DOCUMENT CONTROL PAGE

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1. Introduction

Birth centres, both freestanding and alongside, are specifically designated facilities where midwives as lead professionals care for women and babies during labour, birth and the early postnatal period. Freestanding birth centres are particularly suitable for women who are healthy and at low risk of complications, as the rate of interventions are lower and the outcome for the baby is no different compared with obstetric-led delivery units or alongside midwifery-led units. (NICE, 2014).

Ingleside Birth Centre is a freestanding birth centre set within Oakwood Park in Salford (See *Appendix 1* for details of facilities)

2. Detail of the guideline

2.1 Midwifery staffing for Ingleside Birth Centre

2.1.1 Ingleside Freestanding Birth Centre will be staffed by community midwives from Manchester University NHS Foundation Trust who are providing care as part of a continuity of carer model.

2.1.2 A community midwife from the continuity team that cares for women booked for birth at Ingleside will be contactable 24 hours a day.

2.1.3 A community midwife will be notified when the woman thinks she is in labour and will attend Ingleside, or if appropriate, undertake a home assessment first. A second midwife will be called as required.

2.1.4 A community maternity support worker (MSW) may attend to support the midwife.

2.2 Planning birth at Ingleside Birth Centre

For inclusion and exclusion criteria for Ingleside Birth Centre see *Appendix 2*. There may be women with medical and obstetric history where an individualised assessment is required regarding place of birth. Referral to a consultant obstetrician should be made and an individualised plan documented in the maternal hand held notes.

2.3 Women choosing labour and birth at Ingleside Birth Centre contrary to advice

2.3.1 Where a woman chooses to birth at Ingleside Birth Centre contrary to midwifery advice, the midwife should contact her community team leader for support and arrange an appointment with the woman. Support may also be provided by a Professional Midwifery Advocate or the Consultant Midwife.

2.3.2 The woman must be offered an appointment with the named Consultant Obstetrician for review and further discussion with a view to facilitating an informed decision. If the woman does not have a named

consultant, refer to any consultant obstetrician available to review at a time convenient for the woman.

2.3.3 A management plan must be documented in the maternal records ensuring:

- The woman has been informed of any risks and possible consequences
- Two midwives should be available to provide care during labour and birth
- Liaison is made with obstetric and neonatal teams where applicable
- The plan of care is carefully recorded and communicated to all those involved, including the woman. Accurate records should be kept of the risk assessment and any discussions with the woman. At all times great care should be taken to preserve the quality of the woman-midwife relationship and to sustain as much mutual trust and respect as possible.
- The risk assessment should be reviewed at regular intervals to ensure that any new risks are acknowledged and considered. When apparent risks develop the woman must be referred to the multi-disciplinary team as appropriate.

If it is confirmed that the woman is continuing to plan to birth at Ingleside and risks have been identified then an updated and individualised care plan should be distributed to the named consultant, Intrapartum Matron, Consultant Midwife and Head of Midwifery.

2.4 Process for booking for a birth at Ingleside Birth Centre

2.4.1 All women with a low risk pregnancy at booking will be offered Ingleside Birth Centre as a choice for their place of birth.

2.4.2 All women assessed as high risk at booking who revert back to midwife led care can be offered Ingleside Birth Centre as a place to birth their baby providing the inclusion criteria is met.

2.4.3 When counselling women wishing to choose Ingleside Birth Centre, the community midwife will inform women in the event of the need to transfer care during labour she will be transferred to Saint Mary's Oxford Road Campus Delivery Unit via emergency ambulance. The woman should be advised that this will delay obstetric and/ or neonatal review and treatment.

2.4.4 At 36 weeks if the woman has expressed that she would like to birth at Ingleside Birth Centre and her pregnancy has remained low risk, she will attend Ingleside for her antenatal appointment. The midwife will undertake a pre-birth discussion and full antenatal assessment prior to a final decision being made regarding place of birth.

