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1. Introduction

Until about 40 years ago, most women gave birth to their babies at home whereas now only 1 in 50 women do so. (Direct Gov.UK 09) Although the number of women booking to have a home birth is rising, overall in the UK 2% of pregnant women choose this option, with the rate varying from 0.3% in Northern Ireland to 1.5% in Scotland, 2.8% in England and 3.7% in Wales. Additionally local administrative areas in each Country vary in their home birth provision. For instance, in England in 2009, South Hams achieved a 13.6% home birth rate whilst Alnwick had 0% (Birth Choice 09; NCT 09; Welsh Assembly 08).

Research over the last couple of decades suggests that *planned* home birth is at least as safe as hospital-based birth for healthy women with normal pregnancies and there is a higher likelihood of a normal birth with less intervention (DeJonge 09; Jansen 09; Chamberlain 97; Ogden 97).

Current Government policy is to promote choice for women with the aim that by the end of 2009 every woman should be given the option of a home birth. (DOH Maternity Matters 07)

The Royal College of Midwives (RCM) and the Royal College of Obstetricians and Gynaecologists (RCOG) support home birth for women with uncomplicated pregnancies (RCOG/RCM 07).

There are however, some very clear categories of women for whom obstetricians and midwives would positively recommend a hospital birth due to the presence of risk factors (see pages 5 - 6).

When providing care to women, regardless of setting, midwives must take care to identify possible risk and pre plan to mitigate those risks, through their:

- approach to care,
 - knowledge of local help systems
 - communication with colleagues, the woman and her family (NMC 06).

This guideline is intended for the use of midwives who will be delivering care in a home setting whether this is planned or unplanned; supported by medical/midwifery opinion or against medical/midwifery advice.

This guideline should be read in conjunction and links with the following Airedale NHS Foundation Trust Guidelines:

- [Antenatal Booking and Completion of maternity records](#)
- [Induction of Labour](#)
- [Labour Normal](#)
- [Newborn – Initial examination and care](#)
- [Water birth](#)
- [Bladder Care in labour and post natal period](#)
- [Risk Assessment in labour](#)
- [Antenatal risk assessment](#)

Definitions:

Home birth is a birth that has occurs at home rather than in a hospital or birth centre.

Statement of intent

Airedale NHS Foundation Trust fully recognises that the obligation to implement guidance should not override any individual clinician to practice in a particular way if that variation can be fully justified in accordance with Bolam Principles. Such variation in clinical practice might be both reasonable and justified at an individual patient level in line with best professional judgement. In this context, clinical guidelines do not have the force of law. However, the Trust will expect clear documentation of the reasons for such a decision and for this variation. In addition, any decision by an individual patient to refuse treatment in line with best practice must be respected, escalated to the consultant and fully documented in the appropriate records of care/treatment.

2. Management

Women who are booked either midwife led or consultant led care can make the choice for a particular place of birth at any stage in their pregnancy. The presence or absence of risk may change during pregnancy and/or labour and the midwife must continuously assess the advice she gives to women about the place of birth.

Low risk women who choose home birth need to be informed that:-

- Giving birth is generally very safe for both the woman and her baby.
- There is little evidence or research about the possible risks to either the woman or her baby relating to planned place of birth.
- That there is a 16%.(with some studies suggesting this increases to up to 40% in nulliparous women) statistical chance of needing to be transferred into an obstetric unit and the time this may take (NCT 01; Chamberlain 97; Wieggers 96).
- That if something does go unexpectedly wrong at home during labour, the outcome for herself or her baby could be worse than if they were in an obstetric led unit with access to specialised care.
- That in the presence of certain risk factors that puts her in a higher chance group of developing complications; she will be advised to give birth in an obstetric unit .

NB. The feasibility of a supported home birth by midwifery and medical staff in this Trust is based on there being no risk factors present that may put the woman or her baby at significant risk and at the midwifery teams' discretion e.g. capacity. A Consultant Obstetrician can only inform the woman that there are no contraindications to a home birth, or that there are risk factors present to assist informed choice..

1) Criteria for Hospital Birth:

See [risk assessment in labour guideline](#)

Medical conditions indicating planned birth at an obstetric unit (due to increased risks):

- Cardiovascular
 - Confirmed cardiac disease
 - Hypertensive disorders
- Respiratory
 - Asthma requiring an increase in treatment or hospital treatment
 - Cystic fibrosis
- Haematological
 - Haemoglobinopathies – sickle-cell disease, beta-thalassaemia major
 - History of thromboembolic disorders
 - Immune thrombocytopenia purpura or other platelet disorder or platelet count below 100
 - Von Willebrand's disease
 - Bleeding disorder in the woman or unborn baby
 - Atypical antibodies which carry a risk of haemolytic disease of the newborn
- Infective
 - Group B streptococcus status whereby antibiotics in labour would be recommended
 - Hepatitis B/C with abnormal liver function tests
 - HIV positive
 - Toxoplasmosis – women receiving treatment
 - Current active infection of chicken pox/rubella/genital herpes in the woman or baby
 - Tuberculosis under treatment
- Immunological
 - Systemic lupus erythematosus
 - Scleroderma
- Endocrine
 - Hyperthyroidism
 - Diabetes (pre-existing or impaired GTT)
- Renal
 - Abnormal renal function
 - Renal disease requiring supervision by a renal specialist
- Neurological
 - Epilepsy
 - Myasthenia gravis
 - Previous cerebrovascular accident
- Gastrointestinal
 - Liver disease with or without current abnormal liver function tests
- Psychiatric
 - Psychiatric disorder requiring current inpatient care

Other factors indicating planned birth at an obstetric unit (due to increased risks):

- Previous complications:
 - Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty
 - Previous baby with neonatal encephalopathy
 - Pre-eclampsia requiring preterm birth
 - Placental abruption with adverse outcome
 - Eclampsia
 - Uterine rupture
 - Inverted uterus
 - Primary postpartum haemorrhage requiring additional treatment or blood transfusion
 - Retained placenta requiring manual removal in theatre
 - Caesarean section
 - Shoulder dystocia
 - Rhesus iso-immunisation
 - Previous large baby ≥ 4.5 kg

- Current pregnancy:
 - Multiple birth
 - Recurrent antepartum haemorrhage
 - Placenta praevia
 - Pre-eclampsia or pregnancy-induced hypertension
 - Preterm labour or preterm prelabour rupture of membranes
 - Placental abruption
 - Anaemia – haemoglobin less than 10.5 g/dl at onset of labour
 - Confirmed intrauterine death
 - Post maturity > term + 12.
 - Infection due to toxoplasmosis, cytomegalovirus or any infection that has a high risk of transmission
 - Substance misuse
 - Alcohol dependency requiring assessment or treatment
 - Onset of gestational diabetes
 - Malpresentation – breech or transverse lie
 - Body mass index at booking of greater than 35 kg/m²
 - Primigravida age ≤ 16

- Fetal indications:
 - Small for gestational age in this pregnancy (fetal weight less than tenth centile on customized growth chart)
 - Abnormal fetal heart rate (FHR)/Doppler studies
 - Ultrasound diagnosis of oligo-/polyhydramnios

- Previous gynaecological history:
 - Myomectomy
 - Hysterotomy
 - Uterine abnormalities

Criteria for Individual Discussion:

There are certain instances where it maybe unclear whether a home birth is in the best interests of the woman or her unborn baby and an individual assessment by a Consultant Obstetrician may assist the woman in her decision making.

