Home Birth Aotearoa

SESSION 2.

What If I Need to Transfer?

KEY POINTS

Sometimes labour takes a turn that means a transfer to hospital is needed.

Some reasons may include prolonged distress, thick meconium, blood pressure that is difficult to manage or a baby in a position that makes birth more difficult.

Take familiar things from home, such as blankets, lights and music.

Which parts of your home birth plan would you like to maintain where possible?

Stay informed and involved in decisions.
It is still your birth and you still have choices.
Your consent is always required.

SESSION 2.

Your Options in Hospital

KEY POINTS

Transferring to hospital doesn't mean your labour can't continue physiologically. Sometimes a change of environment can help.

Depending on your circumstances, you may be offered:

- Continuous monitoring
- A vaginal examination
- Pain relied such as gas, opioids or an epidural.

An epidural provides strong pain relief and may numb you from the waist down.

An epidural may slow labour and make pushing more difficult. It may also affect pelvic floor function and the oxytocin peak at birth.

SESSION 2.

Other Interventions

KEY POINTS

Opioids, such as morphine, can provide strong pain relief but have side effects that may affect breathing for you or your baby.

Gas works quickly and wears off quickly between contractions.
It is safe for you and your baby.

Augmentation - Synthetic oxytocin is used to speed up labour. This requires continuous monitoring of you and your baby and may over-stimulate the uterus.

Ventouse/Kiwi cup is a suction cup placed on your baby's head to assist delivery.
It is used by an obstetrician.

SESSION 2.

Assisted Birth and Caesarean

KEY POINTS

Forceps: are tong-like instruments placed around your baby's head to assist birth. An episiotomy may be needed.

Episiotomy: is a cut made to the perineum. It is not routine in New Zealand but may be needed during a forceps or ventouse birth. Stitches are required to repair it.

A caesarean may be recommended when it is considered the safest option for you AND/OR your baby.

SESSION 2.

Caesarean Birth and Recovery

KEY POINTS

A caesarean is major abdominal surgery and comes with its own risks. Recovery is often around six weeks, though this varies.

If you and your baby are well, skin-to-skin contact and delayed cord clamping may still be possible after a caesarean.

Milk may take longer to come in after a caesarean. Recovery can be challenging, so be kind to yourself and accept help when it is offered.

SESSION 2.

Planning for a Transfer

KEY POINTS

One intervention can sometimes lead to another. You may also need extra support after birth.

Enjoy skin-to-skin contact as often as possible. It supports bonding and helps stimulate oxytocin.

Discuss a hospital transfer plan with your midwife during pregnancy. This can help you feel informed and maintain a sense of choice if a transfer becomes necessary.

There is no shame in needing or choosing a hospital transfer after planning a home birth.

Home Birth Aotearoa

BRAIN

BIRTH TOOL

Use BRAIN to Help You Consider Your Options and Make Informed Decisions

B BENEFITS- What are the benefits of what you're recommending?

R RISKS- What are the risks of what you're recommending?

A ALTERNATIVES- What other options are available?

I INTUITION- What is my intuition telling me?

N NOT RIGHT NOW- What if we do nothing right now and revisit this later?

WHAKATAUKĪ

