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Talking about transfer ...*By Ruth Hungerford*

I was surfing the news on the internet recently, which is not something I make a habit of usually. However I came across a headline "*Happy ending for emergency home birth*" (www.nzherald.co.nz, 09 April 2008), which of course caught my attention. My goodness I thought, what is this about? Of course it was not a planned home birth that was an emergency, it was a planned hospital birth - the mother had birthed her baby at home because things happened so fast she couldn't make it to the hospital in time. The midwife had got assistance from the Police to get to the woman's house, which of course is a great story (from a journalist's perspective) - all very dramatic.

How sad, I thought though that they had not focused on the really important part of this story which was that the baby was born; that the mother birthed this baby; that women are amazing and women having babies are awesome. That's not to say that it would not have been frightening. In fact, it must have been very traumatic for the woman to find herself birthing at home, without the midwife having even arrived, when she had been planning to go to hospital. I know I would be worried. I had planned to birth at home and I had had a big talk with my midwife when I was about 36 weeks pregnant, about "what if the baby gets here before you?" "what do we need to make sure we do and don't do?," so I was kind of prepared for an unassisted birth (and of course I was prepared to be at home), but was this woman prepared to birth at home, let alone at home and unassisted? Probably not. How scary for her.

But I also wondered, as I read the news story, how prepared was the midwife who was racing to the woman's home with the Police? Did she have the equipment that a home birth midwife carries to every visit and every birth? If she was a midwife who primarily cared for women in hospital she may not as a matter of course, carry the equipment with her all the time, the way that a home birth midwife does. She would be used to turning up at the hospital/birthing unit where it would be all provided. Even if she did have equipment (like resuscitation stuff) with her, how long had it been since she'd used it? Maybe she had used it recently and no doubt she was a diligent midwife who regularly checked the equipment but what if it was a bag that she'd just grabbed from the hospital on her way past, and she wasn't very familiar with it?

It made me think too about my own births, both planned home births, both babies born at home, but how prepared had I been for the possibility of birthing out of home? I did not want to go to hospital and I did not want to read a lot of stuff about it because I did not want to buy into all the "fear of birth" stuff that is unfortunately so prevalent. But I knew, in a small part of me, that it was a possibility, so I needed to know a little bit about it and explore how I felt about it.

So I read a bit about situations where I might need to go to hospital. I found the "green book" (*A Guide to Healthy Pregnancy and Birth* by the Auckland Home Birth Association, available from the WHBA for \$25.00), a very helpful resource as it has a section on transfer to hospital and reasons for it. I knew that there were lots of things I could do to stay healthy, to reduce my chances of developing things like toxæmia. I knew that most transfers are not "rush in an ambulance - panic, panic", like on TV. But what was most useful to me in regards

to the whole “what if I had to transfer?” thing, was actually my midwife. I had chosen a home birth midwife whose transfer rate was less than 10% and her caesarean section rate less than 3%. She was a home birth midwife, who believed that birth was a normal life event and who had lots of experience with a range of normal births. So, I felt I could trust her to know if things really were not going okay and to realise this early. So I knew that if she said “Ruth we have to go to hospital” it would be because I needed to be there. It would be a necessary intervention.

It wouldn't mean I'd have to like it. I would still have been disappointed. I would still have found it hard. There would have been things I would have looked back on and thought “If only...” What if I'd done? Would that have made a difference?” But, I would have had a midwife who knew me, whom I trusted, who would have stayed with me in the hospital, supported me, and advocated for me. She would have helped me make decisions and I could trust her judgement.

Vicki Clarke is a woman from the Taranaki home birth group (Active Birth Taranaki) who has planned two home births that have both resulted in a transfer to hospital and operative ‘deliveries’ (one resulted in a forceps delivery due to a prolonged second stage and one a caesarean due to a rare ovarian cyst). She wrote an article called “*When it all turns to custard*” about her experiences, which is in the latest *Tummy Talk* magazine (see www.h2ohbaby.co.nz for details on where to access *Tummy Talk*). She writes that her supportive midwife, and her husband and herself being well-informed about her choices, helped her to cope with the transfers and to make decisions, so that she still felt some degree of control over what was happening. She is glad she says that she planned home births because she knew she'd done everything she could to have a ‘natural’ birth and that it just wasn't meant to be. It is normal, she writes, to grieve the loss of the gentle birth you planned and it helps to review what happened with your midwife, to talk about your experience, to focus on the positive (because there will be some positives), and that a subsequent positive birth experience, although not something she experienced personally, is very healing.

I have included a few birth stories in this magazine which illustrate some of these things. One story is from Krista Fullerton and her husband Forrest Chambers, who after two babies born at home as planned, had a third baby born at 34 weeks, and they found themselves in the Neonatal Intensive Care Unit (NICU). Krista writes about the birth and what she and her husband did within the NICU, and how she worked to ‘kangaroo care’ her baby. Forrest writes about what ‘kangaroo care’ is and why they chose to do it. The other two birth stories are from one our members, Shellee, that were first published in our magazine in 2006. With her first baby Shellee developed pre-eclampsia, transferred to hospital for an induction, and her baby was born at the hospital, and with her second baby she did not develop pre-eclampsia, and baby was born at home.

What I liked about these stories was that they show ways that home birthing women, their LMC and their whānau can maintain the birth space, within an out of home setting, and many of the things that are important in home birth, like having a sense of control over what is happening, having support people who know you and believe in you, limiting exposure to drugs, holding baby skin to skin after the birth, caring for baby and attachment and bonding, can often be maintained (although not without some struggle at times) within an out of home setting.

Shellee's first story shows how important the midwife is – both the midwife and her back-up midwife - and whether the midwife continues to care for and support you in the hospital. It also highlights how important it is to find out whether your midwife stays with if you go to the hospital. Some do and some do not. If your midwife, does not as part of her practice, stay with you in those situations, you need to be happy with this and feel comfortable with it.

Shellee also talks about how the midwife suggested they take some time to 'mourn' the loss of their at home, home birth, which is a really good example of the kind of holistic care that home birth midwives provide. It also shows that transfers to hospital are not necessarily the 'emergency' rush to hospital that we see on TV – there was time to mourn before they left home. Shellee's second story of a birth at home demonstrates how all pregnancies and births are different, and that having had to transfer for one baby does not mean that you will for the next.

Transferring to hospital is not something we generally like to dwell on within home birthing circles. But to ignore it is wrong. Ignoring it invalidates the experiences of the women who do transfer. Home birth is not about the 'place' it is about the 'heart'. It does matter where you *plan* to have your baby. Planning a home birth with a home birth midwife is the most sensible and rational birthing decision to make. It is backed by the research evidence as the most likely to ensure that you don't have unnecessary medical intervention in the birth process. Planning a home birth with a home birth midwife, means that if you do transfer, for some medical or obstetric intervention or assistance, then that intervention was more likely to be necessary, than unnecessary. With a planned hospital birth you often cannot know for sure, whether the interventions you receive were needed or were a result of the protocols and policies or lack of knowledge of normal birth that sadly, is so often prevalent in the obstetric system.

If a woman plans a home birth and her baby is born out of the home, that does not mean she didn't have a home birth. She is still a home birthing woman. She had a planned home birth which included a transfer situation. It is not any less a planned home birth than one where baby was born in the lounge, and it is way more a home birth than the failed hospital birth I mentioned at the beginning of this article, that was mis-reported as an "emergency home birth".

About the author: Ruth Hungerford is a mother of two girls, both born at home as planned, and a self employed social researcher and the editor of the Waikato Home Birth Association Inc. News magazine. She lives in Hamilton, New Zealand.