2.4.5 The midwife will complete the risk assessment form in HIVE (*see appendix 3*).

2.4.6 If the woman is booked under the care of Manchester University NHS Foundation Trust the midwife will ensure that all blood results are available in HIVE and an up to date haemoglobin result is available.

2.4.7 At the 36 week appointment, the midwife will complete the 36 week assessment checklist in HIVE (*Appendix 3*).

2.4.8 If a woman requires induction of labour for post maturity she will return to her booking Trust for the Induction process and will no longer be eligible to birth at Ingleside Birth Centre.

2.5 Process for contacting the midwife when labour commences

2.5.1 The woman must be advised to call the triage department at Oxford Road Campus (0161 276 6567). The triage midwife will take a history of the woman and contact the community midwife. The community midwife will contact the woman, and confirm that Ingleside Birth Centre remains the appropriate place for birth.

2.5.2 For situations where the woman arrives before the MFT midwife and midwives are present from another Trust see *Appendix 4* for the Standard Operating Procedure for Ingleside Birth Centre.

2.5.3 The woman and her partner will be required to make their own transport arrangements to travel to Ingleside. The midwife must not transport them in her own car.

2.6 Care in labour

2.6.1 On arrival at Ingleside Birth Centre, a full risk assessment will be undertaken as per MFT *Care of Women in Labour* guideline. The midwife should contact the maternity bleep holder at ORC (bleep 6060) to inform of a woman in labour at Ingleside Birth Centre.

2.6.2 If risk factors are identified then the woman will be counselled and an explanation that she will be transferred to Saint Mary's Oxford Road Campus Delivery Unit where she will be cared for in labour. The maternity bleep holder and DU coordinator will be informed of the need to transfer (See *section 2.9* for transfer process).

2.6.3 If no risk factors are identified then the woman will receive 1 to 1 care in labour as per the *Care of Women in Labour* Guideline.

2.6.4 Maternal and fetal wellbeing will be continually assessed and monitored as per *Care of Women in Labour* guideline. If the woman requests the use of the pool then the *Birthing Pool for Labour and Birth* guideline should be used. If any observations deviate from the normal (see Indications for Transfer *section 2.9.2*) the woman will be transferred to Saint Mary's Oxford Road Campus immediately for additional investigations, obstetric review and plan of care. (See Transfer Process *section 2.10*)

2.6.5 When labour is advancing the midwife must request the assistance of a second midwife.

2.6.6 Midwives may call the second midwife, or the maternity bleep holders at ORC (6060) for clinical advice at any time during the labour. This may not be due to any deviations from the normal occurring but to discuss the overall care of the woman including progress, ongoing risk assessment and monitoring of the woman and fetus.

2.6.7 All documentation will be completed using Saint Mary's Hospital documentation and a partogram must be completed for women in labour. All appropriate HIVE documentation must be completed prior to discharge of the woman.

2.7 Postnatal care at Ingleside

2.7.1 Care should be provided according to local guidelines (See *Care of Women in Labour* guideline).

2.7.2 Neonates requiring resuscitation should be resuscitated according to the *Neonatal Resuscitation* guideline.

2.7.3 The midwife will stay with the woman and family ensuring the mother and baby are in a satisfactory condition for a minimum of two hours before transfer home.

2.7.4 Prior to the woman leaving Ingleside Birth Centre the midwife will complete all documentation in HIVE and undertake a postnatal check of the mother and baby. If any deviations from the normal are found the midwife will arrange transfer to Saint Mary's Oxford Road Campus DU where the woman or baby will be assessed by a doctor.

2.7.5 When transferring care to home, the midwife will discuss safe sleeping, infant feeding and when and how to contact a doctor or midwife.

2.7.6 The midwife will ensure the families have the relevant information of when and how to contact the community midwives for additional advice and support.

