Guideline

Rosie Birth Centre: Criteria for use

Key messages

1. The pathway for all women with uncomplicated pregnancies (ie without risk factors) should be encouraged to plan birth at home, or in the Rosie Birth Centre
2. For women with complicated pregnancies (high risk), birth will be supported by a maternity team in an obstetric-led delivery unit as this is considered to be the safest option.
3. The risk factors in the list in section 5 should be considered as **relative** contra-indications to birth in the Rosie Birth Centre; women with any of these risk factors should have an individualised plan made for place of birth in the antenatal period in conjunction with an obstetrician and/ or consultant midwife (body mass index (BMI) may be considered by a midwife as detailed in section 7.1)
4. The risk factors in the list in section 6 should be considered as **absolute** contra-indications to birth in the Rosie Birth Centre.

1 Scope

Local: This document is for use within Maternity Services only.

2 Purpose

To guide health care professionals within the maternity services, working in either the home or hospital, on the criteria for women who are suitable for the Rosie Birth Centre, and to provide information to midwives in discussions with women about suitability for home birth.

This guideline should be read in conjunction with the Trust's low risk antenatal guideline 1.6: Criteria for referral for obstetric-led care (or obstetric opinion) by midwives.

3 Abbreviations

BP	blood pressure
BMI	body mass index
CTG	cardiotocograph
DVT	deep vein thrombosis
DU	delivery unit
HIV	human immunodeficiency virus
IOL	Induction of labour
IUGR	intrauterine growth restriction

MLC	midwifery-led care
PE	pulmonary embolism
PPH	postpartum haemorrhage
SFH	symphysis-fundal height
SROM	spontaneous rupture of membranes
SpR	specialist registrar
VTE	venous thromboembolism

4 Risk assessment

It is important that women are given information in order to plan their choice for place of birth.

At booking all women should be assessed by the community midwife for appropriateness regarding place of birth. If there are no contraindications in the woman's medical, surgical or obstetric history, she should be designated as 'low risk' and booked for 'midwifery-led care' under her community midwife. Booking should be completed before ten weeks of pregnancy and risk assessment completed designating midwife-led care (low risk) or obstetric- led care (high risk) in the pregnancy hand held notes.

Women assessed as 'low risk' with an uncomplicated pregnancy should be encouraged to have their birth either:

- at home
- in the co-located 'Midwifery Led Unit' - the 'Rosie Birth Centre'

The large prospective cohort 'birthplace' study, reported in 2011, showed that both nulliparous and multiparous women planning birth in a midwifery unit experience fewer interventions than those planning birth in an obstetric unit with no impact on perinatal outcomes. B

Women who are low risk but are planning to have an epidural to manage their labour pain will labour on delivery suite.

Whilst acknowledging women may not decide until labour their preferred place of birth, planned place of birth should be documented in the hand-held notes, where possible, during pregnancy. ✓

This document lists the agreed criteria for women suitable for birth on the Rosie Birth Centre. Women suitable for the Rosie Birth Centre are those who:

- have received midwifery-led care (MLC) antenatally and are assessed as still suitable for MLC at the start of labour (ie have an uncomplicated pregnancy); **or**
- have received consultant-led care in pregnancy but, on assessment, now have an uncomplicated pregnancy eg have received scans for growth but baby has been shown to be normally grown.

The above two criteria also apply equally to home birth.

5 Exclusion criteria

The criteria are divided into those that are **relative** contra-indications where birth in the Birth Centre may be appropriate after a discussion with the woman by an obstetrician and those that are **absolute** contra-indications to birth in the Birth Centre. In the former situation, an individualised plan regarding planned place of birth should be documented antenatally.

The listed criteria for the Rosie Birth Centre Unit are to be used and interpreted in conjunction with the low and high risk maternity guidelines. Note that the criteria for exclusion to the Midwife-Led Birth Unit are not exhaustive.

6 High-risk women wishing to give birth in the Rosie Birth Centre

Women who express a desire to give birth outside the delivery unit (DU) where there are risk factors present suggesting an absolute contra-indication to birth in the Birth Centre, or at home (eg previous caesarean section (CS), previous significant postpartum haemorrhage (PPH)) should be offered an appointment with the consultant midwife and obstetrician in pregnancy to discuss this request and formulate a plan of care. This will be placed in the woman's hand held notes, in the hospital notes and disseminated to the appropriate staff. C

Whilst high risk women with absolute contra-indications choosing not to labour on DU are able to make other choices (eg home delivery), it has been agreed that the service cannot support a request to deliver in the Birth Centre. ✓

Midwives may seek the advice of a supervisor of midwives when caring for a woman who has risk factors but who does not wish to labour in an obstetric unit. C

7 Relative exclusion criteria

The criteria listed below are **relative** exclusion criteria where birth in the Birth Centre may be appropriate after obstetric review in the antenatal period.

An individualised plan regarding planned place of birth should be documented antenatally for women with these risk factors, by an obstetrician. In the absence of such a plan at the point of labour, midwives should discuss with the 'hot-week' obstetric consultant or the obstetric specialist registrar (SpR), taking into account the woman's wishes.

