### Choosing place of birth: resource for midwives

This resource for midwives can be used to help provide women with information when they are choosing their birth setting. Use this tool alongside information provided in the [NICE guideline on intrapartum care](http://www.nice.org.uk/guidance/cg190).

### Planning where to give birth

This information is evidence-based. NICE has used results from a number of studies to make recommendations about planning place of birth. This includes information from a large well-conducted study in England (the [Birthplace study, 2011](https://www.npeu.ox.ac.uk/birthplace)) that recorded birth outcomes for more than 64,000 mothers and babies – the largest study of its kind in the world.

When looking at the figures provided, it is important to remind women that:

* Giving birth in England and Wales is generally very safe. Very few women die or have serious medical problems as a result of birth, wherever they have their baby. Few babies die or have serious medical problems as a result of the birth itself, wherever the baby is born.
* Most women give birth in their chosen place, but some (particularly those having their first baby) are transferred to an obstetric unit if there are concerns about them or their baby, or if they decide they would like an epidural.

The grid below provides information about the different places where women can plan to give birth. Use this together with information about the services that are available in your local area (for example, availability and location of midwifery units, local transfer rates) when talking with the woman about her plans for place of birth.

| **Common questions** | **Home** | **Freestanding midwifery unit (‘FMU’)** | **Alongside midwifery unit (‘AMU’)** | **Obstetric unit (hospital-based)** |
| --- | --- | --- | --- | --- |
| How likely is it that the baby will be born in the planned place of birth? | Most women give birth in the place they planned. Some women are transferred to hospital after labour has started. Some transfers are made before the baby is born and some after the baby has been born. Transfers are more likely for women having their first baby.  Some transfers are made because the woman has decided that she wants to move for a reason such as wanting different pain relief. Others are made on the advice of a midwife because of possible concerns about the woman or her baby, so that extra care is on hand if needed.  For more information about when transfers happen, [click here](#transfer). | | | It is very unlikely that transfer will be needed to an alternative obstetric unit. |
| What will the place of birth be like? | Home is a familiar environment where a woman can receive all required standard care during labour and after the birth. | An environment typically designed to be ‘home-like’.  It is less likely that a woman will have to share facilities (such as a bathroom) with others, compared with giving birth in an obstetric unit.  If a woman stays for postnatal care, she may be cared for on a ward with others. | | The environment is more hospital-like. A woman is likely to have to share facilities with others.  If a woman stays for postnatal care, she may be cared for on a ward with others. |
| Who will provide care during labour? | In all settings:   * there will be one midwife with a woman for most of her labour (one-to-one care) * another midwife will be called just before the birth * a maternity support worker may also be there. | | | |
| No doctors will be present during labour or birth. | | | Doctors, including obstetricians and anaesthetists, are available if needed, but most women do not normally need to see them. |
| What pain relief will be available? | The midwife can bring:   * gas and air (Entonox) * an injectable opioid (such as diamorphine or pethidine). | The following are available:   * gas and air (Entonox) * an injectable opioid (such as diamorphine or pethidine). | | The following are available:   * gas and air (Entonox) * an injectable opioid (such as diamorphine or pethidine) * epidural. |
| What happens if a doctor is needed? | If a woman or her baby needs a doctor during labour or afterwards, the midwife will call an ambulance and take her to the obstetric unit.  If the baby needs to be seen by a doctor after the birth, both the woman and her baby will be moved to a hospital with a neonatal unit. | | | If a woman or her baby needs a doctor during labour or afterwards, the doctor will be called to the woman’s room. |
| What happens after the birth? | A midwife will stay for at least 1 hour. The woman will be given numbers for contacting a midwife if she is concerned about herself or her baby. A midwife will visit postnatally as needed. | A midwife will be available to provide postnatal care throughout the postnatal stay. | | |
|  | | Doctors, including obstetricians, neonatologists, paediatricians and anaesthetists, are also available to provide ongoing postnatal care if needed. |
