

# THE FACTS ABOUT HOME BIRTH IN ONTARIO

Midwives are primary care health professionals who provide women with clinical care and support throughout their pregnancy, the option of a home or hospital birth, and home visits up to six weeks postpartum.

## The Model of Midwifery and the Role in Support of Home Birth

- Midwives believe that each woman should be able to decide where she wants to give birth. They are required to offer a woman informed choice. This means they will take time to listen to her questions and concerns, to provide her with clear evidence-based information about the benefits and disadvantages of each choice she is considering, and to support her in her decision-making.
- All midwives in Ontario offer a woman the choice of giving birth in the hospital or at home.
- Every midwife is trained to provide all the necessary care and support needed at a home birth.
- Midwives are required to attend a minimum number of home births to maintain registration and to demonstrate that they have the skills needed to provide safe care at home. Of all the regulated care providers in Ontario (e.g. doctors, nurses) only midwives routinely attend home births.
- For births in Ontario where the woman has chosen midwifery, the model is that two midwives (or a midwife and a qualified second attendant) will attend every birth.

MODEL

## The Benefits of Home Birth

Recent research conducted in Ontario and British Columbia comparing women experiencing an uncomplicated pregnancy attended by midwives has shown:

- Women who chose to deliver at home were significantly less likely to experience unnecessary interventions in their labour (for example, induction, augmentation, pharmacological pain relief, episiotomy, assisted delivery, etc.).<sup>(1,2)</sup>
- Women who chose a home birth moved to hospital for a cesarean delivery 5.2% of the time compared to a cesarean delivery rate of 8.1% in the planned hospital group.<sup>(1)</sup>
- Women planning to give birth at home reported that they felt competent, responsible, secure, adequate, relaxed, victorious...and open and receptive to the experience.<sup>(3)</sup>
- Women who give birth at home are more likely to breastfeed and to breastfeed longer than women who give birth in the hospital.<sup>(1,2)</sup>
- The Ontario Ministry of Health and Long-Term Care pays for midwifery services, whether the birth is in hospital or at home. The cost to the health care system for a midwife-attended home birth is less than a hospital birth with a family physician.

BENEFITS

# THE NUMBERS

As of 2010, midwives have attended more than **25,000** home births since the regulation of the profession in Ontario.

Ontario midwives attend approximately **3,000** home births annually.

The number of births attended by midwives in Ontario has been **increasing** each year since regulation.

Last year approximately **10%** of all births in the province were attended by midwives.

Approximately **20%** of midwife-attended births take place at home.

## The Safety of Home Birth

The literature demonstrates that there is no difference in the safety of births that take place in the home versus those planned to take place in the hospital.<sup>(1,2)</sup>

- There was no difference in the safety or results when home births were planned with a well-screened population of women, within a supportive health care system, and attended by professionally trained midwives carrying emergency equipment.
- All midwives in Ontario are required to carry emergency equipment and are trained in its use.
- Midwives are experts who continually assess their clients through pregnancy and labour to ensure that they are good candidates for home birth.
- Midwives communicate with doctors regarding a client's care whenever necessary.
- Midwives communicate with ambulance personnel and hospital staff regarding the details of home births, in case they are required.
- Similar safety outcomes have been shown in other jurisdictions with comparable models of midwifery care.
- Two skilled attendants at every home birth means that there is a primary care provider present for both mother and infant.

SAFETY

### References

1. Hutton EK, Reitsma AH, Kaufman K. Outcomes associated with planned home and planned hospital births in low-risk women attended by midwives in Ontario, Canada, 2003-2006: a retrospective cohort study. *Birth* 2009;36(3):180-9.
2. Janssen PA, Saxell L, Page LA, et al. Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician. *CMAJ* 2009;181:377-83.
3. Janssen PA, Carty E, Reime B. Satisfaction with planned place of birth among midwifery clients in British Columbia. *J Midwifery and Women's Health* 2006;51:91-7.

COLLEGE OF  
MIDWIVES  
OF ONTARIO



ORDRE DES  
SAGES-FEMMES  
DE L'ONTARIO

**Home birth with a midwife might be right for you.**

For more information, contact the **College of Midwives of Ontario** at 416.640.2252

**College of Midwives of Ontario**  
21 St. Clair Avenue East  
Suite 303  
Toronto, ON M4T 1L9

**phone.** 416.640.2252  
**fax.** 416.640.2257  
**email.** admin@cmo.on.ca  
**web.** www.cmo.on.ca