

## **Home birth by the decision of the mother and for the newly born child**

### **Introduction**

Childbirth is one of the most important moments in the life of every woman. However, the decision on the choice of place can affect not only the course of the birth itself, but can endanger the life of both the woman and the newly born child. In my work, I want to think about the fact that the decision of one can affect the life of a newly born child. Since the child cannot decide in this regard, the mother decides for him. She bears responsibility for herself and for the child. She should decide objectively and within the framework of knowledgeable issues. It means not to make decision only according to the preferred trends and experience of her friends, but above all according to her health condition. In my essay, I want to analyze the individual aspects of the choice within the legislation valid in the Czech Republic. Next, to look at the experience from Great Britain, Republic of Ireland, USA, Canada and Australia. We are going to look at the experience of births subsequently dealt by doctors of the rapid rescue service. What is the alternative to home birth within the legislative possibilities in the Czech Republic. The aim of my work is to evaluate responsibility for two or more lives and to ethically consider all aspects of their decisions.

### **Legislation valid in the Czech Republic with regard to home births**

The right to a home birth with the help of a midwife is still illegal in the Czech Republic. For conducting a birth in a home environment, midwifery faces a high fine. The Ministry of Health insists on the fact that conducting a home birth is risky and therefore no midwife will receive permission to do so. However, some women refuse to give birth in a medical facility and prefer to give birth at home without help. The birth of a child, formerly a private matter for the woman and the family, has become a public matter in a developed society bound by international conventions. Expectant mothers in the Czech Republic have the opportunity to give birth elsewhere than in a hospital. According to the Constitutional Court, the impossibility of granting the authorization to conduct home births is based on a clear legal opinion where the household of the mother is not a medical facility and thus cannot meet the requirements under Decree No. 92/2012 Coll., on requirements for the minimum technical and material equipment of health care facilities and home care contact points. According to the Supreme Court's statement, the condition of ensuring the birth by caesarean section or an operation aimed at terminating the birth in an inpatient medical facility would have to be met within 15 minutes of childbirth complication discovery. Birth assistants are a non-medical health profession according to Act No. 94/2004 Coll., as amended. The legislative setting of the conditions for the provision of health services implicitly excludes the participation of health care workers, both doctors and midwives, in home births, because it does not actually allow them to obtain the appropriate authorization to provide health services. According to expert opinions, even a team of doctors in the home environment cannot do anything in case of complications. All this fact forces women who do not want to submit to a hospital birth, to give birth at home without the help of a midwife. For a woman's pregnancy and childbirth, it is necessary to take into account expert conclusions that this is a natural condition that is not

a disease and help in childbirth is not care for a sick person. However, it is a process that affects the health of the woman giving birth, the mother, but also the child born. (VÁLOVÁ 2021; PRÁVNÍ PROSTOR 2021)

### **Childbirth options in the UK**

When choosing the place of birth, the mother can choose between a home environment, in the maternity ward, at the birth center or in the hospital. Everything depends on the needs, risks and, to a certain extent, the place where she lives. If she is healthy and has no complications, she may consider any of these birthplaces. For mothers with any complications, it is always recommended to give birth in a hospital where specialists and the necessary equipment are available. In addition to midwives, you can get information from paediatric centres, GP surgeries, local maternity hospitals and other hospital departments. If the mother has her first child, a planned home birth is moderately risky. Out of 1000 births, there are 5 complications in the hospital and 9 complications at home. It is necessary to consider other complications and it will be necessary to transfer the mother to the occupancy tube. It is not available an epidural in a home environment, but gas and air, a warm bath, a birthing pool, TENS and any relaxation techniques learned before giving birth can be used. For twin births, feet first, the midwife or doctor recommends a hospital birth for the safety of both mother and baby. An important finding before the planned birth is to find out the length of the transport time to the hospital in case of complications, to choose a specific inpatient type of medical facility, to find out whether the midwife will be present all times, to get a birth pool. As for the birthing center, which tends to be separated from the hospital, again certain types of pain relief will not be available, such as epidurals. The advantages of a hospital birth are direct access to obstetricians if the birth becomes complicated, direct access to anesthesia (e. g. epidural administration) and general anesthetics, specialists in neonatal care and special care for the baby will be available if there are any problems with the baby. From negative views of a hospital birth in a hospital, a different midwife may be caring for the mother than the one who cared of her during pregnancy, you are more likely to have an epidural, episiotomy, or forceps or ventous birth. Practically all options are available for you, but the decision is again in relation to the health of the mother and the child to be born. Responsibility is again put in the hands of the mother, the mother. (NHS 2021; BIRTHRIGHTS 2022)

