
Homebirth

Summary

- Homebirth means you plan to give birth at home under the care of a midwife.
 - Homebirth can be an option if you are healthy, have a low-risk pregnancy and are able to access a maternity hospital quickly and easily.
 - In Victoria, homebirth is available through selected public hospital homebirth programs or with a private midwife.
 - To practise in Victoria, midwives must be registered with the Nursing and Midwifery Board of Australia. You can check this by using the search function on the Australian Health Practitioner Regulation Agency website.
 - It is important that you fully understand your options and make an informed decision about your care during pregnancy and birth by speaking with your doctor or midwife.
 - You can change your mind about having a homebirth at any time and decide to give birth at a hospital instead.
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What is homebirth?

Homebirth means you plan to give birth at home under the care of a midwife, with as little intervention as possible. (Note that in this document where the term 'midwife' is used it refers to a midwife **registered with the Nursing and Midwifery Board of Australia.**)

Homebirth can be an option if you are healthy, have a low-risk pregnancy and are able to access a maternity hospital quickly and easily.

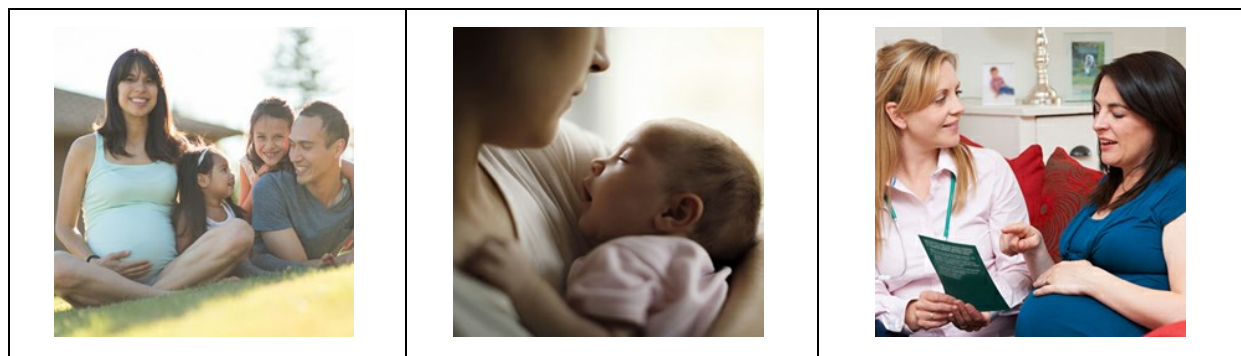
Some reasons why you may consider a homebirth include:

- You want to be cared for by a midwife of your choice.
- You can give birth in familiar surroundings where you may feel more relaxed.
- You want greater control over your birth experience in your home environment.
- You don't want to leave your other children.

You can change your mind about giving birth at home at any time and decide to have your baby at a hospital instead. During your pregnancy your midwife may also advise that a homebirth is no longer the safest option for you or your baby and that your pregnancy care and birth of your baby should be managed in a hospital.

Homebirth – things to consider

If you are thinking about having a homebirth, consider the following questions.



My home and family	My baby and me	My care team
<ul style="list-style-type: none"> • Will I feel safe at home? • Who will look after my other children if I need to travel to hospital? • How do I get to hospital if I need to? • Can an ambulance easily get to my home if I need one? • Is my midwife close by and easy to access? • What are the costs of a homebirth? 	<ul style="list-style-type: none"> • Am I healthy and is my pregnancy low-risk? • Am I happy to give birth without access to an epidural? • Were my other births uncomplicated? • Did my previous babies need unexpected extra care at or after birth? 	<ul style="list-style-type: none"> • How can I find out if my midwife practises safely and has the right skills? • Is my midwife part of a team? • What can I do if I feel worried about my care? • Can my midwife continue to care for me if I need to go to hospital?

Here are some more **questions you might want to ask your midwife if you are thinking about having a homebirth**.

Is homebirth an option for me?

