

Reference Number: UHBOBS061 Version Number: 5	Date of Next Review: 8 Jan 2027 Previous Trust/LHB Reference Number: N/A
Home Birth Guidelines	
Introduction and Aim	
<p>Pregnancy and birth should be considered a normal physiological process. For women with uncomplicated pregnancies home should be offered as a place of birth.</p> <p>All women should have access to the birth place decision support leaflet and all decisions made by women should be respected.</p>	
Objectives	
To support normality for all women and ensure that all women are given choice for place of birth including home.	
Scope	
This guideline applies to all of our staff in all locations including those with honorary contracts.	
Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Documents to read alongside this Procedure	Vitamin K Guideline NICE Intrapartum Care Guidelines All Wales Midwife Led guideline 2022
Approved by	<i>Maternity Professional Forum</i>

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Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	Nov 2008	Nov 2008	
2	Nov 2010	Nov 2010	Reviewed and updated by Sarah Andrews and Heudel Morgan-Isaac
3	Oct 2013	Dec 2013	Reviewed and updated by Lynette Edmunds
4	07/06/2019	13/06/2019	Reviewed and Updated by Beverley Judd, Community Operational Lead Midwife
4a	07/06/2019	13/06/2019	Homebirth Pethidine Prescription and SOP added into Homebirth guideline. No change to content.
5	March 2024		Review and update. Homebirth booking forms updated. -Include specific information about WAST delays -BBA guidance added -Information on hydration and fluid balance for women to make an informed decision

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' The words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity'.

2 Antenatal

Discussion around place of birth should start at booking and continue through pregnancy for women irrespective of their risk status.

Women should be offered evidence-based discussions so that an informed choice for place of birth can be made.

All women should be offered the birthplace decision leaflet (electronic or paper copy). Health Care professionals should use this leaflet to inform their discussions with women.

For women planning a homebirth when the obstetric led delivery suite is the recommended place of birth referral to the Birth Choices clinics should be offered to discuss their choices and care options available. Please refer to Birthing Outside of Guidance Guideline. Women once seen in Birth Choices clinic will have an SBAR completed and will be shared in MPF, with community teams and MLU.

All discussions with women and their families should be clearly documented in the maternal hand held records.

It is recommended that women are encouraged to use a recognised framework, for example [BRAN](#), to help navigate the choices during maternity care.

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Women may opt for a homebirth at any stage of their pregnancy. If a midwife or obstetrician has any concerns regarding a woman’s suitability for a home birth, please refer to Birth Choices, where a homebirth risk assessment should be completed. For women opting for a homebirth against medical birth a clear plan should be documented in the maternal hand held records and on the maternity system and a SBAR form sent to all community midwives. Continuous risk assessment should occur during pregnancy in partnership with the women.

Woman planning a homebirth should have a home visit at approximately 36 weeks of pregnancy. This is to perform a home risk assessment and should include, access to the property, animals at the property, location of the house if difficult to find and any additional information that may be useful to the midwifery staff attending.

Women planning a homebirth must be offered a presentation scan around 36 weeks in order to confirm cephalic presentation, this should be a presentation scan only, not a growth scan.

The home birth booking form (See Appendix 1&2) and risk assessment form (Appendix 3) should be completed on the community SharePoint page and reviewed by a senior member of staff who will add it to the homebirth folder on the MLU. This is to ensure all staff are aware of the planned home birth and for audit purposes.

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Addresses that may be difficult to find should also have clear directions and maps to ensure both safety of the woman and the midwife. Labour and birth paperwork can be left at the property for the attending midwife. Begin using 'whatthreewords' and ask women to download the app to get this information to help finding property.

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3 Birth

Between the hours of 0800 to 2030, Monday to Sunday each Community Midwifery Team must identify and have available a community midwife to attend a home birth at short notice. Two midwives will be allocated to cover the homebirth service between 0800 –2030, This information can be obtained from the Daily Planning on the Community Midwives SharePoint page.