Medical conditions indicating a need for individual assessment (involving a discussion with a consultant obstetrician) when planning place of birth:

- Cardiovascular:
 - Cardiac conditions without intrapartum implications e.g. benign cardiac murmurs
- Haematological:
 - Atypical antibodies not putting the baby at risk of haemolytic disease
 - Sickle cell trait
 - Thalassaemia trait
 - Anaemia - haemoglobin <10.5 g/dl at 37 weeks
 - Platelets ≤ 100
- Infective:
 - Hepatitis B/C with normal liver function tests
- Immunological:
 - Non-specific connective tissue disorders
- Endocrinological:
 - Unstable hypothyroidism such that a change in treatment is required.
- Skeletal/neurological:
 - Spinal abnormalities
 - Previous fractured pelvis
 - Neurological deficits
- Gastrointestinal:
 - Liver disease with or without current abnormal liver function
 - Crohn's disease
 - Ulcerative colitis

Other factors indicating a need for individual assessment (involving a discussion with a consultant obstetrician) when planning place of birth:

- Previous complications including:
 - Cone biopsy or large loop excision of the transformation zone (LLETZ)
 - Preterm labour or preterm prelabour rupture of membranes
 - Pre-eclampsia developing at term
 - Placental abruption with good outcome
 - Prolonged labour
 - Previous difficult instrumental delivery
 - Extensive vaginal, cervical or 3rd/4th degree perineal trauma
 - Stillbirth/neonatal death with a known non recurrent cause
 - Previous term baby with jaundice requiring exchange transfusion
- Current pregnancy including:
 - Para 5 or more
 - Ante partum haemorrhage (single episode after 24 weeks gestation)
 - Blood pressure of 140mmHg systolic or 90mmHg diastolic on 2 occasions

- Ultrasound diagnosis of macrosomia
 - Failure of engagement of fetal head at term in primigravida
 - Post dates if a woman declines IOL by term + 12
 - Body Mass Index at booking $\leq 18 \geq 35$ in the absence of any other risk factors
 - Under current outpatient psychiatric care
 - Recreational drug use
 - Smoker ≥ 20 cigarettes/day
 - Age over 40 at booking
- Previous gynaecological history:
 - Fibroids
 - Cone biopsy or large loop excision of the transformation zone (LLETZ)
 - Major gynaecological surgery
 - Fetal indications:
 - Family history of disorders with a high risk transmission e.g. Epidermolysis Bullosa
 - Fetal abnormality
 - Miscellaneous
 - Height < 150 cm (primigravida)
 - Safeguarding concerns within family or if a safeguarding birth plan is in existence, place of birth will be discussed within multidisciplinary team

Operational Details for Women Who Choose Home Birth:

Discussion on Place of Birth:

This might take place at any time in the pregnancy but commences at the booking appointment.

- a) At booking, discuss with and offer home birth to the woman and her partner (if available), giving the Trust Patient Information Leaflet 'Pre-Booking Antenatal Information'. Planned home birth with midwifery support is suitable for low risk women after commencement of the 37th week of pregnancy and up until 40+12 days. [The pregnancy would be classed as high risk before or after these gestational periods](#). There should be clear documentation in hand held notes that home birth has been discussed at the booking appointment and choice of place of birth has been offered.
- b) Identify and discuss with the women any risk factors that may affect her suitability for a home birth, and if, despite the presence of risk(s) the woman wishes to continue in her choice for a home birth, then a discussion with a Consultant Obstetrician should be offered and encouraged. It is mandatory to review previous birth summaries for multiparous women and if the birth(s) was not at Airedale General hospital, information should be obtained using the template letter (Appendix 7) as early in pregnancy as possible. Records clearly detailing all points of any discussion by any health professional should be made.

Whether the consultation with an obstetrician is declined or accepted, if the woman decides to pursue her request for a home birth in the presence of risk

factors, then this is deemed as refusal of appropriate treatment and the woman should be informed that she will be having a home birth against midwifery and medical advice. Additionally, a 'Home Birth Referral for Supervisory Support' form (Appendix 4) should be commenced. This should then be submitted to the named midwife's Supervisor of Midwives. The identified risks will be discussed by the Supervisor who will support the named midwife in providing a management plan for the woman in labour with input from the multidisciplinary team as required. The named midwife must continue providing routine antenatal care throughout the pregnancy.

Booking a Home Birth:

- a) Once the decision to choose a home birth has been made, ensure the woman has a copy of the current Trust leaflet 'Information for Parents planning a Home Birth' and complete copies of the Home Birth Booking Risk Assessment Form (Appendix 1). Copies should be submitted to each team, Community Matron, Labour Ward and Maternity Systems Manager. The home birth audit form should be commenced by the appropriate midwife and completed fully at every stage of the woman's pregnancy, remaining with the woman's hand held antenatal notes until following delivery then sent to the midwife collating the audit.
- b) Women should be informed that booking a home birth does not guarantee one taking place for a number of reasons. For example:
 - Complications might arise in either the pregnancy or labour which may affect her suitability for a home birth.
 - The midwifery service can usually only support one home birth at a time particularly out of hours, weekends and bank holidays. In the unlikely event that two women request the attendance of a midwife at a home birth at the same time, and the service is unable to accommodate the request, then the woman whose call is received second will be asked to attend the maternity unit for her care.
 - Adverse weather conditions may make it unsafe for the midwife to travel alone to the woman's home.
 - During periods of high activity within the Trust, the home birth service may need to be suspended as community midwives are utilised on labour ward.
- c) If a woman changes from low risk to high risk once a home birth booking/risk assessment form (Appendix 1) has been submitted and she wishes to continue in her choice for a home birth, an updated form should be completed and circulated and instructions in paragraph (b), starting on page 8, should be followed.

When a woman chooses to continue her plans for a home birth against midwifery/medical advice the named midwife must ensure the woman's name remains on the home birth list **but** with the words "against midwifery/medical advice" and the reason(s) next to her name.

Home Visit at 24 - 28 weeks (or as soon as possible if a late request):

The purpose of this visit is to risk assess the environment in order to **identify any risks in the home** that may affect the woman's suitability for a home birth and to complete the Homebirth Checklist/Risk Assessment Form (Appendix 2). It is best

practice if the woman's birth partner and/or doula is present as outcomes are improved if the woman is supported in her choice of place of birth. This visit should still occur even if the woman is having a home birth against midwifery/medical advice so that, after further discussion of the identified risks, a suitable care plan can be put in place. It is appropriate for a supervisor of midwives to attend alongside the named midwife in these instances.

