Worcestershire Acute Hospitals NHS Trust

Homebirth Guideline

Key Document code:	WAHT-TP- 094	
Key Documents Owner/Lead:	Caitlin Wilson	Consultant Midwife
Approved by:	Maternity Governance Meeting	
Date of Approval:	21st August 2020	
Date of review:	4th June 2025	

Key Amendments

Date	Amendments	Approved by
21st August 2020	New form added to document – Homebirth Information for Team – Update to Appendix B	Maternity Governance Meeting
15th January 2021	Document updated and approved a Maternity Governance.	Maternity Governance Meeting
4th June 2024	Document extended for another 12 months whilst under review	Maternity Governance

Introduction

At Worcestershire Acute Hospitals NHS Trust, our philosophy is to offer women a choice about where they have their baby. Women should receive clear, unbiased information about choice of birth place. This includes the option to birth at home (NHS England, 2016).

Findings from The Birthplace study (NPEU, 2011) show that birth at home may have benefits to low risk women in that they are more likely to experience normal birth with less intervention. For multiparous women there were no significant differences in adverse perinatal outcomes between planned home birth or midwifery units and planned birth in obstetric units. For nulliparous women there is a small, but statistically significant increase in adverse outcomes for birth at home although the overall rate remains low (NICE 190).

Aim of Guideline

This guideline aims to inform all healthcare professional providing maternity services for women and their families with the information regarding home birth. Worcestershire Acute Hospitals NHS Trust Maternity Services will provide women with information to enable them to make an informed decision about where to give birth. Midwives will support women in their choice of home birth by providing information on available local services and ensure that those that women who choose to give birth at home are suitable for this place of birth, or that their individual circumstances are explored in detail in order that they are supported throughout their experience.

This guideline is intended only as an outline in terms of additional aspects that are required to be in place for a homebirth. All other aspects of low risk antenatal intrapartum and postnatal will be the same whatever the care setting. (Refer to the guideline entitled Insert link to routine AN, PN and IP care guidance)

Supporting Women's Choice for a Home Birth

The choice of birth place will be discussed throughout pregnancy with women and their families by the named midwife. The decision of where to give birth can be made at any stage during pregnancy. However, all women should be provided with verbal and written information about choice of birth place with the risks for both home and hospital birth should be discussed and recorded.

The woman must be informed about the available emergency services with the anticipation that additional back up may be required. Women must be given accurate information as to the expected times for arrival / transfer by ambulance to the nearest obstetric unit. The midwife needs to inform women planning homebirth will call a 999 emergency ambulance with paramedic team if transfer to a main obstetric unit is required. Ambulance response rates vary according to geographical area and availability, but is a priority 1 call, and this must be discussed with women. All discussions, advice given and plans for care should be recorded on the Information for Homebirth checklist (Appendix)

Criteria for Homebirth

37+0 weeks and under 42+0 weeks of pregnancy

- Age: if < 40 at booking
- Para 0-5
- Singleton pregnancy
- BMI < 40 with good mobility
- Cephalic presentation
- No known or envisaged medical, obstetric, anaesthetic or neonatal complication.
- No previous significant obstetric history or significant current obstetric complications

Suitability for a homebirth will be continuously assessed by the midwifery team involving the woman's medical, social, obstetric history and current circumstances and the woman's preferences.

If the woman is suitable for Midwife led care, then they are suitable for homebirth.

Birth Planning for Women who are not recommended for homebirth

The Human Rights Act (1998) women have the right to make their own informed decisions about where to give birth. Community Midwives will discuss choice of birth place AT BOOKING with a discussion about risks and benefits of all locations of birth (see appendix). All discussions about birth place will include risks and benefits, and where women are not recommended to birth at home, a clear discussion about individual, specific risks that she has and the associated risks with her birth place choice. The community midwife should explore rationale for birth choice (ie fear of hospital, previous birth experience etc) and alternative birth place choices (such as Meadow Birth Centre). All conversations to be document in current health record.

If woman choses a homebirth but her history or circumstances indicate the most appropriate place for birth to be the main obstetric unit, a homebirth notification needs to be made to: her named

consultant, consultant midwife, team leader and community Matron. A multiprofessional (MDT) approach to care planning will take place and be written in conjunction with the Consultant Obstetrician and Consultant Midwife and woman. Advice from the MDT will be included in the recommendations including any consideration to mitigate potential problems.

A multidisciplinary approach will be taken to support the woman in facilitating her choice. Care planning will be shared between community midwifery team, Consultant Midwife and a named Obstetrician to make a plan with the woman and her family that reflects her wishes and the safety of her and her baby.

