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<b>Author/Originator and title:</b> Angela Foster, Community Co-ordinator Dawn Burrows, Supervisory of midwives	<b>Responsibility:</b> Obstetric/Gynaecology Directorate	
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<b>Review dates may alter if any significant changes are made</b>		<b>Review Date:</b> 01/02/2016
<b>Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy &amp; Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment</b>		

## **1. PURPOSE**

To provide guidance for midwives which will enable them to support and care for women who wish to give birth to their babies at home.

## **2. SCOPE**

Midwives working in the community setting.

## **3. GUIDELINE**

### **3.1 Home Birth Guidelines For Midwives**

The role of the midwife is to provide the woman with appropriate information to enable her to decide where she would like to give birth to her baby.

### **3.2 Suitability for home birth:**

Women meeting the agreed criteria for low risk care as identified within Blackpool Teaching Hospitals NHS's Antenatal Care protocol. (OBS/GYNAE/PROT/008).

Consideration should also be given to the woman's home environment and social circumstances. However, social circumstances in themselves are not a contra-indication to home birth.

If a woman requesting a home birth falls outside the agreed criteria for low risk care, the midwife must fully inform the woman of her professional concerns. The midwife must then discuss with the woman how best to support and facilitate her care. The information given, together with the agreed outcome, must be documented in the Antenatal notes. This must also be discussed with a supervisor of midwives and a lead midwife. It may be necessary to arrange a meeting between the supervisor of midwives, the named midwife and the woman.

### **Please Note**

Should any clinical deviation from normal occur at any point during the antenatal period then the woman must be referred to a consultant for an obstetric opinion.

### **3.3 Planning a Home Birth:**

- Choices for care and place of birth should be discussed at booking.
- Refer to the Risk assessment in the Antenatal notes in accordance with the Antenatal Care protocol (OBS/GYNAE/PROT/008).
- When a woman chooses the option of a home birth regardless of gestation eg at booking, the details must be recorded in the home birth file located on delivery suite
- As a matter of courtesy, the attending midwife should inform the general practitioner (GP) of the woman's intention to give birth at home
- A copy of the information leaflet entitled 'Mother's Guide to Home Birth', must be given to, and discussed with the woman at an appropriate time during the antenatal period.
- At 34 to 36 weeks gestation the midwife should arrange a home visit to discuss the

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birth arrangements and identify any concerns that may have arisen concerning the pregnancy or birth.

- At 37 weeks gestation the midwife should visit the woman's home, carry out an antenatal examination and leave the pack of equipment as listed in Appendix 1, ensuring that the woman has appropriate telephone numbers to call when labour commences and is established.

### **3.4 Labour:**

- The woman can contact the Delivery Suite at the onset of labour for appropriate advice from delivery suite staff.
- If the woman requires a midwife to attend, Delivery Suite staff will then contact a midwife from the appropriate team or, if between the hours of 16.30 hours and 08.30 hours, the midwife on-call.
- When caring for a woman who is giving birth at home, the midwife must, for reasons of her own personal safety, ensure that she maintains regular contact with the Delivery Suite.
- The midwife will visit the home to make an initial assessment of the woman and the progress of labour. If the woman is not in established labour, the midwife may leave, having ensured that the woman has been given the appropriate advice about how to contact a midwife when labour progresses, and that she has the appropriate contact numbers available.
- Once labour is established, the woman must be cared for in accordance with the Labour Care guideline (OBS/GYNAE/GUID/004).
- During labour, intermittent auscultation of the fetal heart must be in accordance with the protocol for Fetal Monitoring in Labour (CORP/PROT/003).
- Whenever possible, there should be two midwives in attendance at the birth. The attending midwife will call a second midwife via Delivery Suite at an appropriate time.
- All actions and observations must be recorded in compliance with Maternity Records Guideline (OBS/GYNAE/082), and Nursing and Midwifery Council (NMC) guidelines for records and record keeping (NMC, 2009).
- The attending midwife must communicate any deviation from the normal, identified during labour, to the Delivery Suite shift leader and arrange for the woman to be admitted directly to the consultant unit under the care of the consultant on-call.
- Transfer to hospital must be made by ambulance if the woman is in established labour. The attending midwife must accompany the woman in the ambulance in accordance with Maternal Transfer/discharge Guidance (OBS/GYNAE/GUID/053)
- The general practitioner (GP) must be notified of the birth of the baby at the most appropriate time. Written correspondence confirming the details of the delivery must

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be sent to the GP as soon as is possible.

