

Indications for Planned Place of Birth

Source: College of Midwives of BC

There is an important distinction to be made between a client's choice of the caregiver she wishes to attend her during pregnancy and childbirth, and her choice of the setting in which she plans to give birth. A client may choose a midwife to provide care. Similarly, a client may choose to give birth at home, in an out-of-hospital birth centre, or in hospital.

A midwife providing primary care will provide or make accessible to her client all the information the client wishes or requires to make an informed decision about the appropriate setting for her to plan to give birth. Where consultation has taken place, this information will include the recommendation of the consultant.

When care has been transferred to a physician, either because it has been required as an indication for a transfer of care or because of some other complicating condition, it is unlikely that out-of-hospital birth will be considered appropriate.

When the midwife is providing primary care, she will support the client's choice, after the client has carefully considered the information and recommendations. In the event that a client requests a home birth despite having been advised that such a course of action might be outside midwifery standards of practice, the midwife will follow CMBC policy. There are a number of situations in which a hospital birth should be planned. Multiple birth, breech presentation, pre-term labour prior to 37 weeks of pregnancy, and documented post-term pregnancy of more than 42 weeks are examples of such situations. Other situations in which hospital birth should be planned will be assessed on an ongoing basis during pregnancy and the intrapartum period, with appropriate consultation as detailed in *Indications for Discussion, Consultation and Transfer of Care*.