

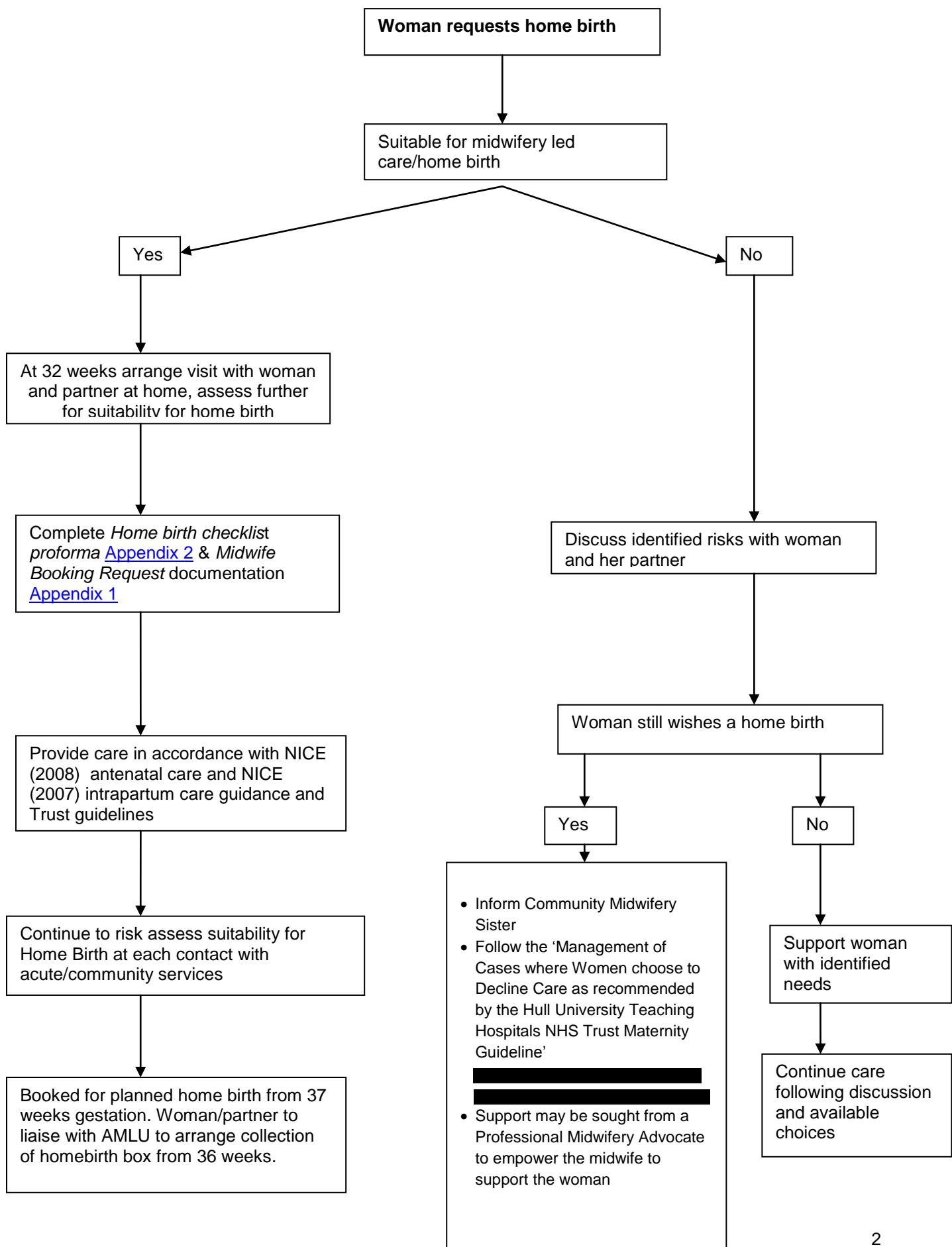
**HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST**  
**081 – Homebirth Guideline**

**Broad Recommendations / Summary**

Better Births (The National Maternity Review, 2016) set out a clear vision: for maternity services across England to become safer, more personalised, kinder, professional and more family friendly. Every woman will have access to information to enable her to make decisions about her care and where she and her baby can access support that is centred on their individual needs and circumstances. Personalised care includes offering and supporting choices around antenatal, postnatal and intrapartum care including choice of place of birth.