Out of Hours 19:30 – 08:00, ideally three midwives will be allocated as on-call for home birth. It should also be known who the second midwife will be to attend a homebirth for each team if required.

If a midwife is called and asked to attend a home birth, they must let the Midwifery Led Unit know they have arrived at the destination. The midwife must carry their mobile phone so that they can have direct contact with MLU and emergency services if required. They must work in line with the lone worker policy. There are areas in Cardiff and the Vale where mobile telephone reception is reduced. If the midwife is in a known area of low mobile telephone reception or finds they have no mobile phone reception they should either inform the Midwifery Led Unit before proceeding to that area or, if the woman has one, ring from the woman’s landline when they arrive. Two midwives should always be in attendance for the actual birth in case emergency treatment is required or transfer to the Consultant Led Unit. Ideally, one midwife should have experience with homebirths.

Household items such as the bed, carpets and soft furnishings should be protected as much as possible using available materials provided by the patient. All waste contaminated with body fluids must be taken away in the appropriate bags and disposed of on the Midwifery Led Unit. The placenta should be transported in a placenta bucket with a sealed lid unless the parents wish to keep it.

Fluid balance levels should be monitored throughout labour and the hyponatremia trust guidance should be followed. If the patient does not have a jug to measure urine output, alternate options should be discussed. If an alternate vessel for urine collection cannot be acquired, then it should be documented when the patient passes urine with a descriptor as to the amount eg ‘small/medium/large volume passed’.

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3.1 Second Midwife

The second midwife should be called if they have been requested by the first midwife, or when labour is diagnosed in order to provide support, bring Entonox and the emergency equipment.

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3.2 Equipment

To ensure maximum safety for mother and baby the midwife should ensure that they have neonatal emergency resuscitation equipment with them for birth. Every midwife must be competent in resuscitation technique and use of equipment. All equipment must be in working order and all perishable or sterile items/equipment must be within use date (e.g. delivery packs, medication).

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4 Neonatal

The newborn baby must be offered a Newborn Examination within 72 hours of birth by a midwife who is trained in undertaking these checks. If any deviation from normality is identified the baby must be referred to a neonatologist. The midwife should obtain informed consent from the parents before Vitamin K is administered; two midwives will check the drug before it is given either PO or IM.

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5 Postnatal

The midwife should remain with the mother and baby for at least one hour following birth and oxygen saturations must be performed within 24 hours of birth. Vital signs of the mother and baby must be recorded and documented. **Thermoregulation of baby should always be considered including appropriate environment and factors which may affect baby's temperature.** The midwife must observe and be happy that baby has fed well before she leaves. Midwifery contact phone numbers must be given to the woman and clear plans made for the next home visit.

The placenta and membranes should be disposed of in the MLU or in the designated freezer in Llandough Ante Natal Clinic unless the woman has requested to keep the placenta. The midwife should give her clear instructions for correct disposal. This is to ensure proper disposal of products in line with COSHH regulations, meet the wishes of the mother and to prevent infection.

Maternity notes and computer data to be completed to ensure correct documentation records are kept. The woman's hospital notes and the printed birth records together with the postnatal pathway must be available on MLU/ Avon House/Barry Hospital for the newborn examination to be completed.

In the event that the woman or baby's condition gives rise to concern, medical aid must be obtained with transfer to the CLU. The midwife must discuss the reasons for transfer with the Maternity Unit Manager (MUM) and discuss the case with senior neonatologist/senior nurse on NNU stating reason for transfer for the baby.

To meet individual needs and ensure continuity with the named midwife and woman centred care, subsequent postnatal visits are made in partnership with the woman. (NMC 2004).

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6 Transfer to Obstetric Led Unit

If transfer is required in labour, the midwife must accompany the woman in the ambulance in order to ensure maximum safety for the woman. The most senior midwife should undertake the transfer.