- A request should be made to perform the examination of the newborn. Where the general practitioner declines to undertake the examination of the newborn, a midwife, skilled in this task should be contacted and arrangements made for the examination to be undertaken.
- The attending midwife must ensure that emergency numbers are available to the woman and her carer(s) prior to leaving the home.
- All clinical waste and equipment must be removed from the woman's home and returned to the hospital.
- The birth details must be entered on the Euroking database.
- A follow-up postnatal visit must be undertaken later the same day, or early the following morning in the event of the delivery occurring at night.

### **3.5 Additional Information:**

- A supervisor of midwives is available at all times for information, advice and support and can be reached via the hospital switchboard.

<b>4. ATTACHMENTS</b>	
<b>Appendix Number</b>	<b>Title</b>
1	Equipment to be provided by mother
2	Flowchart
3	Initial Equality Analysis Form

<b>5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION</b>		
Electronic Database for Procedural Documents		
Held by Policy Co-ordinators/Archive Office		

<b>6. LOCATIONS THIS DOCUMENT ISSUED TO</b>		
<b>Copy No</b>	<b>Location</b>	<b>Date Issued</b>
1	Intranet	25/02/2013
2	Wards and Departments	25/02/2013

<b>7. OTHER RELEVANT/ASSOCIATED DOCUMENTS</b>		
<b>Unique Identifier</b>	<b>Title and web links from the document library</b>	
OBS/GYNAE/GUID/008	Antenatal Care Protocol <a href="http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-PROT-008.doc">http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-PROT-008.doc</a>	
OBS/GYNAE/GUID/004	Labour Care <a href="http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-GUID-004.doc">http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-GUID-004.doc</a>	
OBS/GYNAE/PROT/003	Fetal Monitoring in Labour <a href="http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-PROT-003.doc">http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-PROT-003.doc</a>	
OBS/GYNAE/GUID/082	Maternity record Guideline	

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	<a href="http://fcsharepoint/trustdocuments/Documents/obs-gynae-guid-082.doc">http://fcsharepoint/trustdocuments/Documents/obs-gynae-guid-082.doc</a>
OBS/GYNAE/GUID/053	Maternal Transfer <a href="http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-GUID-053.doc">http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-GUID-053.doc</a>

## 8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS

### References In Full

Nursing and Midwifery Council (2006) Midwives and Home Birth. 8-2006

Nursing and Midwifery Council (2009) Guidance for records and record keeping

## 9. CONSULTATION WITH STAFF AND PATIENTS

Name	Designation

## 10. DEFINITIONS/GLOSSARY OF TERMS


## 11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL

<b>Issued By</b>	Angela Foster	<b>Checked By</b>	Miss June Davies
<b>Job Title</b>	Community Midwifery Co-ordinator	<b>Job Title</b>	Head of Department/Consultant Obstetrician & Gynaecologist
<b>Date</b>	February 2013	<b>Date</b>	February 2013

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## **Appendix 1: Equipment To Be Provided By Mother**

### **Equipment to be provided by mother (in addition to the toiletries and clothing which would normally be provided for hospital delivery):**

- 2 plastic sheets
- 'Old' bedding and towels

The mother should also be advised to have a bag packed in case transfer to hospital is necessary.

