group for analysis. There were similar or reduced rates of adverse maternal and newborn outcomes and fewer obstetric interventions in the planned home birth group. These differences among groups persisted regardless of actual place of birth. Women in all three cohorts had comparable maternal and fetal prenatal risk profiles. These outcomes were consistent with a large observational cohort study of effects of place of birth in Ontario published in the same year.

Given that no significant differences in maternal and newborn outcomes have been demonstrated, the effects of place of birth on resources have been examined. In analyses that account for both short-term and long-term allocation of resources, the appropriate use of technology, and the availability of system-wide structural supports

across birth settings, the provision of planned home birth in an integrated health care system is cost-effective (Anderson and Anderson 1999; O'Brien et al. 2010; Schroeder et al. 2012). Based on these data, trends in resource allocation, continued public interest in this option, and the ethics of choice and informed decision-making as applied to midwifery practice, the CMBC has maintained practice across birth settings as a core standard of practice.

Proximity to hospital and emergency services

Finally, researchers and clinicians have speculated that distance from a hospital with emergency services and specialized personnel may affect overall outcomes; however, this has not been studied or verified. In BC, Kornelsen and colleagues have examined the effects of distance to facilities on maternity outcomes and her results indicate, in congruence with international data, that the key factor is access to skilled attendants **not** level of facility (Grzybowski, Stoll and Kornelsen 2011).

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APPENDIX: List of CMBC Documents Related to Place of Birth

You can find the following documents on the College of Midwives of British Columbia (CMBC) website cmbc.bc.ca or ask your midwife to see a copy of the document.

- *Standards of Practice*
- *Standards of Practice Policy*
- *Code of Ethics*
- *Midwifery Model of Practice*
- *Informed Choice Policy*
- *Policy for Client Requests Outside Midwifery Standards of Practice and Required Procedures for Midwife-Initiated Termination of Care*
- *Planned Place of Birth Informed Consent*
- *Policy on Hospital Privileges*
- *Indications for Discussion, Consultation, and Transfer of Care*
- *Indications for Planned Place of Birth*
- *Statement on Home Birth*
- *Policy for Home Birth Transport Plan*
- *Client Supplies for Home Birth*
- *Required Equipment and Supplies for Home Birth Setting*
- *Policy for Second Birth Attendants*