

policy for planned birth at home in south australia

You can only give birth at home or continue to give birth at home if:

- you have a normal pregnancy and normal labour;
- you are prepared to accept the qualified practitioners' advice when transfer to a health unit is needed for reasons of safety for your baby or yourself;
- your support people for the birth have met one or more of the qualified practitioners during your pregnancy and are aware of the rights of the qualified practitioners to make decisions about your care during your labour and birth;
- you are attended by two qualified practitioners, one of whom is midwife who is experienced in conducting home birth;
- you have been informed about the Department of Health policy on **Planned Birth at Home**; and
- you have read this brochure, discussed it with your qualified practitioners and signed the consent section of it.



*I confirm that I have received a copy of the **Planned Birth at Home** information brochure, and have read and understood this. I also have discussed the management of my labour and delivery with the qualified practitioner whose signature appears below.*

Date:

Signed:

Name and signature of qualified practitioner:

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Department of Health, South Australia

Copies of this brochure and the related policy documents to which it refers (**Planned Birth at Home, First Stage Labour in Water and Birth in Water**) are available at www.health.sa.gov.au/ppg.



Government of South Australia

Department of Health

Background

Some women prefer to give birth in the comfort and familiar environment of their own home, which provides them with more privacy and mobility while allowing for family support during labour and birth.

If you are planning to have a home birth, you should seek information about doing this before making a final decision. You also must be aware that plans to give birth at home may need to be reconsidered at any time if there are changes in your condition or the baby's, either during pregnancy, during labour or shortly after birth.

Qualified practitioners (both doctors and midwives) in South Australia typically do not advocate home birth, but may support you to have one if you meet the selection criteria. Qualified practitioners who participate in a planned home birth must adhere to the Department of Health policy, **Planned Birth at Home**.

If you also decide to have a water birth at home, then the qualified practitioners attending you must follow the Department of Health policies, **First Stage Labour in Water** and **Birth in Water**.

Arguments for and against home birth

Advocates of home birth argue that it offers a sense of security and autonomy with less stress for you and the baby, because you are in a familiar and comfortable home environment.

Research data refers to women having a greater degree of self-determination, an enhanced belief in their ability to give birth without intervention or technology, freedom from the institutional needs and restraints of a health unit birth, more partner involvement, and the opportunity for other children, family and friends to participate in the birth experience.

Although all births carry an inherent risk, critics of home birth are concerned that there is a greater degree of risk for you and your baby. Complications can arise unexpectedly and, when there is a need for urgent medical treatment, such services may be available only in a health unit and not at home.

Is there good evidence on the safety of giving birth at home?

Many papers have been written about home birth but there is no conclusive evidence on the relative merits of home versus a health unit birth for women and babies at low risk of developing complications before and after the birth.

Complications can arise even in a normal pregnancy. These complications have not always been recognised, and sometimes there have been inadequate responses to situations of risk. Extra care is needed to select women who are suitable for having a home birth, both during their pregnancy and again in labour.

It has been shown home births can be achieved safely, when conducted within appropriate guidelines under the care of skilled and confident qualified practitioners. Even with adequate precautions, home births still will result in some women and babies needing transfer to a health unit because of complications arising before, during or after birth.



Who can give birth at home?

Safety for you and your baby is the main concern when deciding to give birth at home. You should not consider giving birth at home if any of these points apply:

- you have any medical condition that may compromise your safety or that of your baby;
- you want to have pharmacological pain relief or an epidural;
- the circumstances in your home might present a risk to giving birth safely;
- you do not have someone who can be with you in your home for the first 24 hours after the birth;
- you live more than 30 minutes travelling time from a support health unit;
- you do not have, or are not prepared to subscribe to, ambulance cover, in case you need to be transferred to a health unit.

You can consider giving birth at home if all the points below apply to you:

- you have an uncomplicated pregnancy with only one baby;
- you are more than 37 weeks but less than 42 weeks pregnant;
- your baby is head down before labour starts;
- you have no medical reason preventing a home birth;
- you have not had a previous caesarean section;
- you must be prepared to be transferred to a health unit if necessary;
- your home must have easy access in case an ambulance is needed for transfer to a health unit; and
- you must have support at home, particularly in the first few days after giving birth.

Your qualified practitioners will tell you if there is any condition or other reason that would exclude you giving birth at home.