- a) Complete a 'home birth checklist' (Appendix 2) allowing discussion to take place to enable the woman, her partner and the midwife to prepare for the birth and to ensure the parents are fully informed of the potential risks of birthing at home and how the situations would be managed. Document the discussion on the checklist form and when complete should remain with the woman in her hand held notes. If the home birth is against midwifery/medical advice, additional copies of the form together with the agreed care plan should be circulated to Community Teams, Community Matron, Labour Ward, Supervisor of Midwives involved, named obstetrician and a copy filed in the hospital case notes. The Supervisor of Midwives involved will ensure the rest of the supervisory team are aware of and approve the care plan. Additionally women who request to birth at home who are pregnant with twins, have a baby in the breech position, have had a previous lower section caesarean, have had or are at higher risk of either a postpartum haemorrhage or shoulder dystocia, have a BMI ≥ 35 , have had a group B haemolytic streptococcus infection diagnosed in this pregnancy, have a haemoglobin of ≤ 10.5 g/litre will be provided with information detailing the specific risks (see Appendices 6 – 13)
- b) Assess the home environment: Ask to see the room the woman intends to birth in. The room should be of sufficient size and clutter free to allow the midwife easy access to her from 3 sides in case of an emergency situation arising. Identify any hazards and suggest how these hazards should be dealt with prior to the home birth actually taking place. Document both the hazards and suggestions made for removal of these on the home birth checklist. Check that she has provided all the equipment stipulated in the Trust Leaflet 'Information for Parents planning a Home Birth'.
- c) Women requesting a pool birth should be advised of the suitability of birthing pools (refer to Home Water Birth checklist – Appendix 5).
- d) Ensure the woman and her partner or doula if appropriate know how to contact a midwife at the onset of labour (refer to the Trust leaflet 'Information for Parents planning a Home Birth').
- e) Discuss fully the methods and options of pain relief in labour. Pharmacological methods are not recommended in the home setting and women choosing these methods will be requested to birth in hospital. Entonox will be provided by the community midwife.

At 41 weeks:

- a) Prior to formal induction of labour, women should be offered a vaginal examination for membrane sweeping at 41 weeks. Women should be informed that membrane sweeping makes spontaneous labour more likely, and so reduces the need for formal induction of labour, but that discomfort and vaginal bleeding

are possible from the procedure. Induction of Labour will be offered at 40+12 weeks. [Induction of Labour leaflet](#) should be given to the woman. For further information and methods of IOL, see guideline titled '[Induction of Labour](#)' on Sharepoint.

- b) From term + 12 weeks, women who decline induction of labour should be offered increased antenatal monitoring by referral to the Maternity Assessment Centre (MAC) for Consultant review. The outcome of this referral should be relayed back to community midwife by MAC staff as soon as possible. If the woman has been advised against continuing with a home birth, but still wishes to proceed, this is considered a home birth against medical advice. Follow instructions on page 9 (paragraph b).

At the onset of Labour:

The woman should be advised to contact Airedale General Hospital switchboard when she feels she needs midwifery support.

Monday to Friday, 08.30 – 16.30, switchboard will contact Community Matron/Deputy (as specified on the Community off duty) who will contact the appropriate midwife who will then telephone the woman.

Out of hours, switchboard will transfer the call to the Labour Ward, who will then contact the appropriate on-call midwife who will then telephone the woman.

If out of hours, and in the event of community midwife already attending a home birth, or working in the maternity unit due to staffing/capacity pressures following unit closure, the woman will be asked by the Labour Ward Coordinator to attend Airedale General Hospital to birth.

If a woman is found **not** to be on the home birth list, she should be advised to come into Airedale General Hospital to birth as a risk assessment for homebirth will not have been carried out. If the woman refuses, the Maternity Information System must be checked for safeguarding alerts before escalating to the Supervisor of Midwives on call.

If the woman is on the home birth list but pursuing a home birth against advice, all midwives must adhere to the agreed and documented action plan. In such cases the Supervisor of Midwives on call should be contacted as soon as the 1st midwife is called to attend and once in established labour, 2 midwives must be in attendance at all times. The Labour Ward Co-ordinator should inform the obstetric consultant on call, the Paediatrician on-call and the SCBU.

Attending the Home

Prior to attending, the 1st midwife (or 2nd midwife if labour seems to be advanced and 1st midwife goes directly to the woman) should collect from Labour Ward:

1. Red bag containing resuscitation equipment
2. Suture pack
3. 2 portable Entonox trolleys.

NB. When transporting Entonox please display “Hazardous Gases” sign. This a health and safety requirement and required by most car insurers to ensure cover is not invalidated.

The Labour Ward Co-ordinator **MUST** be informed by the midwife that she is attending a home birth.

Following assessment of the woman to confirm established labour, the midwife will remain in attendance and contact Labour Ward if there are any concerns. The 2nd midwife should be called to assist when appropriate, Labour Ward to be informed when 2nd midwife is in attendance. Trust guidelines for [normal labour](#) should be followed.

If labour is not established, the midwife should leave the woman giving her advice on coping strategies. Inform Labour Ward that you are leaving the woman’s home and ensure that the woman and her partner know that they need to ring Labour Ward again when they would like the midwife to return.

Following delivery:

Uninterrupted skin to skin contact should be facilitated.

The midwife will:

- a) Inform Labour Ward immediately of birth outcome.
- b) Check whether the mother needs suturing. If she does and the attending midwife feels she can perform this confidently at home, then suture according to Trust guidelines: [Perineum Trauma and Repair](#). If the attending midwife does not feel confident to suture or is unable to suture then in working hours, a Community Midwife with suturing skills should be sought to attend and suture the woman in her own home.
- c) If the midwife feels the suturing needs to be done under better lighting/anaesthetic conditions, then arrange for transfer into hospital (see page 14)
- d) Check temperature, measure head circumference, weigh baby and perform baby’s first newborn physical check. Document all findings in relevant sections of baby’s notes and obstetric records.
- e) Administer first dose of Vitamin K with parental consent.
- f) Check mother’s temperature, pulse, blood pressure, fundal height, lochia and record all findings in relevant sections of care plan and obstetric records.
- g) Ask parents’ permission to dispose of placenta at AGH.
- h) Complete all relevant documentation.
- i) Notify woman’s own General Practitioner (Mon-Fri 8.30 -18.00) to ensure a paediatric examination of the baby takes place within 72 hrs of birth and is

documented on a peach "initial examination of the newborn homebirth" sheet by a GP. If woman's own GP practice is not performing paediatric examinations, the midwife must make arrangements for the family to bring their baby to Airedale for a paediatric check by the paediatric team or a midwife qualified in examination of the neonate.

- j) Return all equipment to Maternity Unit, AGH.

Before leaving the woman's home

The midwife will:

- a) Complete all written records accurately.
- b) Ensure the baby has fed and if artificially fed, ensure the parents know how to make up feeds according to Department of Health guidelines. [See Newborn Feeding Policy.](#)
- c) Ensure the mother has emptied her bladder and if she has not, what to do if she hasn't done so within 6 hrs of giving birth.
- d) Advise the mother on how to contact a midwife if she has any concerns and inform her when to expect her next contact from a midwife.

