

## Birth Planning

Second and subsequent baby - Over 37 weeks, baby's head down, spontaneous labour (Robson Group 3)

## **PLANNED BIRTH IN BIRTH CENTRE (355 women)**

Chance of transfer in labour = 6%

99% Vaginal Birth

1% FORCEPS/VENTOUSE

0% CAESAREAN

**PLANNED BIRTH AT HOME (45 women)** 

Chance of transfer in labour = 2%

98% Vaginal Birth

0% FORCEPS/VENTOUSE

2% CAESAREAN

PLANNED BIRTH IN HOSPITAL (714 women)

**94%** Vaginal Birth

3% FORCEPS/VENTOUSE

3% CAESAREAN

OVER 99% OF BABIES BORN IN THE BIRTH CENTRE, HOME OR IN HOSPITAL ARE BORN IN GOOD CONDITION

## Birth choices: improving birth experience and achieving best outcomes

Using a birth pool

Position and mobility in labour

Monitoring in labour

🧩 Hypnobirthing

Complementary therapies (aromatherapy, massage, acupuncture)

🗼 Pain relief

- Minimising perineal trauma
  - Antenatal perineal massage
  - Warm perineal compress for 'pushing stage' of labour.
- 🔞 Skin to skin contact at birth

Please discuss your options with your midwife or doctor











## Second baby - over 37 weeks, baby's head down, spontaneous labour (Robson Group 3)



- Data from the Birth Place Study \* (which studied 64,000 'low risk' women) demonstrated good outcomes for babies in all birth settings. For multiparous women, 99.7% are born in good condition.
- Figures displayed on the infographic relate to MTW recent data. It is important to remember that the characteristics of women who birth in hospital are not quite the same as those who birth in the Birth Centre or home (for example they would include women who have meconium stained liquor or prolonged ruptured membranes, which would be not be recommended for a birth that is out of hospital).

Data from the Birth Place Study\* (which studied 64,000 'low risk' women), controlled for these differences. It demonstrated that giving birth in a birth centre or at home is just as safe for the baby as being born in hospital with an approximate four fold reduction in the chance of needing a caesarean or other medical intervention. This applies even if the mother transfers from the Birth Centre to a hospital in labour.

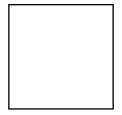
If a problem occurs during labour, it may be necessary for a woman to be transferred to hospital by ambulance accompanied by a midwife. The most common reasons for transfer are slow progress in labour, or detection of meconium stained liquor. Approximately 2% of women in their second or subsequent pregnancy who plan to give birth at the Birth Centre or home will require transfer in labour.

We suggest that women go to visit one of the Birth Centres before making their decision where to give birth, so they can view the lovely facilities themselves, including birth pools, facilities for partners to stay and opportunity to use various complementary therapies.

Please make sure there is a discussion around coping strategies and choices about pain relief that may improve the birth experience or clinical outcomes. See Section 2 for evidence-based information.

Ensure women planning to give birth in the Birth Centre (or at home) understand that an epidural that an epidural is only available in hospital.

This QR code can be scanned to give first time Mums the relevant Birth Choices Infographic.



<sup>\*</sup>Hollowell J et al. The Birthplace national prospective cohort study: perinatal and maternal outcomes planned place of birth. Birthplace in England research programme. Final report part 4. NIHR Service Delivery and Organisation programme; 2011.

