

A guide to planning for your home birth

Version 1, October 2021

This booklet is designed to help you to plan for your home birth. Your midwife will go through the contents with you and help you to make decisions, prepare and get everything ready. Ideally, all plans should be in place before 36 weeks of pregnancy.

CLIENT NAME

LEAD MIDWIFE

We acknowledge that in some cases the family dynamic or gender identity may be different to that illustrated. When things differ, we will plan sensitive and personalised care on an individual basis.

It's all about YOU

When planning for a home birth, the first thing to consider is YOU.

Is there anything about you we need to know? Do you have any health conditions that your midwife needs to be aware of?

Have you had a baby before? If so, how did it go? Were there any complications?

What is important for you for this birth?

Who is going to be with you? Do they have any health problems that we need to be aware of?

There are some prompts at the back of your green clinical notes. This lists topics for you to discuss with your midwife about clinical aspects of your care. Have a look at them and make a list of any questions you have.

Please discuss all of your choices and preferences with your midwife.



It's all about YOU

USE THIS PAGE TO MAKE NOTES OR COMMENTS

MIDWIFE COMMENTS

Getting to you

Talk to your midwife about when to call her. How long will it take her to get to you?

Can she park close to your house? Can this be arranged? Are there any parking restrictions? She will have equipment with her that she will need to carry in. Does she need any access codes to get to you? Is there a lift?

Is there a good mobile phone reception? Do you have a land line?

Do you live up a country lane that is difficult to access in the winter? Are there other access issues? Does the SatNav give accurate directions to your home?

In the unlikely event there was an emergency, can an ambulance find your house easily?

Could it get to you? How long would it take to get to you and then get you to hospital?

Is there someone who could look after the other children?



Getting to you

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MIDWIFE COMMENTS

Your birth environment

Where do you plan to have your baby? Is there access to heating if it is cold? Fans if it is hot?

Are you having a birthing pool? Where will it be positioned? Remember you need access to a tap, and a supply of hot water. Think about filling and emptying it. Do you have the pumps you need (water and air). Do you know how to fill and empty it? It is likely some water will go on the floor so you may want to consider that. Remember to consider protecting your furnishings, sofa and floor from water or bodily fluids.

Your midwife needs to be able to walk all the way around the pool to care for you. Is there space to walk around it? Ideally 2 foot (60cm) clearance. Do you need to move some furniture? Be sure there are no electric sockets close by.

Is there a space where your midwife can set out her equipment? Also where she can write her notes with a light? This needs to be in the same room, or within sight of you. Do you need to declutter a table?

Do you want to use lighting? music? candles? (You won't be able to have a naked flame near your gas and air).

Also think about towels (for you and for baby), dressing gown, pillows, birthing ball, blankets etc

Please visit our website for lots more information about homebirth, waterbirth and Entonox. [Privatemidwives - parents section - resource library.](#)

Your birth environment

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MIDWIFE COMMENTS



Who is going to be with you?

Most women chose to have a birthing partner. Some also have a doula, or someone else close to them. Have you arranged a birth photographer? Talk though with your midwife who will be with you and what their role will be. Too many people can actually hinder the birthing process and make it unsafe to care for you - think carefully about who you want and where they will be.

Sometimes, having other children present can be a wonderful experience for you and for them. Sometimes they can be a distraction, be frightened or be upset. If children are present, what is the plan incase they need to be removed to another location? Who will care for them if you need to go to hospital or if they become distressed?

Let's talk about pets.

Most midwives are used to dogs and cats. Are yours midwife friendly? Do you have more exotic pets? Would they escape if the door was left open in an emergency? Does your midwife have any pet allergies or phobias? Where will your pets be during your birth care?



Who is going to be with you?

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MIDWIFE COMMENTS

What if things don't go to plan?

At Private Midwives, less than 15% of our clients need to transfer to hospital, but it is best to be prepared. Have a hospital bag ready, just in case.

Your midwife is highly skilled and trained to deal with problems arising at home. She will talk to you about possible situations that (whilst rare) could occur. This includes emergency situations for you and/or baby. It is important that you have some awareness of these so you know what your midwife will need you, and your birth partner(s) to do in these circumstances.

Is there space to get you onto a hard surface, lie you flat or for you to be on your hands and knees if a situation arose that required this?

In an emergency, it is your birthing partner who needs to call the hospital so your midwife can continue to care for you. Your midwife has a laminated card with what they would need to say. Ask her to go through this with you.



If you plan to be upstairs, can the ambulance service get you out safely? Are your hallways cluttered and would they cause a problem?

What if things don't go to plan?

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Do we need to make any special plans to keep you safe?

We recommend that all of our clients have a blood test at 32-34 weeks to check their blood count and platelet level. This gives your midwife time to work with you to address any problems before it's time for baby.



If your midwife has any concerns about you, she may recommend other people are involved in your care. Our first priority is always the safety of you and baby.

If you have declined scans or screening tests, you and your midwife will have limited information to inform your plan of care. It is important that you are aware that surprises can happen in these circumstances (for example twins, breech).

We have a range of policies that your midwife can share with you if you would like to read them. The most commonly requested are also on our website.

Your midwife is there to provide her professional knowledge, expertise and care. She will work with you to respect your choices and preferences whilst prioritising safety for all. If you do not want the midwife to provide this care, you wish her to be in another room, or you decline all monitoring - please discuss this with us as soon as possible.

Do we need to make any special plans to keep you safe?

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MIDWIFE COMMENTS

After baby is born

Your midwife will stay for around 2hrs after birth. In this time she will continue your clinical care and help clear up, deflate the pool, assist you in feeding your baby, and make sure you pass urine. If you need any stitches she can normally also complete this for you.

Have you thought about what you will do with your placenta? Do you have a preference for how the third stage is managed? Have you heard of delayed cord clamping?

Are you Rhesis negative? If so, your midwife will advise taking blood from you and the placenta after birth. If someone else wants to cut the cord, plans may need to change in an emergency.



Please ensure you have some inco sheets and pads, knickers and comfy clothes to change into.

If you ordered Entonox, this will either be taken away by your midwife or collected within a week or so.

Inflating, filling, emptying and deflating the pool is your responsibility. Your midwife may be able to help but her priority is clinical care for mum and baby.

After baby is born

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Your midwife

Use this space to make a note of your lead midwife phone number, back up arrangements, and any periods of time when your midwife is away and her buddy is covering.



LEAD MIDWIFE TO SIGN & DATE HERE

AFTER DISCUSSION (by 36 weeks):

Please return with clinical notes after discharge.