

COVID-19

# Home Birth Considerations

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A Guide to Exploring Your Options

2020



# PURPOSE

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The ongoing COVID-19 pandemic has raised serious public health concerns and has many birthing parents reconsidering their birth plans. Those who previously planned to birth in a hospital are now exploring out-of-hospital alternatives such as birth center and home birth. Home birth midwives are beginning to see an increase in inquiries from people who are considering other options. Home birth, or community midwives are in a unique position to alleviate pressure from a healthcare system that is likely to experience unprecedented overload.

There are many considerations that need to be taken into account when exploring the option of an out-of-hospital birth and in preparing for a home birth or birth center birth. Home birth is safe for low-risk pregnancies but even then, not everyone is a good candidate for a home birth. Choosing home birth is a serious commitment and it is a decision that should not be made lightly. The purpose of this guide is to provide a comprehensive road map to exploring, choosing, and preparing for a home birth in the midst of the ongoing COVID-19 pandemic. This guide will be structured as a working document and I will continue to add information and guidance based on emerging research and feedback from both birthing folks and fellow midwives.

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# BIRTH PHILOSOPHY: HOME VS. HOSPITAL

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The two primary approaches to birth are represented by the biomedical philosophy and the physiological philosophy of birth. The biomedical philosophy of birth is what informs the biomedical model of care seen and experienced in a hospital setting. The physiological birth philosophy is what informs the midwifery model of care seen and experienced in the home and outside of the biomedical model.

## **Biomedical Philosophy**

The biomedical perspective considers birth to be a pathological state, or a medical condition that needs to be managed in the same way disease or illness would be. This model is a system-centered approach that medicalizes birth in an attempt to control it. It relies on medical experts such as OB/GYNs to facilitate the safe delivery of an infant. The focus is placed on the use of technology and interventions to medically reduce the 'pain' of childbirth and control the outcome. There is an increased risk for the 'cascade of interventions,' which occurs when an intervention requires additional interventions to facilitate the progress of a labor and delivery. Often subsequent interventions are required to reduce problems that are caused by the initial interventions.

## **Physiological Philosophy**

The physiological perspective considers birth to be a normal, biological event of which the birthing person's body is designed to safely achieve. It is a person-centered approach that focuses on the well-being of the birther-baby dyad and places the authority of the birth in the hands of the birthing person. Because this approach considers birth to be a normal event, there is a reduced reliance on technology and interventions. The goal is to protect the physiological and hormonal process of the birthing person while assessing for risk and ensuring that the labor and delivery progress normally. Physiological birth does have risks and these risk are continuously assessed and monitored by the midwife. In the event the birth becomes pathological, the midwife transfers care to a hospital.

## **Exploring and Understanding Your Personal Birth Philosophy**

When considering a home birth, it is important to carefully examine your own personal birth philosophy, especially if you have planned for a hospital birth and are nearing the end of your pregnancy. A home birth will be a lot different than a hospital birth experience and it is something the requires careful consideration and preparation for. You may find that your birth philosophy is a mix of both the biomedical and physiological approaches to birth and that is okay. The key is to understand the differences and conduct a self-assessment of how you view childbirth. On page 5 of this guide, you will find a series of questions and prompts for you to help you explore understand your own personal philosophy of birth.



# WHAT HOME BIRTH IS: COMMON QUESTIONS

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- Approximately 0.9% of births per year in the United States occur in the home (ACOG, 2017). Home births are generally attended by a Certified Professional Midwife (CPM), a Certified Nurse Midwife (CNM), a Licensed Midwife (LM), or a Certified Midwife (CM) depending on your state. The majority of home births are attended by CPMs. You can check out the PushChart at the following link to check to see if your state legally recognizes CPM credentialed midwives: [http://pushformidwives.nationbuilder.com/cpms\\_legal\\_status\\_by\\_state](http://pushformidwives.nationbuilder.com/cpms_legal_status_by_state)
- Pregnant people considering home birth should be informed of the benefits and risks and be informed of the factors that influence maternal and fetal outcomes. These are things that your midwife is required by law to cover with you in order for you to make an informed decision to birth at home.
- The following criteria must be met to be considered "low-risk" as a candidate for home birth (note: this list is not all-inclusive and may vary by state):
  - Pregnant with a single fetus
  - Fetus is in a cephalic presentation at term (aka baby is head down and not breech)
  - Labor/delivery may occur between 37 and 41-42 weeks gestation
  - Pregnant person does not have any serious medical conditions such as heart disease, blood clotting disorders, Type I diabetes, Gestational Diabetes Mellitus (GDM) that requires insulin for management, pre-eclampsia, etc.
  - No placenta previa (the placenta must be a certain distance from the cervix) at the onset of labor
  - No active HSV-2 (Herpes Simplex Virus with lesions on or within your genitals)
  - No more than 1 previous cesarean section with a low transverse incision (in some states, no prior c-section is permitted)
  - Etc.
- Not everyone is a good candidate for home birth, even if you meet the "low-risk" requirements and even in the middle of a pandemic. And that is okay! Home birth requires a significantly higher level of active engagement in your pregnancy and birth, personal responsibility, and preparation (mental/emotional/physical). Choosing home birth is a huge commitment.
- Pain Management in a home birth setting is different than that in a hospital setting. Epidurals, nitrous oxide, and other pharmacological options are not available. In a home birth setting, pain is managed through the use of hydrotherapy (shower/tub), movement (walking, swaying, bouncing on a labor ball, etc.), touch/massage, and consistent support and encouragement. A home birth setting protects the hormonal process of labor, which changes the way your body perceives and responds to labor pain. With adequate support and comfort measures, most birthing people are able to appropriately manage their pain during labor.



