

<i>Document Type:</i>	Statement
<i>Name:</i>	Statement on Home Birth
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<i>Approved by:</i>	Council
<i>Date approved:</i>	November 19, 2010
<i>Attachments:</i>	none



## Statement on Home Birth

### Purpose

The purpose of this statement is to affirm the College's support for midwives providing care to women choosing a home birth.

### Background

Choice of birth place is a fundamental principle of the philosophy of midwifery care. Midwives have been attending home births since prior to the regulation of the profession in 1994, with excellent safety and satisfaction outcomes.<sup>i</sup>

#### *Supporting and Promoting Normal Birth*

The view of birth as a normal physiologic process with a profound impact on a woman and her family is a fundamental component of the midwifery philosophy of care. The promotion of normal birth and the reduction of unnecessary interventions in pregnancy and childbirth are recognized as fundamental to improving maternity care outcomes.<sup>ii, iii, iv</sup> The College of Midwives of Ontario (CMO) believes that promoting and supporting home birth will contribute to the creation of a normal birth culture.

#### *Supporting and Promoting Informed Choice*

The CMO supports women in choosing the most appropriate place for their birth experience, including the choice to give birth in their own homes with their families.

The midwifery philosophy of care recognizes the woman as the primary decision-maker regarding her care. Midwives provide clients with the necessary information required to make an informed decision about the appropriate place to give birth.

### Safety

The literature on Ontario home births demonstrates that home births are just as safe as those that are planned to take place in the hospital when they are planned with a well-screened population of women, within a supportive health care system, and attended by professionally trained midwives carrying emergency equipment.<sup>v</sup> Similar outcomes have been shown in other jurisdictions with comparable models of midwifery care.<sup>vi, vii</sup>

The choice of birth place should be assessed individually and throughout the course of care for every midwifery client. This assessment may go beyond clinical indications to encompass psychological or other considerations.

The CMO has developed a list of *Indications for Mandatory Discussion, Consultation and Transfer of Care* to guide midwives and their clients in risk assessment regarding primary midwifery care. Women should be informed that the excellent outcome data on home births is dependent on screening for complications. Midwives will support the woman's choice, after they have carefully considered the information and recommendations together.

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Midwives provide their clients with up to date information and research. Midwives rely on their clinical judgment to facilitate an informed choice discussion.

### CMO Commitments

To support the continued safety and availability of home birth the CMO will work to ensure that:

- Midwives are educated and competent to provide care in all settings.
- Midwives are competent to manage obstetrical emergencies and comply with the guidelines regarding transport from home to hospital.
- Midwives provide their clients with an informed choice discussion regarding the choice of birth place, including access to obstetrics services in their community.
- Midwives have hospital privileges appropriate to their scope of practice.
- Midwives are funded to provide care in all settings.
- Safe transport to hospital for emergency situations is available for all midwifery clients choosing a home birth.
- Women requesting home birth are screened appropriately by their midwife(s).
- Members of the public have access to up-to-date and accurate information regarding home birth.

<sup>i</sup> Hutton, E., Reitsma, A. & Kaufman, K. (2009). *Outcomes Associated with Planned Home and Planned Hospital Births in Low Risk Women Attended by Midwives in Ontario, Canada, 2003-2006: A Retrospective Cohort Study*. Birth: 36(3).

<sup>ii</sup> Canadian Association of Midwives. (2010). *Midwifery Care and Normal Birth*. [http://www.canadianmidwives.org/DATA/DOCUMENT/PSNormalBirth\\_ENG201001.pdf](http://www.canadianmidwives.org/DATA/DOCUMENT/PSNormalBirth_ENG201001.pdf)

<sup>iii</sup> Society of Obstetricians and Gynaecologists of Canada (SOGC), the Association of Women's Health, Obstetric and Neonatal Nurses of Canada (AWHONN Canada), the Canadian Association of Midwives (CAM), the College of Family Physicians of Canada (CFPC) & the Society of Rural Physicians of Canada (SRPC). (2008). *Joint Policy Statement on Normal Childbirth*. <http://www.sogc.org/guidelines/documents/gui221PS0812.pdf>

<sup>iv</sup> The Royal College of Midwives. (2004). *Position Statement on Normal Childbirth*. London: The Royal College of Midwives.

<sup>v</sup> Hutton, E., Reitsma, A. & Kaufman, K. (2009). *Outcomes Associated with Planned Home and Planned Hospital Births in Low Risk Women Attended by Midwives in Ontario, Canada, 2003-2006: A Retrospective Cohort Study*. Birth: 36(3).

<sup>vi</sup> Janssen, P. et al. (2009). *Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician*. Canadian Medical Association Journal, 181(6-7).

<sup>vii</sup> De Jonge, A. et al. (2009). *Perinatal Mortality and Morbidity in a Nationwide Cohort of 529 688 Low-risk Planned Home and Hospital Births*. British Journal of Obstetrics and Gynecology, 116: 1177-1184.

