

Birth Options During the COVID-19 Pandemic



Disclaimer

- The information presented herein aims to help bring awareness of your options for place of birth during the COVID-19 pandemic; it does not replace a fulsome informed choice discussion with your team of midwives
- While we will strive to keep this information up-to-date, please know that COVID-19 information is changing at a rapid pace and your midwives may have information that is more current than this document
- This document is not an exhaustive list of all birth options or scenarios and so each individual will need to be counseled and screened appropriately to their personal circumstances

Place of Birth

- Choice of birthplace supports principles of informed choice, which is central to midwifery care
- Midwives care for healthy, low-risk pregnant people and support pregnancy, labour, and birth as normal, natural processes in a person's life
- Appropriately screened low-risk clients who plan out-of-hospital (OOH) birth can expect the same excellent outcomes (with lower intervention rates) than those who plan hospital birth
- Hospital birth is the most appropriate birthplace for those with identified risk-factors

Place of Birth During COVID-19 Pandemic

- Clients who screen NEGATIVE for COVID-19 will be considered appropriate at this time for planned OOH birth and must meet the following criteria:
 - ONE support person will be allowed and that person will also have to screen NEGATIVE for COVID-19
 - Other occupants of the house cannot be in the birth room or within 6 feet of the midwives attending
 - The midwives will adhere to the current standard of personal protective equipment (PPE) as the hospital
 - Hand soap, paper towels or a clean towel as well as a clean birth environment must be made available

Place of Birth During COVID-19 Pandemic

- Any client who screens SUSPECTED or CONFIRMED for COVID-19 will be advised to give birth in the hospital
- Clients who choose hospital birth despite their COVID-19 status will be counseled on current hospital screening processes, limits on support people, and options for early discharge home



A Note About Waterbirth During COVID-19 Pandemic



- Waterbirth may be limited at this time, as asymptomatic persons may shed the virus unknowingly in their feces, which can contaminate the birth pool/newborn/midwives
- Other hydrotherapies remain as good options, including showering or water immersion in early labour and when membranes are still intact

Why Give Birth at Home?

- A history of fast labor
- Comfort, privacy
- Personal autonomy
- Keeps beds at hospital available for high-risk patients, may reduce burden on hospitals during pandemic
- Reduced risk of infection