If transfer is required post-birth for the mother, the baby cannot be transported in the ambulance with the mother as they cannot be secured, and safety of the baby cannot be guaranteed. The baby will either need to stay at home with the birth partner, transfer to hospital with the birth partner in their own transport or a hospital organised taxi or transfer with the second midwife in a hospital organised taxi. The government guidance for babies in taxis should be followed: [Child car seats: the law: When a child can travel without a car seat - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/child-car-seats-the-law-when-a-child-can-travel-without-a-car-seat)

If transfer is required for the neonatal concerns, an ambulance for the baby should be called separately to the maternal ambulance. The baby should be appropriately secured in the ambulance by the paramedics.

A transfer form should be completed, with one copy should be filed in the patients notes immediately and one copy to remain in Transfer File on Midwifery Led Unit. For transfer guidance please see the AllWales Criteria for Selecting Mode of Transport (Appendix 4).

wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/all-wales-guideline-for-transfers-from-community-and-fmu/

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7 Born Before Arrival (BBA)

In the event of a BBA (born before arrival of healthcare professionals) ambulance control will phone the MLU to advise them of the situation.

The call should be taken by the midwife in charge.

The midwife will take the details and check the maternity information system for any alerts or concerns and triage the call. They should fill in the MLU Proforma for Sending CMW to Home Birth/BBA, found in appendix 9.

The midwife should advise the call handler for the paramedics to bring patient(s) straight into hospital without waiting for the midwife to arrive if:

- There is a history of safeguarding concerns
- There has been no antenatal care
- The Gestation is less than 37 weeks

This is in line with the risk assessment for BBAs. Staff should be reminded to follow the lone worker policy and BBA risk assessment when attending BBA's.

If it is deemed appropriate for a midwife to attend, the midwife on call for the area the patient has given birth in should be called (East/West/ Vale).

If the midwife requests a second midwife, this should be supported and the '1, 2, 3' system found on the on-call rota should be followed for selecting the second midwife to be sent. The location of the on-call midwives should not influence which midwife is sent to the event.

If there is no homebirth cover, WAST should be advised to bring the patient straight in.

On arrival to the property, the midwife should take handover from the paramedics. They should:

- Assess the mother and baby
- Manage the third stage if this is not already complete
- Check for perineal trauma
- Measure or estimate blood loss
- Complete a postnatal check on the mother
- Cut and clamp the cord
- Take cord bloods if the mothers blood group is negative (if possible)
- Offer vitamin K
- Complete the routine neonatal checks (weight, temperature, head circumference, new-born assessment)
- Complete the Neonatal Birth Record and Early Onset Sepsis risk assessment

The midwife should make a holistic assessment, considering any alerts or risk factors for mum or baby as to whether it is appropriate for the family to stay at home or whether they

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should transfer into hospital. This decision should be made with the midwife in charge on the MLU. Paramedics should be asked to stay until the decision has been made as to whether it is appropriate to stay at home or a transfer to hospital is required.

If the decision is made to transfer into hospital then the baby must be labelled prior to transfer and 'chapter 6- transfer ' in this guideline should be followed.

If the decision to stay at home is made, then care should be made following chapter 5- Postnatal in this guideline. A Datix must also be completed.

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8 References –

Birthplace study 2011
Place of birth decision leaflet
NICE Intrapartum Care 2017

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9 Appendices

9.1 Home Birth Booking Form

This is now virtual on SharePoint

Home Birth Booking Form

Team:	Named Midwife:
Date booked for Home Birth:	EDD:
Addressograph	Current telephone numbers Landline: Mobile: Gravida: Parity:
GP surgery:	
Obstetric History:	
Relevant Medical History:	
Risk Assessment completed by:	
Information sheet re complications completed and filed in notes <input type="checkbox"/>	
Reasons hospital birth has been recommended Reasons:	
Referred to birth choices Yes / No	
Discussed with Team Coordinator? Yes <input type="checkbox"/> No	
Team coordinator aware of plans for homebirth?	

