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Home Birth Guidelines

Introduction and Aim

Pregnancy and birth should be considered a normal physiological process. For women with uncomplicated pregnancies home should be offered as a place of birth.

All women should have access to the birth place decision support leaflet and all decisions made by women should be respected.

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 also includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity

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	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Documents to read alongside this Procedure	*Vitamin K Guideline* *NICE Intrapartum Care Guidelines*
Approved by	*Maternity Professional Forum*

Accountable Executive or Clinical Board Director	*Ruth Walker, Executive Nurse Director*
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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	7th Feb 2024		Review and update. Homebirth booking forms updated. -Include specific information about WAST delays -SOP for transferring babies in for resuscitation -Information on hydration and fluid balance for women to make an informed decision

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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 birth place 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.

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 Euroking 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 to 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 and filed in the home birth file in both the Midwifery Led Unit and the Community Office at Avon House. This is to ensure all staff are aware of the planned home birth and for audit purposes.

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. Each team will allocate, on a daily basis, a midwife's name and contact telephone number at 0800 to the co-ordinator of the Midwifery Led Unit. Between the hours of 1930 and 0800 the next day three midwives will be allocated as on-call for home birth. It should also be known who will be the second midwife to attend a homebirth for each team if required.

If a midwife is called and asked to a home birth she must let the Midwifery Led Unit know she has arrived at her destination. The midwife must carry her mobile phone and lone worker device at all times so that she can have direct contact with MLU and emergency services if required. 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 she has no mobile phone reception she 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 she arrives. This is to comply with lone worker policy and so that a second midwife can be identified to attend when required. Two midwives should always be in attendance for the actual birth in case emergency treatment is required or transfer to the Consultant Led Unit. At least 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. 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 box with a sealed lid unless the parents wish to keep it.

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3.1 Second Midwife

The second midwife should be called straight away to support and provide Entonox and emergency equipment in case it is required.

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3.2 Equipment

To ensure maximum safety for mother and baby the midwife should ensure that she has the emergency resuscitation equipment with her 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 examined within 72 hours of birth by a midwife who is appropriately trained. 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 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. The woman's hospital notes and the printed birth records together with the postnatal pathway must be available on MLU or 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. This is to ensure maximum safety for the woman. If transfer is required post-birth where possible mother and baby should be transferred together - unless mother or baby requires resuscitation and a second ambulance is required. A transfer form should be completed and one copy is be filed in the woman's notes immediately and one copy to remain in Transfer File on Midwifery Led Unit. For transfer guidance please see the All Wales Criteria for Selecting Mode of Transport (Appendix 4).

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7 References –

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

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8 Appendices

8.1 Home Birth Booking Form

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 ☐	
Reasons hospital birth has been recommended Reasons: Referred to birth choices Yes / No Discussed with Team Coordinator? Yes ☐ No	
Team coordinator aware of plans for homebirth?	

Antenatal transfer: Yes ☐ No ☐
Reason:

Intrapartum transfer: Yes ☐ No ☐
Reason:

If yes how many hours was a midwife with the woman?

Date of delivery: Delivering Midwife:	Place of birth:

Guidelines for booking a woman for a home birth

Discuss options with each woman at booking appointment.

Complete documentation with woman at 36 weeks.

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.

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.

If suitable for a home birth email form to Team co-ordinators for her to sign.

Ensure that all results are filed in the woman's notes by 36 weeks and repeat FBC if indicated.

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.

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.

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

8.2 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?")

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 to make an assessment. If you are found to be in established labour, the All Wales Clinical Pathway for Normal Labour can be commenced.

MONITORING YOUR BABY'S HEART BEAT 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 2nd stage of labour, she will listen after every contraction. If your midwife feels unhappy

with your baby's heart rate at any time, transfer into the Consultant Led Unit will be advised. There is no access at home to a CTG machine for extra monitoring.

EATING AND DRINKING IN LABOUR

Discuss with women the importance of remaining hydrated, but also the potential dangers related to fluid overload during labour. Advise women to drink naturally and comfortably to thirst.

Discuss the normal safe oral fluid intake during labour and birth which should not exceed approximately 2500 Millilitres (mls) in a 24-hour period.

Discuss that water freely crosses the placenta, thus neonatal hyponatraemia may co-exist. Signs and symptoms of hyponatraemia in the neonate include seizures similar to those caused by hypoxic ischaemic encephalopathy (HIE).

Advise women because of this we would recommend monitoring fluid intake and output on a fluid balance chart. We would recommend them sourcing a simple measuring jug so that we can do this accurately.

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. In theory you can have as many people present as you wish but please be mindful of space and your own privacy. Birth partners are intended as a mechanism of support rather than to be a spectator. 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.

PAIN RELIEF AT A HOME BIRTH

Water:- This is known to be the most beneficial form of non-pharmacological pain relief in labour. Delivering your baby in water (a water birth), is also an option, but is not essential.

