

## PLANNED BIRTH AT HOME POLICY

### 1. INTRODUCTION

- 1.1 Women who are booked for maternity care at Chesterfield Royal Hospital Foundation Trust and do not wish to give birth in the hospital environment of the Chesterfield Birth Centre (CBC) have the option of giving birth at home.

### 2. POLICY STATEMENT

- 2.1 Women will be supported in their choice to give birth at home provided it has been assessed that this is low risk for both the mother and baby, and she understands she would be transferred to CBC should there be any deviation from the 'normal' during the antenatal, intrapartum or postpartum periods.

### 3. ROLES AND RESPONSIBILITIES

#### 3.1 Named Midwife

Is responsible for discussing birthing options and assessing the suitability of women who request to give birth at home, and for the completion and distribution of the Home Birth Booking Form.

#### Attending Midwife

Is responsible for undertaking the birth safely, in line with local and national recommendations, referring the woman to CBC should any deviation from normal occur. The attending midwife is also responsible for the immediate postpartum care, including the venous thromboembolism (VTE) risk assessment, and ensuring that thromboprophylaxis is prescribed, where necessary.

### 4. PROCEDURE/GUIDELINES/PROCESS

#### 4.1 Initial Request for Home Birth

4.1.1 Women have the right to choose where their baby is born and it is important that they feel supported from the outset. If problems develop in the pregnancy and alternative plans need to be recommended, the parents will already have a rapport with their named midwife and be more likely to trust her clinical judgement.

4.1.2 The midwife should discuss the home birth request when first raised and explain the need to have a longer discussion and assessment of suitability for this option at approximately 34-36 weeks gestation.

4.1.3 It should be fully explained to the woman that should there be any deviation from the 'normal' during the antenatal, intrapartum or postpartum periods, it will be recommended to her that she is referred to the Consultant Unit. This discussion MUST be documented in the patient-held notes.

#### 4.2 Home Birth Assessment (at approximately 34-36 weeks gestation)

The midwife should arrange an appointment to see the woman at home, ideally with her birth partner, to discuss her choice further.

Issues to be discussed are:

1. Suitability for this option of care, refer to Assessment Criteria (Appendix1).
2. Risks / benefits and alternatives, refer to Birth Environment Discussion and Consent (Appendix 2).
3. Limitations of this birth option should be pointed out in order to allow parents to make a

fully informed choice -

- fewer pain relief options - confirm what pain relief options are available
  - less equipment and no immediate obstetric, anaesthetic or paediatric support
  - fetal monitoring in labour limited to Pinards stethoscope and Sonicaid
  - in an emergency, some delay is inevitable until ambulance arrival and subsequent transfer
  - the woman and her partner may not have met the midwives who attend them in labour - explain the on call system
4. The onset of labour and how to contact a midwife. Ensure the woman has the necessary contact telephone numbers.

Triage 01246 516146 / 512486

#### 4.3 **Confirmation of Home Birth Booking**

- 4.3.1 The Home Birth Booking Form should then be completed, (Appendix 3), and should include directions to the woman's home and details of any issues/problems with access, pets or environment. A copy of this completed form should be sent to the Matron for Community Midwifery's office and to the Matron for CBC.
- 4.3.2 Discuss any concerns or potential problems with the Matron for Community Midwifery. It may be necessary for the Matron to see the parents to ensure that the woman has been adequately informed of the possible risks and their consequences, and that these discussions are documented in the patient records.
- 4.3.3 If a woman chooses a home birth against medical advice, all discussion related to this must be documented in her records. The woman's Consultant Obstetrician, General Practitioner and the Head of Midwifery must be informed.

#### 4.4 **Equipment Requirements for Home Birth**

##### 4.4.1 Equipment to be left in the woman's home

- Delivery pack
- Intrapartum records

##### 4.4.2 Equipment to be carried by the midwife

- Gloves/apron/placenta bag and bucket/clinical waste bags/CSSD bags for used equipment
- Tubing and mouthpiece for inhalation analgesia
- Venepuncture equipment and giving set
- Sonicaid
- Ambu bag (500 mls) Child (single use)
- Eye protection
- Sharps box

##### 4.4.3 Drugs (including syringes and needles)

1 amp Syntocinon 10u  
2 amps Syntometrine  
2 amps Vitamin K 2mg  
1 x 500mls normal saline

- 4.4.4 Blue bag (containing the perineal suture kit) and entonox cylinders supplied from CBC  
Contact the CBC Co-ordinator to organise a taxi to deliver to the woman's home address when required.

## 4.5 Attendance at Home Birth

4.5.1 Community midwives should be familiar with the Trust's Health and Safety Policy and Guidance for Lone Working.

4.5.2 On diagnosis of labour, the midwife must inform the relevant hospital of her attendance and findings.

If the woman is in the latent phase of labour:

- the midwife may leave the woman's home but must remain in close contact and provide emergency contact details

If labour is established:

The midwife will remain in the home

4.5.3 During office hours the Matron for Community Midwifery should be informed of women who are in labour at home and given reports of their progress (at least 4 hourly) and after the birth. If out of hours then the CBC Co-ordinator needs to be informed at the same intervals.