Referral to the Consultant Midwife and Consultant Obstetrician must take place as soon as a woman expresses her choice to birth at home regardless of gestation (see appendix). Please ensure that all relevant information is provided including previous conversations about birth planning.
Birth Plan:
All elements of the woman's personal birth plans must be discussed and included in care planning. Women my present their plans in writing or verbally.

Benefits and risks associated with planning a home birth

Any environmental concerns such as access to the property or if it is difficult to find (ie SatNav postcode different to address). This will be done by the named community midwife.

Routine offer of care package in a home environment such as observations, vaginal examinations and clear plan in place where a woman expresses that she does not wish some/all of the package. Inform women that package is intended for women where there are no risk factors

Ensure that women are aware of the transfer process including time delays to medical assistance, advice and treatment

Community Midwifery Emergency Bag List and Equipment

Following a homebirth, the midwife in attendance is required to ensure that all equipment and stock is replaced using the Equipment Check List. Homebirth equipment is checked weekly to ensure stock in in date and correct. Homebirth equipment is stored locally and any midwife who will be attending homebirths needs to be familiar with local process for storage and access. See Appendix x

Skills and Training

Midwives are experts in normal birth and should be confident and competent to support women to give birth in a variety of settings including the woman's home.

All midwives must undertake annual emergency drills updates to enhance their confidence in managing emergencies effectively.

All staff should be provided with the opportunity to debrief following an emergency situation to facilitate reflection and promote individual development.

Home Birth Planning

Antenatal Care:

Booking:

For low risk pregnancies WAHT antenatal guidance to be followed

Risk assessment to be completed at booking and this is to be reviewed at each visit in pregnancy. The community midwife will support women to make informed decisions about the safest place to give birth in line with the woman' preferences and wishes.

Discuss homebirth and birth place choices using the information in Appendix x and NHS Choice of BirthPlace leaflets.

Where a woman is planning to use water for labour and/or birth please refer to the WAHT Waterbirth Guidance. All conversations to be documented in maternity records
Notification of homebirth to be sent to HomeBirth administrator located in Kidderminster Hub. The information will be disseminated to team leaders, Matrons and community midwives.

The homebirth check list to be completed by 36 weeks and recorded in maternal maternity record.

Labour and Birth

Attending midwife must inform labour ward that they are attending a homebirth and that the woman is in labour. Inform 2nd midwife of progress so that work/rest can be allocated accordingly using discression when at night.

Prepare birth area including easy access to equipment.

Neonatal resuscitation area to be set up close in close proximity to the birth room on a safe, hard surface.

Routine care as per WAHT intrapartum guidance

The attending midwife is responsible to ensure that all PPE is worn and safety measure adhered to (Health and Safety Policy)

Assessment for suitability to remain at home for labour and birth must be ongoing and clearly documented in the maternal notes and discussed with the woman. Where deviations or risks are identified, transfer to the obstetric unit must be arranged . If it is a time critical emergency, 999 must be called immediately. Inform labour ward co-ordinator of transfer.

Third Stage of Labour

Where possible, delayed cord clamping

Third stage to be completed as per maternal request, either physiological or active management. Oxytocin available in and accessible in case of an emergency or increased blood loss

Perineal trauma assessment and repair per WAHT intrapartum guidance. Good lighting needs to be available when performing perineal repair at home. Should the repair not be suitable to undertake at home, transfer to the obstetric until must be arranged.

Postnatal Care

Skin to skin contact as per consent of woman and interruptions minimised during the immediate postnatal period.

Support with the initiation of breastfeeding as per maternal choice. Support with artificial feeding as per maternal choice

Inform labour ward co-ordinator of birth

Check and dispose of placenta and dispose in waste bag/bucket. Return this to labour ward along with any clinical waste/equipment. If mother is keeping the placenta this needs to be clearly documented. If burying, mother to be informed of depth to prevent animal disturbance.

Monitor for first void and document volume.

Care of the Neonate:

Administer vitamin K as per maternal consent, following WAHT Neonatal guidelines.

Attending midwife to perform initial examination of the newborn. Arrangements to be made for the NIPE exam to be performed by a qualified practitioner within 72 hours of birth.

Before Leaving the Home

Ensure that the woman is aware of emergency contact numbers for maternity services and other emergency services

Midwife to arrange contact within 6-8 hours after birth or the following morning (if birth overnight) to assess wellbeing of mother and neonate

Infant feeding, passing urine and meconium and safer sleeping to be discussed with the mother prior to leaving the property. Information leaflet to be left at the home.

