



A Firm Condition

No one planning a home or Birth Center birth wants to transfer to the hospital. But in many modern countries, out-of-hospital births are considered “alternative,” and as such often come with the condition that hospital care will be pursued if problems arise. Even if you’ve been accepted to birth in your Birth Center or have found a midwife who will help you at home, changes in your pregnancy or birth may require you to transfer due to the accepted standards of care for midwives in independent or Birth Center practice. Of course, if you are intentionally birthing without a professional present, when or if you transfer is more your choice.

Why Transfers Happen

While transferring from a home birth or Birth Center is rarely anticipated, it does happen quite frequently. You need to research that and find out why families transfer in your area. Some will transfer before birth begins; others during labor, during the delivery, or shortly after birth.

The decision by a midwife to transfer the birthing woman or baby to the hospital often occurs when it is deemed necessary for the wellbeing of the mother and child or if the woman is too tired to continue laboring (failure to progress). This is guided by a standard of practice that you might not like or appreciate. Women and some men who work as midwives do try to stretch the limits of practice, but they will transfer a woman rather than risk themselves politically — and you should know that!

Although direct-entry midwives believe they are not medically trained, of course they are. How do we know? Simply compare their education to any traditional culture, and it becomes obvious. The language, perception, and guidelines of midwifery standards of practice come from modern medicine. The guidelines are often bent, and alternative language is sometimes used, but it’s still modern maternity perception and trends. Even birth-alone families use modern maternity guidelines when they assess their own birth situations.