

Campaign for Normal Birth

The Royal College of Midwives Survey of midwives' current thinking about home birth

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The survey explores

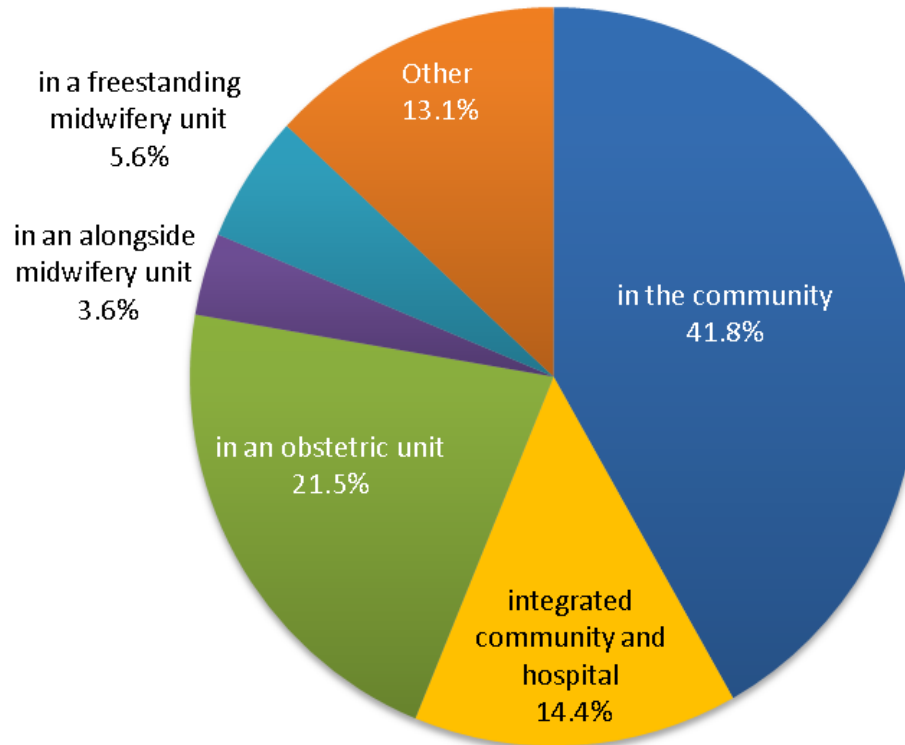
- **experience as students and qualified midwives**
- **perceived support from other health professionals**
- **obstacles to providing the service**
- **perceptions of whether women are given enough information to make an informed choice**
- **confidence in home birth practice**

Methodology

Midwives were invited to participate in an on-line survey through the RCM website, e-mail networks, and the RCM Midwives magazine between March and May 2011

A total of 553 midwives completed the survey

Main areas of current practice



Training in home birth practice

Only 52% of the midwives reported that home birth was part of the curriculum of their initial training

Experience of home birth

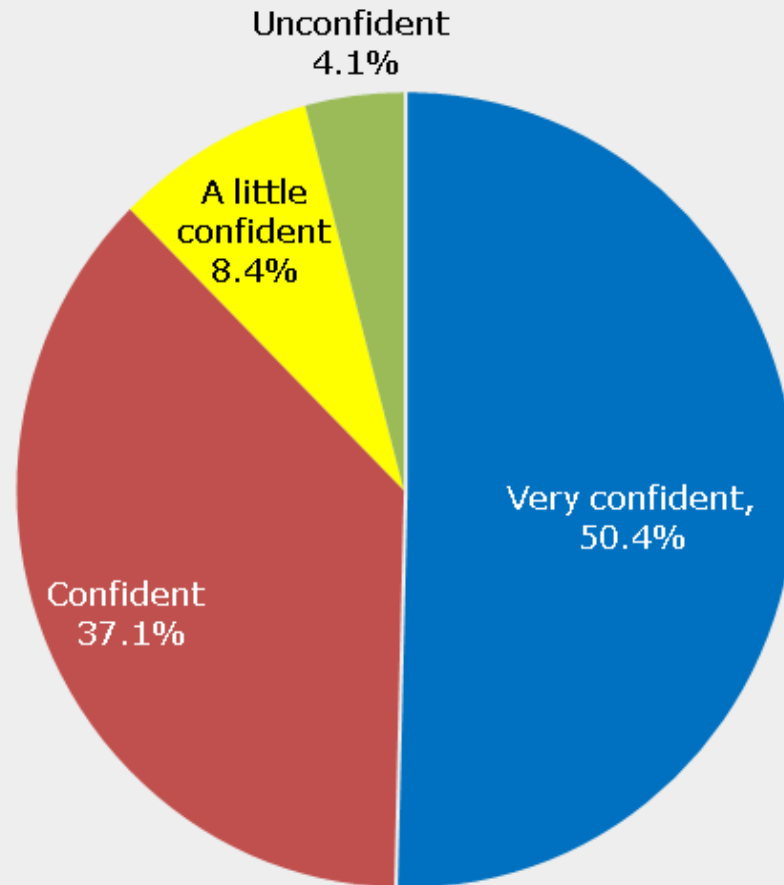
61 % of the midwives had experienced home birth as a student midwife and 78 % as a qualified midwife

The majority (71%) of these midwives had attended a home birth in the last 12 months

