

Dear Colleague

Midwives and home birth

This circular explains the current regulatory framework within which midwives practise and replaces any previous guidance relating to home birth. It has become necessary to issue this circular, as the previous statement *Supporting women who wish to have a home birth*,¹ needed clarifying as it touched on some employment issues that are not within the remit of the NMC. The information in this circular is relevant to:

- Midwives
- Supervisors of midwives
- Midwife managers
- Local supervising authority midwifery officers
- Women
- Other professional colleagues
- Employers of midwives

The core function of the NMC is to establish and improve standards of nursing and midwifery care in order to serve and protect the public. These standards for education and practice are required for registration or maintenance of registration as a nurse or midwife.

Midwives are required to work within the *NMC Midwives Rules and Standards*² as well as the *NMC Code of professional conduct: standards for conduct, performance and ethics*.³ (the Code) As a member of a self-regulating profession, as well as being required to work within the law, a midwife is responsible for meeting the ethical standards set out in the Code and the Midwives Rules. This applies to all midwives whether in a clinical, managerial, education or statutory supervision related role. It is explicit in these standards that midwives should:

- Be competent in caring for women having normal births
- Offer evidence based, accessible information to women
- Respect a woman's choice
- Support women in their choice

Government policy in all four countries of the UK is to promote choice for women in relation to their pregnancy care and place of birth. This includes being able to

¹ UKCC Registrar's letter 20/2000. Supporting women who wish to have a home birth

² NMC Standards 05.04. incorporating the Nursing and Midwifery Council (Midwives) Rules 2004 (SI 2004/1764)

³ NMC Standards 07.04. Code of professional conduct: standards for conduct performance and ethics

access midwifery care for birth at home. Nonetheless, the NMC continues to receive queries from women and midwives who are concerned that women are having difficulty in accessing home birth. The most common barriers identified to the NMC are

- Confidence and competence of midwives
- Perceived conflict between risk and a woman's choice
- Resources

Confidence and competence

Midwives are experts in normal birth and the NMC's standards require them to be competent to support women to give birth normally in a variety of settings including in the home.

To practise competently in caring for women who wish to receive midwifery care, regardless of setting, a midwife must possess the knowledge, skills and abilities for lawful, safe and effective practice without direct supervision. This will include competent care throughout the antenatal, intranatal and postnatal periods.

As a member of a self-regulating profession, each midwife is responsible for maintaining her own competence. This includes any professional updating in relation to provision of care at a home birth.

Whilst a midwife must not provide care that she is not competent to give, it is not acceptable to refuse to care for a woman on this basis and take no further action.

Birth at home is physiologically no different from birth in hospital. It is true that if there is a deviation from normality, it may demand a different approach from that on a hospital site where assistance may be immediately available from a number of sources.

It may be that a midwife does not have the experience required to care for a particular woman at home. In order to fulfil her duty of care she may:

- Take steps to update her own knowledge and skills to gain such experience so she can support the woman
- Seek help from her manager or supervisor of midwives to gain support to do this.
- If time is limited, refer the care of this woman to colleagues who have the competence, then take steps to update herself to ensure she becomes competent for the future.

Risk and women's choice

A midwife providing care to women, regardless of the setting, must take care to identify possible risk and pre plan to mitigate those risks through her approach to care, knowledge of local help systems and communication with colleagues and the woman and her family.

Research over the last couple of decades suggests that home birth is at least as safe as hospital-based birth for healthy women with normal pregnancies^{4, 5, 6, 7, 8}. There are some very clear categories of women for whom obstetricians and midwives would be positively recommending a hospital birth. There is also an 'intermediate' category of women who have factors associated with their pregnancies or with themselves or their baby, which potentially increase the risk of an adverse outcome.

Women can make the choice for a particular place of birth at any stage in pregnancy. The presence or absence of risk may change during pregnancy and labour and the midwife must continuously assess the advice she gives to women about the place of birth.

Conflict sometimes arises over whether or not the woman is making a choice that places her or her unborn child at risk. Risk is a complex issue; however there is no system currently available in the maternity services, which helps elicit absolute risk or accurately predicts adverse outcome⁹. In assessing where a woman is best advised to give birth, the midwife should give consideration to factors pertinent to the woman's individual and unique situation.