7.1 Antenatal risk factors

7.1.1 Medical history

- Significant medical history (discuss with an obstetrician)
- History of drug and/ or severe alcohol abuse
- Epilepsy - any seizures in last two years and/ or on medication
- Thromboembolism:
  - presently on a low (ie prophylactic) dose of anti-coagulants for the prevention of VTE due to antenatal risk factors indicating increased risk of VTE **only if additional risk factors are present**
- Body mass index (BMI) $\geq$ 30 but < 35 (midwife should consider moving & handling issues and be alert to risk of obstructed labour)

7.1.2 Previous obstetric history

- Previous shoulder dystocia
- Previous baby > 4.5kg
- Cervical/ 3rd/ 4th degree perineal tears

7.1.3 Previous gynaecological surgery

- Surgery for urinary or faecal incontinence
- Pelvic floor repairs

7.1.4 Current pregnancy

- Age > 40 years (nulliparae) or > 45 years (for multiparae)
- Parity 5+

7.2 Intrapartum risk factors

- 'Thin' meconium': consider stage of labour and appropriateness of transfer.

8 Absolute exclusion criteria C

The criteria listed below are absolute criteria and indicate a definite contra-indication to birth in the Birth Centre.

8.1 Antenatal risk factors

8.1.1 Medical history

- BMI $\geq$ 35
- HIV, hepatitis B or C positive
- Known maternal cardiac abnormalities
- Pre-existing diabetes
- Women who decline blood products
- Hypertension:
  - Current hypertension $\geq$ 140/90,

- Significant proteinuria in absence of SROM (≥1+)
- Thromboembolism:
  - presently on a **treatment** dose (or any dose other than a 'low' prophylactic dose) of anti-coagulants for the treatment of a thrombo-embolic disorder in the **current** pregnancy
  - renal impairment
- Psychiatric disorder requiring current inpatient care (mental health issues in themselves are not reasons for exclusion)
- Any identified anaesthetic risk factors.

8.1.2 Previous obstetric history

- Previous caesarean section (or hysterotomy)
- Previous placental abruption
- Previous uterine rupture
- Previous primary PPH due to uterine atony > 1000mls

8.1.3 Previous gynaecological surgery

Myomectomy or reconstructive operations on the uterus.

8.1.4 Current pregnancy

- Multiple pregnancy
- Recurrent antepartum haemorrhage
- Polyhydramnios/ oligohydramnios
- Persistent anaemia, Hb <9.0g/dl and/ or a mean corpuscular volume (MCV) below 80 and/or symptomatic
- Thrombocytopenia (platelets less than 100)
- Gestational diabetes
- Breech, transverse lie
- Placenta praevia
- Pre-labour spontaneous rupture of membranes (SROM) with known group B streptococcus
- Unbooked women (ie no antenatal care)
- Induction of labour (IOL)

8.1.5 Fetal factors

- High risk for fetal abnormality on scan / serum screening
- Confirmed or suspected fetal growth restriction:
  - intrauterine growth restriction (IUGR) confirmed on scan
  - symphysis-fundal height (SFH) more than 3cms discrepancy from the gestation in weeks
- Suspected macrosomia (AC > 97th centile on most recent scan)

8.2 Intrapartum risk factors - on admission

Full assessment to be performed using the 'midwifery home or admission assessment tool' (see low-risk antenatal guideline 2.2: admission assessment and general principles for the care of low-risk women in labour).

- As above, for antenatal exclusion criteria
- Clinical indication for cardiotocograph (CTG) monitoring
- Preterm <37 weeks
- >42 weeks gestation
- Spontaneous rupture of membranes (SROM) < 37 weeks
- Pre-labour SROM >48 hours* prior to onset of labour (*note this does not apply to home births when birth in hospital is advised after SROM > 24hrs)
- 'Significant' meconium-stained liquor on admission or during labour Malpresentation or breech presentation (but take into account imminence of birth)
- Raised BP on admission ≥ 140/90 (or diastolic raised more than 20 from a first trimester booking recording) on two consecutive readings 30 minutes apart
- Significant proteinuria in absence of SROM (≥1+)

8.3 Intrapartum risk factors - during labour

As for sections above, plus:

- Concerns over fetal wellbeing:
  - Abnormal fetal heart rate
  - Significant' meconium-stained liquor on admission (for 'thin' meconium, consider stage of labour and appropriateness of transfer).
  - Intrapartum bleed
- Request for epidural analgesia during labour
- Slow progress in first, second or third stage of labour, as per the following low risk guidelines:
  - 2.7 First stage pathway for normal labour
  - 2.9 Second stage of labour - low risk women
  - 2.10 Physiological management of the third stage of labour
  - 2.11 Active management of the third stage of labour
- Maternal pyrexia in labour (38°C once or 37.5°C on two occasions two hours apart)
- Maternal collapse
- Haemorrhage that compromises maternal condition (**treatment to be initiated in the Midwife-Led Birth Unit before transfer**)
- Retained placenta
- Complicated perineal, labial or cervical trauma including third and fourth degree tears
- Inverted uterus.