| **For women who have had a baby before** what are the chances of:   * having a spontaneous vaginal birth? * being transferred to an obstetric unit? * having a medical intervention during labour? | It varies depending on individual circumstances, but the best available evidence is summarised in tables 1 and 2.  **Table 1 Rates of spontaneous vaginal birth, transfer to an obstetric unit and obstetric interventions for each planned place of birth: women who have had a baby before who are at low risk of complications (sources:** [**Birthplace 2011**](https://www.npeu.ox.ac.uk/birthplace)**;** [**Blix et al. 2012**](http://www.sciencedirect.com/science/article/pii/S1877575612000481)**)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Number of incidences per 1000 multiparous women giving birth** | | | | |  | **Home** | **Freestanding midwifery unit** | **Alongside midwifery unit** | **Obstetric unit** | | Spontaneous vaginal birth | 984\* | 980 | 967 | 927\* | | Transfer to obstetric unit | 115\* | 94 | 125 | 10\*\* | | Regional analgesia (epidural and/or spinal)\*\*\* | 28\* | 40 | 60 | 121\* | | Episiotomy | 15\* | 23 | 35 | 56\* | | Caesarean birth | 7\* | 8 | 10 | 35\* | | Instrumental birth (forceps or ventouse) | 9\* | 12 | 23 | 38\* | | Blood transfusion | 4 | 4 | 5 | 8 |   \* Figures from [Birthplace 2011](https://www.npeu.ox.ac.uk/birthplace) and [Blix et al. 2012](http://www.sciencedirect.com/science/article/pii/S1877575612000481) (all other figures from Birthplace 2011).  \*\*Estimated transfer rate from an obstetric unit to a different obstetric unit owing to lack of capacity or expertise.  \*\*\* Blix reported epidural analgesia and Birthplace reported spinal or epidural analgesia. | | | |
| **For women who have had a baby before**, what are the chances of serious medical problems for the baby in the different settings? | **Table 2 Outcomes for the baby for each planned place of birth: women who have had a baby before who are at low risk of complications (source:** [**Birthplace 2011**](https://www.npeu.ox.ac.uk/birthplace)**)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Number of babies per 1000 births** | | | | |  | **Home** | **Freestanding midwifery unit** | **Alongside midwifery unit** | **Obstetric unit** | | Babies without serious medical problems | 997 | 997 | 998 | 997 | | Babies with serious medical problems\* | 3 | 3 | 2 | 3 |   \* See table 5 for more information. | | | |
| **For women having their first baby**, what are the chances of:   * having a spontaneous vaginal birth? * being transferred to an obstetric unit? * having a medical intervention during labour? | **Table 3 Rates of spontaneous vaginal birth, transfer to an obstetric unit and obstetric interventions for each planned place of birth: women having their first baby who are at low risk of complications (sources:** [**Birthplace 2011**](https://www.npeu.ox.ac.uk/birthplace)**;** [**Blix et al. 2012**](http://www.sciencedirect.com/science/article/pii/S1877575612000481)**)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Number of incidences per 1000 nulliparous women giving birth** | | | | |  | **Home** | **Freestanding midwifery unit** | **Alongside midwifery unit** | **Obstetric unit** | | Spontaneous vaginal birth | 794\* | 813 | 765 | 688\* | | Transfer to an obstetric unit | 450\* | 363 | 402 | 10\*\* | | Regional analgesia (epidural and/or spinal) \*\*\* | 218\* | 200 | 240 | 349\* | | Episiotomy | 165\* | 165 | 216 | 242 | | Caesarean birth | 80\* | 69 | 76 | 121\* | | Instrumental birth (forceps or ventouse) | 126\* | 118 | 159 | 191\* | | Blood transfusion | 12 | 8 | 11 | 16 |   \* Figures from [Birthplace 2011](https://www.npeu.ox.ac.uk/birthplace) and [Blix et al. 2012](http://www.sciencedirect.com/science/article/pii/S1877575612000481) (all other figures from Birthplace 2011).  \*\*Estimated transfer rate from an obstetric unit to a different obstetric unit owing to lack of capacity or expertise.  \*\*\* Blix reported epidural analgesia and Birthplace reported spinal or epidural analgesia. | | | |
| **For women having their first baby**, what are the chances of serious medical problems for the baby in the different settings? | **Table 4 Outcomes for the baby for each planned place of birth: women having their first baby who are at low risk of complications (source:** [**Birthplace 2011**](https://www.npeu.ox.ac.uk/birthplace)**)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Number of babies per 1000 births** | | | | |  | **Home** | **Freestanding midwifery unit** | **Alongside midwifery unit** | **Obstetric unit** | | Babies without serious medical problems | 991 | 995 | 995 | 995 | | Babies with serious medical problems\* | 9 | 5 | 5 | 5 |   \* See table 5 for more information. | | | |
| Other questions women might want to ask about local maternity services | What proportion of babies are born in this setting?  What training and support are given to midwives and other maternity staff?  Does this service stay open 24 hours a day, 365 days a year?  How do the transfer rates from home and local midwifery units into the obstetric unit compare with those for other units/services locally and nationally? | | | |

### Additional information

***Serious medical problems***

The large UK study that is the source for most of this information ([Birthplace 2011](https://www.npeu.ox.ac.uk/birthplace)) used a definition of serious medical problems or ‘adverse outcome’ that includes some things that do not necessarily lead to long-term problems for the baby. The definition includes the outcomes listed in table 5. These were chosen because they are all serious at birth. Some babies recover fully from some of these. Differences in how often these events occurred might reflect differences in the quality of care received during the birth.

