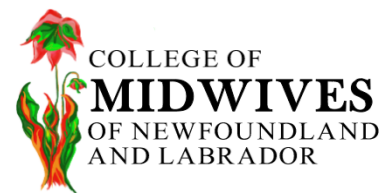


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## **Choice of Birthplace Standard College of Midwives of Newfoundland and Labrador**

Midwifery is a unique profession with the ability to provide expert primary obstetrical care in the hospital, community and at home. The College of Midwives of Newfoundland and Labrador (CMNL) affirms the three guiding principles of Canadian midwifery care are informed choice, continuity of care and choice of birthplace. Registered Midwives play a vital part in providing evidence-based research so clients can make autonomous informed choice decisions about planning where to give birth.

Research has statistically demonstrated that planned homebirths in Canada, when attended by a Registered Midwife (RM), are associated with less rates of intervention and infection without increased maternal or newborn mortality or morbidity. Moreover, studies indicate higher maternal satisfaction about their birth experience and improved rates of breastfeeding.

The CMNL understands that a client's interpretation of safety may be comprised of several aspects including physical, cultural, spiritual and emotional factors. The CMNL affirms that planned homebirth for low risk clients is a safe choice. This recognition is further acknowledged by the Society of Obstetricians and Gynecologists of Canada (SOGC).

The CMNL expects the RM to facilitate and document thorough informed choice discussions to ensure that clients understand:

- the reasons or conditions that may necessitate consultation with and/or transfer of care to an obstetrician or between the community and hospital setting
- the differences between home and hospital policies and procedures
- the unpredictable nature of birth in either the community or hospital setting
- the management of common obstetrical emergencies and how they differ between locations
- the recommendation for continuous and thorough risk screening to ensure the safety of a planned community birth

The RM should work diligently with the Regional Health Authority and their interprofessional team (Obstetricians, Registered Nurses, Paramedics, Respiratory Therapists and Pediatricians) to ensure that systems are established that promote a healthy collaborative culture, effective communication and teamwork to support the best outcomes for out of hospital births.

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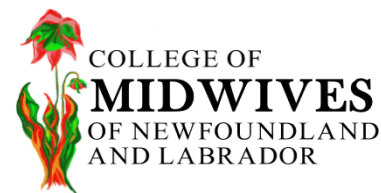


To further support the continued safety and availability of out of hospital births, the CMNL requires the RM to:

- Maintain competency in providing care in all settings.
- Maintain competency in the management of obstetrical emergencies.
- Comply with CMNL Standards of Practice <http://www.cmnl.ca/pdf/61CMNL-Midwifery-Standards-for-Practice-NL-Final-November-2019.pdf>
- Only be second attended by a Registered Midwife working without restrictions <http://www.cmnl.ca/pdf/92CMNL-Second-attendant-policy-final-Feb-2020.pdf>
- Appropriately screen clients throughout their course of care and use clinical judgment to make recommendations regarding place of birth.
- Support the client's choice of birthplace, after they have carefully considered relevant information and recommendations.
- Ensure that safe transport to hospital for emergency situations is available for clients choosing a home or out-of-hospital birth. Consideration should be given to the length of time required to travel to hospital under current local road and weather conditions in the community.
- Develop a practice protocol for Out of Hospital Planned Place of Birth.
- Regularly check and maintain homebirth supplies as per CMNL Essential Equipment, Supplies and Medications <http://www.cmnl.ca/pdf/87CMNL-Midwifery-Equipment-Supplies-and-Medications-Jan-2020.pdf>
- Comply with the CMNL Consultation, Shared Primary Care and Transfer of Care Midwifery Practice Guidelines <http://www.cmnl.ca/pdf/66CMNL-Consultation-and-Transfer-Guidelines-Final-July-18-2018.pdf>

The CMNL recognizes that there may be occasions when clients choose home birth despite an alternate midwifery recommendation or against community standards. Every client has the right to refuse recommendations and remain free from coercion. During these times, it is expected that the RM will continue to provide high quality midwifery care while respecting the clients' autonomy and focus on harm reduction as per the CMNL *Standard Responding to Client Requests for Care against Midwifery Advice* <http://www.cmnl.ca/pdf/95CMNL-Responding-to-Client-Requests-for-Care-against-Midwifery-Advice-FINAL-May52020-.pdf>

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## Resources

Canadian Association of Midwives Position Statement on Homebirth. Available from:  
<http://www.cmnl.ca/pdf/77CMNL-CAM-HomeBirth-Statement-March-2019.pdf>

The Society of Obstetricians and Gynecologists of Canada, Campbell K, Carson G, Azzam H, Hutton E. Statement on Planned Homebirth No. 372. J Obstet Gynaecol Can 2019; 41(2):223-227. Available from: [https://www.jogc.com/article/S1701-2163\(18\)30648-0/fulltext](https://www.jogc.com/article/S1701-2163(18)30648-0/fulltext).

Hutton EK, Cappelletti A, Reitsma AH, Simioni J, Horne J, McGregor C, et al. Outcomes associated with planned place of birth among women with low-risk pregnancies. CMAJ 2016; 188:E80-90. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26696622>.

Hutton E, Reitsma A, Kaufman K. Outcomes associated with planned home and planned hospital births in lowrisk women attended by midwives in Ontario, Canada, 2003-2006: A retrospective cohort study. Birth 2009; 36(3):180-89. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/19747264>.