Home Birth Safety

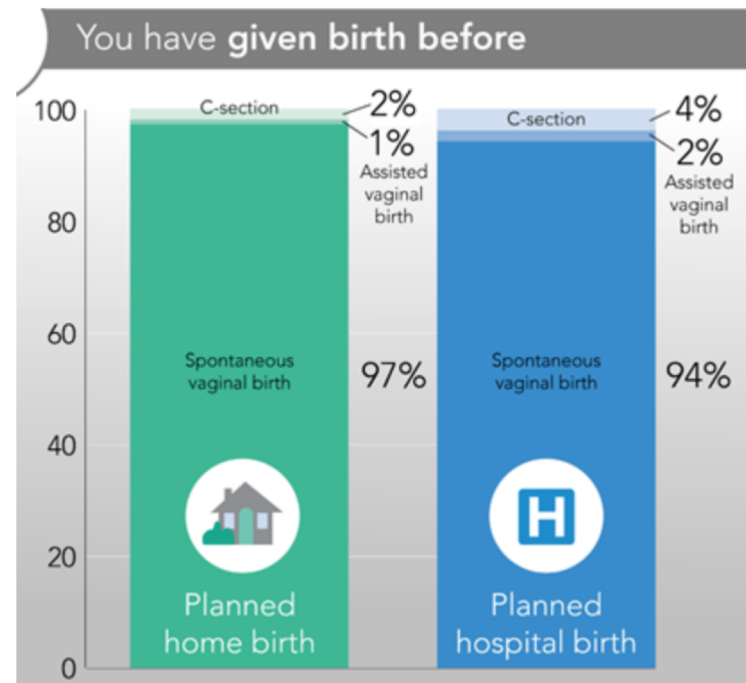
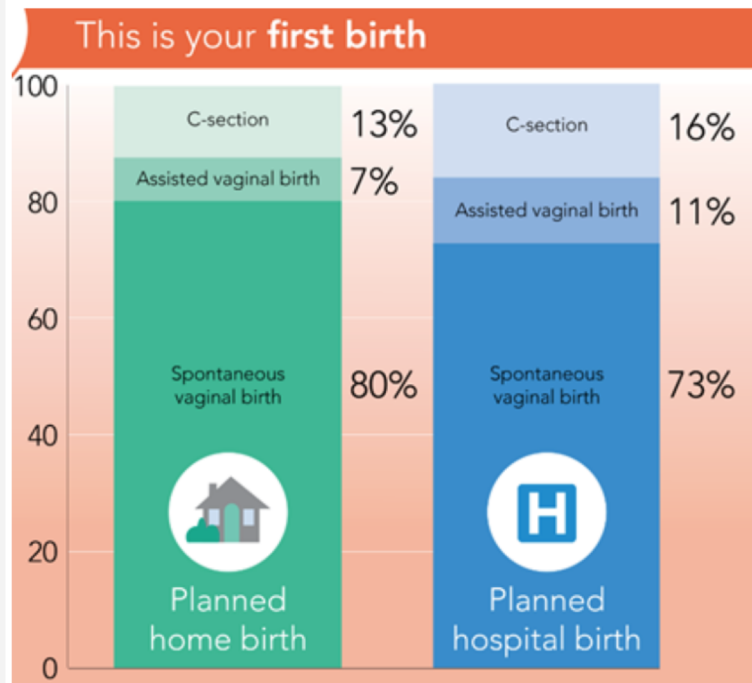
There are many factors that contribute to the safety of midwife-attended home births in Ontario. Ontario midwives:

- Are **regulated health professionals**
Bring **medical equipment and medications** to every home birth similar to those available at hospitals that provide **Level 1** care and birth centres
- Have **hospital privileges**
- Receive an **education** specific to attending births and responding to birth emergencies both in and outside the hospital
- Engage in regular **training** to attend births and respond to birth emergencies both in and outside the hospital
- Can quickly access specialist care (e.g. obstetrician, pediatrician) if necessary to support the best health outcomes for you and your baby
- Two midwives are present at every planned home birth

What Does the Research Say About Home Birth? *

- Canadian-based research analyzing 45,000 low risk births attended by midwives at home and in hospital showed that the same number of babies are born healthy and well regardless of where the birth was planned to take place.

Type of birth by planned place of birth: home and hospital*



Home Birth Equipment & Medications



EQUIPMENT FOR A HOME BIRTH

Same equipment available at a level I hospital



Medical equipment and medication is set-up at each home birth to:

- monitor and assess you and your baby during labour, birth and in the early hours after birth
- help you safely deliver your baby
- respond to any emergencies in the event they arise

Home Birth as Planned

Your First Pregnancy



Subsequent Pregnancies



If Planned Home Birth Needs to Move into Hospital

- Most healthy people have healthy pregnancies and uncomplicated births
- Midwives have the training and skills to:
 - identify when a complication is developing early on
 - correct many developing complications
 - know when to involve specialists (e.g. obstetrician, pediatrician)
- A small number of reasons a planned home birth could end up moving into the hospital include:
 - Non-urgent transfer to hospital (access to pain meds, augmentation, surveillance)

Emergency Move into Hospital

Very few people who plan to have their babies at home are transferred urgently to hospital by ambulance. The most common emergencies requiring ambulance transport include:

- Postpartum hemorrhage
- Concerns about the baby's heartbeat during labour or their breathing after the birth

If an urgent transfer to hospital is required, your midwife will call 911.

