



What do official reports say?

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Beverley Beech sets out the consistent official support for home birth over nearly 25 years

I recently examined some of the key NHS and Government documents covering England and Wales, advice provided by the Nursing and Midwifery Council (NMC) and Parliamentary debates on home birth and women's decisions about place of birth. Below is a small selection of relevant statements pertaining to these issues from 1992 until 2015, starting with the most recent. While not exhaustive, the general message is clear.

Most recently, the NHS Choices web site¹ states that: 'If you have a straightforward pregnancy and both you and the baby are well, you might choose to give birth at home.' It goes on to say that, 'Giving birth is generally safe wherever you choose to have your baby... For women having their second or subsequent baby, a planned home birth is as safe as having your baby in hospital or a midwife led unit.' And that 'If you give birth at home, you'll be supported by a midwife who will be with you while you're in labour.'

The National Institute for Health and Care Excellence guidance of December 2014² states that for 'low-risk' women, 'planning to give birth at home or in a midwifery-led unit (freestanding or alongside) is particularly suitable because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit.' In 2010 the NMC advised that 'Women should be offered the choice of planning birth at home and it is a midwife's duty to make all options, benefits or risks clear and to facilitate and respect the choices a woman makes if she has the capacity to make that choice.' And, 'Referral pathways should be in place to enable midwives to inform or seek advice from a supervisor of midwives when a woman, who may have risk factors, still wishes to have a planned home birth.' Also, that 'The midwife must continue to give care but should seek support by discussing any concerns with her supervisor of midwives.'³

It further advised that 'The available information on planning place of birth suggests that, among women who plan to give birth at home, there is a higher likelihood of a normal birth, with less intervention.'³

In 2008, the Healthcare Commission's review of maternity services in England stated that: 'The choice of home birth should be offered to all women.'⁴

In 2007, Maternity Matters, the Government's policy commitment to maternity services, made a National Choice Guarantee⁵ in which it stated: 'By the end of 2009, four national choice guarantees will be available to all women and their partners.' Among the guarantees were 'Choice of place of birth' and which listed the options, including: 'birth supported by a midwife at home'.

An NMC circular in 2006 stated that: 'home birth is at least as safe as hospital-based birth for healthy women with normal pregnancies.' It went on to clarify that the woman has the right to choose her place of birth and that it is the duty of a midwife to attend. '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.⁶

In 1992, the House of Commons Maternity Care Select Committee concluded that 'the policy of encouraging all women to give birth in hospital cannot be justified on grounds of safety.'⁷

Extracts from House of Commons and House of Lords debates

The following are selected extracts from the Commons and Lords debates about home birth and the woman's right and ability to make decisions.

In 2004, in response to a question by Helen Clark in the House of Commons, Dr Ladyman stated that 'we expect the NHS to provide a range of maternity services that includes the provision of home births.'⁸

In 2003, Lord Hunt of Kings Heath stated 'We want to explore all the areas which we know are important to women: a safe birth which is as normal as possible; a choice of place of birth, with home birth as a realistic option.'⁹

In the same debate, Baroness Noakes made the point 'I start with home births. They are not desired by all women, but a substantial number want home delivery ... The Association for Improvements in Maternity services has reported many instances of women being pushed into hospital delivery, usually at a very late stage in pregnancy, because they are told that no midwife will be available to support a home delivery. Those women have been denied real choice and have lost control of their birth arrangements.... We need more midwives if we are to improve the prospect of real choices being available to women – choices such as home births, but also births in other settings.'¹⁰

In 2000, Lord Hunt of Kings Heath stated 'The Government want to ensure that, where it is clinically appropriate, if a woman wishes to have a home birth she should receive the appropriate support from the health service. At the end of the day, it must be the woman's choice.'¹¹

As far back as 1998 Patrick Nicholls noted that 'Being the key player in an essentially natural operation – child birth – is not the same as being ill. Yes, medical opinion and expertise have their place, but they should start from the position that this is a normal, joyful experience, where the woman is the person

who is calling the shots.'¹²

Women have the right to decide where and how they give birth

As demonstrated above, the right to give birth at home with the support of a midwife has been and continues to be underpinned in law and by the medical and midwifery regulatory professional bodies. The evidence suggests that home birth confers many potential benefits for healthy mothers and babies, and women who have had home births are generally extremely positive about their experiences. Midwives who support women at home also are generally enthusiastic and positive about home birth if they are well supported and have the resources they need. As the article by Becky Reed on page 6 shows, when women and midwives are able to build trusting relationships, when midwives are able to support women wherever they decide to have their babies and when women can decide where to give birth late in pregnancy or even in labour, many more women have their babies at home. The puzzle is – why are home births not more encouraged and supported?

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