Back at AGH:

The midwife will:

- a) Inform Information Manager and Ward Administrator to inform all teams.
- b) Arrange a postnatal contact with appropriate midwifery team.
- c) Arrange Anti-D; MMR; BCG as and if appropriate
- d) Compute delivery details at AGH and sign birth notification.
- e) Empty and clean delivery box and ensure Entonox trollies are cleaned, restocked and ready for use. Inform medical gases if any cylinders require replacing and complete the home birth audit form

Intrapartum Transfer into hospital:

- a) In an emergency or where there is a deviation from normal, the midwife should arrange a transfer to consultant care by contacting:

Paramedic ambulance
Middle Grade covering Labour Ward
The Labour Ward Coordinator
Supervisor of Midwives (this can be done if appropriate after event)

- b) In the early 1st stage of labour transfer into hospital may be by private means if the assessing midwife is confident there are no maternal or fetal risks. Document the reasons for choice of transport in the notes.

- c) Intrapartum transfer in the 2nd and 3rd stages of labour must be by ambulance and one attending midwife should accompany the woman in the ambulance.
- d) A paramedic ambulance can be obtained by phoning 999 (in an emergency) and asking for a paramedic ambulance.

Postpartum Transfer into hospital:

This may be for either the mother or the baby.
 In either instance the transfer should take place via ambulance and not by partner's or midwife's car.

It is the responsibility of the Community Midwife attending the homebirth to document within the Intrapartum Record the reason for transfer and to outline any care needs. The Intrapartum Record, along with the woman's hand held notes should be transferred into hospital with the woman.

Weekly Updated Home Birth Lists:

The home birth list will be made available to all teams, Community Matron and Labour Ward via email or fax. It will contain details of low risk women who are booked for home births and also information about high risk women who are choosing to proceed with a home birth against midwifery/medical advice. A copy of this list will be kept by all community midwives and on Labour Ward as a reference for both the Supervisory Team of Midwives and the Labour Ward coordinators.

3. Glossary of Terms

AGH	Airedale General Hospital
AMMG	Airedale Multidisciplinary Maternity Guidelines
APPP	Airedale Pregnant Practice procedures
BCG	Bacillus Calmette Guérin
BMI	Body Mass Index
BP	Blood pressure
CEMACE	The Confidential Enquiry into Maternal & Child Health
EDD	Estimated date of delivery
FHR	Fetal Heart Rate
FSID	Foundation for the study of Sudden Infant Death
GP	General Practitioner
GTT	Glucose Tolerance Test
HIV	Human immunodeficiency virus
IUD	Intrauterine death
LSA	Local Supervising Authority
MAC	Maternity Assessment Centre
MMR	Measles, Mumps, Rubella
NCT	National Childbirth Trust
NHS	National Health Service
NICE	National Institute for Clinical Excellence

NMC	Nursing & Midwifery Council
PGD	Patient group Directive
PIL	Patient Information Leaflet
PPH	Post partum haemorrhage
RCM	Royal Collage of Midwives
SOM	Supervisor of Midwives
SSD	Sterile Supplies Department
TB	Tuberculosis
TENS	Transcutaneous Electrical Nerve Stimulation

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- NICE (2007) *Intrapartum care, care of healthy women and their babies during childbirth*
- Yorkshire Maternal Emergency Training, Community Issues 2007
- RCM Campaign for normal birth

Appendix 1

HOME BIRTH BOOKING / RISK ASSESSMENT FORM

Not to be completed until mid trimester

ID Label or:
Name & Full Postal Address:

Post Code:
Tel Number:
Mobile Number:
D.O.B:
EDD (by scan):
NHS No:

First Form Updated form
Against medical advice? Yes No
Planned water labour/birth? Yes No
Detailed map of address sent to teams Yes No
Date on call commences at 37 weeks:/...../.....

Past Obstetric History

Place	Year	Gest	Weight	Delivery Details	Complications

Risk factors/reasons why against advice (if applicable):

GP _____ Telephone number _____

Consultant _____

Midwife _____ Telephone number _____

Review of previous delivery notes if applicable: Yes No
Referral for supervisory support completed? Yes No
Discussed with Supervisor of Midwives Yes No

Name of Supervisor: _____

Complete copies: keep one with woman's hand held notes and circulate to:

- | | | | |
|-------------------------------|--------------------------|--|--------------------------|
| Community Matron | <input type="checkbox"/> | Craven (Settle) | <input type="checkbox"/> |
| Maternity Information Manager | <input type="checkbox"/> | Ilkley, Springs Medical Centre | <input type="checkbox"/> |
| Labour Ward | <input type="checkbox"/> | Keighley Central | <input type="checkbox"/> |
| Bingley (Canal Side) | <input type="checkbox"/> | Keighley District | <input type="checkbox"/> |
| Craven – (Skipton) | <input type="checkbox"/> | Pendle, The Butts Clinic, Barnoldswick | <input type="checkbox"/> |
| Craven - (Cross Hills) | <input type="checkbox"/> | | |

HOME BIRTH CHECKLIST / RISK ASSESSMENT

If low risk home birth, file in hand held notes

If home birth against advice, file one copy in hand held notes and circulate other copies to:

Community Matron	<input checked="" type="checkbox"/>	Keighley Central	<input checked="" type="checkbox"/>
Maternity Information Manager	<input checked="" type="checkbox"/>	Keighley District	<input checked="" type="checkbox"/>
Labour Ward	<input checked="" type="checkbox"/>	Bingley	<input checked="" type="checkbox"/>
Ilkley	<input checked="" type="checkbox"/>	Pendle	<input checked="" type="checkbox"/>
		Craven	<input checked="" type="checkbox"/>

1. MOTHER'S DETAILS					
Name:					
Address:			Telephone Number:		
			NHS number:		
			USS EDD:		
			Named CMW:		
2 WHO HAS BEEN INFORMED?					
GP:	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Consultant	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Supervisory Team Midwives	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Community Manager	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Community Team Members	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Labour Ward	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
3. PREPARATION					
Trust Home Birth Patient Information Leaflet (PIL) received				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Suspension of service discussed				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Student welcome				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Birth plan completed				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
How to contact a midwife and on call rota discussed				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Home birth available from (date when will be 37 wks):				to (date at 40 + 12 wks):	
3a. DISCUSSION ON HOME ENVIRONMENT					
Heating and good lighting				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Child care arrangements				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Protective bedding/flooring				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Planned room to birth in seen				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Access available to woman from 3 sides and clutter free				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
If pool obtained, water birth check list completed				N/A <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>
Any unprotected electric sockets near to pool				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Arrangements for pets				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Equipment (as stipulated in Trust leaflet) provided				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
No naked flames (once Entonox) in use				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Working telephone				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Car parking permits/ access for midwives				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. HOME Risk Assessment					
Identified hazards (if any):					
Record of recommendations/advice given made to remove any identified hazards (before birth)					

4. POTENTIAL PROBLEMS DISCUSSED <u>THESE POINTS ARE TO FACILITATE DISCUSSION</u>
<p>Labour prior to 37 weeks</p> <ul style="list-style-type: none"> • Increased risk of breathing problems for the baby • Precipitate labour <p>Details of discussions:</p>
<p>Birth Asphyxia</p> <ul style="list-style-type: none"> • Limited resuscitation equipment and expertise available in a community setting • Transfer time to hospital <p>Details of discussions:</p>
<p>Fetal distress (eg meconium liquor/cord round neck/bradycardia or tachycardia)</p> <ul style="list-style-type: none"> • Meconium liquor • Cord around neck • Abnormal heart rate • No opportunity to expedite delivery • Limitations of fetal monitoring • Transfer time to hospital <p>Details of discussions:</p>
<p>Shoulder dystocia, management and environment</p> <ul style="list-style-type: none"> • Emergency situation • Fetal distress • Obstetric team not available • Transfer time to hospital • Practical management <p>Details of discussions:</p>
<p>Cord Prolapse</p> <ul style="list-style-type: none"> • Emergency situation • Fetal distress • Transfer time to hospital <p>Details of discussions:</p>

