HOMEBIRTH (PUBLICLY FUNDED): CRITERIA AND PROCESS

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Clear pathway for homebirth

2. PATIENT

- Woman who requests publicly funded homebirth

3. STAFF

- Medical and midwifery staff

4. EQUIPMENT

- Homebirth Kit (see appendix 1 for list of contents)

5. CLINICAL PRACTICE

Woman requesting homebirth:

- Discuss with woman her suitability (from criteria list below) and reason for requesting homebirth
- Ensure that woman who requests homebirth meets the following criteria:
  - singleton pregnancy
  - healthy and anticipating an uncomplicated pregnancy and birth
  - no obstetric, medical, or perinatal mental health history that excludes her according to the *National Midwifery Guidelines for Consultation and Referral*
  - Haemoglobin > 105g/L at term
  - no known alcohol or drug dependency
    BMI <30
  - no previous caesarean section or other major uterine surgery
  - agrees to at least one ultrasound scan (preferably at 18-20 weeks) to confirm placental location and no major structural abnormalities of fetus
  - lives in the Royal Hospital for Women (RHW) geographical catchment area
  - agrees to have a consultation with RHW obstetrician or designated midwifery homebirth mentor at 36 weeks to confirm eligibility for homebirth, including confirmation by portable ultrasound of cephalic presentation)
  - labours spontaneously between 37-42 weeks gestation with cephalic fetal presentation
  - agrees to transfer to the hospital during labour or postpartum if midwife is concerned for maternal, fetal, or neonatal wellbeing
  - agrees to birth at RHW if two homebirth midwives cannot attend (one of whom is a mentor)
  - home environment meets occupational health and safety (OHS) requirements as per SESLHD Home Location Details and Safety Assessment
- Check availability of homebirth Midwifery Group Practice (MGP). Add name to the Homebirth bookings MGP database on the P drive
- Place woman on MGP waiting list on P drive if no spaces immediately available for the birth month, noting homebirth request in comments section

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HOMEBIRTH (PUBLICLY FUNDED): CRITERIA AND PROCESS cont'd

Antenatal Process

- Provide usual antenatal care as per RHW LOP's / ACM Guidelines
- Email completed NSW Ambulance authorised care plan to ClinicalProtocolP1@health.nsw.gov.au by 34 weeks
- Arrange obstetrician or designated midwifery homebirth mentor appointment at 36 weeks to review and confirm ongoing eligibility
- Recommend screening for Group B Streptococcus (GBS) at 36 weeks as per RHW GBS Screening and Prophylaxis LOP. A woman who is GBS positive but declines prophylactic antibiotics in labour, or who is GBS unknown, can still be considered for homebirth. In this circumstance the woman needs to agree to monitor the neonate postnatally as per GBS- monitoring and management of the at-risk neonate LOP
- Discuss all items on 36-week checklist, noting reasons for potential antenatal cancellation or possible intrapartum/postpartum transfer
- Ensure obstetrician or homebirth mentor signature on 36-week checklist and the New South Wales (NSW) Ambulance authorised care plan
- Scan signed 36-week checklist into obstetric care plan folder of woman's eMaternity database
- Visit woman's home at approximately 37 weeks gestation to ensure suitability as outlined in Home Location Details and Safety Assessment checklist (as per the Postnatal Normal Vaginal Birth Clinical Pathway)
- Leave Homebirth Kit at woman's home if meets safety assessment checklist
- Place Homebirth drug kit in fridge in a secure box out of reach of children
- Note on care plane, following 37-week home visit, if woman lives higher than first floor, with no lift, as two ambulances are required if transfer to hospital is required. Email plan to ClinicalProtocolP1@health.nsw.gov.au for noting of this information on Ambulance dispatch form
- Discuss with woman prior to labour her preference for Vitamin K administration for neonate. Advise that that if she declines Vitamin K, a discussion with a neonatologist will be arranged to sign the disclaimer
- Include one sheet of addressograph labels within the homebirth documents folder (see P drive for list of documents required)

Intrapartum Process

- Take laptop, doppler, sphygmomanometer and stethoscope to woman's home
- Notify RHW admissions when the MGP midwife is called to woman's home for "admission" into a virtual bed
- Notify Birth Unit to advise woman's name, Medical Record Number (MRN), address, and name of second midwife attending
- Complete eMaternity and all other documentation as per usual RHW practice

Postpartum Process

- Notify RHW admissions once neonate is born to obtain newborn MRN
- Advise birth unit of outcome
- Discharge woman and neonate on eMaternity when both midwives are ready to leave her home

HOMEBIRTH (PUBLICLY FUNDED): CRITERIA AND PROCESS cont'd

- Notify birth unit and RHW admissions when both midwives have left the home
- Recommend woman attend RHW within one week to attend neonatal hearing screening, Hepatitis B vaccine and completion of newborn assessment, if required
- Ensure Kleihauer is collected at birth, Anti D is charted and administered within 72 hours (as per Maternity – Rh (D) Immunoglobulin (Anti D) LOP). Check woman's details with two midwives whilst at RHW when Anti D is required. Transport the Anti D dose in insulated box with ice brick to the woman's home (administer Anti D at beginning of home visit)

Postpartum follow-up

- Remove homebirth drug box (using cool box for transport) when returning to hospital
- Restock homebirth kit using checklist (see appendix 1)

6. DOCUMENTATION

- Medical records
- NSW Ambulance Authorised Care Plan form
- Homebirth Criteria and 36 - week Checklist

7. EDUCATIONAL NOTES

- Homebirth is a safe option for low risk well women when well supported by the Local Health Service[2]
- Care for women at RHW publicly funded homebirth follows the same guidelines as those women birthing in hospital
- Hepatitis B vaccine cannot be administered at home due to transport requirements
- Administer Anti - D at beginning of the home visit to ensure Anti D temperature integrity maintained, and to allow time in case of reaction
- State-wide Infant Screening-Hearing (SWISH) staff will contact woman to arrange appointment

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Antenatal Visits in the Community
- Australian College of Midwives (ACM) Guidelines for consultation and referral
- Early Labour Assessments in the woman's home
- Labour Care for woman with a low risk pregnancy
- Group B Streptococcus (GBS) Screening and Prophylaxis
- Group B Streptococcus (GBS) Monitoring and Management of at risk neonate
- First Stage: Recognition or normal progress and management of delay
- Second Stage: Recognition or normal progress and management of delay
- Water Immersion for Birth
- Warm Compresses in second stage of labour
- Third Stage Management
- Perineal/ Genital Tract Repair
- Homebirth Transfer to Hospital
- Babies: Safe Sleeping Practices
- Vitamin K1 (phytomenadione) prophylaxis in neonates
- Maternity – Rh (D) Immunoglobulin (Anti D) NSW Health GL2015_011

HOMEBIRTH (PUBLICLY FUNDED): CRITERIA AND PROCESS cont'd

9. RISK RATING

- High

10. NATIONAL STANDARD

- Standard 2 – Partnering with consumers
- Standard 5 - Comprehensive Care

11. REFERENCES

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