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INDICATIONS FOR PLANNED PLACE OF BIRTH

There is an important distinction to be made between a woman's choice of the caregiver she wishes to attend her during pregnancy and childbirth, and her choice of the location in which she plans to give birth.

A woman may choose a midwife to provide care. As outlined in the document "**Indications for Mandatory Discussion, Consultation and Transfer of Care**", in certain circumstances, discussion of the care "plan" is required with the other midwife or physician involved in the primary care of the client. In other listed circumstances, consultation with a physician is required; and in still other listed circumstances transfer of care to a physician is required.

Similarly, a woman may choose to give birth at home, in an out-of-hospital birth centre, or in hospital. A midwife providing primary care will provide or make accessible to her client all the information the woman wishes or requires to make an informed decision about the appropriate place for her to plan to give birth. Where consultation has taken place, this information will include the recommendation of the consultant.

When care has been transferred to a physician either because it has been required as a mandatory transfer of care or because of some other complicating condition, it is unlikely out-of-hospital birth will be considered appropriate.

When the midwife is providing primary care, she will support the woman's choice, after the client has carefully considered the information and recommendations. Notwithstanding this, birth should be planned to take place in hospital in the circumstances of multiple birth, breech presentation, preterm labour prior to 37 weeks of pregnancy, and documented post-term pregnancy of more than 43 completed weeks. Other situations in which hospital birth should be planned would be assessed prenatally, with appropriate consultation as detailed in "**Indications for Mandatory Discussion, Consultation and Transfer of Care**".