<p>Prolonged labour</p> <ul style="list-style-type: none">• Limited analgesia• Increased risk of fetal distress• Increased risk of haemorrhage• Transfer to hospital for augmentation <p>Details of discussions:</p>
<p>Prolonged 2nd stage of labour</p> <ul style="list-style-type: none">• Maternal exhaustion• Fetal distress• Risk of haemorrhage• Transfer to hospital to delivery baby <p>Details of discussions:</p>
<p>Maternal haemorrhage (ante/postnatal)</p> <ul style="list-style-type: none">• Antenatal: risk to mother and baby• Postnatal: risk to mother• Availability of obstetric team• Transfer time to hospital <p>Details of discussions:</p>
<p>Pre labour rupture of membranes</p> <ul style="list-style-type: none">• Confirmation• Maternal and fetal monitoring• Induction of labour at 24 hours <p>Details of discussions:</p>
<p>Prolonged rupture of membranes</p> <ul style="list-style-type: none">• Increased risk of infection mother and baby• Limited opportunity for postnatal observation of baby <p>Details of discussions:</p>

<p>Raised blood pressure</p> <ul style="list-style-type: none">• Risk of eclamptic fit• Obstetric team not available• Transfer time to hospital <p>Details of discussions:</p>
<p>Perineal suturing</p> <ul style="list-style-type: none">• Suturing in the home• Transfer to Airedale for suturing <p>Details of discussions:</p>
<p>Evacuation of pool (if to be used)</p> <ul style="list-style-type: none">• No hoist available• Importance of quick actions• Partner support to facilitate this <p>Details of discussions:</p>
<p>Post maturity</p> <ul style="list-style-type: none">• Increased risk of meconium liquor• Increased risk of placental deterioration• Increased risk of large baby/shoulder dystocia• Increased risk of fetal distress and poor fetal outcome <p>Details of discussions:</p>
<p>Delivery of placenta</p> <ul style="list-style-type: none">• Managed controlled cord traction• Physiological <p>Details of discussions:</p>

Retained placenta <ul style="list-style-type: none"> • Risk of haemorrhage • Emergency transfer to hospital Details of discussions:		
5. RISK FACTORS		
Past & present obstetric history checked?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Past & present medical history checked?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Exclusion List Checked?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Identified Risks (if any):		
Record of discussion re planned management of risk and any advice given.		
Supervisors Letter re identified risk(s) given?		
	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
6. PLANNED ANALGESIA		
TENS	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Water	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Entonox	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Other (please specify)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
7. CONSENT		
Vitamin K	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Syntometrine	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
I confirm that the above information has been discussed with me:		
Signed: _____ (Mother)	Print: _____	
Signed: _____ (Midwife)	Print: _____	
Signed: _____ (SOM)	Print: _____	
Date: _____		

Date: August 2008

HOME BIRTH BOX CONTENTS

- Female catheterisation pack
- Delivery pack
- Instrument pack
- Sterile water for suturing
- Vicryl, lidocaine 1%, needles and syringes
- Sachets of Aqueous gel
- 2 amnio hooks
- 2 urinary catheters
- Selection of sterile and non sterile gloves
- Tape measure
- Tempadots thermometers
- Cord clamp x 2
- Baby bands
- Pack of sanitary towels
- Yellow bag for placenta and 1 yellow placenta container
- Gauze swabs x 2 packs (Vernaid large swabs), tampon for suturing
- 2 orange clinical waste bags and rigid clinical waste container
- Plastic draw sheets
- Plastic aprons
- Cord and maternal blood bags (if needed)
- Selection of blood bottles and phlebotomy equipment
- Filter needles
- Syntometrine 1ml x 1 ampoule
- Ergometrine 500 mcg in 1 ml x 1 ampoule
- Konakion Paediatric 2mg/0.2ml (Vitamin K) x 1 ampoule
- Single use syringe (0.5 mls) with integrated needle for Vit K administration
- Cannulation equipment: grey and green venflon, 10 ml saline flush, tape and dressing (for cannulation, if necessary, by appropriately trained midwives)
- Mouth piece for entonox cylinder
- Goggles
- Bladder filling equipment
 - 500 mls saline
 - 14G urinary catheter pack
 - Blood giving set
 - Cord clamp

Appendix 3 (continued)

- Envelope file containing:
 - Antenatal assessment sheet x 2
 - Partogram
 - Intrapartum record sheet x 2
 - Immediate postnatal care sheet
 - Details of delivery pack swab count form
 - Details of perineal trauma repair form
 - Prescription sheet x 2, one for mum and baby
 - Postnatal records
 - Shoulder dystocia action log
 - Breech Birth Action Log
 - Baby record front sheet (green)
 - Initial medical examination of newborn sheet (peach)
 - Antepartum haemorrhage
 - Shoulder dystocia
 - Postpartum haemorrhage
 - Neonatal resuscitation
- } Laminated management sheets
- Airedale NHS Trust (2011/12) After the Birth of your Baby booklet
 - FSID (2009) Reduce the Risk of Cot Death, Department of Health
 - Contraception: Family Planning Association
 - Fit for the Future: Association of Chartered Physiotherapists
 - Guide to bottle feeding: 2011
 - Off to the best start: 2010

References:

Airedale NHS Trust (2007) After the birth of your baby booklet

FSID (2007) Reduce the risk of Cot Death, Department of Health

Please note:

- Collect red resus bag, entonox cylinders x 4 and suture instrument pack when called to attend home birth
- Please empty and wash home birth box after use (unused equipment to be returned to labour ward stock up trolley)

HOME BIRTH REFERRAL FOR SUPERVISORY SUPPORT

ID Label or:
Name & Full Postal Address:
Tel Number:
Hospital ID No: NHS No:
D.O.B:
EDD (by scan):

Named Midwife:

Name of Supervisor Contacted:

Reason for referral:
.....
.....

Outcome of Initial Discussion:

Home Visit Discussion:

Plan of Care (continue overleaf if necessary)

Name & Signature of Supervisor:

Name & Signature of Midwife:

Supervisor to copy: Return copies to: woman, Labour Ward, all teams, community
matron, named obstetrician, hospital notes

HOME WATER BIRTH CHECKLIST ([See Waterbirth Guideline](#))

Name:	
Address:	
D.O.B.:	
NHS Number:	
Telephone Number:	
GP:	

A Prebirth discussion is important to facilitate an open dialogue between the woman and the Midwife. This can help identify any risks or concerns which can be resolved prior to the onset of labour.

