

Mamavela

Where to Give Birth

Hospital, birth center or home: how to compare the places near you and choose with confidence.



Free sample

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Contents

1. How to use this book	4
Who this book is for	4
Four promises this book keeps	4
How the book is organised	5
2. How the decision is made, and when	6
The short answer	6
Who decides what	6
In the United Kingdom	6
In the United States	7
Preparing the conversation with your midwife or doctor	7
Your decision timeline	8
Your week-by-week checklist	8

A calm, sourced guide to choosing your place of birth in the United States and the United Kingdom, with boxes for Canada, Australia and Ireland. Every figure was checked against its official source on 14 October 2026.

1. How to use this book

Choosing where to give birth is one of the first big decisions of pregnancy, and one of the least explained. Friends tell you where they went. Hospital websites show smiling photos. Forums are full of strong opinions. What most people need is something quieter: a clear map of the options, the real numbers behind them, and a list of good questions to ask the people who will actually look after you.

That is what this book is. It does not tell you where to give birth. It helps you find out what each place near you can and cannot do, how that fits your health and your wishes, what it may cost, and what happens if plans change on the day.

Who this book is for

- You are pregnant, or planning a pregnancy, and you live in the United States or the United Kingdom. Boxes throughout the book add what is different in Canada, Australia and Ireland.
- This may be your first baby, or your third. The answer to "where" can be different each time, and the research shows why (Chapter 5).
- You may have a straightforward pregnancy, or one with a medical condition, twins, a baby in breech position or a previous caesarean. Chapter 6 walks through each situation.
- You may be planning with a partner, a co-parent, a friend or on your own. Every family is welcome here.

Four promises this book keeps

1. **No rankings.** You will not find a "best hospital" here, no stars and no reviews. A place that is right for one person can be wrong for another. Instead you get the questions that let you judge for yourself.
2. **No figure without a source.** Every number in this book comes from an official body (NHS, NICE, ACOG, CDC, KFF, HSE, the Australian Government) or from a peer-reviewed study whose DOI or PubMed number was checked. The date each source was checked is in the bibliography.
3. **No medical advice.** This book explains what the guidelines say so that you can have a better conversation with your midwife, obstetrician or family doctor. It never replaces that conversation. Whenever you read "talk to your midwife or doctor", that is the real next step.
4. **No judgement.** Hospital, birth center or home; epidural or no epidural; vaginal birth or caesarean: all of these are respected choices. NICE, which writes the guidelines for NHS maternity care in England, even tells professionals not to share their personal views or judgements about a woman's choice of place of birth. This book follows the same rule.

How the book is organised

- **Chapters 2 to 4** explain the landscape: when to decide, the types of places, and the "levels of care" that tell you what a hospital can handle.
- **Chapters 5 and 6** give you the evidence: what large studies found, and how your own situation changes the picture.
- **Chapters 7 to 9** cover the practical questions: pain relief, transfers and money.
- **Chapters 10 to 13** are your workbook: a tour checklist, more than 40 questions, a comparison grid and a budget page to fill in.
- **Chapters 14 to 16** prepare you for the unexpected: moving house, living abroad, living far from a hospital, a fast labour, and the signs that mean you should call straight away.

A word on words.

This book uses "obstetric unit", "labor and delivery" and "hospital" for the same kind of place: a maternity unit with obstetricians, anaesthetists and newborn specialists on site. "Midwifery unit" (UK) and "birth center" (US, Canada, Australia) describe places run by midwives. Spelling follows the country being described: "caesarean" and "labour" for the UK, "cesarean" and "labor" in quotations from US sources.

2. How the decision is made, and when

The short answer

You do not have to decide everything at once, and you can change your mind. The NHS says plainly that wherever you choose, the place should feel right for you and that you can change your mind at any point in your pregnancy. NICE asks professionals to discuss your preferences and choices for labour and birth as early as possible, to record them, and to remind you that you are free to make your decisions and change your mind at any time, including during labour.

What does need to happen early is the **booking**: the first step that puts you on a maternity service's list. Some places, especially birth centers and home birth services, fill up or need to assess you early.

Who decides what

Three things shape where you give birth:

1. **Your health and your baby's health.** Some medical conditions mean that care in a hospital obstetric unit is expected to reduce risk (Chapter 6). Your midwife or doctor will tell you if that applies to you, and why.
2. **What exists near you.** The NHS notes that your choices depend on your needs, your risks and, to some extent, where you live. Not every area has a birth center or a home birth team.
3. **What matters to you.** Being close to home, having a pool, having an epidural available, having your partner stay overnight, being cared for by a midwife you know, being near a neonatal unit: only you can rank these.

