
Position Statement

Home Birth

Background

Childbirth is a social and emotional event and is an essential part of family life. The care given should take into consideration the individual woman's cultural and social needs. There is a consequent need and demand for care that is close to where and how people live, close to their birthing culture, and at the same time safe. The World Health Report 2005 states that "There is a value in the rituals surrounding birth, and in keeping these as a central feature of family life."¹ The setting for birth may therefore be the woman's home, a local health facility or, if medical or surgical care is likely to be needed, a hospital. Furthermore, a recent European court judgement declared that the choice of home birth is a European human right.²

Position

ICM believes that a woman has the right to a home birth as a valid and safe option.

ICM underscores the right of women to make an informed decision to give birth at home supported by a midwife. The midwife who provides professional services for women in their homes should be able to do so within a nation's health system and with access to insurance and appropriate compensation.

ICM regrets that not all nations have the legislation or health systems which support planned home birth, and urges national governments to review the scientific literature and work towards a maternity care system which includes this option.

Recommendations

Member Associations are urged to:

- If based in countries where women do not have access to a full range of options as to where they can safely give birth, to negotiate with their governments to develop health policies for this to occur.

¹ World Health Organisation. 2005. The World Health Report 2005: Make every mother and child count. Retrieved from: <http://www.who.int/whr/2005/en/>

² European Court of Human Rights, Second Section. 2010. Case of Ternovszky v. Hungary. (Application no. 67545/09). Retrieved from: [http://hudoc.echr.coe.int/eng#{"dmdocnumber":\["878621"\],"itemid":\["001-102254"\]}](http://hudoc.echr.coe.int/eng#{)

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- If based in countries with developed health systems, to work with women and other stakeholders to develop and protect the home birth option. to strengthen the capacity and skill of their members to provide safe home birth as a service.

Related ICM Documents

ICM. 2017. Position Statement. Appropriate Maternity Services for Normal Pregnancy, Childbirth and the Postnatal Period.

ICM. 2017. Position Statement. Heritage and Culture in Childbearing.

ICM. 2017. Position Statement. Partnership between Women and Midwives.

Other Relevant Documents

European Court of Human Rights, Second Section. (2010). Case of Ternovszky v. Hungary. (Application no. 67545/09). Retrieved from:

[http://hudoc.echr.coe.int/eng#{"dmdocnumber":\["878621"\],"itemid":\["001-102254"\]}](http://hudoc.echr.coe.int/eng#{)

Hutton EK, Reitsma AH, Kaufman K. (2009). 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* 36(3):180-189.

Janssen PA, Henderson AD, Vedam S. (2009). The experience of planned home birth: views of the first 500 women. *Birth* 36 (4):297-304.

United Nations Population Fund (UNFPA), International Confederation of Midwives. (2008). Investing in midwives and others with midwifery skills to save the lives of mothers and newborns and improve their health. Retrieved from:

https://www.unfpa.org/sites/default/files/pub-pdf/midwives_eng.pdf

World Health Organisation. (1996). *Care in Normal Birth: a Practical Guide*. Report of a technical working group. Retrieved from:

http://www.who.int/maternal_child_adolescent/documents/who_frh_msm_9624/en/

World Health Organisation. (2005). *The World Health Report 2005: Make every mother and child count*. Retrieved from: <http://www.who.int/whr/2005/en/>

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