Midwives may have some anxieties if there is a clash of a woman's choice versus the perceived risks of caring for women in a home setting. If there is a clash then the midwife must continue to give care but can seek support by discussing her anxiety with her supervisor of midwives.

The supervisor of midwives will discuss how the midwife may reduce any risks inherent in a woman's choice of home birth. It is good practice for the midwife and the woman to agree a plan of care and the action that will be taken should problems arise.

It is a midwife's duty to make all options and choices clear and to respect the choices a woman makes if she is legally competent to make that choice. The midwife should document the advice she has given to the woman in the maternity record.

Resources

The NMC recognises that it can be difficult for midwives to balance the regulatory requirements, needs of women and the demands of service provision. Where there is time, most problems that relate to resources can be avoided by good planning.

If a midwife is concerned that a woman is making a choice that is not readily available, she should make her concerns known to the manager of the services in the first instance. If this is not successful in resolving the problem, the midwife should also make this known to her supervisor of midwives who has a duty to assist midwives in supporting women's choices.

⁴ Department of Health, Report of the Expert Group on the Maternity Service (Changing Childbirth Report Part 1.) London: Department of Health. 1993

⁵ National Childbirth Trust, Home birth in the United Kingdom London: National Childbirth Trust. 2001

⁶ *Olsen, O., Meta-analysis of the Safety of Home birth. *Birth* 1997 Vol. 24 1. pp. 4-13.

⁷ Ackermann-Liebrich, U., Voegli, T., Gunter-Witt, K., Kunz, J., Zullig, M., Schindler, C., Maurer, M., Zurich Study Team, Home versus Hospital Deliveries: Follow up study of matched pairs of procedures and outcome. *British Medical Journal* 1996 Vol. 313 pp.1313 – 1318

⁸ Davies, J., Hey, E., Reid, W., Young G., Prospective Regional Study of Planned Home births Home birth Steering Group. *British Medical Journal* 1996 Vol. 313 pp. 1302-1305.

⁹ Walsh, D., El-Nemer A. and Downe, S., Risk, Safety and the study of physiological birth in Downe, Soo (ed) Normal Childbirth: The evidence and the debate. Edinburgh: Churchill Livingstone. 2004.

Whilst an employed midwife has a contractual duty to their employer, she also has a professional duty to provide midwifery care for women. A midwife would be professionally accountable for any decision to leave a woman in labour at home unattended, thus placing her at risk at a time when competent midwifery care is essential.

It would be good practice for every local supervising authority (LSA) to have a plan of action in place to support home birth. This can be included in the standards for annual auditing of supervision of midwifery and midwifery practice in local areas. If a woman seeks advice in relation to her wish to choose a home birth, she may obtain advice from the LSA midwifery officer and seek help from the LSA.

LSA midwifery officers, supervisors of midwives, and managers who are registrants on the NMC Register have a duty to support midwives to work within their professional standards for practice and to promote the Code. This includes offering choice of home birth to women.

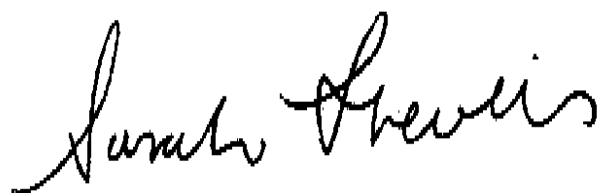
Should a conflict arise between service provision and a woman's choice for place of birth, a midwife has a duty of care to attend her. This is no different to a woman who has walked into a maternity unit to receive hospital care. Withdrawal of a home birth service is no less significant to women than withdrawal of services for a hospital birth.

Conclusion

In summary, all midwives have a responsibility to ensure that all women receive care that is based on partnership with women and which respects the individuality of a woman and her family. Women have the right to make their own decisions on these issues if they are competent to do so and midwives have a duty of care to respect a woman's choice. The standards confirm that women using midwifery services have the right to expect safe and competent care from any midwife who holds registration in the UK, and that midwives will provide them with evidence based information so women can make choices for care including place of birth. The standards therefore protect women and, at the same time, protect midwives by providing a sound framework for their practice.

Enquiries about the contents of this NMC Circular should be directed to the Midwifery Department on 020 7333 6545 or e-mail midwifery@nmc-uk.org.

Yours sincerely

A handwritten signature in black ink that reads "Sarah Thewlis". The signature is written in a cursive, flowing style.

Sarah Thewlis
Chief Executive and Registrar