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Antenatal transfer: Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:	
Intrapartum transfer: Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:	
If yes how many hours was a midwife with the woman?	
Date of delivery:	Place of birth:
Delivering Midwife:	
<p>Guidelines for booking a woman for a home birth</p>	
<p>Discuss options with each woman at booking appointment.</p> <p>Complete documentation with woman at 36 weeks.</p> <p>Midwife and woman to sign information sheet re complications and this should then be filed in the hand held maternity record not brought back into the unit.</p> <p>Discuss with the woman what we expect her to provide e.g. waterproof sheets (an old shower curtain) old towels, old sheets, refreshments for her and attendants, change mat, clothes for the baby, a bag packed ready in case of transfer to hospital, mobile phone charged if no land line, house number for ease of identification (if possible). Also discuss where she might labour, access to toilet facilities, adequate heating.</p> <p>If suitable for a home birth email form to Team co-ordinators for her to sign.</p> <p>Ensure that all results are filed in the woman's notes by 36 weeks and repeat FBC if indicated.</p> <p>Team co-ordinator will sign form and file in the Booked Home Births folder (kept in MLU core office), and if felt necessary, will print a route planner from UHW to the address to assist staff who attend the home birth.</p> <p>When the woman gives birth it is the responsibility of the attending midwife if it is a home birth or the named midwife if the woman gives birth in hospital to complete the outcome on the booking form. This should be done as soon as possible so that we can accurately record how many home births we attend and how many hours we spend with women who do not have a home birth.</p>	

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Once this form is complete it should be placed in the Home Birth file (kept in the core office MLU).

9.2 Home Birth Booking Form 2

HOME BIRTH BOOKING FORM 2

(To be used following discussion with the information leaflet “Would you like to have your baby at home?”)

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When you think you are in labour, please telephone the Midwifery Led Unit at UHW (telephone numbers are in your hand-held notes). They will contact the on-call Community Midwife, who will attend your home for your labour assessment. If you are found to be in established labour, the All Wales Clinical Pathway for Normal Labour can be commenced.

Please be mindful that the time it takes for the community midwife to arrive at your home can vary. If there is an anticipated delay, the MLU will advise you of this.

Monitoring your baby's heartbeat in labour

The midwife will listen to your baby's heartbeat at least every 15 minutes throughout the first stage of labour, using either a Pinard or a fetal Doppler machine. During the second stage of labour, they will listen after every contraction. If your midwife feels concerned with your baby's heart rate at any time, they may recommend listening to your baby's heart rate more frequently and if they remain concerned, transfer into the Consultant Led Unit will be advised. We are unable to provide continuous electronic fetal heartrate monitoring at home.

Eating and drinking in labour

It is important to remain hydrated in labour and we recommend drinking to thirst. We recommend the normal safe oral fluid intake during labour and birth should not exceed approximately 2500 Milliliters (mls) in a 24-hour period. It can be dangerous to you and baby if you have drunk too much water (or fluid) as this can cause a condition called hyponatremia, where the sodium levels in your body are abnormally low. This can cause nausea, vomiting, confusion, seizure s and in severe cases cardiac arrest.

Water freely crosses the placenta, meaning that if mum has developed hyponatremia, baby may be affected as well . Signs and symptoms of hyponatremia in baby may include seizures.

Due to this risk, we would recommend monitoring fluid intake and output on a fluid balance chart throughout your labour. We would recommend you source a simple measuring jug so that we can do this accurately. If we were concerned that you are not producing enough urine despite drinking fluid, transferring into the MLU may be recommended for further investigations.

Role of your birthing partner(s)

You may choose to have your husband, partner, friend, family member or a doula present at your home delivery. Please be mindful of space in your home and your own privacy when considering who you may wish to be with you in labour. Only you can decide who is best to provide you with the emotional and physical support you will need whilst in labour. Your midwife will remain the lead professional throughout and no decisions will be made without your full discussion and consent.

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Pain relief at a home birth

Water:

This can be an highly beneficial form of non pharamalogical pain relief in labour. Many parents may choose to privately hire a pool for labour however this is not essential.