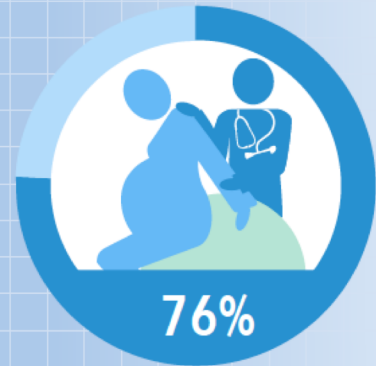
Depending on the situation, your midwife will either accompany you in the ambulance or meet you at the hospital.

Midwives are training Ontario paramedics in out-of-hospital birth emergency skills!

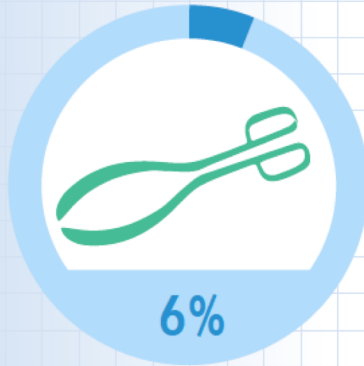
Even if Birth Moves into Hospital

Births attended by midwives overall have better outcomes and lower rates of intervention. People who plan to give birth at home but end up going to the hospital have less chance of interventions like C-section and assisted vaginal delivery (forceps or vacuum) than people who planned a hospital birth

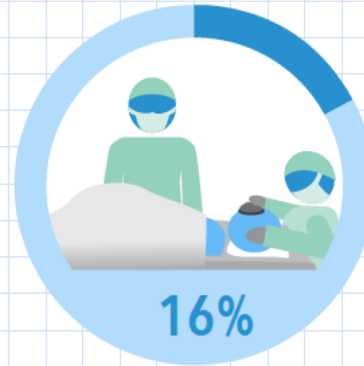
TYPES OF BIRTH



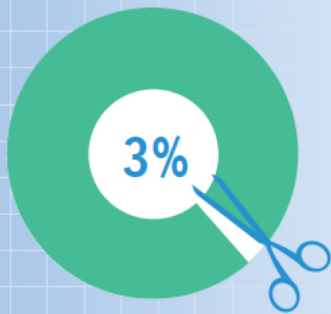
VAGINAL BIRTH



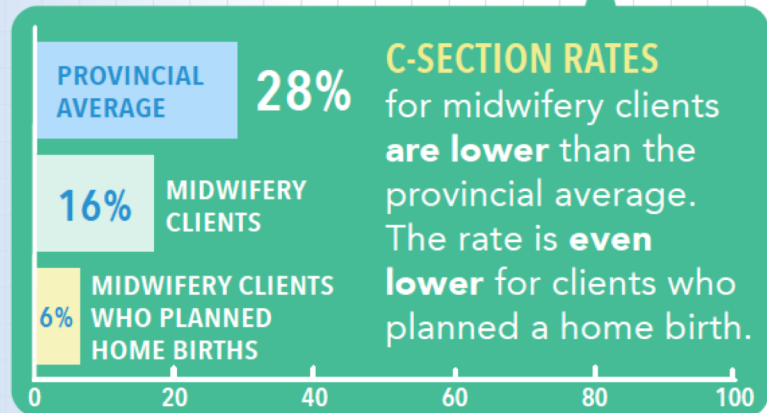
VAGINAL BIRTH WITH FORCEPS/VACUUM



C-SECTION



EPISIOTOMY



Home Birth Logistics / Setting

- May be asked to pre-register with EMS depending on home address and distance from hospital
- The same may be true for inclement weather
- Important to have driveway & walkways clear of ice & snow, leave space in driveway for midwife to unload equipment
- Leave outdoor light on in the evening so address is clearly visible and midwife feels safe
- Have pets secured and a family member available to care for young siblings should the need arise
- Have food & beverages available for birthing person, support person and midwives attending
- Hand Soap & towels, linens, good lighting