Each pregnancy and birth is different and you need to seek advice from your doctor or midwife about whether homebirth is an option for you. Homebirth may be an option if you:

- are healthy and experiencing a low-risk pregnancy
- have a safe and suitable home environment
- can get to a maternity hospital easily if you need to (public homebirth programs usually require that you live within a 30 minute drive of the hospital).

Low-risk pregnancies are usually where you:

- are healthy and don't have any significant medical conditions, such as pre-existing **diabetes**, **obesity** or **cardiovascular disease**
- are having one baby
- have had less than five previous births
- have not had significant complications during a previous pregnancy or childbirth, such as a **post-partum haemorrhage**
- have not had a previous baby who required unexpected extra care at or after birth (for example, you have had a previous baby with confirmed **Group B streptococcal (GBS) infection** or you have had a previous baby that required resuscitation or admission to a **special care nursery or neonatal intensive care unit**)
- have not had previous uterine surgery, including a **caesarean section**
- have a **body mass index** less than 35.

As a pregnancy progresses, changes can happen to your situation that may affect your decision about having a homebirth. This can include when:

- significant obstetric complications develop during pregnancy, such as **pre-eclampsia**, **gestational diabetes** or **placenta previa**
- it is suspected or known that your baby will require additional care at birth.

Other factors that may affect your suitability for a homebirth include if:

- this will be the first time you give birth
- you are more than 42 years of age
- you are younger than 17 years of age
- your pregnancy has been supported by assisted reproductive technology, such as IVF

- you are not able to attend your antenatal care appointments
- you have not had any **pregnancy screening tests** including pathology and ultrasounds.

Note: This information is provided by way of example and is not a comprehensive guide as to whether a homebirth may be suitable or not. It is essential that your doctor, specialist or midwife assesses your suitability and any risk factors for a homebirth to determine whether homebirth is an option for you.

Making an informed decision about homebirth

It is important that you have all the information you need to make an informed decision about whether to plan for a homebirth.

Ask your healthcare providers about the care they provide, their skills and experience. This is important to help you fully understand your options and make an informed decision about your care. Take a friend or family member with you to help you make sure that you have heard and understood all the information and advice provided.

Here are some **questions to ask your midwife if you are thinking about having a homebirth**.

Is homebirth safe?

A lack of high quality Australian evidence means that our understanding about the safety of homebirth mostly comes from research in other countries, including the United Kingdom's **Birthplace study**.

In healthy women with low risk pregnancies, the Birthplace study found that:

- for women having their first baby, a planned homebirth increased the risk of serious problems for the baby from 5 in 1,000 for a hospital birth to 9 in 1,000 for a homebirth
- for women having their second or subsequent baby, a planned homebirth appeared as safe as having a baby in hospital.

Australian professional bodies have also published their positions on the issue of homebirths:

- The **Australian College of Midwives** supports homebirth as an option for women experiencing a low-risk pregnancy and being cared for by a midwife or team of midwives.
- The **Royal Australian and New Zealand College of Obstetricians and Gynaecologists** believes in women having an informed choice in maternity care and supports hospitals as the safest place for birth in Australia.

Ask your doctor or midwife for further information to help you make an informed decision about homebirth.

Guidelines for midwives

The **Safety and quality guidelines for privately practising midwives outline** the safety requirements that all privately practising midwives must follow. You can read these if you want to know more about how midwives make sure the service they offer is safe.

For example, did you know the following?

- Two skilled and registered health professionals must be present at the birth of your baby.
- Your midwife needs to be skilled and competent in basic adult life support and newborn resuscitation.
- Your midwife needs to seek your written informed consent.

Talk to your privately practising midwife to find out how they put the guidelines into practice. Be sure to include a discussion about insurance, as the **professional indemnity insurance** for privately practising midwives does not cover labour and birth.

The **National midwifery guidelines for consultation and referral** help midwives to provide quality midwifery care. These guidelines (in particular Chapters 6–9) could be helpful to you if you are thinking about having a homebirth, and you want to have a more informed discussion with your midwife about:

- the suitability of different maternity care options
- how they are using the guidelines to provide your care.

