

Position Statement

Home Birth

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Background

A home birth refers to a planned physiological birth which occurs at home, attended by a competent and equipped midwife. Health systems are responsible for ensuring that women have access to safe and integrated birth options across all settings, including home, with clear referral pathways to health facilities designed to manage complications when needed. Established consultation, referral and safe transportation mechanisms must be available.

Evidence shows that for women and gender diverse people at low risk of labour and birth complications, planned home birth is associated with comparable maternal and newborn outcomes compared to planned hospital birth (1). Evidence also demonstrates that women experience lower rates of unnecessary medical intervention and higher rates of satisfaction with their birth (1). Midwives also report positive experiences of supporting birth at home, strengthening their partnership with women and families and their confidence and competence to support physiological births in all settings (2).

Facilitation of home births at a health system level often demonstrates cost savings compared to facility-based births (3). Home births can reduce the burden on overstretched health facilities, ensuring resources are prioritised for women and newborns with complications (3). Ensuring the provision of home birth services can also strengthen health system preparedness for crises and climate-related disruptions. Midwives skilled in providing care outside hospital facilities can continue delivering essential sexual, reproductive, maternal, newborn and adolescent health services when infrastructure is damaged or facilities are unavailable.

Disrupted health systems lack effective referral systems, safe and reliable transport, and adequately equipped facilities with midwifery services. This can limit access to care and place both women and midwives at risk. Health system leaders have a responsibility to develop safe and supportive maternity services that uphold women's autonomy, agency, and choice. In some settings, this involves establishing midwifery models of care that work in home-like environments such as maternity homes and midwife-led birthing units, where physiological birth is supported while ensuring timely access to higher-level care when needed.

In 2010, the European Court of Human Rights declared the choice of home birth as a human right. Home birth is regarded as a matter of personal choice of the woman, which implies that she is entitled to a legal and institutional environment that enables her choice to choose her place of birth (4). Home birth is most appropriate for women experiencing an uncomplicated pregnancy. However, all women have the right to bodily autonomy and informed decision-making, including decisions about their place of birth (4, 5). Restricting home birth can increase risk, with some women opting to give birth without a healthcare professional (6).

In some settings, midwives face legal, regulatory or professional barriers when supporting women who choose to birth at home. Such barriers undermine women's rights and compromise the ability of midwives to provide safe, integrated care (4, 5). Women's right to receive care during birth must be enshrined in legal and regulatory frameworks, and this should be upheld and supported by midwives regardless of the location in which the woman opts to give birth (4, 5).

Position

ICM affirms that every woman has the right to make an informed choice about their place of birth, including the option of home birth, attended by a competent midwife within an integrated and equipped health system.

Women have the right to choose home birth even when this choice is outside of guidance. Midwives have a professional responsibility to inform women of the benefits, risks and available alternatives and to continue the provision of respectful care within their scope of practice.

ICM asserts that midwives must be able to practise autonomously in accordance with the [ICM International Definition and Scope of Practice of the Midwife](#) and the [Midwifery Philosophy and Model of Care](#) in all places of birth women choose. Midwives should be free from persecution or undue legal or regulatory restriction, while working within their scope of practice and upholding professional standards.

Home birth services must be integrated within equipped health systems, supported by evidence-informed guidelines, interprofessional collaboration and established consultation, referral and transportation mechanisms.

Midwives must be equipped with the education, professional support, equipment and consultation and referral mechanisms to provide safe care to all women choosing home birth.

Recommendations

ICM urges health authorities and policymakers to:

1. Ensure home birth attended by a midwife is an integral component of maternity services within national health systems.
2. Develop and implement clinical guidelines and referral frameworks that ensure home birth services are integrated, safe and supported by effective equipment, consultation and transfer pathways.
3. Ensure regulatory frameworks support and enable midwives to facilitate births at home.

4. Ensure midwives attending home births have access to appropriate professional indemnity insurance and legal protection.
5. Invest in pre- and in-service midwifery education that prepare midwives to provide personalised care at home, including managing emergencies and collaborating effectively within interprofessional teams.
6. Collect and monitor data on place of birth, transfer rates, maternal and newborn outcomes and women's experiences of care to inform evidence-based policy decisions.

ICM urges midwives' associations to:

1. Advocate for the inclusion of planned home birth within national maternity care strategies, where not currently available.
2. Ensure midwives who regularly support home births are consulted and included in policy discussions on home birth.
3. Work collaboratively with civil society organisations, policymakers and other professional organisations to protect and strengthen access to home births services.
4. Advocate for pre- and in-service education that maintains and strengthens midwives' competencies in supporting home birth.
5. Promote research on outcomes, safety, equity and women's experiences related to place of birth.

ICM urges midwives to:

1. Provide personalised and evidence-based information to women and their families about their place of birth options
2. Practise within their scope of practice, conducting comprehensive risk assessment and ensuring clear plans for consultation and referral when needed.
3. Collaborate respectfully within interprofessional teams to ensure timely referral, transfer and continuity of care when complications arise.
4. Maintain competence in home birth practice through lifelong learning, skills updating and reflective practice.
5. Respect and protect women's right to choose their place of birth, and advocate for safe, informed and supported choice where this right is restricted.

References

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Adopted at Brisbane International Council meeting, 2005

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