Mother aware to contact maternity services or GP if any of the following occur:

- constant or inconsolable crying
- baby is sleepy or jittery
- poor feeding or not suckling well
- no urine or meconium passed in 24hours
- mother has difficulty passing urine or small voids despite good fluid intake
- any changes in colour of the baby ie yellow, white, blue
- heavy lochia loss or bleeding that is more than expected

Documentation

All notes to be completed as contemporaneously as possible. All noted to be completed before leaving the home

Birth notification onto badgernet if not done in the home

Refusal to transfer to hospital

Labour ward co-ordinator to be informed. Document time and advice

Discuss care management with obstetrician. Document time and advice

Second midwife to attend if not present. Document time

On call manager to be informed for support/advice. Document time/advice

Woman and partner to be fully informed of conversations/escalation and advice including risks and changing clinical picture

Call paramedics to attend and detain if required for additional and ongoing support

Born Before Arrival (BBA)

In the event of Birth Before Arrival (BBA) Worcestershire Acute Trust (WAHT) and the West Midlands Ambulance Service (WMAS) have adopted the scoop and run policy.

This policy is to avoid any potential delay in care for mother and or baby waiting for midwifery support to arrive when transfer to hospital could be facilitated immediately.
If a woman who has planned to birth at home has a BBA the community midwife or continuity midwife may choose to attend. This will be dependent on information received, the ability to attend in a timely manner and the clinical safety of the mother and baby. This must be judged on an individual basis and should not compromise WMAS scoop and run policy.

Multiple home births at one time

Home births are facilitated by community midwifery and continuity teams who provide the service through a local on call agreement. The number of planned home births within the county are monitored weekly alongside the availability of the midwifery staff.

On the rare occasion the on call midwives within the county are unable to attend a home birth, the woman should be asked to attend the hospital.

The midwives may be unable to attend due to being at another home birth, activation of escalation policy to work in unit, adverse weather conditions or in ability to cover the on call.

Women planning a home birth should be made aware that it may be possible they would be asked to birth in hospital should these circumstances occur but in the context of how rare this is.

This information should be included in the home birth discussion and be documented.

Midwives to follow Lone Worker policy when attending homebirths

Where to Give Birth : Outcome Evidence for Women Having Their First Baby

Evidence shows that a healthy woman having a straightforward pregnancy is likely to have fewer interventions and better outcomes if they give birth at home or in a midwife led unit, compared with an obstetric unit (NICE 2014). For women having their first baby, there is a slightly increased chance of the baby experiencing a serious medical problem at birth

Vaginal birth
794 women per 1000 (79%) women planning to give birth at home have a spontaneous vaginal birth, as compared to : 813 (81%) in a freestanding midwife-led unit (FMU) 765 (77%) in an alongside midwife-led unit (AMU) 688 (69%) in an obstetric unit.
Transfer rate
450 women per 1000 (45%) may transfer to an obstetric unit. Common reasons for transfer are: • Request for stronger pain relief • Slow progress in labour
Caesarean Section rate
80 per 1000 women (8%) transfer from their planned home birth and go on to have a caesarean section, as opposed to : 121 per 1000 (12%) in an obstetric unit.
Outcomes for the baby
9 babies per 1000 (0.9%) will have a serious medical problem, compared to : 5 babies (0.5%) born in a midwifery-led unit or an obstetric unit

More information : https://assets.nhs.uk/prod/documents/NHSE-your-choice-where-to-have-baby-first-baby-sept2018.pdf
(NICE 190, NPEU 2011)

Where to Give Birth : Outcome Evidence for Women Having Their Second or Subsequent Baby

Vaginal birth

984 women per 1000 (98%) women planning to give birth at home have a spontaneous vaginal birth compared to :
980 (98%) in a freestanding midwifery unit (FMU)
967 (97%) in an alongside midwifery unit (AMU)
927 (93%) in an obstetric unit.

Transfer rate

115 women per 1000 (12%) may transfer to an obstetric unit. Common reasons for transfer : are:

- Slow progress
-

Caesarean Section rate

7 women per 1000 (0.7%) who plan to birth at home will have a caesarean section compared to :

35 per 1000 (3.5%) in an obstetric unit.

Outcomes for the baby

3 babies per 1000 (0.3%) will have a serious medical problem compared to :
2 babies per 1000 (0.2%) born in an alongside midwifery unit (AMU)
3 babies per 1000 (0.3%) born in an obstetric unit
What this means is 2 or 3 babies per 1000 will have a serious medical problem regardless of place of birth.