“Hybrid” Hospital-Home Birth

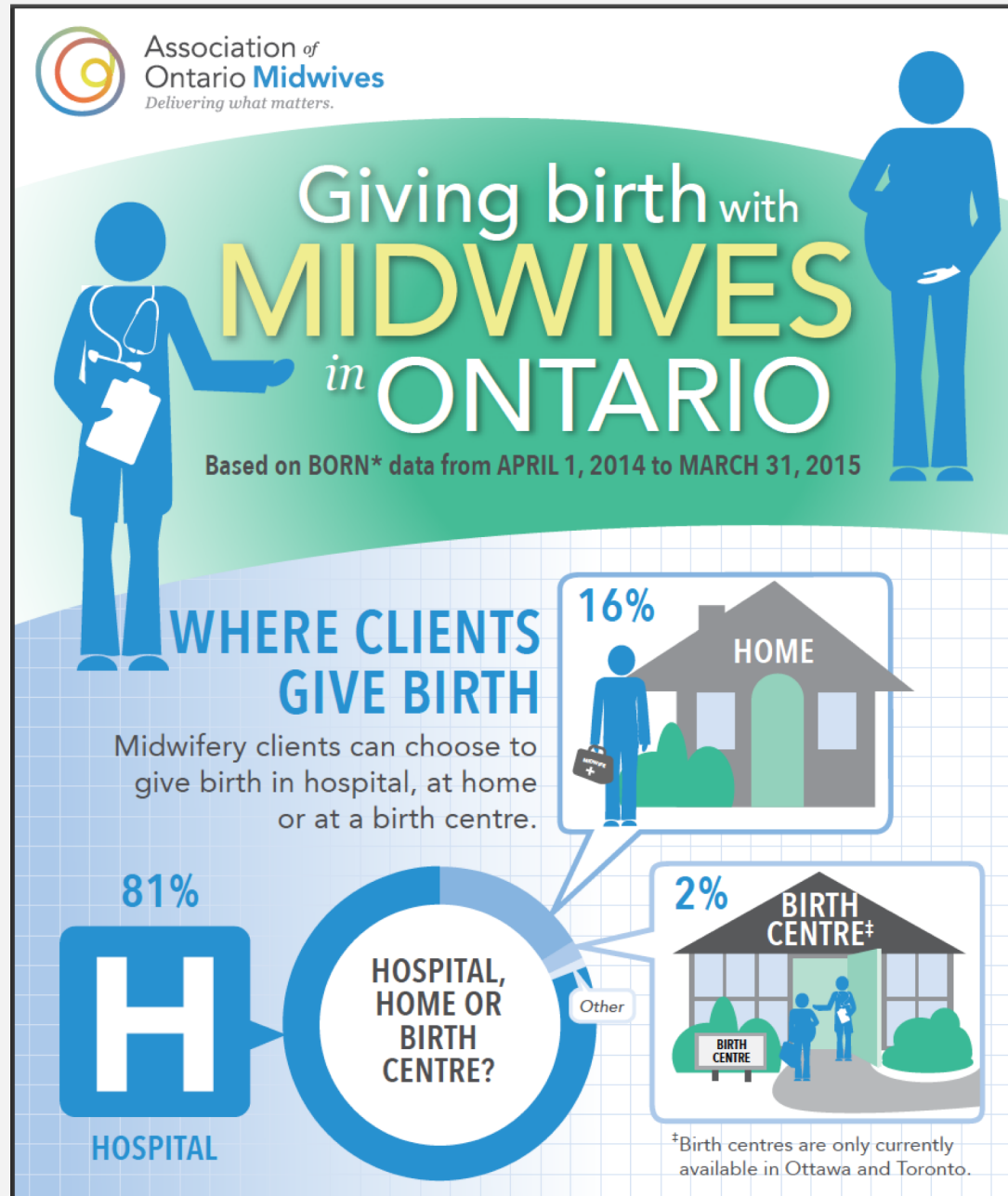
- Plan for labouring at home until well into active stage
- Midwife will provide early labour assessments at home and help guide when it is time to move into hospital
- Plan for early discharge home from hospital (3-4 hours after birth) following straightforward spontaneous vaginal delivery of a healthy infant
- Receive all newborn screening tests at home
- Receive first week of postpartum visits at home

