



# Campaign for Normal Birth

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

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# The survey explores

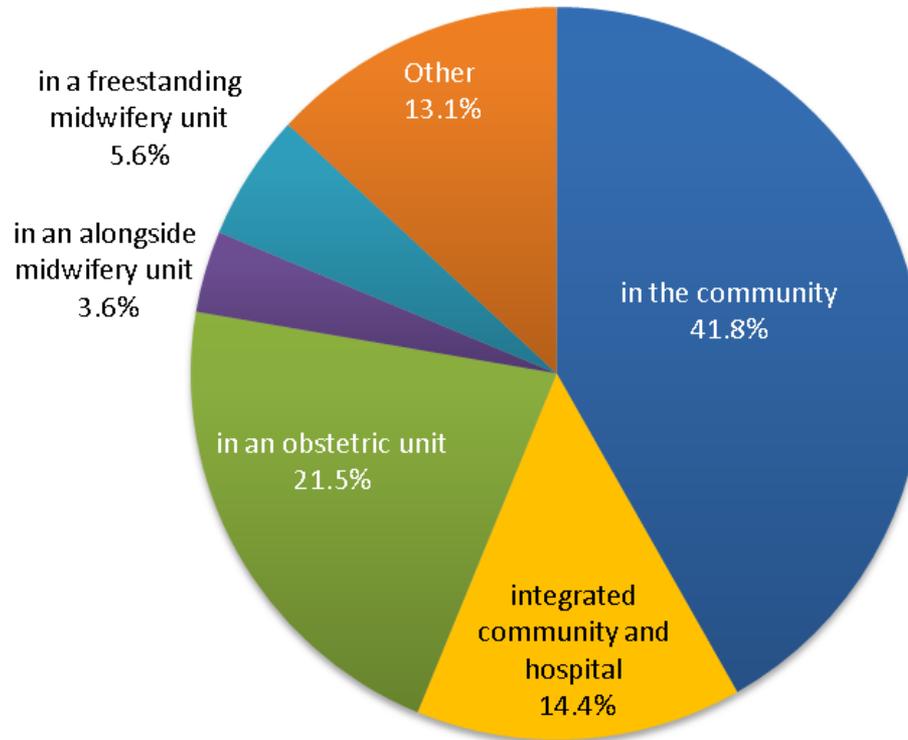
- **experience as students and qualified midwives**
- **perceived support from other health professionals**
- **obstacles to providing the service**
- **perceptions of whether women are given enough information to make an informed choice**
- **confidence in home birth practice**

# 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

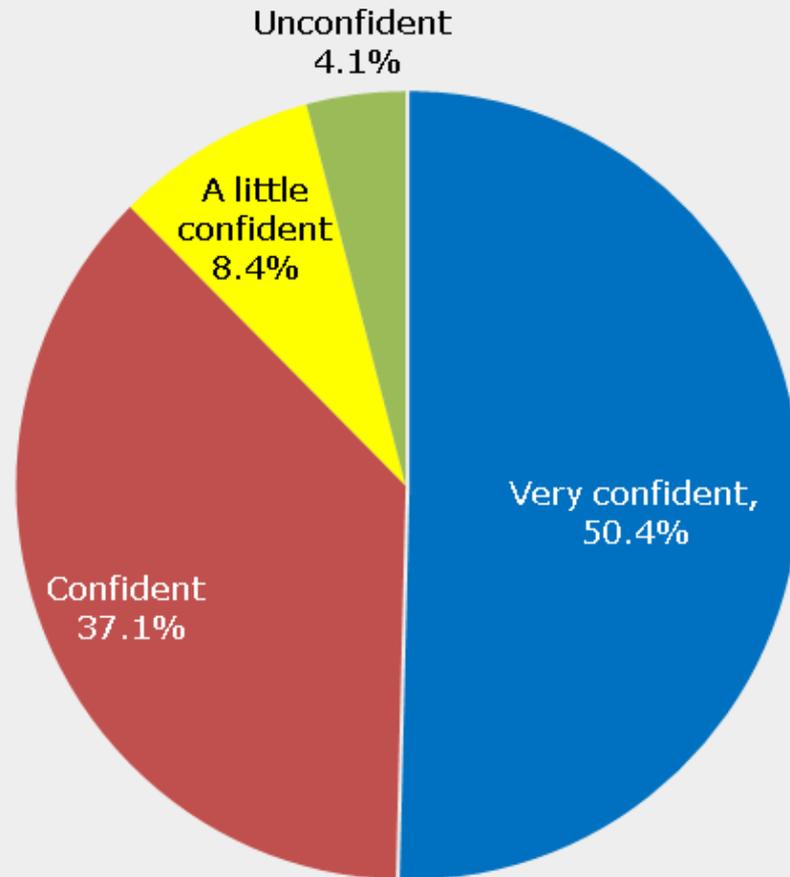
61 % of the midwives had experienced home birth as a student midwife and 78 % as a qualified midwife