In the United Kingdom

- **Self-referral.** In England you can refer yourself to NHS maternity services without seeing a GP first. The NHS self-referral service asks for a postcode, town or city, lets you choose which NHS trust to refer yourself to, and notes that you can change your choice at any time during pregnancy. The first midwife appointment should happen by the time you are 10 weeks pregnant where possible; if you are already past 10 weeks, refer yourself as soon as you can.
- **Freedom of choice.** The NHS Choice Framework lists four options for where to give birth: at home with the support of a midwife, in a freestanding midwifery unit, in an alongside midwifery unit, or in a hospital obstetric unit. It says you can choose any maternity service, even if it is not in your local area, and that you can change your mind at any point. It also states honestly that these are not legal rights: the NHS recommends choice where possible, depending on the services available.
- **If you are not offered a choice,** the Choice Framework suggests speaking first to your midwife,

then contacting your local integrated care board (ICB).

In the United States

There is no single national booking system. In practice:

- You choose a **prenatal care provider** (an obstetrician-gynecologist, a family physician or a certified nurse-midwife, for example), and that provider usually has privileges at one or more hospitals or works with a birth center. Choosing the provider often means choosing the place, so ask early where they attend births.
- Your **insurance plan** shapes which hospitals and providers are in network (Chapter 9).
- Hospitals usually ask you to **pre-register** in the third trimester. Ask your provider when.
- In 2024, certified nurse-midwives attended 12.0% of US births and 1.6% of births took place at home, according to the CDC's final birth data for 2024 (National Vital Statistics Reports, volume 75, number 2, June 2026).

Preparing the conversation with your midwife or doctor

The most useful conversation about place of birth is a prepared one. Appointments can feel short, and it is easy to come home and realise you forgot the one question that mattered. Before the appointment where you plan to discuss it, take five minutes with this page.

Three sentences that open the conversation well:

- "I would like to talk about where I could give birth. What are my options, given my health and my pregnancy so far?"
- "Is there anything in my history that makes one place more suitable for me than another? Could you explain why?"
- "If my situation changes later in pregnancy, at what point would we look at this again?"

What to bring:

- ☐ Your list of the two or three places you are considering.
- ☐ Your questions from Chapter 11, with the most important ones at the top.
- ☐ Notes from any previous pregnancy or birth, if you have them.
- ☐ Your partner or a trusted person, if you would like support or a second pair of ears.

If you hear something that worries you: it is fine to ask "What does that mean in numbers?", "What would happen if I chose differently?" or "Can I think about it and come back to you?". NICE asks professionals to support your choice wherever you choose to give birth, and to discuss risks so that you can make an informed decision. A good conversation leaves you feeling informed, not pressured.

If you would like a second opinion: NICE says that if either you or your midwife would like further discussion about your planned place of birth, it can be arranged with a senior or consultant midwife and, if there are obstetric issues, with a senior or consultant obstetrician. In the US, you can ask

your provider for a consultation with a colleague, or with a maternal-fetal medicine specialist if your pregnancy has a known risk.

What I want to ask at my next appointment:

Your decision timeline

The table below gathers the steps in one place. Weeks are approximate; your own care team's timing comes first.

When	What to do	Why now
As soon as you know you are pregnant	Book with a maternity service (UK) or choose a prenatal provider (US). Ask which places of birth they offer.	UK first appointment by 10 weeks where possible (NHS). Birth centers and home birth services can fill up early.
Before about 12 weeks	Check your insurance network (US). Write a first list of 2 or 3 possible places.	Changing provider later can mean changing hospital.
12 to 20 weeks	Ask about tours or virtual tours. Ask each place the questions in Chapter 11.	Your anomaly scan around 20 weeks may change your options.
20 to 28 weeks	Fill in the comparison grid (Chapter 12) and budget page (Chapter 13). Talk through your preference with your midwife or doctor.	If you have a condition that affects the place of birth, there is still time to plan.
28 to 34 weeks	Confirm your choice. Pre-register (US). For a home birth, ask when the home visit or assessment happens.	Logistics (transport, childcare) take time.
34 to 36 weeks	Rehearse the journey. Note the phone numbers on the "When to call" page. Pack your bag.	ACOG suggests rehearsing the trip so you know how long it takes.
36 weeks onwards	If your baby is breech, your options are discussed around now (NHS). Keep your plan B ready (Chapter 15).	Things can change late in pregnancy, and that is normal.
In labour	You can still change your mind or be advised to change place.	NICE: you are free to change your mind at any time, including during labour.

Your week-by-week checklist

First trimester

- ☐ I have booked with a maternity service (UK) or chosen a prenatal provider (US).
- ☐ I know where my provider attends births.
- ☐ I have checked my insurance network, or my eligibility for Medicaid (US).

- ☐ I have asked whether a birth center or home birth service exists near me, and when I need to apply.

Second trimester

- ☐ I have visited, or taken a virtual tour of, at least two places.
- ☐ I have asked the questions that matter most to me (Chapter 11).
- ☐ I have filled in the comparison grid.
- ☐ I have discussed my preferred place with my midwife or doctor.

Third trimester

- ☐ My choice is confirmed and written in my notes or birth plan.
- ☐ I am pre-registered, if my hospital asks for it.
- ☐ I know how long the journey takes at rush hour and at night.
- ☐ I know which hospital I would go to if I needed a transfer.
- ☐ I know who looks after my other children and pets.

My notes on timing:

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 54 pages.

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