Women should be given unbiased information about the benefits and risks associated with each birth setting to support an informed decision (RCOG, 2016). This guideline aims to provide a process to enable midwives to support women with their choice of a home birth.

## Pathway following a woman's choice for home birth



## 081 – Homebirth Guideline

### 1 PURPOSE / LEGAL REQUIREMENTS / BACKGROUND

This guidance provides evidenced guidance to support women with their choice of a home birth. It applies to all registered midwives working within Hull University Teaching Hospitals NHS Trust.

### 2 POLICY / PROCEDURE / GUIDELINE DETAILS

Follow pathway for following a woman's choice for home birth.

#### Responsibilities

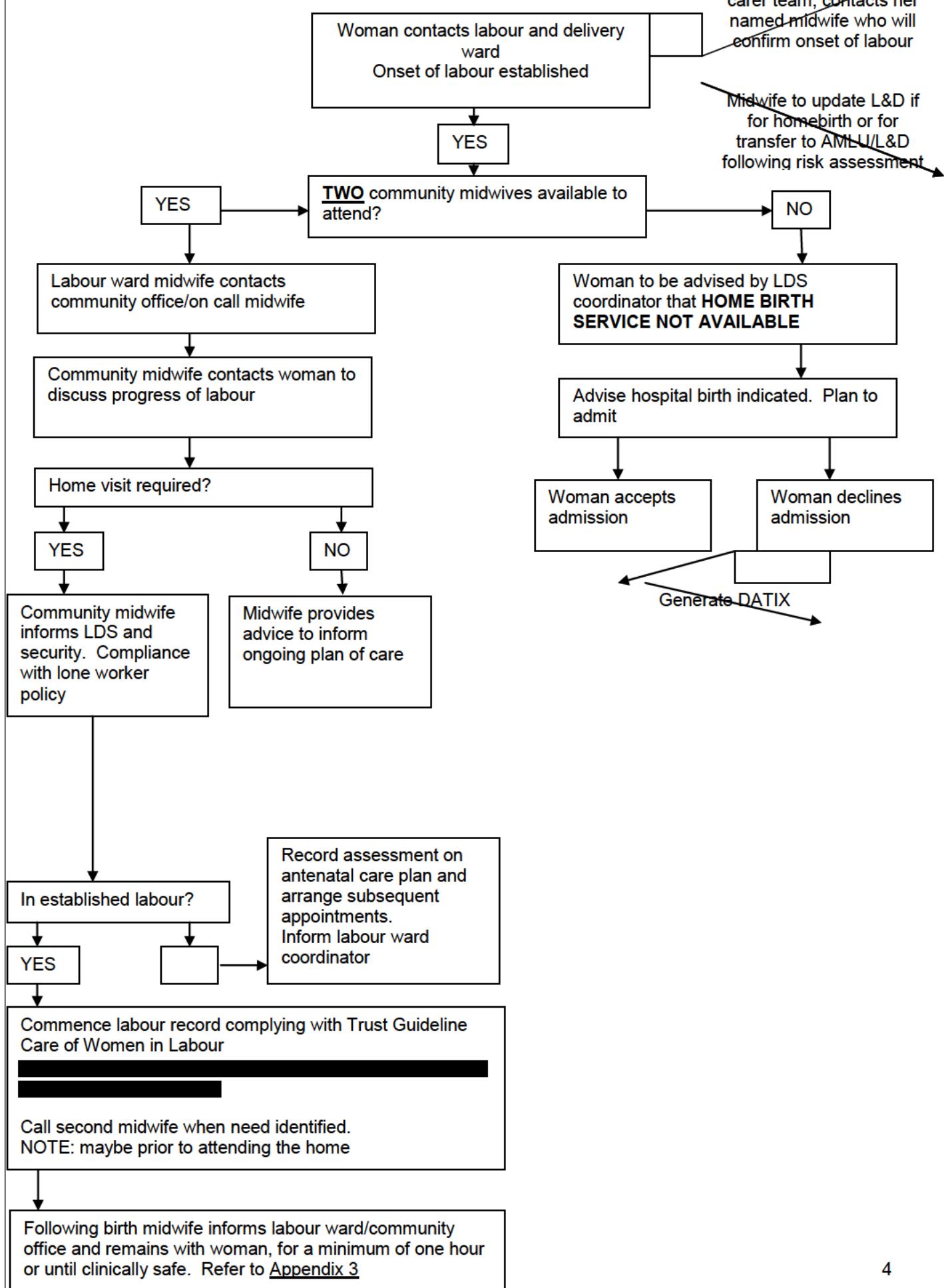
##### Midwife

- Recognised as a responsible and accountable professional who can conduct births on her own responsibility and provide care for the newborn and the infant.
- A midwife may practise in any setting including the home. The midwife enables the woman to make a decision about a home birth based on her individual needs by discussing this choice with her (NMC 2018)

##### Consultant Obstetrician

- Will become the lead professional for management of care if the woman requires and agrees to be transferred to the hospital for birth
- May be referred to by the midwife if the woman requests a homebirth which is not recommended due to risk factors. The consultant may be involved with discussions with the woman regarding birth setting options if appropriate, see guideline for Management of Cases where Women choose to Decline Care as recommended by the Hull University Teaching Hospitals NHS Trust Maternity Guideline

## Pathway for Intrapartum Care



### **3 PROCESS FOR MONITORING COMPLIANCE**

Once within the 3 year cycle of the guideline or as identified from risk management, safety or quality issues.

### **2 REFERENCES**

National Institute for Clinical Excellence (2014) Intrapartum care-care of healthy women and their babies in childbirth <http://www.nice.org.uk/CG55ide>

National Maternity Review (2016) Better Births, Improving outcomes of maternity services in England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Nursing and Midwifery Council (2019) Standards of proficiency for midwives London : Nursing and Midwifery Council.