Information leaflet : https://assets.nhs.uk/prod/documents/NHSE-your-choice-where-to-have-baby-baby-before-sept2018.pdf

(NICE 190, NPEU 2011)

Homebirth Check List

		Date	Signed
Home Birth information leaflet given at booking Primiparous Leaflet : https://assets.nhs.uk/prod/documents/NHSE-your-choice-where-to-have-baby-first-baby-sept2018.pdf Multiparous Leaflet : https://assets.nhs.uk/prod/documents/NHSE-your-choice-where-to-have-baby-baby-before-sept2018.pdf Birth Place preferences reviewed at each visit			
Women need to be informed of the following when planning Home Birth : 1 midwife will care for her in labour and a second midwife will be called to attend when birth in imminent Where there is a transfer to the obstetric unit, care will be taken over by different materity staff (excluding MCoC) When labour begins, women must have contact details of triage/midwife (if MCoC) no later than 37 weeks of pregnancy In case of an emergency 999 can be called for paramedic support.			
Discussion about transfer to the Obstetric Unit (OU) • Time to identify issue • Call ambulance • Ambulance Arrival (Cat 1-highest response time) • Transfer time to unit based on where woman lives/time of day • Transfer to unit from ambulance • In time critical emergency, transfer may be to nearest obstetric unit and this may not the unit she is booked at. Reasons for Transfer • Slower progress in labour (1 in 3 women) • Significant Meconium (1 in 10 women) • Changes in maternal or fetal observations (ie FHR, maternal observations) • Bleeding in labour or after birth • Concerns about baby transition • Perineal Repair (1 in 10 women) • Epidural request (1 in 10 women)			
Equipment drop off and collection details			
Contact details for when labour starts			
Homebirth Notification Form (Appendix x) completed and emailed to team leader for dissemination via			

administrator and Kidderminster Hub and all Team Leaders			
Vitamin K administration preferences			
Management of pain discussed (ie hypnobirthing, water, TENS)			
If pool birth planned attending partner aware of responsibility to fill/empty pool. Pool to be accessible from all sides Ensure that flooring is suitable to support the pool when full.			
In exceptional circumstances, due to reduced level of service planned homebirth may need to occur in the midwifery unit or obstetric unit. Where the birth is straightforward early discharge can be arranged.			

Above discussions have taken place and any questions have been asked and answered

Signature **Name** **Date**

Signature of Midwife **Print** **Date**

‘ENTONOX’ Appendix 2

Information about:

NITROUS OXIDE/OXYGEN (‘Entonox’) cylinders that are left at your home prior to your planned home birth

At this time, we will assist you in storing it safely. The points you need to bear in mind are:

Check Household Insurance covers you to store ‘Entonox’ at home.

Storage

- Store cylinders lying on the side.
- Cylinders should be under cover, preferably inside and not subjected to extremes of heat.
- To be kept dry, clean and well ventilated (both top and bottom).
- Be sited away from any sources of heat or ignition.
- Smoking and naked lights prohibited within the vicinity of the cylinder.
- Entonox cylinders to be stored at above 10^{o}C for 24 hours prior to use.

It may be necessary to store 2-3 small cylinders of ’Entonox’ at your house for a period of about one month. You are advised to inform your house buildings and contents insurers of this situation as it is a material fact which could affect the cover provided under your policies.

Handling

Precautions

- Cylinders should be handled with care, never knocked violently.
- Cylinders are heavy.
- Do not attempt to use without the supervision of your Midwife.

In the event of fire

- As soon as a fire is discovered, notify the Fire Service, warning them of the presence of compressed gas cylinders.
- Unless you are trained in the use of fire extinguishers or fire hoses, do not attempt to fight a fire.