4.5.4 A second midwife should be present at the birth and consideration must be given to the travelling time required to the woman's home.

- The time that the second midwife is called and their arrival should be documented in the intrapartum records

4.5.5 Accurate and contemporaneous records must be maintained throughout all stages of labour and should be completed before leaving the house.

4.5.6 All drugs and medicines should be given in accordance with the NMC Guidelines and Trust Policy.

4.5.7 **The on call Supervisor of Midwives should be contacted:**

- **In all cases where a midwife is attending a woman who is in labour and choosing to give birth at home against medical advice**
- **When a women for whom a safeguarding plan was put in place during the antenatal period is in labour**

**In both of the above, the first and second midwives should be in attendance throughout labour. The on call Supervisor of Midwives will attend if required/ requested.**

4.5.8 Women should be advised that transfer to the Consultant-led unit is recommended if there is a delay in the active management of the third stage of more than 20 minutes.

4.5.9 If there is a delay in the physiological third stage of more than 45 minutes then give syntometrine and actively manage.

- If third stage undelivered after further 20 minutes then transfer into the Consultant-led Unit should be advised and instigated, following agreement with the woman

*Refer to Maternal Transfer Policy and Appendix 4*

4.5.10 Assessment of perineal trauma must be undertaken for **all** women. This should include a digital rectal examination in order to assess anal patency prior to and after any repair needed. *Refer to Perineal Repair policy.*

## 4.6 In the Case of an Emergency

- Midwife attending to arrange admission to the nearest Consultant-led Unit as soon as

possible, using SBAR procedure and completing the Maternal Transfer Summary form (*Refer to Maternal Transfer Policy*)

- Inform the Co-ordinator if maternal or infant emergency
- Call for ambulance on 999, and assess whether paramedic required
  - If the transfer is required urgently (eg for suspected fetal compromise) the nearest available ambulance with technicians is sometimes more appropriate
- The midwife MUST accompany the woman and her baby (if delivered) in the ambulance
- Women transferring to Chesterfield MUST transfer directly to CBC for assessment or the Neonatal Unit (NNU) if an infant emergency. (*Refer to Maternal Transfer Policy*)

### **Contact Numbers**

Chesterfield CBC	-	01246 200666
Jessop Wing (Hallamshire Hospital)	-	01142 268223 / 268000

If the emergency concerns the baby then the appropriate neonatal unit should be contacted:

Chesterfield Neonatal Unit (NNU)	-	01246 512515
Jessop Wing	-	01142 268356 / 268000

## **4.7 Following Home Birth**

### **4.7.1 Disposal of waste/used equipment:**

- All used equipment should be placed in a CSSD bag
- Any soiled waste to be put into a Clinical Waste bag
- The placenta to be placed into a placenta bag

then all equipment, clinical waste and placenta to be placed in clinical waste yellow box for return to the base hospital for safe disposal.

**NB:** Some women may choose to dispose of the placenta themselves. (*Refer to Management of Third Stage of Labour Policy for further information*)

### **4.7.2 During this time the midwife will assess the well-being of the mother and baby by means of the postnatal and neonatal assessment. She should then offer further help and advice and ascertain an appropriate time to leave the family.**

- Baseline maternal observations of temperature, pulse and blood pressure to be documented on the partogram
- The mother should have voided post-delivery and the amount of urine passed measured and documented in the postnatal records
- Care should be handed over to the appropriate Community Midwife who will arrange the first day visit and newborn examination of the infant, by a competent midwife or the GP. (*Refer to Routine Care & the Neurophysical Examination of the Newborn at Delivery and Postnatal Period Policy*)
- Before leaving the midwife must ensure that the mother/relatives have the contact telephone number of the base hospital
- A courtesy call should be made to inform the GP of delivery and arrange new-born examination, if applicable

## **5. AUDIT/MONITORING ARRANGEMENTS**

### **5.1 An annual audit will be undertaken of 10% of records for women who have delivered following a planned home birth against the following standards:**

- Suitability assessed antenatally
- Intrapartum risk assessment undertaken

5.2 Audit results will be presented to the Directorate Audit Group meeting and an action plan to will be presented to and monitored by the Directorate Clinical Governance Group.

## 6. DEFINITIONS

6.1 No specific definitions required.

## 7. TRAINING REQUIREMENTS

7.1 No specific training required.

## 8. KEY WORDS

8.1 Home birth, transfer, safeguarding

**N.B. Reasons for not adhering to this policy MUST be documented in the patient's notes**

## 8. REFERENCES

### 8.1 Related Policies

Maternal Transfer Policy.