TEN's Machine: These can be purchased privately and are an excellent source of analgesia particularly in early labour or for back pain in labour

Entonox (gas + air): Community midwives can bring Entonox to you when you are in labour, please ensure to ask for this when you phone the MLU in labour.

Pethidine- This is not carried routinely by the community midwives. If you think you may wish to use pethidine, you will need to let your midwife know in advance so she can arrange this for you. You will be able to pick this up from UHW. This will be your responsibility to keep safe and dispose of if not used.

Reasons you may need to be transferred into hospital

- Your labour is progressing very slowly in either the 1st or 2nd stage.
- Your midwife has concerns about your baby's heart rate.
- Your midwife has concerns about your fluid balance levels
- Your baby has its bowels open (passes meconium) during your labour, and delivery is not imminent.
- Heavy bleeding occurs either during labour or following your baby's birth.
- You request further analgesia which cannot be administered at home (ie an epidural)
- Your placenta remains undelivered after approximately 1 hour following the birth of your baby.
- Midwives are proficient in suturing the majority of tears that may occur after childbirth, however there are occasions where suturing is best performed in the Consultant Led Unit by a senior doctor.
- If your baby needs any additional support at birth or shortly after birth. This could be a number of different things.

We always recommend having an overnight bag packed ready to attend hospital just in case a transfer to hospital is required.

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There are times when the Welsh Ambulance Service waiting times are increased. This can, on rare occasions, increase transfer times.

If you require transfer into the hospital after your baby is born, but baby is well, baby will be unable to transfer in with you in an ambulance. We recommend you have a plan for what you would like to do in this instance, whether you would like your birth partner to bring baby to you in your own transport, baby to stay at home with your birth partner or for the second midwife to bring baby into hospital in a hospital arranged taxi.

Emergency situations

Midwives are trained to deal with all emergencies that can occur during labour or delivery, and these are rare, however midwives do carry oxygen and resuscitation equipment in the unlikely event that it is required. If transfer into hospital is necessary, the midwife will telephone for an ambulance using the 999 emergency services and will accompany you to the hospital.

If you are using an inflatable birthing pool and an obstetric emergency occurs it may be necessary to burst the pool to evacuate you quickly. This could cause water damage to the home and therefore we recommend that if you plan to use a birthing pool you inform your insurance company prior to delivery.

What can you do to help us?

If you choose a home birth, our aim is to provide you with a positive birth experience, where you and your birth partner(s) feel empowered, safe and in control. However, we would like to respectfully remind you that when midwifery staff are in your home, they remain employees of Cardiff and Vale University Health Board and are therefore entitled to the same protection under employment law as if they were on duty at the hospital.

There are several things that you and your birth partners can do to assist in keeping midwifery staff safe whilst attending your home.

- When you know the midwife is on their way, ensure (if possible) that there is parking available as close as possible to your home.
- If your midwife is arriving during the hours of darkness, it is helpful if you could switch on any front house lights (ie front room, front bedroom etc) and even open the front door to alert the midwife to the correct house on her arrival.
- When the midwife arrives, it would be helpful if someone is available to help her carry the equipment in from the car as we come with a delivery bag, Entonox, resuscitation equipment and baby weighing scales.

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- It would be appreciated if midwives have access to drinks, these are equally beneficial to you and your birth partner(s) to ensure adequate hydration and nourishment.
- It is important to ensure the safety of your home environment for the midwife: ie maintaining a satisfactory temperature (a warm environment is also beneficial to a newly delivered baby), pets to be kept under control, appropriate seating, toilet facilities etc
- Cardiff and Vale University Health Board has a zero tolerance policy regarding staff exposure to violent and aggressive behaviour. If your midwife feels threatened or intimidated at any time, she is entitled to leave your home and/or call for assistance.

Homebirth Consent Form

I confirm that this information has been discussed with me by a member of the Cardiff and Vale midwifery team, I have been provided with the opportunity to discuss any concerns I may have and the preferences I have. I am happy to support the recommendations made.