2.7.7 Routine postnatal checks will be arranged by the midwife prior to discharge.

2.7.8 Examination of the newborn (to be completed with 72 hours) will be offered to be undertaken at Ingleside Birth Centre or arranged to be undertaken by a community midwife

2.7.9 Hearing screening following the birth of the baby. An appointment will be sent to the mother by the Newborn Hearing Screeners to have their test undertaken in a community clinic

2.7.10 If the baby has not received a full examination of the newborn (ENB) prior to discharge neonatal oxygen saturations will be recorded prior to transfer. If abnormal the midwife will arrange immediate transfer to Saint Mary's Oxford Campus DU for review.

2.7.11 Postnatal documentation will be recorded in the postnatal records and neonatal red book and taken home by the mother. Discharge documentation will be recorded on the appropriate electronic systems.

2.7.12 Once a woman has birthed her baby a NHS number will be generated for the baby

2.8 Registration of birth

When a baby is born at Ingleside Birth Centre the birth must be registered as a Salford birth. Salford Register Office (Town Hall, Chorley Road, Swinton M27 5DA) operates an appointment only system. They can be made by telephone: 0161 909 6501.

2.9 Maternal and/or neonatal transfer

2.9.1 Indications for transfer to Saint Mary's Oxford Road Campus:

Observations of the woman

- Pulse over 120 beats/minute on 2 occasions 30 minutes apart
- A single reading of either raised diastolic blood pressure of 110mmHg or more or raised systolic blood pressure of 160mmHg or more
- Either raised diastolic blood pressure of 90mmHg or more or raised systolic blood pressure of 140 mmHg or more on 2 consecutive readings taken 30 minutes apart
- A reading of 2+ of protein on urinalysis and a single reading of either raised diastolic blood pressure (90 mmHg or more) or raised systolic blood pressure (140 mmHg)
- Temperature of 38°C or above on a single reading, or 37.5°C or above on 2 consecutive readings 1 hour apart
- Any vaginal blood loss other than a show
- Rupture of membranes more than 24 hours before the onset of established labour
- The presence of significant meconium
- Pain reported by the woman that differs from the pain normally associated with contractions
- Confirmed delay in the first or second stage of labour
- Request by the woman for additional pain relief using regional analgesia
- Obstetric emergency including antepartum haemorrhage, cord prolapse, postpartum haemorrhage, maternal seizure or collapse, or a need for advanced neonatal resuscitation
- Retained placenta

- Third-degree or fourth-degree tear or other complicated perineal trauma that needs suturing

Observations of the unborn baby

- Any abnormal presentation, including cord presentation
- Transverse or oblique lie
- High (5/5 palpable) or free-floating head in a nulliparous woman
- Suspected fetal growth restriction or macrosomia
- Suspected anhydramnios or polyhydramnios
- Fetal heart rate below 110 or above 160 beats per minute
- A deceleration in fetal heart rate heard on intermittent auscultation, or any other concerns such as a rising baseline rate
- Reduced fetal movements in the last 24 hours reported by the woman

2.10 Transfer process

2.10.1 In the event of an emergency transfer being required, this will take place by emergency paramedic ambulance and the woman will be transferred to Saint Mary's Oxford Road Campus

2.10.2 Decision and time needed to transfer is made on clinical assessment by the attending midwife. When transfer of the woman is required phone 999 and state category, number of ambulances and crew required; (these are the terms used by NWAS)

- Category 1: estimated arrival average 7 minutes and 9/10 times within 15 minutes
- Category 2: estimated arrival average 18 minutes and 9/10 times within 40 minutes
- Category 3: estimated arrival 9/10 times within 120 minutes

Please note these are estimated times of arrival

State if Paramedic required/ not required. This clinical decision will be made by the attending midwife. Two ambulances may be required if both baby and mother require emergency medical attention.

2.10.3 The midwife must immediately inform the maternity bleep holder (bleep number 6060) at Saint Mary's Oxford Road Campus of any woman and/or baby requiring transfer. The maternity bleep holder will then liaise with the delivery unit coordinator, consultant obstetrician and the neonatal team. See: *Transfer of Obstetric/Neonatal Emergencies from Saint Mary's Community and Antenatal Services to Saint Mary's Hospital including the process for born before arrival (BBA)* guideline.