9 Monitoring compliance with the effectiveness of the guideline

The use and effectiveness of this guideline will be monitored, either continuously or on an ad-hoc basis, through the following processes:

- **Risk management process -** the maternity services risk manager will collect incident forms relating to any adverse birth outcomes following inappropriate place of planned or actual place of birth (see: perinatal services incident reporting and investigation policy and procedure). These will be reported quarterly to the Perinatal Governance Committee; any agreed action will be taken by the nominated person(s) within midwifery.
- **Monthly data collections** by the maternity information systems midwife in conjunction with the lead birth centre midwives on:
    - the numbers of women using the Rosie Birth Centre each month
    - trends in usage comparing current usage with the previous two years
    - the proportion of women using the Rosie Birth Centre expressed as a percentage of all births taking place in the service
    - the percentage of time that the Rosie Birth Centre is suspended due to staffing shortfalls, sickness or workload.
    - the percentage of time that the Rosie Birth Centre has reduced staffing
    - numbers of transfer

  This data will be presented monthly to senior staff and any significant trends will be identified and reported to the obstetric risk manager who will report to the Perinatal Governance Committee.
- **Patient complaints** – patient views will be reviewed using the complaints process if women raise concerns about access to, or suitability for, the Rosie Birth Centre.
- **Individual patient case reviews**, user/ clinician feedback and staff meetings will also contribute to this monitoring and compliance process.

Any changes to this guideline will be facilitated by the research and development midwife and/ or the midwifery clinical lead for the Rosie Birth Centre, the consultant midwife.

10 References

- Birthplace in England Collaborative Group (2011) Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study. *British Medical Journal,* 343:d7400 doi: 10.1136/bmj.d7400.
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- Laws PJ; Tracy SK; Sullivan EA (2010) Perinatal Outcomes of Women Intending to Give Birth in Birth Centers in Australia, *Birth*, 37(1): 28-36.
- MIDIRS (2008) *Where will you have your baby?* and *Place of birth.* Informed Choice leaflets for women and health care professionals. Bristol: MIDIRS, 5th ed. 5th ed.
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- RCM (2006) Are birth centres the answer to the future of midwifery practice? *RCM Midwives*, 9 (5): 210.
- Royal College of Midwives (2009) *Standards for Birth Centres in England: a Standards Document*. London. RCM and Birth Centre Network UK
- Department of Health (2007) *Maternity Matters: Choice, access and continuity of care in a safe service*. London: DH
- Tracy SK; Dahlen H; Caplice S; *et al* (2007) Birth centres in Australia: a national population-based study of perinatal mortality associated with giving birth in a birth centre**.** *Birth*, 34(3): 194-201.

11 Associated documents

- LR 1.6 Criteria for referral for obstetric-led care (or obstetric opinion) by midwives
- LR 2.7 First stage pathway for normal labour
- LR 2.9 Second stage of labour - low risk women
- LR 2.10 Physiological management of the third stage of labour
- LR 2.11 Active management of the third stage of labour
- LR 2.13 Home birth
- LR 2.19 Prelabour rupture of membranes (PROM) after 37 weeks gestation
- HR 2.1 Multi-professional communication in Maternity Services and staff handovers
- low and high risk maternity guidelines.
- perinatal services incident reporting and investigation policy and procedure

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

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Document management

Document control / change history					
Version	**Author (s)**	**Owner**	**Date**	**Circulation**	**Comments**
Draft 1	S Burvill	Women's Services: The Rosie Hospital (Maternity)	Sept 2003		
Draft 2	S Burvill	As above	Feb 2005		
Draft 3	J Ford	As above	Oct 2006	All consultant obstetricians, Birth Centre senior midwives, all maternity CSM's, DU Forum; Policies & Procedures Group (Maternity); Obstetric Divisional Group	2 minor changes added re: intrapartum bleed & anaesthetic risk factors
Draft 4	J Ford	As above	Sept 2008	All consultant obstetricians, P Brett, Consultant Midwife; Birth Centre senior midwives; Policies & Procedures Group (Maternity); Obstetric Divisional Group	Several criteria altered in the light of NICE 2007
Draft 5	J Ford	As above	Dec 2010	J Butler, Consultant Midwife; Rosie Birth Centre band 7 midwives; J Gardiner, Acting CSM; Policies & Procedures Group (Maternity); Perinatal Services Management Group	Document name changed back to Rosie Birth Centre. Several other changes: monitoring section revised; added in age criteria, women who decline blood products; amended meconium wording, IUGR definition to SFH>3cms discrepancy from gestation or confirmed on USS; amended anaemia definition and epilepsy; removed cone biopsy.
Version 6	J Ford	As above	May 2012	J Butler, Consultant Midwife; S Prytherch; Rosie Birth Centre, lead Midwife; C Patient, Obstetrician; Policies & Procedures Group (Maternity); Perinatal Services Management Group	Criteria divided into relative and absolute contraindications. Relative to be discussed AN with obstetrician. Changes made to: BMI, on anticoagulants, proteinuria, mental health issues, drug & alcohol abuse. Several criteria moved to relative contra-indications.

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