Preparation – Have the following been discussed?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Waterbirth guideline: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Pool position in home: | | |
| a. Accessibility all sides | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Minimal clutter and obstacles | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Electric socket protected | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Adequate space around pool for both mother and midwife | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Responsibility of filling and emptying pool | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Responsibility for maintenance of water temp. Is digital thermometer obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Who intends to be in the pool? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Reasons for not entering pool | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Reasons for leaving pool | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Procedure for evacuating pool in emergency | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I confirm that the home waterbirth information has been discussed with me.

Signed: Date:

Midwife Print: Midwife Signature:

Date:

Dear _____

**Re. your choice for Home Birth in the presence of identified risks
Risk: Breech presentation**

Following our discussions regarding your request for homebirth, I would like to confirm that we have discussed the following:

- That to effectively reduce risk to you and your baby, it would be advisable to birth in a hospital with Obstetric & Paediatric input.
- That current guidance recommend that a baby in the breech position be delivered by Caesarean Section.
- That research has shown that there is an increased risk of baby dying or suffering an injury if born vaginally in the breech position.
- That there is an increased risk of poor incoordinate contractions (not efficient or effective), which could lead to delay in the first or second stage of labour.
- That there is an increased risk of cord prolapse (the cord being delivered before the birth of the baby, cutting off its oxygen supply) – this is an obstetric emergency and would require immediate delivery. This would be significantly delayed if labour was taking place at home as there may be a need to transfer into hospital by ambulance.
- That there is an increased risk of baby dying/being severely ill when a cord prolapse occurs.
- That it would be recommended that you had a venflon (needle in your arm) in place for IV (into the vein) access in case of an emergency. As it is not usual practice to have a venflon in the community setting, you may need to go to hospital to have this sited.
- That there could be an emergency situation for either mum or baby at any stage and immediate transfer into hospital via ambulance would be necessary.
- That most midwives will have had very little or no experience in delivering a baby in a breech position.

If during your birth the midwife caring for you becomes concerned about the well being of you or your baby, you have agreed to being transferred to hospital.

Please tick as appropriate: Yes I have agreed this No I have not agreed this

This information is in conjunction with the routine homebirth information discussed with you by your community midwife.

Signature of Community Midwife:	Print:
Signature of Supervisor:	Print:
Your signature:	Print:

Appendix 6.2

Dear _____

**Re your choice for Home Birth in the presence of identified risks:
Risk: Vaginal Birth after Caesarean Section (VBAC)**

Following our discussions regarding your request for homebirth, I would like to confirm that we have discussed:

- That to effectively reduce risk to you and your baby, it would be advisable to birth in a hospital with Obstetric and Paediatric input.
- That there is an increased risk of uterine rupture (the womb tearing) during birth if a woman has had a previous Caesarean Section.
- That there is an increased risk of mother and baby death/serious illness when a scar rupture occurs.
- That the signs of uterine rupture are:
 - Early vaginal bleeding
 - Severe lower abdominal pain, especially between contractions
 - Poor inco-ordinate contractions (not efficient or effective)
 - Abnormal fetal heart trace (baby's heart beat is too fast or too slow)
 - Maternal tachycardia (pulse rate is very high)
- That in hospital it would be normal practice to continually monitor the heartbeat using a CTG (Cardio tocograph) machine, so that signs of problems could be identified early.
- That uterine rupture can cause sudden and unpredictable collapse and in this event immediate transfer into hospital via ambulance would be necessary.
- That it would be recommended that you had a venflon (needle in your arm) in place for IV (into the vein) access in case of an emergency. As it is not usual practice to have a venflon in the community setting, you may need to go to hospital to have this sited.
- That there could be an emergency situation for either mum or baby at any stage and immediate transfer into hospital via ambulance would be necessary.

If during your birth the midwife caring for you becomes concerned, about the well being of you or your baby, you have agreed to being transferred to hospital.

Please tick as appropriate: Yes I have agreed this No I have not agreed this

This information is in conjunction with the routine homebirth information discussed with you by your community midwife.

Signature of Community Midwife: Print:

Signature of Supervisor: Print:

Your signature: Print:

Appendix 6.3

Dear _____

Re your choice for Home Birth in the presence of identified risks: Risk: Twin pregnancy

Following our discussions regarding your request for homebirth, I would like to confirm that we have discussed:

- That to effectively reduce risk to you and your babies, it would be advisable to birth in a hospital with Obstetric and Paediatric input.
- That most midwives will have had very little or no experience in delivering a baby in a breech position.
- That there is an increased risk of cord prolapse (cord being delivered before the babies are born, cutting off their oxygen supply) – this is an obstetric emergency and would require immediate delivery. This would be significantly delayed if labour was taking place at home.
- That there is an increased risk of the babies dying/being severely ill when a cord prolapse occurs.
- That there is an increased risk of poor incoordinate (not efficient or effective) contractions, which could lead to delay in the first or second stage of labour.
- That there is an increased risk of postpartum haemorrhage (excessive bleeding after the birth) when there is a twin pregnancy.
- That you are recommended to have an actively managed 3rd stage (an injection into your leg to help the placenta (afterbirth) to be delivered) to reduce risk of postpartum haemorrhage.
- That even in an actively managed 3rd stage there is an increased risk of postpartum haemorrhage and it would be recommended that you have a venflon in situ (needle in your arm) so that fluids can be given straight into the vein in an emergency, to try and counter balance the blood loss. As it is not usual practice to have a venflon in the community setting, you may need to go to hospital to have this sited.
- That both babies need to be cephalic (head down) and that you must have reached 37 completed weeks of pregnancy to prevent any further risks.
- That you will need to be transferred into hospital as an emergency via ambulance if 2nd twin adopts a transverse/oblique or breech presentation.
- That there is an increased risk of baby dying/suffering an injury when a baby presents as transverse/oblique/breech in 2nd stage.
- That you will need to be transferred into hospital as an emergency via ambulance if there is concern about the heart rate of either baby.
- That there could be an emergency situation for either mum or babies at any stage and immediate transfer into hospital via ambulance would be necessary.

That you have also received the following information:

- Choice for home birth in the presence of identified risks – postpartum haemorrhage.
- Choice for home birth in the presence of identified risks – breech presentation.

Appendix 6.3 (cont) ...

If during your birth the midwife caring for you becomes concerned, about the well being of you or your baby you have agreed to being transferred to hospital.

Please tick as appropriate: Yes I have agreed this No I have not agreed this

This information is in conjunction with the routine homebirth information discussed with you by your community midwife.

Signature of Community Midwife: Print:

Signature of Supervisor: Print:

Your signature: Print:

Appendix 6.4

Dear _____

**Re your choice for Home Birth in the presence of identified risks:
Increased Risk of Postpartum Haemorrhage (excessive bleeding after delivery)**

Following our discussions regarding your request for homebirth, I would like to confirm that we have discussed:

- That to effectively reduce your risk, it would be advisable to birth in a hospital with Obstetric input.
- That there is an increased chance of a postpartum haemorrhage occurring when there is:
 - A multiple pregnancy (twins or more)
 - A large baby
 - Polyhydramnios present (excessive fluid within the womb, diagnosed on scan)
 - A history of previous postpartum haemorrhage
- That there is an increased risk of maternal death/ illness when a postpartum haemorrhage occurs.
- That as you have one or more of the identified risks it is recommended that you have an actively managed 3rd stage (an injection into your leg to help the placenta (afterbirth) to be delivered).
- That even in an actively managed 3rd stage there is an increased risk of postpartum haemorrhage and it would be recommended that you have a venflon in situ (needle in your arm) so that fluids can be given straight into the vein in an emergency, to try and counter balance the blood loss. As it is not usual practice to have a venflon in the community setting, you may need to go to hospital to have this sited.
- That this condition can cause sudden and unpredictable collapse and in this event immediate transfer into hospital via ambulance would be necessary.