Royal College Obstetricians and Gynaecologists (2016) Providing quality care for women: A framework for maternity service standards

Walton C. (2012) The Birthplace in England Study:Methods,findings and evaluation *British Journal of Midwifery* (20) 1 pp. 22-27

### **5 APPENDICES**

- Appendix 1 - Midwife booking request – home birth
- Appendix 2 - Checklist proforma for labour and birth
- Appendix 3 - Checklist proforma following birth
- Appendix 4 - Homebirth summary proforma
- Appendix 5 – Equipment required for homebirth
- Appendix 6 – Imminent birth not in the hospital setting
- Appendix 7 - Request for postnatal thromboprophylaxis
- Appendix 8 - *Homebirth Monitoring Form*
- Appendix 9 *Checklist for home assessment in labour*

Document Control			
Reference No:	81	First published:	September 2006
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Document Managed by Name:	[REDACTED]	Ratification Committee:	Obstetrics & Gynaecology Governance Group
Document Managed by Title:	Clinical Governance Midwife		
Consultation Process			
Email distribution to all midwifery, obstetric and anaesthetic staff. Discussion and approval at obstetric guidelines meeting, obstetric governance meeting and health group governance meeting.			
Key words (to aid intranet searching)			
Home birth			
Target Audience			
All staff		Clinical Staff Only	Non-Clinical Staff Only
Managers		Nursing Staff Only	Medical Staff Only

Version Control			
Date	Version	Author	Revision description
September 2006	1.1	[REDACTED] Community Midwifery Sister Kath Hodgson - Community Midwifery sister	New guideline
September 2012	2.0	[REDACTED]	Guideline update
May 2014	2.1	Obstetric Guidelines Group	Amendment to monitoring form – frequency of audit
April 2016	3	CMS	Guideline Updated
April 2019	4	[REDACTED]	Review & renewal
March 2020	V4.1	[REDACTED]	Updated community data collection sheet appendix 4 Homebirth checklist updated

## Appendix 1

### HOME BIRTH BOOKING

Demographics Sticker

Contact Details  
Landline  
Mobile

G P

EDD by Scan

Most Recent Hb

Past medical history and obstetric history/ health & safety issues/concerns	
Relevant Medical History	
Relevant Obstetric History	
Identified Risks eg. BMI, PPH, Prev LSCS	
Special Arrangements in Place eg. Pool, doula, parking, directions	