### **Childbirth options in the Republic of Ireland**

Even in this state, home births are allowed for healthy, low-risk women. Research has shown that a planned home birth is an acceptable and safe alternative to a planned nemo birth for some pregnant women. The expectant mother wants to feel more controlled, feels safer at home, wants to avoid intervention from doctors, she does not like the hospital environment, does not want her children to be separated from older children. She consults with her midwife and other doctors her condition and decides whether home birth is a safe choice for her baby. Currently, a national midwifery service is available in Ireland for expectant mothers and her baby who wish to use the home birth service under the care of a self-employed midwife (SECM). SECM provides this service under the name HSE (Health Services Executive). The service is free of charge and lasts from the date of approval of the HSE application form up to 14 days after the birth of the child. Insurance against maternity and liability and payment by

the HSE for services provided under the terms and conditions of home childbirth service are limited to this period. According to the national guidelines for home births, it is recommended to register with a general practitioner for the maternal and infant care program and book a place in the hospital of your choice. Some maternity hospitals have consultants for home births and it is up to the GP to make all arrangements. Risk assessment is an ongoing process throughout pregnancy and if circumstances arise that contradict home birth, they are told to the mother and advised that it is in her best interests and the unborn child's interest to transfer the birth to hospital care. If she still decides to give birth at home, then this care is not covered. It is also in the context of insurance coverage and subsequent allegations of medical malpractice. (HSE 2022)

### **Childbirth options in the USA**

Today, 99% of babies in the United States are born in hospitals or birth centers. In recent years, the movement promoting home births has become increasingly popular. Many mothers expecting a baby are increasingly wary of hospital procedures. Again, it is addressed that home birth is suitable for low-risk mothers and a thorough preparatory course is also necessary. However, it is important to mention the risks that home birth brings. The American College of Obstetricians and Gynecologists (ACOG) is cautious about recommending home birth as opposed to hospital and birth centers, primarily because of the increased risk of infant death. Yet other organizations, such as the American College of Nurse-Midwives (ACNM), strongly support home births. If the condition for a low-risk group is met, they are recommended by the American Academy of Pediatrics (AAP) Low-risk means that they do not suffer from hypertension, diabetes, or other chronic health conditions. Monitoring during pregnancy is also important. Especially complications such as gestational diabetes, preeclampsia, or if the mother is not at risk of premature birth. There should not be a history of a previous cesarean section, since there is a risk of rupture of the uterus. Childbirth can be in a home environment with the participation of a doctor or a certified nurse, or a midwife. If the mother chooses a midwife, the emergency consulting doctor should preferably be the one who examined the mother during the process. It is recommended to have a means of transport available and be close to the hospital for unexpected and emergency situations for advanced medical assistance to save the life of the mother or child. The ACOG and AAP are calling for more frequent births that are expected to have epidurals used and are more likely to have complications, such as a vacuum extraction for a second child to head to the hospital. Furthermore, to give birth before 37 weeks or vice versa after 41 weeks again use the birth in the hospital. Late arrivals with usually larger fetuses with a wider circumference of the head and require a caesarean section. Childbirth with a breech end, where a caesarean section is indicated to protect mother and baby. Postnatal care after home birth, especially how to provide care for newborns and support lactation, the care of a certified midwife is necessary. She then carries out planned visits after the birth, and then subsequently according to needs, if something is not in the state of health and refers to further care. Again, a certain procedure is established, which is necessary to preserve the health of both the mother and the child. (GEDDES 2022)

### **Childbirth options in Canada**

For more than 20 years, midwives have visited more than 49,000 home births in the province of Ontario and currently participate in approximately 4,000 home births annually. Again, these are low-risk births for both the mother and the newborn. In other cases, hospital birth is again indicated. (ASSOCIATION OF ONTARIO MIDWIVES 2022)

### **Childbirth options in Australia**

According to statistics from the Royal Women's Hospital over the past 10 years, there has been a growing body of evidence that home birth is a safe and very pleasurable experience for low-risk women. They set up a group of publicly funded midwives to provide home births. It is one of a total of 14 hospitals in Australia that offer low-risk women the option of giving birth at home. It's not for every pregnant woman, some feel safer in the hospital. If complications occur in a woman or child, they are transferred to the maternity ward of the Royal Women's Hospital to the Newborn Care Center. All care for women who choose to give birth at home follows current birth guidelines from the hospital. (SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT 2022)