# ASSESSING HOME BIRTH READINESS

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One of the most important things you can do in preparation for your home birth is to determine your emotional/mental preparedness. The following questions are prompts are designed to help you explore and gauge your home birth readiness. Take the time to explore each consideration and remember, there is no right or wrong answer, so be honest in your assessment.

- What do I believe to be true about birth (i.e. is it a medical condition that needs management, or is it a natural process that sometimes needs intervention)?
- What fears do I have about birth?
- Do I feel safe giving birth at home?
- What do I believe to be true about pain in labor and birth?
- Am I a prepared to manage the pain of labor and birth without access to medication (i.e. no epidural)?
- What are my top three concerns about giving birth at home?
- Do I trust my body's ability to give birth naturally?
- Do I trust my midwife (or a prospective midwife) to manage my care and my baby's care outside of a hospital?
- When I envision a home birth, what does that look like?
- Do I understand the physiological process of birth (i.e. the stages of labor)? Do I know what to expect and what my body will go through?
- Do I feel confident and comfortable with my decision to give birth at home?

## FINDING A MIDWIFE

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Once you have assessed your personal readiness, it is time to find a midwife. In light of the COVID-19 pandemic, many home birth and community midwives have expanded their services to accommodate people who choose to birth at home instead of in the hospital. This means that many midwives will be increasing their capacity and taking on more clients than they are used to managing. There also may be a limited number of midwives available in your community.

Many midwives have birth assistants or other midwives who provide support at the birth and/or provide backup in the event your midwife is attending another client or is sick when you go into labor. Because of the influx of home births as the result of the pandemic, the availability of backup midwives may be significantly limited. Even if you choose a home birth and find a midwife who can accept you into care, you still need to be prepared to give birth in the hospital in case your midwife is unavailable and there is no backup. Midwives are not immune to the virus and despite taking precautions to reduce infection and transmission risk, the virus has the potential to reduce an already limited number of midwives.

On the following page you will find a list of questions to ask the midwife/midwives you interview. You will also find information on how to search for midwives in your state and local community.



# FINDING A MIDWIFE, CONT'D.

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## **Finding a Midwife**

The following resources will help you find a midwife in your state and/or local community:

- Google search "midwives" or "home birth midwives" near me
- Search the American College of Nurse Midwives (ACNM) directory: <https://www.midwife.org/find-a-midwife>
- Search the National Association of Certified Professional Midwives (NACPM) directory: <https://nacpm.org/cpm-directory/>
- Google search "midwife directory (state)" for your specific state to access lists of credentialed midwives in your area
- Join FaceBook groups that are specific to home birth and/or midwives in your area. There are often groups that you can access and request a list of midwives who are available.

## QUESTIONS TO ASK WHEN INTERVIEWING A MIDWIFE

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There are so many questions to ask when interviewing a midwife. The following questions are based on considerations that are especially relevant to the COVID-19 pandemic and include but are not limited to the following:

- How many clients do you currently have that are due in the same time period as me?
- What is your back-up plan in the event you are at another client's birth or you are sick?
- What precautions are you taking during prenatal appointments and labor/delivery to protect clients and yourself from risk of infection and exposure (i.e. virtual prenatal appointments, the use of PPE equipment, etc.)?
- What if I, or any of my family members, have/have had signs or symptoms (s/s) of COVID-19 within two weeks of me going into labor? What if I, or any of my family members have s/s when I go into labor?
- What is your emergency transport plan?
- What can I expect at a prenatal visit? How often will I be seen?
- How would you describe your style of practice (hands-on, hands-off, laid back, etc.)?
- What is your training and certification/credentials?
- Is your CPR/NRP certifications current?
- How do you manage problems and/or emergencies that may arise in labor?
- Can you suture me if I tear?
- How do you manage a postpartum hemorrhage?
- When would you risk a client out of your care?
- When can I expect you to arrive at my home when I am in labor?
- When would you transfer a client?
- What is your hospital transfer rate? What is your cesarean section rate? What is the most common reason for transfer from your care?
- How do you manage a post-dates pregnancy (post-42 weeks) in your practice?
- What methods do you use to encourage labor?