2.10.4 A name band must be on the woman prior to transfer.

2.10.5 Whilst awaiting the ambulance the midwife will initiate emergency measures appropriate to the clinical situation.

2.10.6 The decision to transfer should be fully documented in HIVE including an SBAR form, with time of decision, time of ambulance request, and times of update calls every 15 minutes, in situations of delay and time of ambulance arrival. The midwife should then inform the maternity bleep holder of expected time of arrival.

2.10.7 The woman and her partner must be kept informed of the reasons for immediate transfer and updated regularly with progress with the transfer process.

2.10.8 The midwife will accompany the woman and baby, if already delivered, in the ambulance and transfer to Saint Mary's Oxford Road Campus.

2.10.9 On arrival at the delivery unit a full verbal SBAR handover should be given by the midwife to the receiving carer.

2.10.10 An incident form should be completed for all transfers.

2.11 Cardiac arrest at Ingleside Birth Centre:

- Call 999 and request Category 1 ambulance and paramedic to attend immediately
- Commence resuscitation as per Basic Life Support Training
- Adult resuscitation Grab bag with AED is on site and located in Emergency Equipment room. AED sign is located on the door
- Midwife to accompany woman to hospital
- Complete an incident form.

In the case of maternal arrest the women should be transferred to the nearest hospital, Salford Royal.

3. Communication and Documentation

All women with learning disabilities, visual or hearing impairments or those whose first language is not English must be offered assistance with interpretation where applicable, and where appropriate a telephone interpreter must be used. It is paramount that clear channels of communication are maintained at all times between all staff, the women and their families. Once any decisions have been made/agreed, comprehensive and clear details must be given to the woman thereby confirming the wishes of the women and their families.

The contents of any leaflet issued must be explained in full at the time it is issued. All communication difficulties (including learning difficulties) and language barriers must be addressed as outlined in the previous paragraph at the time the leaflet is issued.

Ensure the provision and discussion of information of the risks and benefits with women during the antenatal, intrapartum and postnatal periods.

Staff should aim to foster a culturally sensitive care approach in accordance with the religious and cultural beliefs of the parents and families in our care.

4. Equality Impact Assessment

This document has been equality impact assessed using the Trust's Equality Impact Assessment (EqIA) framework. The EqIA score fell into low priority; no significant issues in relation to equality, diversity, gender, colour, race or religion identified.

5. Consultation, Approval and Ratification Process

During development this guideline has been reviewed by senior obstetricians and midwives from both Saint Mary's at Wythenshawe and ORC. It has been ratified by the Site Obstetric Quality and Safety Committee.

It will be formally reviewed 3 years following its ratification or sooner if there are significant changes in evidence based practice.

6. References

NICE Intrapartum Care for Healthy Women and Babies CG190 2014

7. Associated Trust Documents

Care of women in labour guideline

Birthing Pool for Labour and Birth guideline

Transfer of Obstetric/Neonatal Emergencies from Saint Mary's Community and Antenatal Services to Saint Mary's Hospital including the process for born before arrival (BBA) guideline.

Postpartum Urinary Retention

Management of Postpartum Haemorrhage

Neonatal Resuscitation guideline

8. Appendices

Appendix 1: Ingleside Birth Centre

Appendix 2: Inclusion and exclusion criteria for Ingleside Birth Centre

Appendix 3: 36 week assessment documentation

Appendix 4: Standard Operating Procedure for Ingleside Birth Centre

Appendix 1: Ingleside Birth Centre

Ingleside Birth Centre is a freestanding birth centre set within Oakwood Park in Salford and is located at Oakwood Park, Swinton Park Road, Salford, M6 7WR

Ingleside Reception Telephone: 0161 745 8028

Ingleside birthing facilities include:

- 4 state of the art birthing suites: Lavender, Blue Indigo, Peppermint and Rose
- Each suite has en suite facilities and a large birthing pool
- Additional facilities include blue tooth speakers, outside space/garden to mobilise in labour and high definition projectors which display natural images and sounds to facilitate a calm and relaxing birthing environment
- Non-invasive and non-pharmacological methods of pain relief will be promoted for all women in early and active labour. This includes mobilisation, using alternative positions, hypnobirthing
- Once in active labour the pool will be offered as a method of pain relief to every woman. Where the woman requests further pain relief Entonox and or oral analgesia will be offered. Opioids ie. Diamorphine may be available on request.
- All medical gases are piped
- Free onsite parking

Appendix 2: Inclusion and exclusion criteria for Ingleside Birth Centre

Inclusion Criteria

Low risk pregnant women, at term, who have no known medical or previous obstetric conditions and are suitable for midwifery-led care during this pregnancy, labour and birth

Exclusion criteria for booking at Ingleside Birth Centre

Medical Conditions

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 100×109/litre
- Von Willebrand's disease
- Bleeding disorder in the woman or unborn baby
- Atypical antibodies which carry a risk of haemolytic disease of the newborn

Endocrine

- Hyperthyroidism
- Unstable Hypothyroidism
- Diabetes pre-existing and gestational (diet controlled may require an individual assessment)

Infective:

- Risk factors associated with Group B streptococcus 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

Immune:

- Systemic lupus erythematosus

- Scleroderma

Renal:

- Abnormal renal function
- Renal disease requiring supervision by a renal specialist

Neurological/ skeletal:

- Epilepsy
- Myasthenia gravis
- Previous cerebrovascular accident
- Spinal abnormalities
- Neurological deficits

Gastrointestinal:

- Liver disease associated with current abnormal liver function tests
- Crohn's disease
- Ulcerative colitis

Psychiatric:

- Psychiatric disorder requiring current inpatient care

Previous gynaecological history

- Myomectomy
- Hysterotomy

Obstetric exclusions

Previous complications

- Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty. An individual assessment may be done for previous explained stillbirth
- Previous baby with neonatal encephalopathy
- Previous baby affected with early onset GBS
- Pre-eclampsia requiring preterm birth
- Placental abruption with adverse outcome
- Eclampsia
- Uterine rupture
- Primary postpartum haemorrhage >750 mLs requiring additional treatment or blood transfusion
- Retained placenta requiring manual removal in theatre
- Caesarean section
- Shoulder dystocia

Current pregnancy

- Parity > 4 (para 5 or more)
- Multiple pregnancy

- Placenta praevia
- Pre-eclampsia or pregnancy induced hypertension
- Preterm labour or preterm pre-labour rupture of membranes
- Prolonged rupture of membranes >24 hours prior to the onset of labour
- Placental abruption
- Anaemia – haemoglobin less than 90 g/L at onset of labour
- Confirmed intrauterine death
- Induction of labour
- Substance misuse
- Alcohol dependency requiring assessment or treatment
- Malpresentation – breech or transverse lie
- BMI at booking of greater than 35 kg/m2
- Recurrent antepartum haemorrhage
- Safeguarding issues which require input from the safeguarding midwife
- Severe and enduring mental health problems
- Large fibroids > 5cm
- GBS in current pregnancy including positive swab at 36 weeks

Fetal indications

- Small for gestational age in this pregnancy (less than 5th centile or reduced growth velocity on ultrasound)
- Abnormal fetal heart rate/Doppler studies
- Ultrasound diagnosis of oligo /polyhydramnios
- Reduced fetal movements within last 24 hours
- Fetal abnormality
- Any complication for which the neonatal team would be requested to attend birth

Appendix 3: 36 week assessment documentation for Ingleside Birth Centre

36 Week Risk Assessment Ingleside Birth Centre

To be completed at the home visit at 36 week gestation. Sign and file in handheld notes.
Re-assess when woman is in labour to ensure there are no changes.
If 'NO' to any of the assessment, please state actions appropriately.

