

MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

POLICY ON OUT-OF-HOSPITAL BIRTH

As defined in the Midwifery Act, the scope of midwifery practice includes the provision of care during normal labour and birth in out-of-hospital as well as hospital settings. "Out-of-hospital" refers to clients' homes, birthing centres or other locations where specialized medical, obstetrical, neonatal, surgical and/or anaesthetic services are not available on site. In accordance with the standards and policies set out by the Midwifery Regulatory Council of Nova Scotia, as well as the Regulations pursuant to the Act, midwives must be registered with an Active practicing license and have their competencies up to date in order to provide primary maternity care for clients who choose to give birth at home. Additional MRCNS policies with specific relevance to out-of-hospital birth include:

- *Indications for Discussion, Consultation and Transfer of Care*
- *Required Equipment and Supplies for Home Birth*
- *Policy on Second Attendants*
- *Policy on Home Birth Transport*
- *Informed Choice Policy*
- *Client Requests for Care Outside Midwifery Standards*

Midwives should also familiarize themselves with the policies of their local health centre.

Safety

Safety in childbirth is of central importance for parents and maternity care providers alike. Available evidence supports the safety of planned home birth for low-risk clients attended by midwives within a regulatory and organizational framework that ensures best practice and health system support. The following factors contribute to the safety of home birth:

- Clear screening criteria to ensure that home birth candidates are low risk;
- Ongoing assessment during pregnancy of the client's health status and eligibility for home birth;

- Provision of current evidence-based information about home birth to support client decision-making and informed choice;
- Advance planning and preparation for birth in the home setting;
- Proper maintenance of supplies, medications and equipment for home birth;
- Training and continuing competency in the management of emergency situations in an out-of-hospital context;
- Continuous one-to-one care and monitoring during active labour;
- Attendance of two midwives, or a midwife and an approved second attendant, during 2nd stage labour and the immediate postpartum;
- Clear operational policies and procedures for consultation, transfer of care, emergency transport and liaison with the hospital;
- Effective communication and collaboration among all health professionals involved in consultation, transfer or care and emergency services for out-of-hospital birth.

Informed Choice

Respect for the client's informed choice is a fundamental tenet of midwifery practice, as set out in MRCNS Standards of Midwifery Practice. Midwives regard clients as primary decision-makers in their own care and work in partnership with the client/family to choose the appropriate setting for birth. It is the role and responsibility of the midwife to promote and facilitate informed decision-making when the client is planning or considering a home birth.

Preparation

In preparation for an out-of-hospital birth, the midwife will ensure that the following are completed:

- Initiate discussion with the client early in pregnancy regarding choice of birthplace and continue throughout the course of their care. This discussion must include the potential risks and benefits of choosing an out of hospital birth; indications that may alter the planned place of birth; transport to hospital in an emergent and non-emergent event.
- Inform the client about professional, regulatory, and community standards for midwifery practice and out of hospital birth.

- Arrange for a second birth attendant, in accordance with the Policy on Second Attendants.
- The client should also understand that they may change their decision about place of birth at any time.
- All discussions should be documented in the clients chart.

Contraindications

Contraindications to planned out-of-hospital birth include but are not limited to:

- Any indication requiring transfer of care from a midwife to a physician during prenatal care or labour and delivery care in accordance with the Indications for Discussion, Consultation and Transfer of Care (2022**).
- Any indication requiring a consultation with a physician during the course of prenatal care where the recommendation is to birth in a hospital.
- Any indication requiring consultation in labour and delivery in accordance with the Indications for Discussion, Consultation and Transfer of Care (2022**) .

Clients who receive a consultation with a physician (in accordance with the Indications for Discussion, Consultation and Transfer of Care Policy) in the prenatal period but do not require a transfer of care, may be recommended to give birth in a hospital setting. These situations must be carefully reviewed and the midwife should clearly discuss the recommendations with the client and make a decision on place of birth with the client.

Should a client decline a consultation during prenatal care or during labour and that indication could require care outside the scope of practice for the midwife, the midwife should refer to the policy on Client Requests Outside of Standards (2022).

Other Considerations

Other considerations may impact the choice of birthplace including psychosocial factors, the suitability of the birth environment, availability of emergency support, family supports, distance from the hospital, time required for emergency transport, weather, and road conditions. To provide safe care, all midwives should be in agreement on the appropriateness of planned out of hospital birth, when a client's care is shared within a group.

References

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