Name.....

Signature.....

Birth Partner Signature (optional).....

Midwife's Name.....

Midwife's Signature.....

Date.....

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9.3 Health and Safety Risk Assessment for Home Visits

Health and Safety Risk Assessment for Home visits

NAMED MIDWIFE: _____
 GP SURGERY: _____

Form to be started at booking and completed by named midwife in GP surgery as an assessment surgery and filed in correspondence section of hand held Maternity record.

If any major risk factors are identified copy the form and discuss with Coordinator and then place an alert on electronic Maternity System.

	Info from eg GP	Y E S	N O	Signatur e and Date
a) Is the address easy to find?				
b) Is there parking near to the property? Is it free?				
c) Is the access door visible from the road?				
d) Is the access door well light?				
e) Is the house a shared property? And any concerns regarding other occupants?				
f) Are their pets in the house? And do they pose any concerns?				
g) Are there any concerns about the woman's physical or mental Health? Or Partner/Family member?				
h) Are there any concerns re: behavioural or aggressive behaviour of woman? Or Partner/Family member?				
i) Have any incidents been reported by other staff?				

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j) Does your mobile phone work in and around the property?				
k) Are there any concerns attending the property alone during the day?				
l) Are there any concerns attending the property alone at night?				

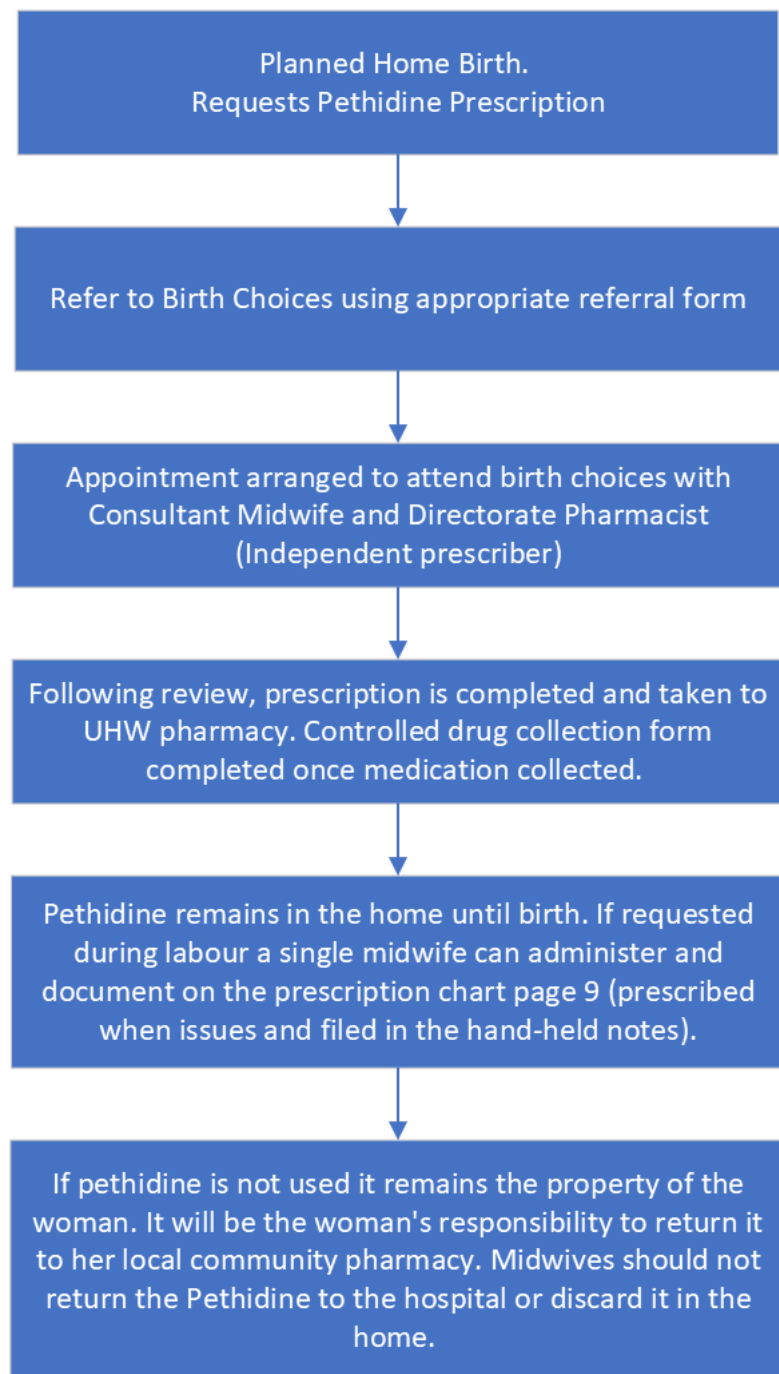
If any of the shaded boxes are ticked please outline concerns, inform team co-ordinator and plan any visits to ensure lone working or visiting is safe at all times to provide the woman with the appropriate care.