EMERGENCY HOMEBIRTH BAG CONTENTS:

General ☐ Check list ☐ Set of notes (delivery, neonatal, postnatal) ☐ Prompt cards – vaginal breech/shoulder dystocia/partner instructions for emergency ☐ 2 x aprons ☐ Assorted non-sterile gloves (including latex free) ☐ Assorted sterile gloves (including latex free) ☐ Head torch ☐ Safety goggles/visor ☐ Scissors ☐ Small purple sharps box ☐ Inco pads ☐ Clinical waste bag, black waste bags and ties ☐ Entonox head and 2 x single use entonox mouthpiece ☐ Catheter Bag	**PPH** ☐ 2 x vascular insertion packs ☐ Blood forms ☐ 2 x grey venflon ☐ 1xgreen venflon ☐ 2 x Baxter IV fluid adminstration sets ☐ Gloves ☐ 2x10mls sodium chloride ☐ In-out catheter ☐ 1000mls Hartmans
Resuscitation ☐ single use infant ambubag 550ml ☐ infant silicone face masks sizes 0 and 1 ☐ adult pocket mask ☐ guedal airway size 00 and 0 ☐ tongue depressor ☐ clear plastic bag for premature baby	**Cord prolapse** ☐ Indwelling folleys catheter – latex free ☐ 500mls sodium chloride ☐ 1xbaxter iv fluid administration set ☐ Instillagel
BBA/Delivery ☐ Disposable delivery instrument set ☐ Disposable suture set and 2 x vicryl rapide ☐ Disposable VE pack ☐ Baby hat x2 ☐ Spare cord clamp ☐ Amnihook ☐ 2 x HVS swabs ☐ Disposable speculum ☐ Tipset ☐ Mother and baby tags ☐ Lubricating gel ☐ In-out catheter and instillagel	**Samples/injections** ☐ 2 x blue vacuette ☐ 4 x green needles ☐ 2 x orange needles ☐ Disposable torniquets ☐ 3 x vaccutainers ☐ 2 x1ml, 2 x 2ml, 2x5ml, 2x10ml, and 2 x 20ml syringes ☐ 4 x pink bottles, 4 x purple bottles, 2 x blue bottles
Drugs ☐ Syntometrine – 2 x 1ml ampoules ☐ Oxytocin – 2 x 10 IU ampoules ☐ Misoprostol – 200mcg ☐ Phytomenadione – 2 ampoules ☐ Sodium chloride – 2 x 10 mls ampoules for flush ☐ Lidocaine – ampules ☐ Diclofenac – 100mg PR	

Women Requesting Homebirth where not recommended

Name and telephone number:	**Named Consultant** **Named Midwife** **GP:**
Address:	
Hospital Number:	
Parity and Gravid:	**Age:**
Gestation at referral:	**Smoking Y/N Number/Day:**
BMI at booking:	**GTT** planned YES/NO **Result:**
Placental location:	**Blood Group:**
GBS +: Y/N	**Medical Hx (if any):**
Current Medication:	**Info Leaflets provided? (name):**
Planning birth at: Home/MBC/LW	Growth scan planned Y/N (date): EFW @ /40
GAP/GROW	Centile @ /40
Reason for Referral:	

Consultant Midwife Clinical Referral for Additional Birth Planning

Previous Birth Details

Year	Name	Centile	Gestation, Induced, augmented, outcome/3/4th degree tear/section reason

Please email completed form to: *wah-tr.consultantmidwifeclinic@nhs.net*

PLEASE NOTE THAT WOMEN BOOKED FROM 1/9/20 TO BE REFERRED BY BADGERNET

Pathway for women planning homebirth where not recommended

Woman is wishing care/birth planning with risk factors which require additional input and birth planning

Consultant Led

Community Midwife to complete referral form and inform the following:

- Consultant Obstetrician
- Consultant Midwife
- Community Matron
- Community Team Leader

The woman must be offered an appointment to discuss her birth choice with **ALL** of the following (this will not be at one meeting):

- Consultant Obstetrician
- Consultant Midwife
- Any additional member of the MDT who may be required to input into care planning

The discussion must include the risk and benefits choices and recommendations for care. The woman's birth plan must be discussed and this must be documented in healthcare records. Where there is complex care planning a summary letter sent to the woman.

Where appropriate, inform legal department and governance team and Director of Midwifery

Circulate plan to named midwife, named obstetric consultant, labour ward lead obstetrician, Matrons and where necessary, Director of Midwifery and Clinical Director. On call manager will need to be informed of any care plans which may require additional support for the community midwifery team

Assess whether the midwives or obstetricians require specific training and ensure there is a process for support in place with input as required from Practice Development Midwife

Care planning for women who are not recommend for homebirth

References

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race		
	Ethnic origins (including gypsies and travellers)		
	Nationality		
	Gender		
	Culture		
	Religion or belief		
	Sexual orientation including lesbian, gay and bisexual people		
	Age		
2.	**Is there any evidence that some groups are affected differently?**		
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**		
4.	**Is the impact of the policy/guidance likely to be negative?**		
5.	**If so can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		
7.	**Can we reduce the impact by taking different action?**		

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.