

2014.12.09

8.3 Deputy L.M.C. Doublet of the Minister for Health and Social Services regarding home births and birth plans:

I would like to ask what percentage of women who request a home birth are medically eligible and what is the criteria for this, and could the Minister please detail what provision is available for women in Jersey to have the birth plan they want? Thank you.

Senator A.K.F. Green (The Minister for Health and Social Services):

Can I ask my Assistant Minister, the Constable of St. Peter, to answer this one; he takes responsibility for this area?

The Bailiff:

Very well. The Connétable of St. Peter will answer for the Minister.

Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services - Rapporteur):

Thank you to Deputy Doublet for bringing this question forward. I can advise that all women discuss their birth plan with the Maternity Unit staff and each woman has a personalised risk assessment. The midwives and doctors have a professional responsibility to discuss the benefits and risks of all options with mothers, to enable them to make informed choices. Birth plans are mutually agreed and adhered to whenever it is safe to do so. Occasionally, for clinical or personal reasons, a birth plan may need amending. This is done in conjunction with the mother. The criteria for consideration of a home birth include: a mother who is free from pre-existing medical conditions, a mother who is assessed as likely to have a low risk of pregnancy ... sorry, not risk of pregnancy, a low risk during pregnancy **[Laughter]** - apologies for that one - and a mother who progresses with a problem-free pregnancy. Around about 45 per cent of all pregnant women would be considered to be low risk. Choice of where they deliver ultimately rests with the mother and the availability of suitable facilities. Women in Jersey have similar options for delivery available to them as in other jurisdictions. For example, hospital or home, choice of pain relief including water birth, choice of birthing partner and how involved they may be, the choice of immediate mother/baby contact, for example, skin to skin or through swaddling clothes, and a choice of support for feeding options. Thank you.

The Bailiff:

Do you wish a supplementary, Deputy?

8.3.1 Deputy L.M.C. Doublet:

Yes, please. Does a woman have a right to have maternity services provided in her home even if she does not meet the criteria that have been set out?

The Connétable of St. Peter:

The final choice for where a woman will have her child is her choice. The difficulty for Health and Social Services is providing facilities depending on where she wants to have that done. Wherever we possibly can support her choice, we will. Just to aid the Deputy, out of the 25 home births that occurred last year, 6 of those ultimately had to be delivered back in the hospital.

8.3.2 Deputy L.M.C. Doublet:

Are women ever denied a home birth or any other provision such as water birth in Jersey due to lack of resourcing of staff?

The Connétable of St. Peter:

I am unaware of anyone that has been denied facilities for home birth because of shortage of staff. I am aware that some mothers were advised not to have home births if it is best for them and their child if they come into the hospital for those births. If that mother still insists on having a home birth, then she will have a home birth.

Deputy L.M.C. Doublet:

Sorry, I am not sure that question was answered fully. Are any other provisions ever denied such as water births?

The Connétable of St. Peter:

Only on the basis of a lack of the bathing facilities; we do provide it. If there is a huge demand at some time then maybe there is an occasion where one will not be available and that would be the only reason.