Concern	Action
a)	
b)	
c)	
d)	
e)	
f)	
g)	
h)	
i)	
j)	

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k)	
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9.4 Homebirth Pethidine Prescription and Standard Operating Procedure



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9.4.1 Prescription of Pethidine and Cyclizine for Home Births

- 4 x 50mg ampoules of Pethidine and 2 x 50mg cyclizine will be prescribed

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via the birth choices clinic with the directorate pharmacist (independent prescriber) for use at homebirth.

- The patient will then take the prescription to UHW for dispensing.
- On collection, the patient will provide identification so that the controlled drug collection form can be signed and completed.
- The pethidine will then be released from pharmacy for the woman to take home.
- The pethidine remains the property of the woman.

9.4.2 Administration of Pethidine at a Home Birth

- The dispensing and accuracy checking of the pethidine from pharmacy is considered the first checking of the controlled drug.
- At the point of administration, the second checker is the midwife in attendance. Two midwives are NOT required to be in the home to administer IM Pethidine.
- The administration of pethidine should be recorded on page 9 of the prescription chart within the hand-held maternity records. Page 9 will contain the prescription details to be signed by the midwife.
- If the pethidine is drawn up but not given the amount discarded should be recorded on page 9 of the chart stating reason not administered. This should also be recorded in the All Wales Normal Labour Pathway notes.

9.4.3 Disposal of Unused Pethidine

- **The Pethidine remains the property of the woman and it is her responsibility to return the unused ampoules to her local community pharmacy.**
- **Midwives MUST not return the Pethidine to the hospital following the birth.**

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10 Proforma for sending CMW to Homebirth or BBA

Proforma for Sending CMW to Home Birth/BBA

Date and Time of Call	
Name/role/location of person calling	
Name/role/location of person receiving call	
Is patient booked for a Homebirth? If so check HB folder information	
Gestation and parity- if <37/40 should immediately transfer to CLU via most appropriate method. If BBA- paramedics should be advised to transfer immediately and not wait for midwife	
Situation-	
Background-	
Assessment-	
Recommendation-	
Has full AN assessment been completed and documented on electronic record- any deviations from MLC?	
Patients name	
Patients current address and post code (include any extra information about finding address)	
Telephone number and support persons telephone number	
Unit number	
Are there any safeguarding concerns- if so- what are these?	
Check maternity informatics system for any alerts	
BBA	
Is ambulance crew present?	

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Is first responder present?	
Estimated time until ambulance arrive at address	
Homebirth	
If the patient is suspected to be in established labour or requesting entenox-2 midwives to attend	
Name and time 1 st CMW called	
Have they requested their second midwife?	
Nama and time 2 nd CMW called	
Time 1 st CMW arrived at address	
Time 2 nd CMW arrived at address	
Time 1 st CMW home	
Time 2 nd CMW home	

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