TEN's Machine:- These can be purchased from many pharmacy stores and are great for use in early labour or when experiencing back pain during labour.

Entonox (gas + air):- All community midwives will have access to Entonox during your labour at home.

Self help skills - Relaxation/Meditation/Homeopathy:- You may wish to use these, midwives do not have specific training in this but are happy to support you if you choose these.

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 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.

Most of the above situations are not classified as emergencies; however a 999 ambulance will always be called if transfer is required. We always recommend having an overnight bag packed ready to attend hospital just in case.

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

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.

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 her 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.

- It would be appreciated if you could ensure regular drinks and snacks are offered to your midwife, these are equally beneficial to you and your birth partner(s) to ensure adequate hydration and nourishment.

- It would be much appreciated if you could 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……...

Midwife's Name……

Midwife's Signature……

Date……

8.3 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	YES	NO	Signature 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?				
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)	
k)	

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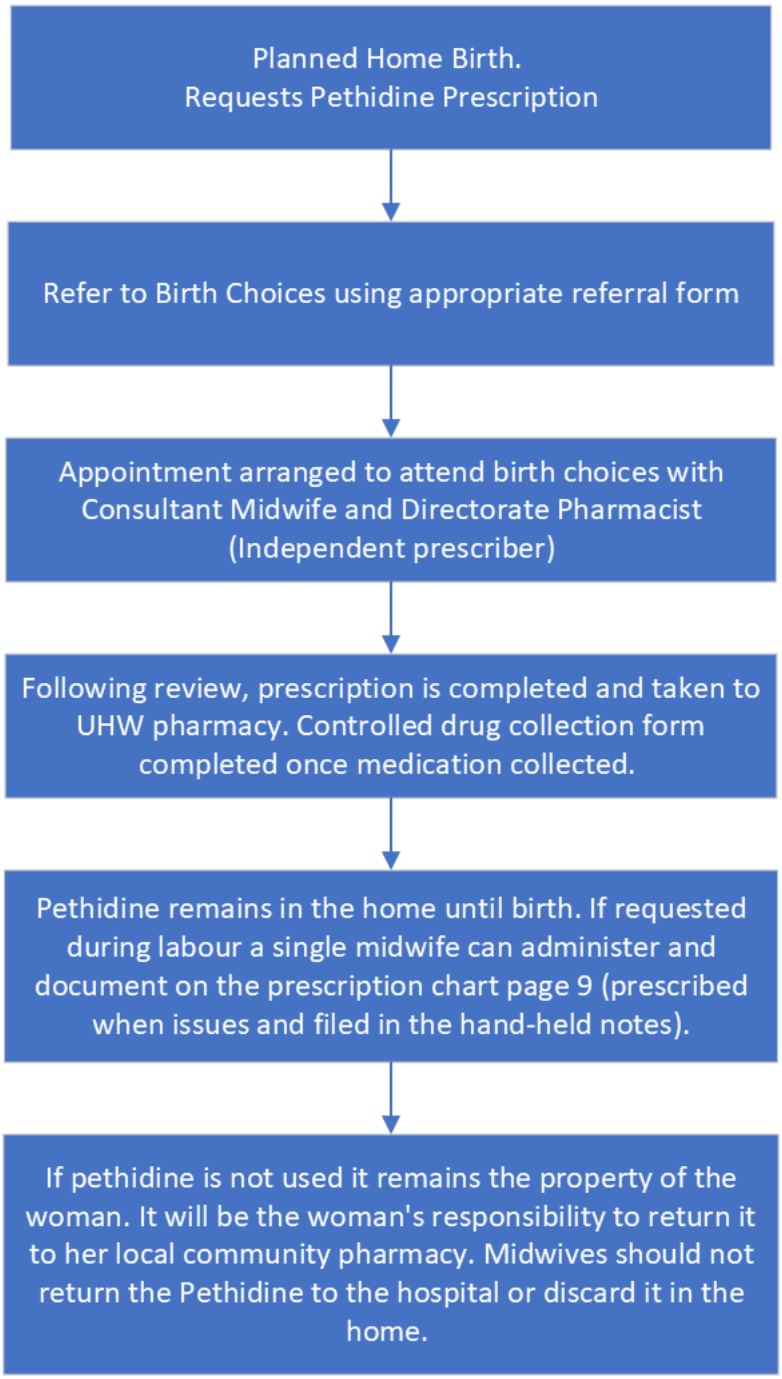
8.4 Homebirth Pethidine Prescription and Standard Operating Procedure



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8.4.1 Prescription of Pethidine and Cyclizine for Home Births

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

8.4.2 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.

8.4.3 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.**

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 E3- 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 E3 for any alerts	
BBA	
Is ambulance crew present?	

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 1st CMW called	
Have they requested their second midwife?	
Nama and time 2nd CMW called	
Time 1st CMW arrived at address	
Time 2nd CMW arrived at address	
Time 1st CMW home	
Time 2nd CMW home	

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