If during your birth the midwife caring for you becomes concerned, about the well being of you or your baby you have agreed to being transferred to hospital.

Please tick as appropriate: Yes I have agreed this No I have not agreed this

This information is in conjunction with the routine homebirth information discussed with you by your community midwife.

Signature of Community Midwife: Print:

Signature of Supervisor: Print:

Your signature: Print:

Appendix 6.5

Dear _____

**Re your choice for Home Birth in the presence of identified risks:
Increased Risk of Shoulder Dystocia (severe difficulty with delivery of the baby’s shoulders)**

Following our discussions regarding your request for homebirth, I would like to confirm that we have discussed:

- That to effectively reduce risk to you and your baby, it would be advisable to birth in a hospital with Obstetric and Paediatric input.
- That there is an increased risk of shoulder dystocia when there is:
 - Maternal Diabetes – either Insulin Dependent or Gestational Diabetes
 - A predicted birth weight of 4.5kgs or more
 - A BMI 35 or more
 - A multiple pregnancy (twins or more)
 - A history of previously large baby (4.5kgs or more)
 - A history of previous shoulder dystocia
 - Post maturity (42 weeks or more)
 - Maternal short stature (height)
- That the signs that a shoulder dystocia is more likely are:
 - Delay in the descent of the baby’s head through the pelvis
 - A Malpresentation of the baby’s head
 - No desire to push when second stage is reached
 - A long second stage
- That there is an increased risk of baby dying /suffering an injury when a shoulder dystocia occurs.
- That there is an increased risk of Erb’s Palsy (paralysis of baby’s shoulder/arm) when attempting to deliver a baby with a shoulder dystocia.
- That successful delivery of a baby with a shoulder dystocia is more likely with plenty of staff around to assist you to adopt certain positions that aim to release the trapped shoulder.
- That this condition can cause sudden and unpredictable collapse and in this event immediate transfer into hospital via ambulance would be necessary.

If during your birth the midwife caring for you becomes concerned, about the well being of you or your baby you have agreed to being transferred to hospital.

Please tick as appropriate: Yes I have agreed this No I have not agreed this

This information is in conjunction with the routine homebirth information discussed with you by your community midwife.

Signature of Community Midwife: Print:

Signature of Supervisor: Print:

Your signature: Print:

Appendix 6.6

Dear _____

**Re your choice for Home Birth in the presence of identified risks:
Risk: BMI ≥35**

Following our discussions regarding your request for homebirth, I would like to confirm that we have discussed:

- That to effectively reduce risk to you and your baby, it would be advisable to birth in a hospital with Obstetric and Paediatric input.
- That due to your BMI there is an increased chance of :
 - Shoulder dystocia (severe difficulty with delivery of the baby's shoulders)
 - Postpartum haemorrhage (excessive blood loss)
 - Undiagnosed breech in labour
 - Undiagnosed fetal distress due to difficulty monitoring fetal heart
- That you have also received the following information:
 - Choice for home birth in the presence if identified risks – shoulder dystocia
 - Choice for home birth in the presence of identified risks – postpartum haemorrhage
 - Choice for home birth in the presence of identified risks – breech presentation

If during your birth the midwife caring for you becomes concerned, about the well being of you or your baby you have agreed to being transferred to hospital.

Please tick as appropriate: Yes I have agreed this No I have not agreed this

This information is in conjunction with the routine homebirth information discussed with you by your community midwife.

Signature of Community Midwife: Print:

Signature of Supervisor: Print:

Your signature: Print:

Appendix 6.7

Dear _____

**Re your choice for Home Birth in the presence of identified risks:
Risk: Present Carrier of Group B Haemolytic Streptococcus**

Following our discussions regarding your choice for homebirth, I would like to confirm that we have discussed:

- That to effectively reduce risk to your baby, it would be advisable to birth in a hospital with Obstetric and Paediatric input.
- That current recommendations are that you regularly receive IV (into a vein) antibiotics in labour and at least one dose 4 hours prior to the delivery.
- That there is an increased risk to the baby of Group B strep infection potentially leading to death
 - There has been a prolonged rupture of membranes (24 hours or more)
 - there is a maternal pyrexia (temperature) in labour
- That this condition can cause sudden and unpredictable collapse of mother or baby and in this event immediate transfer into hospital via ambulance would be necessary.
- That following delivery it is recommended that the baby has its temperature recorded for a minimum of 48 hours and if there is any increase or cause for concern, immediate medical attention must be sought.

If during your birth the midwife caring for you becomes concerned, about the well being of you or your baby you have agreed to being transferred to hospital.

Please tick as appropriate: Yes I have agreed this No I have not agreed this

This information is in conjunction with the routine homebirth information discussed with you by your community midwife.

Signature of Community Midwife: Print:

Signature of Supervisor: Print:

Your signature: Print:

Dear _____

**Re your choice for Home Birth in the presence of identified risks:
Risk: Current haemoglobin \leq 10.5g/dl**

Following our discussions regarding your choice for homebirth, I would like to confirm that we have discussed:

- That to effectively reduce risk to you, it would be advisable to birth in a hospital with Obstetric input.
- That the risk associated with a low haemoglobin is that, should you bleed heavily following your birth, even with a small bleed, you will be less likely to be able to cope with the effect of the blood loss as your iron levels are already low, causing you to feel faint, dizzy, unwell and with a reduced ability to fight infections.
- That to reduce your risk of bleeding heavily following your birth, it is recommended that you have an actively managed 3rd stage.
- That even in an actively managed 3rd stage there is no guarantee that a postpartum haemorrhage (excessive blood loss) will not occur.
- That a postpartum haemorrhage can cause sudden and unpredictable collapse and in this event immediate transfer into hospital via ambulance would be necessary.
- That there is an increased risk of maternal death/ illness when a postpartum haemorrhage occurs

If during your birth the midwife caring for you becomes concerned, about the well being of you or your baby you have agreed to being transferred to hospital.

Please tick as appropriate: Yes I have agreed this No I have not agreed this

This information is in conjunction with the routine homebirth information discussed with you by your community midwife.

Signature of Community Midwife: Print:

Signature of Supervisor: Print:

Your signature: Print:

TO WHOM IT MAY CONCERN

Date:

Dear Sir/Madam

Re: DOB NHS No:

I am the named midwife for the above woman who is planning a home birth with her current pregnancy, EDD

In order to complete a full risk assessment, could you please forward a summary of a previous pregnancy and birth within your Trust (date of delivery/...../.....).

My client is aware and consents to you sharing this information.