Research shows that planning an early discharge home following a SVB:

- Excellent patient satisfaction rates
- Increased in exclusive breastfeeding rates
- Decreased risk of infection for birthing person & baby

Ontario Home Birth by the Numbers

- Out-of-Hospital birth numbers are rising across Canada due to:
 - Growth of Midwifery
 - Desire for low-intervention birth
 - Increasing comfort, evidence, and support for home birth



Outcomes

Home Birth with RM

- Rate of serious morbidity 5.5%
- Transfer (by car) into hospital rate 22%
- Transfer (by ambulance) into hospital rate 5%
- C-section rate decreased 3%

Hospital Birth with RM

- Rate of serious morbidity 7.1%
- C-section rate increased 3%

RM Home Birth Group



- Less likely to have interventions during labour
- Less likely to have adverse outcomes including:
 - 3 & 4th degree tear
 - PPH
 - Fever
 - Newborn resuscitation

Home Birth is *Not* Recommended if:

- COVID-19 positive status
- Diabetes or high blood pressure
- Trial of labour after caesarean section
- Low platelets
- Breech baby or unstable lie
- Anticipated neonatal complications
- Meconium in amniotic fluid
- Previous postpartum hemorrhage
- Previous shoulder dystocia
- More than 30 minutes from the hospital
- There are safety concerns in the home (lack of emergency access, violent persons/animals)

What if...?

- Atypical or abnormal fetal heart rate: auscultation and transfer if persistent concerning pattern or continuous electronic fetal monitoring needed. Fluids and oxygen available for intrauterine resuscitation.
- Meconium: transfer if birth not imminent. Suction, resuscitation and intubation equipment available.
- Postpartum hemorrhage: midwives carry oxytocin, misoprostol, IV supplies and oxygen and have the ability to draw blood and stabilize client for transport to hospital for ongoing care

What if...?

- Neonatal resuscitation: midwives carry oxygen, bag and mask and self-inflating or flow inflating bags and are certified annually in Neonatal Resuscitation Program (NRP)
- Other emergencies: shoulder dystocia, placental abruption, cord prolapse, undiagnosed breech:
 - Midwives are trained to manage emergencies until able to transfer to medical care as appropriate
 - Required to recertify in emergency skills every two years

Planning and Preparation

- Planned prenatal home visit by midwives around 36 weeks of pregnancy
- Have supplies ready at least 3 weeks prior to estimated date of birth
- Hospital bag packed in the event a transfer to hospital is indicated
- Car seat available and installed
- Firm surface approximately dresser height for newborn equipment set up
- Electrical outlets nearby and a well lighted area available



Additional Resources

1. Association of Ontario Midwives (AOM). Home Birth During the COVID-19 Pandemic: A viable option for all clients at low risk of complications.
<https://www.ontariomidwives.ca/sites/default/files/QRM%20resources/IPAC/AOM%20-%20Choice%20of%20Birthplace%20during%20the%20COVID-19%20Pandemic%20-%20April%202020.pdf>
2. Society of Obstetricians and Gynecologists of Canada (SOGC). 2019 Statement on Planned Homebirth.
[https://www.jogc.com/article/S1701-2163\(18\)30648-0/pdf](https://www.jogc.com/article/S1701-2163(18)30648-0/pdf)
3. Public Health Agency of Canada. Coronavirus Disease (COVID-19) Pregnancy, Childbirth and Caring for Newborns: Advice for Mothers. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/pregnancy-advise-mothers.html>

Visit newlifemidwives.com
for more resources and
up-to-date information