**Form Completed by.....** **Date.....**

Review of Maternity Hospital records/ case notes completed  
By:- Yes No

Consultant Review Required  
Reasons for Consultant Review:- Yes No

## Appendix 2

### Demographic sticker

**In the case of a request for a home birth there are certain issues which should be discussed and clearly understood by the woman and the booking midwife. This document is to highlight those issues, and is to be used as a framework for discussions.**

<b>Home Birth Checklist Proforma For Labour and Birth at Home from 37-42 Weeks Gestation</b>	<b>Discussions</b>	
Location of home and map provided (if required)	YES	NO
House number, landmarks and address recognised by Satellite Navigation	YES	NO
Mobile network coverage established or landline available		
Signs of labour and contact procedure for labour explained to woman and partner		
Managing labour and choices/preferences eg. Positions, water, pool birth, analgesia, third stage management		
Nitrous oxide the only available analgesia for labour		
Explanation to woman and partner that birth may be attended by on call Midwife not known to the woman		
Explanation to woman and partner that home birth service may <b>NOT</b> be available at times of high maternity activity and that <b>Admission for Hospital Birth Would be Required</b>		
Possibility and reasons for transfer to main unit in labour/post delivery explained. <ul style="list-style-type: none"> <li>• Premature labour &lt; 37 weeks gestation</li> <li>• Meconium stained liquor</li> <li>• Failure to progress</li> <li>• Maternal pyrexia</li> <li>• Fetal distress</li> <li>• Haemorrhage</li> <li>• Prolonged rupture of membranes</li> <li>• Prolonged third stage &gt; 1 hr</li> <li>• Obstetric emergencies</li> <li>• Request of woman</li> <li>• Complex suturing</li> <li>• Neonatal indications</li> </ul>		
Support for labour		
Suitable child care arrangements if applicable		
Security of animals within the home		
Risk assessment of premises		
Adequate heating and lighting		

If a planned pool birth, explanation to parents to consider structure and positioning of the pool and responsibilities of partner/ second supporter re filling, temperature maintenance and emptying.	
Limitations of home neonatal resuscitation	
Examination of newborn at home, but that hospital assessment may be required if appropriate practitioner not available within 72 hrs of birth	
If anti D prophylaxis will need to attend hospital	
<p>Postnatal thromboprophylaxis indicated:            At the 36 week appointment, the community midwife will complete a VTE risk assessment, including weighing the woman and also measuring the calf for anti-embolic stockings if required.</p> <p>Community midwife will contact the AMLU who will arrange for a junior doctor to prescribe low molecular weight heparin. The prescription/stockings will be collected by the woman/partner at the same time as the birth box.</p> <p>The delivering midwife will re-measure the calf after delivery and if within the correct range to use the stockings provided, if an alternative size is required CMW to arrange for partner to collect. (Appendix 7 )</p>	YES – Risk factors  NO Date sent
Role of the student midwife discussed	
<b>Equipment:</b> At the 36 week appointment the community midwife will arrange for the woman to attend the AMLU to collect her Birth box. It contains all documentation and equipment for the midwife to use at the birth. It does not contain any "Sharps" but should be keep in a safe dry place until it is required.	

#### Further Discussion Points

**I confirm that this has been a joint discussion**

**Date/Time**

#### **Signatures**

**Woman.....**.....

**Partner (if present).....**.....

**Midwife.....**.....

### Appendix 3

Name:

Unit Number

<b>Checklist Proforma following Birth</b>			
<b>Discussion</b>	<b>YES</b>	<b>NO</b>	<b>Signed</b>
Post natal observations completed & recorded on MEOWS chart			
First void of urine documented			
Written records completed (mother and baby)			
Equipment and clinical waste removed			
Contact numbers given			
GP informed			
Neonatal examination completed.			
NIPE check within 72 hours.			
Labour and Delivery Summary completed (Appendix 4)			
Lorenzo completed			
Baby sticker & Birth Registration obtained			
Copy of delivery summary to: • General Practitioner • Health Visitor • Patient			
If Rhesus Negative, has the Trust Guideline been followed?			
Midwife Name/Signature			