Yours faithfully

Community Midwife

Please return to:-

Signature of client consenting to the sharing of information:

I the undersigned, consent to any details relating to my last pregnancy/birth to be given to the above midwife.

.....
Signature

Initial Medical Examination of the Newborn Homebirth

Baby of: Name: Address: Date of birth: NHS No: Or Mother's Sticker
--

Place of birth if different to home address:
--

Midwife to Complete

Delivery date:	Time:		
Gestation at delivery:	Sex:		
Pregnancy complications (e.g. maternal drugs, I.U.G.R. etc)? If yes, give details:		YES / NO	
Paediatric liaison form completed? If yes, give details and recommendations made:		YES / NO	
<u>Labour / Delivery</u>			
Complications? If yes, give details:		YES / NO	
Presentation:			
Place of delivery (e.g. pool, bath etc):			
Maternal drugs used:			
Method of resuscitation:			
Resuscitation drugs:			
Apgar scores:	@ 1 min	@ 5 mins	@ 10 mins
Birth weight:		Head circumference:	
Comments:			
Midwife signature:		Print name:	Date:

Medical Examination by General Practitioner

Date:		Age in days / hours:	
Significant family history:		Comments:	
Congenital hip disease	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Congenital deafness	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Congenital heart disease	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tuberculosis	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Thyroid disease	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Metabolic or blood disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sudden infant death	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other significant history	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Progress and Comments:			
Feeding:			
Stool and micturition:			
Jaundice:			
Other / Maternal concerns:			
Medical examination:			
Head	<input type="checkbox"/>	Umbilical cord	<input type="checkbox"/>
Fontanelle	<input type="checkbox"/>	Genitalia M / F	<input type="checkbox"/>
Face	<input type="checkbox"/>	Anus	<input type="checkbox"/>
Ears	<input type="checkbox"/>	Hips	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	Spine	<input type="checkbox"/>
Palate	<input type="checkbox"/>	Tone and head control	<input type="checkbox"/>
Limbs and digits	<input type="checkbox"/>	Moro	<input type="checkbox"/>
Heart sounds	<input type="checkbox"/>	Cry	<input type="checkbox"/>
Femoral pulses	<input type="checkbox"/>	Skin	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>		
Summary (including noted abnormalities):			
Follow up due (please tick) NB - a referral letter is needed for any follow up clinic			
Hip Clinic	<input type="checkbox"/>	Audiology	<input type="checkbox"/>
General paediatric	<input type="checkbox"/>	Cardiac	<input type="checkbox"/>
Hep B	<input type="checkbox"/>	Other	<input type="checkbox"/>
BCG immunisation required?		Healthy baby?	
YES / NO		YES / NO	
Contact Janet Anderson, TB Nurse 01535 292024			
GP signature:	Print name:	Date:	
Surgery name and address:			

HOME BIRTH AUDIT

THIS AUDIT MUST BE FULLY COMPLETED AT THE TIME OF DELIVERY AND FORWARDED TO THE HOMEBIRTH AUDIT MIDWIFE, CROSSHILLS HEALTH CENTRE.

HOME BIRTH AUDIT

Antenatal Information

Name:
Address:
Date of Birth:
NHS Number:

Ethnicity:
Named Midwife:
Midwife Team:
Gravida:
Parity:

Gestation when home birth requested:

Is home birth against midwifery and medical advice? Yes No

Reason (briefly):
.....
.....

If home birth cancelled:

Gestation when home birth cancelled:

Reason for cancellation:
.....
.....

Name of Midwife:

Signature of Midwife:

Date:

Audit of Intrapartum Care

Name: _____

Address: _____

Date of Birth: _____

NHS Number: _____

POSITIONS ADOPTED IN LABOUR:

(Tick all used)

- Semi recumbent
- Squatting
- Hands and knees.....
- Standing
- Birth ball.....
- Bean bag
- Other.....
- Water immersion.....

MEMBRANES RUPTURED:

Spontaneously:

Yes No

If yes, at what dilation:

Artificially:

Yes No

Reason for ARM:

.....

TYPE OF ANALGESIA:

(Tick all used)

- None.....
- Hot pack
- Tens
- Massage.....
- Sacral pressure.....
- Hot towels.....
- Entonox
- Water immersion
- Other
- Eg:

INTERMITTENT AUSCULTATION:

Achieved every 15 minutes in 1st stage?

Yes No

If no, state reason

.....

Achieved after each contraction for 1 minute at least every 5 minutes in 2nd stage:

Yes No

If no, state reason

.....

Intrapartum Information – Transfer to Hospital if Indicated

Name:
Address:
Date of Birth:
NHS Number:

Date:
Gravida:
Parity:

Reason for transfer into hospital:

.....

.....

Mode of transport for transfer used:

- Partner's/relative's car
- Ambulance.....

Reason for particular mode of transport used:

.....

.....

Outcome:

Type of intervention:

- Syntocinon
- Epidural.....
- Anti hypertensives.....
- Pethidine/meptid.....
- Ventouse/forceps
- Emergency CS

Mode of Delivery:

- Normal
- Ventouse
- Forceps
- LSCS
- Reason for assisted delivery:
-
-
-
-

Name:
Address:
Date of Birth:
NHS Number:

POSITIONS FOR BIRTH:

- Sitting
- Standing
- Squatting
- Hands and knees
- Left lateral
- Semi recumbent
- Other

LENGTH OF LABOUR:

- 1ST stage hrs mins
- 2nd stage hrs mins
- 3rd stage hrs mins

WATER BIRTH:

- Yes No

PERINEAL TRAUMA:

- Intact
- 1°
- 2°
- 3°
- 3a°
- 3b°
- 3c°
- 4°
- Episiotomy
- Labial tear
- Vaginal wall tear

3RD STAGE:

- Active
- Physiological
- Physiological (but reverted to active)

PPH:

- Yes No

SUTURED:

- Yes No

Interval between delivery and suturing:

- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- > 1 hour
- Other

Was suturing done at home?

- Yes No

Was woman transferred into hospital for suturing?

- Yes No

If yes, reason why:

.....
.....
.....
.....
.....
.....
.....
.....
.....

Name: _____
 Address: _____
 Date of Birth: _____
 NHS Number: _____

Date: _____
 Gravida: _____
 Parity: _____

BABY:

Apgar at 1
 Apgar at 5

Any resuscitation:

Yes No

If yes:

Oxygen

Transferred to hospital:

Yes No

Uninterrupted skin to skin facilitated?

Yes No

If no state reason:

Method of feeding at delivery:

Breast Artificial

Who was present:

Partner Friend Relative Doula

Name of Midwife:

Signature of Midwife:

Date:

INTRAPARTUM

To be completed if midwife unable to attend woman in labour

Did the woman not achieve a home birth due to suspension of the home birth service:

Yes No

If yes, give details:

Home birth in progress both midwives in attendance

Adverse weather conditions/ unsafe for midwife to travel

Period of high activity within Trust – community midwives being utilised within the maternity unit

Other:

.....

.....

Name of Midwife:

Signature of Midwife:

Date:

On completion of this checklist, please forward to Home Birth Audit Midwife, Crosshills Health Centre, Holme Lane, Cross Hills, BD20 7LG