What are my other pregnancy and birth care options?

Before choosing a homebirth, speak with your doctor or midwife about the range of **pregnancy and birth care options** available to you. These are known as 'models of care'.

Many public hospitals offer models of care where you are cared for by a small, multidisciplinary team of clinicians, usually led by midwives, known as 'caseload', 'midwifery group practice' and 'team midwifery'.

Collaborative midwifery models provide another model of care. For example, **Northern Health** has partnered with a private midwifery practice to enable women to give birth in the hospital as the private patient of a privately practising midwife.

These models of maternity care:

- allow you to receive ongoing care from a midwife or team of midwives
- can support your choice to have a birth with as little intervention as possible
- provide access to medical backup if it is needed.

Homebirth in Victoria

Each year about 310 women give birth at home in Victoria through public hospitals and private midwives. About 50 women planning a homebirth each year transfer to hospital during labour.

Homebirth through a public hospital

In Victoria, both Casey and Sunshine hospitals offer the option to give birth at home under the care of public hospital midwives:

- About 80 women each year give birth through public homebirth programs.
- Each hospital has its own criteria for women accepted into its homebirth program. The criteria reflect what is safest for the local community and the staff involved, and the experience they have of providing safe homebirths.
- If you are eligible for Medicare, a public homebirth is free of charge.
- All care is provided by staff (midwives and obstetricians) employed by the hospital, though obstetricians do not attend homebirths. Staff are supported by a comprehensive system of clinical services, supervision and review that is governed by the hospital.
- The maternity staff work to an agreed procedure for maternity care and are covered by the hospital's insurance.

Use these links to find out more about homebirths through public hospitals in Victoria:

- **[Sunshine Hospital homebirth program](#)**
- **[Casey Hospital homebirth program](#)** (see Home birth factsheets)
- Department of Health and Human Services – **[Implementing a public home birth program: Guidance for Victorian public health services](#)**.

Homebirth with a private midwife

Homebirth services are also provided by privately practising midwives in Victoria:

- About 230 homebirths per year are supported by private midwives.
- Employing a privately practising midwife can cost up to \$6,000 before rebates. Be sure that you clearly understand your midwife's fees, what they cover and whether you are eligible for a private health fund rebate.
- You can claim a Medicare rebate for the costs of care given during pregnancy and after the birth of your baby if:
 - you employ a midwife who can provide Medicare rebateable services
 - you are Medicare eligible.
- You will be required to pay the full cost of an ambulance if you do not have ambulance cover.

Private midwives' professional indemnity insurance does not cover labour and birth at home.

Private homebirth services – finding a midwife

betterhealth.vic.gov.au

You can find a private midwife by:

- using the **Midwives Australia** website
- using the Midwifery and Maternity Provider Organisation Australia website
- asking a friend, relative or work colleague for a recommendation.

Things to remember when choosing your private midwife

When choosing a private midwife:

- Check they are registered with the Nursing and Midwifery Board of Australia (NMBA) by using the **search function on the AHPRA website** and check whether they have any conditions on their practice. Midwives, including those providing homebirth services, must be registered with the NMBA and meet the NMBA's registration standards in order to practise in Australia.
- Ask the midwife about how they use the **Safety and quality guidelines for privately practising midwives** and the **National midwifery guidelines for consultation and referral** to provide care.
- Get a second opinion if you are unsure about the care that will be provided.
- Check that you understand all the costs associated with a private homebirth including the cost of an ambulance if you do not have ambulance cover.

Where to get help

- **Your GP**
- **Your obstetrician**
- **Your midwife**
- Your local maternity hospital
- **Australian Health Practitioner Regulation Agency** to check if your midwife is registered or has any conditions on their practice, and to report any concerns Tel. 1300 419 495 Monday to Friday, 9 am to 5 pm

This page has been produced in consultation with and approved by:

Department of Health and Human Services

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