Addressograph

**Appendix 4**

Name of Lead Midwife	Date and time contacted  Time arrived at location	Contacted by
Total input time	From	To
Persons present	Water birth yes/no	
Transferred to hospital yes/no	Reason for transfer	Time ambulance called
Time arrived at HRI	Time care handed to HRI staff	Care handed to
Comments		
Name of Second Midwife	Date and time contacted	Contacted by
Total input time	From	To

**PLEASE SEND TO CMS OFFICE WHEN COMPLETED**

## **Appendix 5**

### **EQUIPMENT REQUIRED FOR HOME BIRTH**

#### **PROVIDED BY WOMAN**

- None slip plastic sheets and protection for furniture
- Towels
- Birthing pool if having a water birth – must be appropriately placed where floor support is adequate.
- Heat source / radiator to warm room / towels / baby clothes
- Sanitary towels / breast pads / suitable clothing
- Clothing / nappies / hat / blankets for baby
- Cot / Moses basket or suitable place for baby to sleep
- Disposable / cheap jug to measure first void of urine
- Clear floor space to set up if infant resuscitation equipment if required
- Hand washing facilities for Midwives
- Access to toilet facilities for Midwives as guests in the home
- Offers of drinks may be appreciated by the Midwives
- Access to working telephone landline when mobile coverage unreliable
- Birth equipment box- to be collected from the AMLU (includes equipment for labour and birth including documentation, patient addressograph stickers and postnatal information leaflets)

#### **PROVIDED BY MIDWIFE**

- If the woman is Rh-D negative leave forms and blood bottles for Kleihauer test
- Patient stickers
- Copy of Water birth guideline if woman planning waterbirth
- Day bag with hand gel / sphygmomanometer / blood taking equipment / clinstix / thermometer / hand held Doppler and Pinnards
- Delivery extras bag with all suturing equipment, syringes, needles, neonatal resuscitation equipment and neonatal weighing scales.
- Gases – Nitrous oxide and oxygen and oxygen cylinders

## Appendix6



Yorkshire Ambulance Service **NHS**  
NHS Trust

*An Aspirant Foundation Trust*

### YAS Maternity Care Pathway - Yorkshire and the Humber

When a midwife is on scene they will assume primacy and crews should work under their clinical direction and may be asked to assist with clinical procedures.

If a midwife is not on scene do not delay patient transport unless birth is in progress.

JRCALC and YAS Obstetric Care Policy when caring for mother and baby pre and post-delivery.

Mother in labour but not delivered and greater than 20 weeks gestation

Mother in labour and less than 20 weeks gestation

#### Complicated

Mother presenting with the following - eclampsia, PV bleed, cord prolapse, **severe continuous abdominal pain** or presentation of a part other than the head, buttocks, or feet (eg one foot/hand/arm)

#### Load and Go

#### Birth Imminent Load and Go

Unless head, buttocks, feet are presented and you establish **delivery is progressing**, then manage the delivery. When completed, **Load and Go**  
If birth does not progress, **Load and Go**

#### Transport to ED

or where there is a local Early Pregnancy Unit (EPU) pathway in place, follow **local pathway**. Always transport in cases where the mother has delivered the foetus

#### Baby Born on Your Arrival

Both mother and baby will need to be transported to hospital unless the midwife has arrived. If not, pre-alert the maternity suite and take advice. Then transfer as the clinical condition

#### Load and Go

**Do NOT delay!** Transport to nearest obstetric unit. If the mother is in cardiac arrest, transport to nearest ED (if obstetric unit not on the same site, request obstetrician attend ED). In all cases, provide a structured pre-alert and handover: Situation, Background, Assessment, Recommendations including ETA

Pregnant women (greater than 20 weeks gestation) presenting with non-obstetric conditions should be discussed with the Maternity Unit for direct transfer to the Maternity Unit. Does not include trauma (unless no injury), airway compromise, cardiac arrest or time critical cardio-respiratory conditions.