Routine Care and Neuro-Physiological Examination of the Newborn at Delivery and in the Postnatal Period Policy.

Perineal Repair Policy.

Management of the Third Stage of Labour Policy.

Lone Worker Policy - Organisational Policy Manual, Policy No. 2.6.

Trust-wide Health and Safety Policies.

### 8.2 Documents

Department of Health (2009) **The Pregnancy Book**.

Royal College of Midwives (RCM) Position Paper 25 (2002) **Home Birth** London.

Nursing and Midwifery Council (NMC) (2010) **Guidelines for the Administration of Medicines**. London.

Nursing and Midwifery Council (2008) **Code of Professional Conduct**. London.

Nursing and Midwifery Council (2004) **Midwives Rules and Standards**. London (Rules 6, 7 and 9).

NICE Clinical Guideline 55 (2007), **Intrapartum Care - Care of Healthy Women and their Babies during Childbirth**. London.

Date ratified: Directorate Clinical Governance Group – August 2012  
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To be reviewed by: Labour Ward Forum (Policy Review)

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Planned Birth at Home Policy

**ASSESSMENT CRITERIA FOR BIRTH AT HOME**

**Contraindications for these options of care:**

**Previous complications**

- Pre-eclampsia requiring pre-term birth
- Eclampsia
- Caesarean section/ uterine surgery
- Uterine rupture
- Shoulder dystocia
- Primary postpartum haemorrhage requiring additional treatment or blood transfusion
- Retained placenta requiring manual removal in theatre
- Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty
- Previous baby with neonatal encephalopathy

**Current pregnancy**

- Para 6 or more
- Multiple birth
- Placenta praevia
- Pre-eclampsia or pregnancy induced hypertension
- Pre-term labour or pre-term pre-labour spontaneous rupture of membranes
- Placental abruption
- Haemoglobin less than 8.5 g/dl at onset of labour
- Confirmed intrauterine death
- Induction of labour
- Recreational drug or substance misuse
- Alcohol dependency requiring assessment or treatment
- Onset of gestational diabetes
- Malpresentation - breech or transverse lie
- BMI at booking > 35
- Proven small for dates fetus
- Clinically large baby with ultrasound measurements over 95<sup>th</sup> centile
- Abnormal fetal heart rate/Doppler studies
- Oligo/poly-hydramnios on ultrasound

**Significant Pre-existing Medical Disease**

For example: -

- Cardiac or respiratory disease requiring treatment
- Renal disease
- Diabetes
- Thyroid abnormality (except well-controlled hypothyroid)
- Major haematological disease
- Rhesus Iso-immunisation
- Central nervous system disorders e.g. epilepsy
- Thromboembolic disease
- Previous psychotic disorder/serious mental health illness
- Previous anaesthetic problem
- Infective disorders
- SLE (systemic lupus erythematosus)

**HOME BIRTH BOOKING FORM**

<b>Name:</b>					
<b>Address:</b>					
<b>Postcode:</b>		<b>Telephone Number:</b>			
<b>EDD:</b>		<b>Blood Group:</b>		<b>BMI:</b>	
<b>Hospital Number:</b>		<b>NHS Number:</b>			

<b>Named Midwife:</b>					
<b>G.P.</b>		<b>Surgery Phone No:</b>			
<b>Surgery Address:</b>					

Medical History	Previous Obstetric History	Paediatric Alert

**Home Environment Assessment:**

**Environment suitable:** Yes / No / N/A *If No, refer to Matron for Community Midwifery*

**Analgesia requested:** *(eg birthing pool)*

**Special instructions / requests:** *(eg how to find the house, dogs etc)*

**Concerns / potential problems identified:**

The above named patient is / is not *(delete one)* suitable for home birth

Copy of this form to be sent to the Matron for Community Midwifery's office

**Matron for Community Midwifery to inform all SOMs if patient assessed as unsuitable but still wishes to proceed.**

**Midwife Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Planned Birth at Home Policy

**BIRTH ENVIRONMENT DISCUSSION & CONSENT**  
**(Discussion must include risks / benefits / alternatives)**

Intended place of birth: \_\_\_\_\_

**Suitability for intended place of birth (document discussion of any risk factors)**

**Discussions:**

**Discussions to include:**

What services will be provided at place of birth:

- Personnel (Midwife)
- Monitoring ie intermittent auscultation
- Pain relief available
- Positions
- Equipment
- Third stage of labour - active / physiological
- Vitamin K (IM / Oral)
  
- Reasons for referral to CBC and intrapartum transfer
- Induction of labour
- Community Midwifery Office

Date of initial assessment/discussions: \_\_\_\_\_

Date(s) of subsequent discussion(s): \_\_\_\_\_

***I accept the above discussion and will be advised appropriately as required.***

**Signature - Mother:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature - Midwife:** \_\_\_\_\_

**Date:** \_\_\_\_\_