# PREPARING FOR A HOME BIRTH

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Once you make the decision to birth at home, it is important that you do all that you can to mentally and physically prepare yourself for a home birth.

## **Birth Supplies**

Your midwife will provide you with supplies and/or a list of supplies that you may purchase and have shipped to your home. Each midwife will have a specific supply list. They will also have their own birth and emergency equipment they will bring to your birth including sterile instruments, gloves, PPE equipment, oxygen, neonatal resuscitation equipment, suture supplies, IV supplies, and more. Keep in mind that certain medical supplies are limited as the result of the pandemic and may be more difficult to find. Speak with your midwife on how you can procure supplies that may not be widely available.

You will also need a copy of your most recent labs, sonograms, and other **medical records**. This can be obtained by your midwife with a medical release form, but with the pandemic there may be a delay in receiving your records. Have a copy on hand that you can share with your midwife.

## **Hire a Doula**

Evidence supports the use of doulas as an effective tool and resources for improving birth outcomes. A doula is different from a midwife in that they provide labor support and a wealth of information to help guide and support you through your pregnancy, labor and delivery, and postpartum period. You can Google search doulas in your area.

## **Childbirth Education Courses**

When preparing for and planning a home birth, it is imperative that you take childbirth education course and become educated on the physiological process of labor, the stages of labor, and what to expect during labor and delivery. There are many great online courses available to fit any budget. The following list of online courses can help guide your search and help you prepare for a home birth:

- **HypnoBirth/HypnoBubs** - a childbirth education course that focuses on managing natural/unmedicated childbirth through the use of self-hypnosis techniques. <https://us.hypnobirthing.com/about/what-is-hypnobirthing-definition/>
- **Mama Natural Birth Course** - focuses on planned, unmedicated childbirth that covers the stages of labor and techniques and methods to help you achieve an out-of-hospital birth. <https://mamanaturalbirth.com>
- **Birth Boot Camp** - a customizable childbirth course that prepares you for the birth you envision, whether it is in a hospital or at home. <https://birthbootcamp.com/online-childbirth-education-classes/>
- **Birth Matters Online** - covers the physical and emotional/mental aspects of giving birth and has a comprehensive pain management focus and is designed to help prepare you for a birth regardless of setting. <https://www.birthmattersnyc.com>
- **Love Your Birth** - a course that focuses on preparing you for an out-of-hospital birth and covers anatomy, stages of labor, optimal birthing positions, pain management techniques, and more. <https://homesweethomebirth.com/love-your-birth-online-birth-course>



# FINAL THOUGHTS

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The decision to birth at home is a big decision. It is a choice that requires significant commitment from you, as the pregnant/birthing person and your family. It is not a decision that can or should be made lightly. In the context of the pandemic, when hospitals are restricting visitors and you are faced with so much uncertainty surrounding your birth, it is only natural to quickly explore alternative options and make other plans. Choosing to birth at home requires you to confront birth in a way you may have never considered. It requires you to take responsibility for your body, your birth, your baby, and all associated and care-related decisions. Home birth places the power and authority back into your hands and it is something you must be prepared to manage. You will be guided, supported, loved, and nurtured throughout your entire process but only you can cross the threshold that birth at home requires of you.

## RESOURCES

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- **American College of Nurse Midwives (ACNM)**  
<https://www.midwife.org>
- **American College of Obstetrics and Gynecology (ACOG) Committee Opinion Number 697, April 2017 - Panned Home Birth**  
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/04/planned-home-birth>
- **Centers for Disease Control and Prevention (CDC) - Coronavirus Disease 2019 (COVID-19) - Pregnancy & Breastfeeding**  
[https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fpregnancy-breastfeeding.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fpregnancy-breastfeeding.html)
- **Evidence Based Birth - What is Home Birth?**  
<https://evidencebasedbirth.com/what-is-home-birth/>
- **Midwives Alliance of North America (MANA)**  
<https://mana.org>
- **North American Registry of Midwives (NARM)**  
<http://narm.org>
- **World Health Organization (WHO) - Q&A on COVID-19, Pregnancy, Childbirth, and Breastfeeding (18 March 2020)**  
<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>