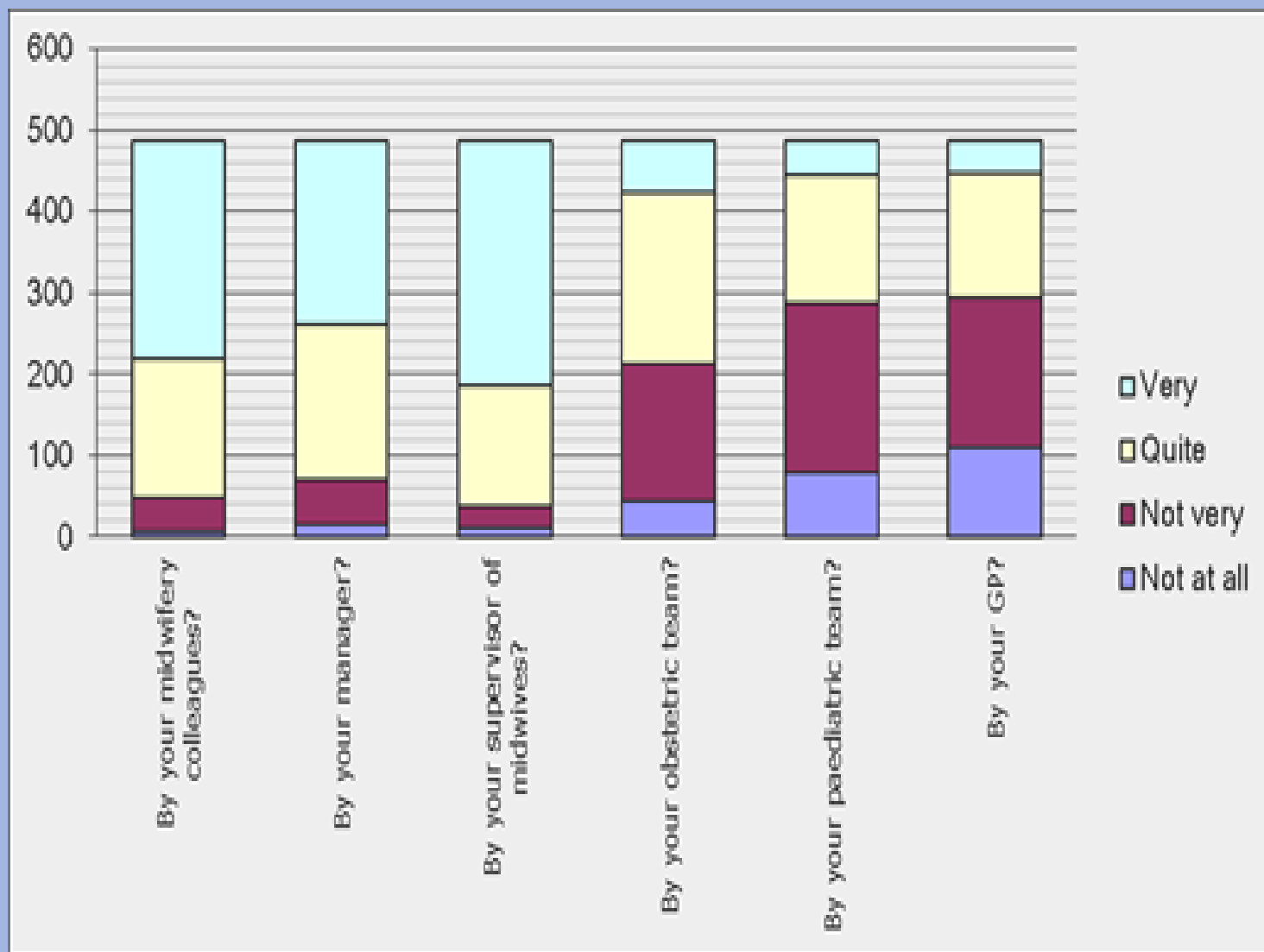
Continuing professional development

the majority of the midwives (58%) had not attended any continuing professional development (CPD) explicitly focussed on home birth

Confidence in their home birth practice



Support from colleagues



Main obstacles

on-call demands (74%) and shortage of midwives (64%) followed by midwives' lack of confidence (50%)

Need for separate training

61% of these midwives thought that separate training was necessary for home birth

45% focused on the need for training in emergency drills in the different environment where there were 'no buzzers to push'

Need for separate training

Other main areas

- normality
- discussing risk
- promoting home birth
- appropriate methods of pain relief
- multi disciplinary context

Training in normality

“sad to say but normal labour care - hydration, relaxation, knowledge of the normal physiology of labour”

Training in discussion about the risks and benefits of home birth

“... how to present home birth as a realistic option to low risk women and gain confidence and experience in offering home birth”

Training in the multidisciplinary context

“Hospital midwives need training in home birth”

“obstetricians and midwives should receive training together, on the whole process of home birth”

Further comments

The main themes

- importance and joy of home birth,
- concerns about the maintenance of the service
- concerns about the lack of support

and the need for more promotion and appropriate information giving

The joy of home birth

“Home births make me feel like its Christmas every time I have the privilege of waiting for ‘the call’”

“I love it. I love going into women's homes, seeing them doing things their own way, assisting and monitoring as required, but essentially being a TRUE midwife in a way that we can't in the hospital”

Concerns about the future

“It has, in my experience of over 30 years as a midwife got harder and harder to offer this service mainly because of a shortage of willing midwives. Fewer and fewer midwives are wanting to work on the community because of the on- call service and being called out and still expected to do a full days work after”

More promotion

“There needs to be more of a positive promotion through the media.. should just give channel 4 reels of tape with home births on it!”

Support from obstetric team

“am sad that medical/midwifery staff who haven't experienced it, feel its ok to frighten women who are considering it. Sometimes our ladies are made to feel guilty or irresponsible”

Key recommendations

- student midwives have adequate experience of home birth
- more resources for midwives' further training in the areas identified through national CPD
- mandatory training days on emergency drills should always incorporate scenarios in different environments
- regular multidisciplinary case review