Woman's Name……**Hospital no**……...

36 WEEK ASSESSMENT	Yes ✓	No ✓	Risks or potential risk identified	Actions/ contingency plans	Signature/ Date
Is the woman low risk?					
Hospital records, previous medical/ surgical/ obstetric history reviewed					
ENVIRONMENT					
Possible reasons for transfer and distance from unit/ time discussed?					
• Suspected fetal distress					
• Delay in labour					
• Meconium					
• PROM>24 hour/Term IOL					
• Maternal request for epidural					
• Haemorrhage					
• Shoulder dystocia					
• Cord prolapse					
• Retained placenta					
• Malpresentation					
• Abnormal maternal observation/ resuscitation					
• Significant perineal trauma requiring suturing in hospital (3/4th degree tears)					
• Neonatal complications (e.g.					

resuscitation/ grunting/ low APGARS/ Temp)					
STAFFING/MW ISSUES					
Discuss on call system					
Time it may take for midwife to attend (e.g. staff living >10 miles away)					
Service demands (e.g. attending other home birth)					
Extreme weather conditions					
Vitamin K consent					
Entonox consent					
Contact Telephone Numbers					

If risk/ potential risk is identified, discuss and document in handheld notes.

Midwife signature…….

Print name……...

Date……...

Woman's signature……...

Print name……..

Date……

Appendix 4. Standard Operating Procedure Ingleside Birth Centre

NHS
Manchester University
NHS Foundation Trust

NHS
Bolton
NHS Foundation Trust

Shared Standard Operating Procedure

In Reach Model with Manchester NHS Foundation Trust (MFT)

Ingleside Birth and Community Centre

1. In the event of a woman, who is booked to birth with MFT midwives, arrives at Ingleside before MFT midwife arrives, however Bolton Foundation Trust (BFT) midwives are on site:

If the woman appears to be in established labour and **birth is imminent** BFT midwife to initiate care in labour as per BFT Intrapartum policy. BFT midwife to **contact the triage department at Saint Mary's Hospital 0161 276 6567** who will have details of who the midwife on-call is and ascertain estimated time of arrival of MFT midwife. If MFT midwife delayed, contact second midwife as per BFT/Ingleside Birth Centre Operational policy. Return care to MFT midwife on their arrival.

If the woman arrives before MFT midwife and appears to be in established labour BFT midwife to welcome to Ingleside, offer refreshments and call bell. BFT midwife to **contact the Radio Room at Saint Mary's Hospital 0161 2766246** and ascertain estimated time of arrival of MFT midwife. Only undertake a full clinical assessment of the woman and the fetus if:

- the BFT midwife is able to do so
- MFT Midwives delayed for more than 30 minutes
- there is a clinical indication to do so such as an ante partum haemorrhage or meconium liquor

In the absence of a MFT midwife and particulate meconium is present, or another clinical reason for transfer is present, undertake a full clinical assessment of woman and fetus and arrange transfer as per MFT Policy to Saint Mary's Hospital, Oxford Road Campus.

If non-particulate meconium is present in the absence of MFT midwife undertake a full clinical assessment of the woman and fetus and document in the woman's hand-held notes.

If clinical findings are normal continue routine care, as per BFT Care In Labour guideline, continue routine care in labour until arrival of MFT midwife. If abnormal findings found arrange immediate transfer to Saint Mary's Hospital, Oxford Road Campus.

2. If emergency transfer is required by either MFT or BFT midwife

Phone 999 and request category 1 ambulance - State if paramedic required

Phone Saint Mary's Oxford Road Campus Central Delivery Unit 0161 2766556 and inform the midwifery co-ordinator. Phone 0161 2761234 and inform the 6060 maternity bleep holder of the transfer.