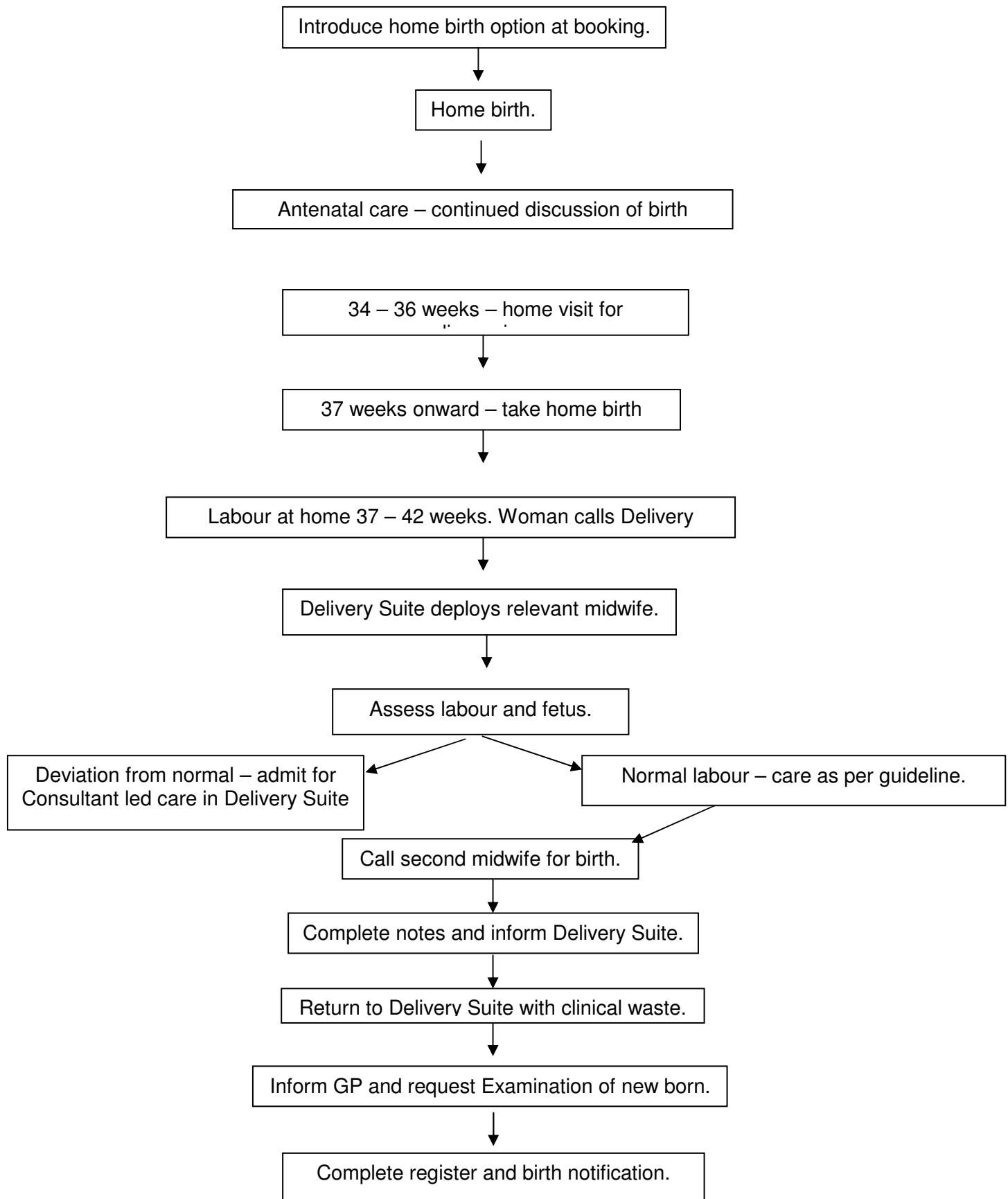
### **Midwife to provide and leave in house:**

- Yellow clinical waste bags x 2
- Placenta disposal bag
- Non sterile gloves (various sizes)
- Sterile gloves - 2 pairs medium
- Plastic aprons x 2
- Cord clamps x 2
- Incontinence pads x 8
- Sterile sanitary pads x 10
- Sterile swabs x 3
- Sachets of Aqua gel
- Vaginal examination pack
- Partogram
- Birth notes, Postnatal notes for Mothers and Notes for baby.
- Child Health 'red' book
- General Practitioner notification of birth letter.
- Blood cards if RH negative
- Bounty pack

### **The attending midwife should carry and have available:**

- Delivery pack
- Needles
- Syringes
- Venepuncture equipment
- Blood bottles
- Amnihooks
- Sterile disposable speculum
- Urinary catheter x 2
- Cord clamps
- Silver swaddler
- Baby airways
- Baby resuscitation equipment.
- Syntometrine
- Ergometrine
- Lignocaine 1%
- Dexon
- Vicryl rapide
- Perineal repair pack
- Vitamin K.
- Thermometer
- Tempa Dot
- Personal Register
- Spare partogram
- Spare set of Obstetric and Midwifery notes.
- Entonox equipment with 2 cylinders of Entonox.

## Appendix 2: Home Birth Guidelines Flowchart



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## Appendix 3: Equality Impact Assessment Form



Department	Department Wide	Service or Policy	Guideline	Date Completed:	February 2013
<b>GROUPS TO BE CONSIDERED</b>					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
<b>EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED</b>					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and socio economic/deprivation.					
QUESTION	RESPONSE			IMPACT	
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	Not applicable to community safety or crime	N/A	N/A		
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A		
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A				
Does the service, leaflet or policy/ development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified				
<b>ACTION:</b>					
Please identify if you are now required to carry out a Full Equality Analysis				No	(Please delete as appropriate)

Name of Author: Signature of Author:	Angela Foster	Date Signed: February 2013
Name of Lead Person: Signature of Lead Person:		Date Signed:
Name of Manager: Signature of Manager	Miss June Davies	Date Signed: February 2013

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