#### Telephone numbers of all maternity units

**South Yorkshire**  
Jessop, Sheffield 0114 226 1035  
Chesterfield 01246 512499  
Bassetlaw 01909 502232  
Barnsley 01226 431870/1871  
Doncaster 01302 553165  
Rotherham 01709 424491  
**East Yorkshire**  
Hull Royal Infirmary 01482 604433  
Scunthorpe 01472 875252

**West Yorkshire**  
Airedale 01535 292402  
Dewsbury 01924 816161  
Pinderfields 01924 541662  
LGI 0113 392 7445 James  
Bradford 01274 364514  
St James's 0113 206 9103  
Calderdale 01422 222111

**North Yorkshire**  
York 01904 726004  
Scarborough 01723 342124  
Harrogate 01423 553184  
Cook 01642 854833/  
01642 854881

\*\*If unsure of an EPU contact clinical hub 0330 330 0274\*\*

## Appendix 7 Checklist for home assessment in labour

<b>Environment</b>	
Assessment of premises (ie access, street lighting any restrictions)	
Able to find on Sat nav? Map Required?	
Special request on access (ie door knocking, phone)	
Pets on the premises – Plan at delivery – security	
Children – childcare arrangements	
Mobile network coverage	
WIFI available to use	
<b>Opportunity to change place of birth in labour discussed.</b>	
<b>Aware if not safe to transfer when assessed at home to prepare for homebirth</b>	
<b>Preferences for delivery</b>	
Aromatherapy – to be arranged and maintained by the woman	
Analgesia discussed if requests to birth at home – Nitrous oxide available only	
Third stage management discussed	
<b>Recommendations to transfer to hospital:</b>	
Preterm – before 37 weeks	
Meconium stained liquor	
Fetal distress	
Failure to progress	
Maternal pyrexia	
Suspected malpresentation/malposition	
Prolonged SROM	
Prolonged third stage	
Request of the woman	
Complex suturing	
Neonatal indications	

## Appendix 8

### Demographic sticker

Women & Children's Division  
Community Midwifery Services

Date:

Midwifery Team Area.....

Community Office contact number: - [REDACTED]

### **Re: Home Birth Booking Postnatal Thromboprophylaxis**

Dear Dr.

The above patient is making an informed choice to have a home birth.  
'Thromboprophylaxis' risk assessment identifies that following birth her currently identified risks will include those identified in the attached Appendix

Booking weight-..... Booking BMI..... 36 week weight.....

TEDS Measurement: Length..... Calf..... Ankle.....

Please could you provide her with a prescription at 37 weeks gestation for appropriate thromboprophylaxis for her weight as per RCOG Green-top guideline No37a. *'Reducing the risk of thrombosis and embolism during pregnancy and the puerperium'*. Please refer to the Hull University Teaching Hospitals NHS Trust, thromboprophylaxis guideline available at the link below:-

[REDACTED]

This will facilitate timely commencement of medication in the postnatal period.

Kind Regards,

Community Midwife

**APPENDIX 9****POSTNATAL ASSESSMENT & MANAGEMENT THROMBOSIS RISKS**

Any previous VTE   
Anyone requiring antenatal LMWH   
High-risk thrombophilia   
Low-risk thrombophilia with family history

**HIGH RISK**

At least 6 weeks postnatal prophylactic LMWH

Caesarean Section   
BMI  $\geq 40\text{kg/m}^2$    
Readmission or prolonged admission ( $\geq 3$  days in the puerperium)   
Any surgical procedure in the puerperium except for immediate repair of the perineum   
Medical comorbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy; nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVDU

**INTERMEDIATE RISK**

At least 10 days postnatal prophylactic LMWH

NB if persisting or  $> 3$  risk factors consider extending thromboprophylaxis with LMWH

Age  $> 35$  years  
Obesity (BMI  $\geq 30 \text{ kg/m}^2$ )  
Parity  $\geq 3$   
Smoker  
Family history of VTE  
Low-risk thrombophilia  
Gross varicose veins  
Current systemic infection  
Immobility eg paraplegia, PGP, long distance travel  
Current pre-eclampsia  
Multiple pregnancy  
Preterm delivery in this pregnancy ( $< 37$  weeks)  
Stillbirth in this pregnancy  
Mid-cavity rotational or operative delivery  
Prolonged labour ( $> 24$  hours)  
PPH  $> 1$  litre or blood transfusion

2 or more risk factors

0 – 1 risk factors

**LOW RISK**

Early mobilisation and avoidance of dehydration