Complete SBAR Handover form

Accompany the woman in ambulance to Saint Mary's Oxford Road Campus Central Delivery Unit

Continue labour care observations until handover at Saint Mary's Oxford Road Campus Central Delivery Unit

Transferring Midwife should complete an MFT incident form. If BFT midwife transferred then BFT midwife to also complete BFT incident form.

3. In emergency situation where a MFT midwife is not in attendance, a MFT woman needs transfer to Saint Mary's Oxford Road Campus Central Delivery Unit and BFT midwife unable to escort to hospital

In an emergency situation where a BFT midwife is unable to escort woman to Saint Mary's Oxford Road Campus Central Delivery Unit due to caring for a BFT woman on site and no second midwife available: do not delay transfer. MFT woman to be transferred by ambulance crew. See emergency transfer section 2 above.

Complete SBAR Form prior to transfer; photocopy all completed documentation and send original with the woman.

4. If an MFT woman births baby and placenta before MFT midwife arrives

MFT claims birth and option to continue care by BFT or hand over to MFT midwife in consultation with the woman.

5. If baby born and MFT midwife arrives while waiting for placenta

BFT midwife to complete/ lead intrapartum care until 3rd Stage complete. If emergency occurs during 3rd stage and MFT midwife arrives during 3rd stage transfer woman to Saint

Mary's Oxford Road Campus Central Delivery Unit as per local MFT policy. MFT midwife to accompany woman as per local MFT policy and section 2. above.

6. If baby born and needs medical assistance and MFT midwife has not arrived

Baby becomes care of BFT staff and transfer as per BFT Ingleside Policy.
Inform Saint Mary's Oxford Road Campus Central Delivery Unit (0161 2766556) and 6060 maternity bleep holder (0161 2761234) of birth and neonatal transfer. Complete BFT incident form.

7. In the event of BFT and MFT women being on site at the same time caring for women in labour

Each provider must call their respective 2nd midwife to attend for the birth.

8. In the event a woman attends Ingleside Birth Centre, MFT midwives onsite only and the woman is unbooked for care in Ingleside

If the woman is in established labour and MFT midwives are on site assess clinical situation and risk factors to determine if safe to continue labour care or transfer.

If MFT selected contact the Radio Room at Saint Mary's Hospital 0161 2766246 for the 2nd midwife to attend. If BFT selected contact BFT midwife Tel: 01204 390 612. If safe to do so arrange immediate transfer to appropriate provider as per policy.

If birth imminent care for the woman as per MFT Care In Labour guidelines and arrange transfer to appropriate provider once birth completes. Complete BFT/MFT incident form.

In the event a woman attends Ingleside who has not had any antenatal care assess the situation and arrange transfer to appropriate provider

9. In the event of a MFT maternal or neonatal emergency when BFT and MFT Staff are on site

If an MFT woman develops a complication during the intrapartum and or post-natal period facilitate immediate transfer to Saint Mary's Oxford Road Campus Central Delivery Unit as per local policy.

If a MFT woman or neonate require emergency care the MFT midwife is to lead the emergency management. The BFT midwife is to support the emergency and provide other support including (but not limited to) scribing, being a runner to locate emergency equipment, phoning for an ambulance, siting a cannula, supporting a resuscitation.

If a second midwife is not already present, contact the Radio Room at Saint Mary's Hospital 0161 2766246 and request for a second midwife to attend.

10. In the event of BFT and MFT women, having maternal and or neonatal emergency at the same time

Each midwife must call 999 and arrange emergency transfer as per own policy.

Each provider must contact their 2nd midwife to attend immediately.

Where assistance is required each midwife must make clinical assessment to determine if able to leave the woman to assist other emergency.

If available summon other staff members within the building to assist emergency care until further assistance arrives.

If the woman is safe to be left ensure the birth partner is given call bell and instructions of how to use to summon immediate help if needed. Give birth partner specific instructions of when and how to call for assistance.

If unable to leave the woman perform emergency procedure as per BFT or MFT Policy until further assistance arrives. Complete incident report.