### **Home birth from the perspective of an ambulance doctor**

From the point of view of emergency medical doctors, they do not want midwifery ambulances because they do not have sufficient practical experience. "*I don't know a health professional with experience who doesn't have respect or at least fear of childbirth.* (DAŇKOVÁ 2019)" Most women in the Czech Republic plan to give birth in a maternity hospital, but some take place outside it, either completely unplanned or, on the contrary, planned. Professor Antonín Pařízek from the Department of Obstetrics and Gynecology 1. The Faculty of Medicine of Charles University and the General University Hospital in Prague informed that there is no mandatory reporting and therefore there is no overview of how many women are planning to give birth at home. He goes on to say that 10 out of 100 pregnant women have some kind of complication and need some solution so that the woman does not bleed to death, the baby would not be at risk of hypoxia, lack of oxygen, so as not to risk with cerebral palsy and even death. Furthermore, rescuers are struggling with resuscitation of the newborn, which happens mostly in the delivery rooms and it is very difficult for them to imagine doing this at home without a team from acute pediatrics, pediatric nurses and neonatologists. It is very difficult to revive a newborn after birth because of its muscle weakness in the neck area and to find the right position so that it can be effectively resuscitated. They do not have so much practical experience and it is a specific situation, you can say extreme. There are cases when even rescuers are not able to recognize problems during childbirth. For example, they are not able to detect fetal distress, they do not have monitors, they only deal with what manifests clinically, and this is usually too late. For example, during a home birth, a mother says that something hurts or she bleeds too much, the ambulance service is called. But a woman during childbirth does not know that the baby's umbilical cord is tightening, that she has a lack of oxygen. He knows this only when the child is born. (ČEPELÍKOVÁ 2019)

## **Adequate replacement of home births**

An alternative to home births for expectant mothers could be birthing homes or even midwifery centers. It was established in 2019 at the Gynecology and Obstetrics Clinic 1. Faculty of Medicine of Charles University and Bulovka Hospital. Outpatient childbirth is now also an alternative. If a woman begins to develop labor pains, women can come to a medical facility where they will safely give birth, the obstetrician will check the mother and the neonatologist will check the baby. In an hour or two, they can take the baby in their arms and leave. (ČEPELÍKOVÁ 2019;

## **Conclusion**

Based on the above-mentioned facts from the point of view of legislation in the Czech Republic and on the basis of experience and possibilities in Great Britain, the Republic of Ireland, the USA, Canada and Australia, everything is up to the mother from the point of view of responsibility. We have verified that the strictness of legislation in the Czech Republic, the impossibility of giving birth at home in the presence of a midwife, leads some women to an ill-considered free birth. Furthermore, we are unable to quantify the exact number of such births due to lack of data on how many such planned home births there may be. We went through the experience of other countries that are more benevolent. However, all countries recommend giving birth at home only to low-risk mothers. In the Republic of Ireland, they even penalise ill-considered home births by passing on the cost of such care to the mother. In the Czech Republic, it is impossible to legalize home births with midwives without the necessary change in legislation. For the time being, a certain alternative is the so-called outpatient birth, when a woman with developing labor pains comes to the maternity hospital and announces upon admission that she has decided for an outpatient birth. If everything goes without complications, he goes home with the baby after a few hours. (KRÁLOVÁ 2022) This is a safer way compared to complications that could occur and would be difficult to solve in the home environment. Irresponsible behavior that would lead to a so-called free birth, i. e. giving birth unassisted, without help, endangers more than one life at any given time, including an unborn child who cannot comment on it. It is a matter of trends and advice from friends, who are either not present at the moment or they have been in another health situation, can complicate the situation. The experience of doctors, in our case the emergency services, is negative and worrying about what can happen if they can get into the situation of home birth to which they are called in a critical situation. From the problem of resuscitation of the newborn, through monitoring during transport. Many of them, despite the fact that it is illegal from the point of view of legislation in the Czech Republic, cross these borders to help with such a home birth and then, when they are subjected to sanctions, defend themselves with human rights. However, no one focuses on the child, but on the mother. In this case, it is not just about the experience of the mother with childbirth, but the effort to bring a healthy individual into the world and do everything for his health. Pregnancy is not a disease, and childbirth is not a cure, but the risk they take is unnecessarily high. There are situations that cannot be influenced and then everything is a matter of moments, but it is a planned risk that is too high. An embryo is granted rights gradually according to its development and it is possible to grant it rights, but its ethical status is very weak and society or man himself can

decide what status to give it. It is not permissible to kill a human person, but under certain circumstances it is permissible to kill a human being. We don't want to discuss abortion, but we can ethically go out of rights before birth. Act No. 66/1986 Coll. can be terminated by a woman until the 12th week at the request of a woman. Later, however, only for health reasons. Based on this, it can be deduced that after the 12th week, the fetus is already granted certain rights to life. Philosophically, according to Article 6 of the Charter of Fundamental Rights of Freedoms, which is part of the constitutional order of the Czech Republic, it is stated according to point 1 that everyone has the right to life and human life is worthy of protection even before birth. (ČESKO 1993) Based on this, I believe that a responsible decision, in this case of child's mother, should also have consequences for the child she is expecting, and every mother wants the best for her child. Not to succumb to trends, but to responsible human reason for their decisions, not only when choosing the place of birth.

