Home birth 2013–15

HOME BIRTH

INTRODUCTION

• Offer women the choice of planning a birth at home, in a midwife-led unit or in an obstetric-led unit (NICE 2007 CG 55 Intrapartum Care)

Communication with woman

• Inform woman that:
  • giving birth is generally very safe for both her and her baby
  • there is a higher likelihood of a normal birth with less intervention among women who plan to give birth at home
  • there are rare events that, if occurring at home, may have worse outcome for mother and baby than if occurring in hospital

Referral for home birth

• On confirmation of pregnancy, woman can either refer herself to a community midwife who is attached to a GP surgery, or ask GP to refer her

MANAGEMENT PLAN

Community midwife

• Takes a comprehensive booking history
• Offers choice regarding place of delivery
• Provides antenatal care
• Provides contact details, together with those of the midwifery led unit and documents in maternal healthcare record
• Arranges booking scan. Subsequent mid-trimester scan will be arranged at initial booking scan visit
• Encourages woman to attend regular antenatal visits as per local care pathways
• Completes notification of home birth as per local policy.
• While home birth is predominantly a choice available for women meeting the low-risk criteria, occasionally women who do not fit this criteria may request a home birth. In these cases, community midwife will:
  • arrange appointment with consultant obstetrician
  • inform and seek support from a supervisor of midwives
  • High risk women should follow the appropriate care pathway for their specific needs by both their named community midwife and named obstetrician

• 34–36 weeks’ gestation:
  • carries out risk assessment and discusses home birth arrangements/birth plan
• 36–37 weeks’ gestation:
  • checks and arranges delivery of home birth bag to woman’s home

Pethidine

• If the woman wishes to receive pethidine as a form of pain relief, she must obtain as a personal prescription from her GP. She is responsible for its storage and disposal if not used
• Midwife checks and administers the injection of pethidine according to NMC standards for medicines management (2008) and NMC Rules and Standards (2004)
• Women must be informed of possible complications during labour and delivery which may necessitate transfer to hospital via ambulance
Home birth 2013–15

- Midwife must document in detail that such a discussion has taken place

**If, at any time, woman's risk category changes, appropriate referral must be made**

Home birth cover
- Woman contacts the maternity hospital as discussed during her birth plan visit
- The maternity unit will contact a midwife as per local arrangements.
- Community midwife will attend as soon as possible to diagnose labour
- Once labour diagnosed, a second midwife will be requested

Intrapartum care at home birth
- First midwife is responsible/accountable for care in labour and delivery
- Second midwife attends and supports first midwife during delivery and with any obstetric/neonatal emergency as required
- Intrapartum care record is used to record progress of labour and delivery
- Intrapartum auscultation of the fetal heart using a sonic aid – see Intermittent auscultation guideline. If deviations from normal are identified at any time during home confinement, midwives must act accordingly (NMC guidelines September 2007) see Maternal transfer guideline (or follow local practice) and NMC midwives rules
- Local maternity hospital must be informed when labour and placenta delivery are complete

**POSTNATAL CARE AT A HOME BIRTH**

Mother
- As routine, record:
  - temperature
  - pulse
  - BP
- Suture if required
- Initiate skin-to-skin contact and breast or bottle feeding according to woman’s preference and document time – see Staffordshire, Shropshire & Black Country Newborn Network Breastfeeding guideline or follow local practice
- Assist mother with personal hygiene
- If breastfeeding, arrange breastfeeding support
- Provide local contact numbers and tell mother who to contact for emergency medical relief (e.g. 999)

Baby
- As routine following delivery:
  - obtain parental consent and administer vitamin K (Konakion MM paediatric) 0.1 mL IM
  - if parents request, bathe the baby (provided temperature remains >36.4°C)

General

**First midwife**
- Arranges home visit for next day or later that day if required (depending on time of delivery)
- Returns equipment, yellow disposal bag, yellow placenta bucket, used instruments to local maternity unit.
- Obtains NHS number for baby
- Records delivery information on computer system
- Initiates Red Book
- Restocks home birth bag and returns it to store room. Records this has taken place
- Ensures Neopuff is clean, complete and signed back in as per local practice
- Ensures entonox tubing is re-usable, Entonox cylinders must be replaced by contacting hospital porters
Home birth 2013–15

- On-call community midwives inform local maternity unit that they have returned home
- Arrange hearing screening for baby using appropriate request form
- Inform woman’s GP that home delivery has taken place

**HIGH-RISK CARE**
- Women who are booked for high-risk care may also wish to deliver their baby at home, and have a right to do so
- Midwives discuss woman’s wishes with her in a non-judgemental manner, providing detailed information, options for care and outlining any potential risks so that the woman may make a fully informed decision about place of delivery
- Offer high-risk woman the opportunity to deliver on the midwifery-led unit as a safer option, in agreement with her consultant, named midwife and unit manager
- If she still declines admission to hospital for her labour, provide care at home by a community midwife who is appropriately trained to perform any emergency procedures necessary
- A supervisor of midwives must be available (contact via delivery suite) at all times for advice

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Good preparation is key.
Midwives must not practice outside the scope of their abilities (NMC rules). He/she must ensure a supervisor of midwives is contacted and must not be drawn into unsafe practice
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- Consultant providing care will discuss woman’s wishes with her
- Community midwife must make every effort to attend the appointment to ensure all parties have explored the risks of home birth. If it is not possible for the community midwife to attend the appointment, she should discuss with consultant before appointment date
- If a woman chooses not to accept the advice provided by the consultant and community midwife, make an appointment for her to meet with a supervisor of midwives to ensure all possibilities have been explained

**Documentation**
- Document all discussions between mother/community midwife/consultant/supervisor of midwives
- Formulate a detailed plan (agreed by all parties) and place copies in:
  - woman’s hand held records
  - local maternity unit
  - woman’s healthcare record

**Equipment**

<table>
<thead>
<tr>
<th>Equipment</th>
<th></th>
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<tbody>
<tr>
<td>Sonicaid</td>
<td>Prolapsed cord kit</td>
</tr>
<tr>
<td>Sphygmomanometer and stethoscope</td>
<td>500 mL sodium chloride 0.9%</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Foley catheter</td>
</tr>
<tr>
<td>Tape measure</td>
<td>IV giving set</td>
</tr>
<tr>
<td>Delivery pack and instruments</td>
<td>10 mL water</td>
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<tr>
<td>Sterile and non-sterile gloves</td>
<td>spigot</td>
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<tr>
<td>Apron</td>
<td>Baby scales</td>
</tr>
<tr>
<td>Cord clamps</td>
<td>Boy and girl red book</td>
</tr>
<tr>
<td>Gauze squares</td>
<td>Cot cards</td>
</tr>
<tr>
<td>Amnihook</td>
<td>Baby labels</td>
</tr>
<tr>
<td>2 disposable catheters</td>
<td>Neopuff bag (checked)</td>
</tr>
<tr>
<td>Lubricating gel</td>
<td>Spare green oxygen tubing, and white tubing</td>
</tr>
<tr>
<td>Hand cleansing rub</td>
<td>Spare small and medium size face mask</td>
</tr>
<tr>
<td>Assorted syringes</td>
<td>Equanox regulator</td>
</tr>
<tr>
<td>Green and orange needles</td>
<td>2 mouth pieces</td>
</tr>
<tr>
<td>Blood bottles</td>
<td>2 face masks</td>
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<tr>
<td>Cord blood stickers and forms</td>
<td>Vitamin K (check date)</td>
</tr>
<tr>
<td>Towel</td>
<td>Needle holder</td>
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