Neonatal encephalopathy and meconium aspiration syndrome were the most common adverse events, together accounting for 75% of the total. Stillbirths after the start of care in labour and death of the baby in the first week of life together accounted for 13% of the events. Fractured humerus and clavicle were uncommon outcomes, accounting for fewer than 4% of adverse events. For the combined frequency of these events, see tables 2 and 4

**Table 5 Numbers and proportions of adverse outcomes for babies recorded in Birthplace 2011**

| **Outcome** | **Actual number of babies affected (out of 63,955 to 64,535\*)** | **Percentage of all adverse outcomes measured** |
| --- | --- | --- |
| Stillbirth after start of care in labour | 14 (out of 64,535) | 5% |
| Death of the baby in the first week after birth | 18 (out of 64,292) | 7% |
| Neonatal encephalopathy (disordered brain function caused by lack of oxygen before or during birth that may get better but can lead to permanent brain damage or death) | 102 (out of 63,955) | 40% |
| Meconium aspiration syndrome (the baby breathes meconium into the lungs) | 86 (out of 63,955) | 34% |
| Brachial plexus injury (a nerve injury leading to arm weakness in the baby) | 24 (out of 63,955) | 9% |
| Bone fractures caused by delivering the baby quickly in an emergency | 11 (out of 63,955) | 4% |
| TOTAL (of all outcomes included in the ‘adverse outcome’ measure) | 255 (out of 63,955 to 64,535) | 99%\*\* |

Note: Each of the categories are mutually exclusive, and outcomes listed higher in the table take precedence over outcomes listed lower down. For example, if a baby with neonatal encephalopathy died within 7 days the outcome is classified as an early neonatal death.

\* Varies because of missing values; \*\* does not equal 100% because of rounding.

***Transfers to an obstetric unit: timing and reasons***

The information in tables 5 and 6 is from the [Birthplace 2011](https://www.npeu.ox.ac.uk/birthplace) study.

**Table 6 Timing of transfers to an obstetric unit during labour or immediately after birth among healthy women with low-risk pregnancies by their planned place of birth at start of care in labour**

Values are reported as totals out of 1000.

|  | **From home** | **From a freestanding midwifery unit** | **From an alongside midwifery unit** |
| --- | --- | --- | --- |
| **Women who have had a baby before** | | | |
| Transferred during labour | 64 | 53 | 85 |
| Transferred after the birth | 52 | 39 | 35 |
| Timing of transfer not known | 4 | 2 | 5 |
| All transferred | 120 | 94 | 125 |
| **Women having their first baby** | | | |
| Transferred during labour | 351 | 296 | 338 |
| Transferred after the birth | 89 | 59 | 51 |
| Timing of transfer not known | 10 | 8 | 13 |
| All transferred | 450 | 363 | 402 |

**Table 7 Most common reasons for transfer to an obstetric unit during labour or birth**

| **Reason for transfer** | **From home (n = 3529 [out of 16,840 total births])**  **n (%)** | **From a freestanding midwifery unit (n = 2457 [out of 11,282 total births])**  **n (%)** | **From an alongside midwifery unit (n = 4401 [out of 16,710 total births])**  **n (%)** |
| --- | --- | --- | --- |
| Delay in labour (any stage) | 1144 (32.4%) | 912 (37.1%) | 1548 (35.2%) |
| Concerns about fetal heart rate | 246 (7.0%) | 259 (10.5%) | 477 (10.8%) |
| Request for epidural | 180 (5.1%) | 163 (6.6%) | 585 (13.3%) |
| Meconium | 432 (12.2%) | 301 (12.2%) | 538 (12.2%) |
| Retained placenta | 250 (7.0%) | 179 (7.3%) | 203 (4.6%) |
| Repair of perineal trauma | 386 (10.9%) | 184 (7.5%) | 369 (8.4%) |
| Neonatal concerns (postpartum) | 180 (5.2%) | 63 (2.6%) | 5 (0.0%) |
| Other | 711 (20.1%) | 396 (16.2%) | 676 (16.3%) |