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

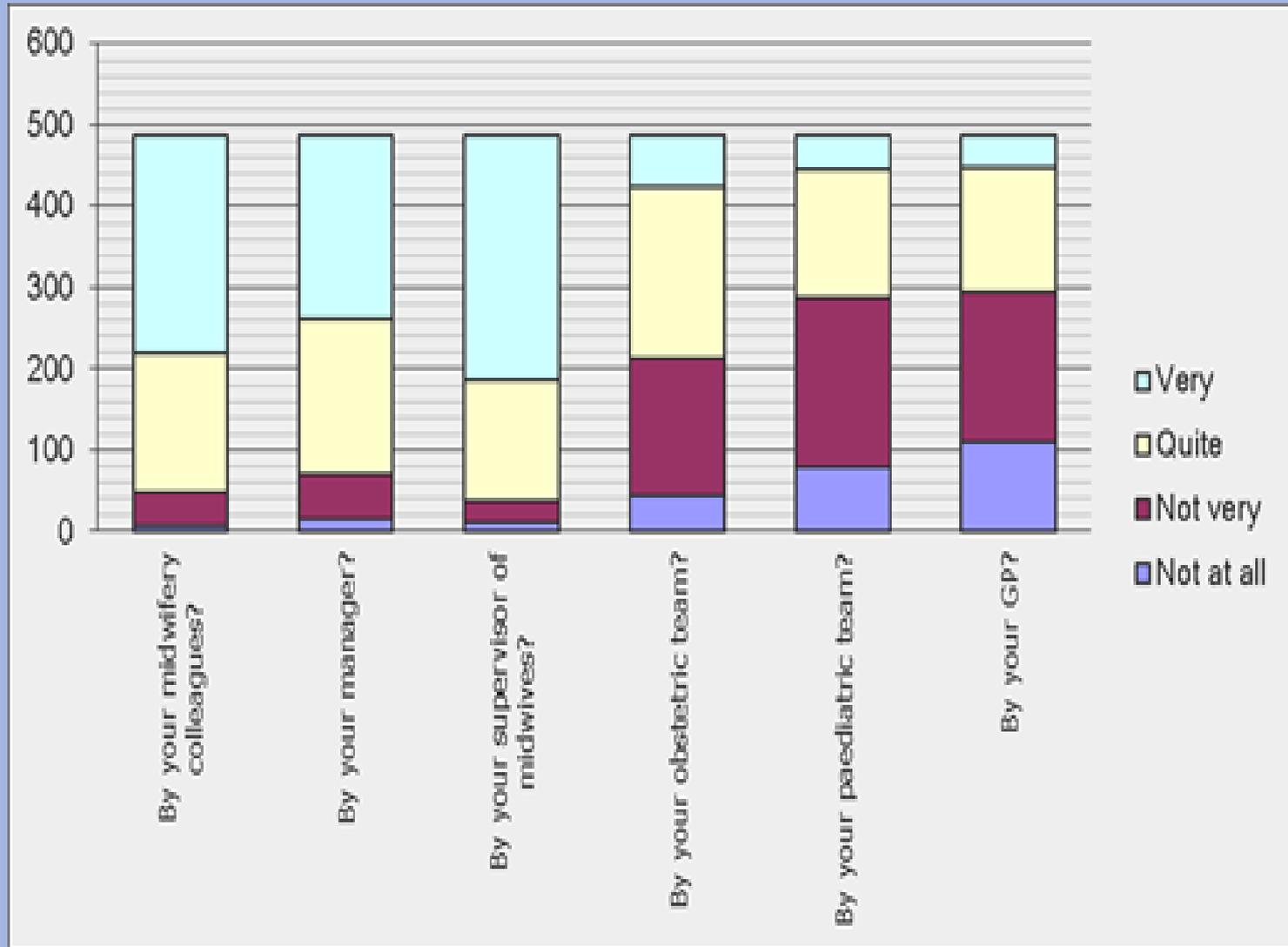
# Continuing professional development

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