## References

ASSOCIATION OF ONTARIO MIDWIVES, © 2022. Birthplace Options - Why Give Birth at Home?. *Association of Ontario Midwives* [online]. Canada: Association of Ontario Midwives [cit. 2022-12-12]. Available from: <https://www.ontariomidwives.ca/home-birth>

BIRTHRIGHTS, 2022. Choice of place of birth. *Birthrights* [online]. UK: Birthrights [cit. 2022-12-12]. Available from: <https://www.birthrights.org.uk/factsheets/choice-of-place-of-birth/>

ČEPELÍKOVÁ, Kateřina, 2019. Domáci porod je pro nás extrém, říká lékařka ze záchranky. *Vitalia.cz* [online]. [cit. 2022-12-12]. Available from: <https://www.vitalia.cz/clanky/domaci-porod-je-pro-nas-extrem-rika-lekarka-ze-zachranky/>

ČESKO, 1993. *Listina základních práv a svobod*. In: . Břeclav: Moraviapress, ročník 2017, číslo 470. ISSN 1211-1244. Available from: <https://www.zakonyprolidi.cz/cs/1993-2?text=listina+z%C3%A1kladn%C3%ADch+pr%C3%A1v+a+svobod>

DAŇKOVÁ, Nika, 2019. Resuscitace novorozence je velmi složitá, i pro záchranáře. In: *Vitalia.cz* [online]. [cit. 2022-12-12]. Available from: <https://www.vitalia.cz/clanky/domaci-porod-je-pro-nas-extrem-rika-lekarka-ze-zachranky/>

GEDDES, Jennifer Kelly, SMITH, Shannon, ed., 2022. *What to Know Before Having a Planned Home Birth* [online]. [cit. 2022-12-12]. Available from: <https://www.whattoexpect.com/pregnancy/home-birth/>

HSE, 2022. National Home Birth Services. *HSE our health service* [online]. Ireland [cit. 2022-12-12]. Available from: <https://www.hse.ie/eng/services/list/3/maternity/homebirth-services.html>

KRÁLOVÁ, Petra, 2022. Domáci vs. ambulantní porod. *Porodnice Brno* [online]. [cit. 2022-12-12]. Available from: <https://www.porodnicebrno.cz/aktualne/143-domaci-vs-ambulantni-porod>

MACHÁČEK, Jaroslav, 2020. Je poskytování zdravotních služeb při domácím porodu v České republice legální?. *EPRAVO.CZ* [online]. [cit. 2022-12-12]. Available from: <https://www.epravo.cz/top/clanky/je-poskytovani-zdravotnich-sluzeb-pri-domacim-porodu-v-ceske-republice-legalni-111075.html>

NHS, 2021. Where to give birth: the options. *NHS* [online]. UK [cit. 2022-12-12]. Available from: <https://www.nhs.uk/pregnancy/labour-and-birth/preparing-for-the-birth/where-to-give-birth-the-options/>

PRÁVNÍ PROSTOR, 2021. Právo na domácí porod. *Právní prostor* [online]. [cit. 2022-12-12]. Available from: <https://www.pravniprostor.cz/judikatura/spravni-pravo/pravo-na-domaci-porod>

SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT, © 2022. Royal Hospital for Women launches hospital-based home birth service. *South Eastern Sydney Local Health District* [online]. Australia: South Eastern Sydney Local Health District [cit. 2022-12-12]. Available from: <https://www.seslhd.health.nsw.gov.au/news/royal-hospital-for-women-launches-hospital-based-home-birth-service>

VÁLOVÁ, Irena, 2021. Analýza: Porodit dítě doma s asistencí je stále nelegální, některé matky proto raději rodí samy. *Česká justice* [online]. [cit. 2022-12-12]. Available from: <https://www.ceska-justice.cz/2021/12/analyza-porodit-dite-doma-s-asistenci-je-stale-nelegalni-nektere-matky-proto-radeji-rodí-samy/>

Bc. Petr Štěřba, M20662, 12/14/2022