UNIVERSITY HOSPITAL WISHAW
WOMEN'S SERVICES DIRECTORATE

NHS
Lanarkshire

HOMEBIRTH GUIDELINE

NHS Lanarkshire

CONTENTS

	Page No
Introduction	2
Scope	2
Roles & Responsibilities	2
Lone Working & Travelling	3
Communication	4
Severe Weather	4
Equipment	4
Medical Gases	5
Drugs	5
Antenatal Care	5
Women who chose homebirth outwith guidance	6
Intrapartum Care	6
Postnatal Care	6
Emergency Transfer to Hospital	7
Disposal of Placenta & Instruments	7
Disposal of Uncontrolled Drugs	7
Equipment/Medical Gases uplift following delivery	7
References	8
Appendix 1 - Drugs	9
Appendix 2 - Equipment	10
Appendix 3 - Homebirth documentation	11
Appendix 4 - Pharmacy destruction signature log	12
Appendix 5 - Sample Diamorphine prescription	13
Appendix 6 - Arranging Portering request	14-15

1. INTRODUCTION

There is wide variation in the homebirth rate in the United Kingdom from 1% to over 20% (*office of national statistics 2001*). The homebirth rate in NHS Lanarkshire has consistently been just under 1% of all births.

When you are a healthy woman who is classed 'low risk' the 'Birthplace Cohort Study' carried out in England 2011 found:

For women having a second or subsequent baby, there were no significant differences in poor outcomes for babies between planned home births and planned births in a maternity hospital.

For women having a second or subsequent baby, choosing to birth away from an obstetric hospital substantially reduced the odds of having a caesarean section, instrumental delivery or episiotomy.

For women having their first baby, a planned home birth increases the risks for baby. There were 9.3 adverse baby outcome events per 1000 planned home births compared with 5.3 per 1000 births for births planned in maternity units, and this finding was statistically significant.

For women having their first baby, there is a fairly high probability of transferring to an obstetric hospital during labour or immediately after birth. (The rate was 45% for planned home births transferring to obstetric unit)

(*The Birthplace Cohort Study 2011 https://www.npeu.ox.ac.uk/birthplace*)

This guideline is to:

- Aid midwives to provide evidence based information so that women can make choices for care including home birth
- To facilitate women to give birth in their chosen environment
- To achieve the birth of a healthy infant without detriment to the wellbeing of the mother.

2. SCOPE

This guideline is to be used by all midwives caring for women in the home setting.

3. ROLES AND RESPONSIBILITIES

- All midwives must ensure competence at managing obstetric emergencies, fetal monitoring and neonatal resuscitation and have attended NHS Lanarkshire mandatory training in line with national guidance.
- All midwives attending a homebirth must ensure they have all the equipment required as listed in midwives equipment for a homebirth (**Appendix 2**)

- All midwives must consider their own safety at all times, following NHS Lanarkshire Lone Working/Working in Isolation Policy (*April 2016 in Health & Safety Control Book Section 3L*). They must contact unit co-ordinator page 7890 when attending a homebirth, giving address and details and 4 hourly check in for safety. The midwife should also inform unit co-ordinator when arriving home after leaving homebirth.
- The team on-call rota and homebirth list should be placed on 'R' drive within homebirth file. This must be kept-up-to-date at all times.
- The team should continually monitor hours worked and adjust accordingly to meet monthly contracted hours and working time directives. It is the midwife's responsibility to escalate to unit co-ordinator when they feel that they have reached an unsafe level re; hours worked (e.g. if they have been at work since 0845, were called out towards end of shift or shortly after, but are still there in early hours). The safety of the midwife and that of the family she is caring for should be preserved at all times.

4. LONE WORKING & TRAVELLING

In accordance with NHS Lanarkshire Lone Working/Working in Isolation Policy (2016), the aims of the procedures and precautions set out in this section are to provide safe systems of work and to reduce so far as reasonably practicable identified risks for lone working and travelling in relation to homebirths. It is vital therefore that all midwives follow the procedures and take necessary precautions to protect themselves

Suitable and sufficient risk assessment is vital by the midwife who is responsible for antenatal preparation for homebirth. (the homebirth discussion and home assessment form both contained in BADGER will aid this process APPENDIX 3). If a woman requests a homebirth and there is an increased risk to the midwives safety, then two midwives should arrive and enter the premises together and provide care throughout. There should be an SBAR management plan placed in the woman's Badger notes and placed with unit co-ordinater to ensure any midwife attending will be fully briefed of the woman's history; and of other people who may be present at the birth. A clear plan should be in place identifying a safe place for the two attending midwives to meet prior to attending the homebirth.

If the homebirth locality cannot be found on google maps, detailed instructions should be recorded and shared with all staff. In the event of a car breaking down the on call midwife should contact unit co-ordinator with her whereabouts as well as seeking help from a breakdown company. The co-ordinator can then contact the woman and arrange on-call support.

5. COMMUNICATION

The unit co-ordinator will be made aware of a woman needing assistance for a homebirth. The on-call midwife should provide a 4 hourly update on the woman's progress and also when birth or change in risk status occurs which necessitates transfer to hospital.

The on-call midwife should inform the unit co-ordinator of where they are going and inform them when they arrive at the woman's house.

An antenatal assessment will have been made on the phone signal strength of the on-call midwife mobile phone. The on-call midwife should recheck this strength on entering the premises and if alternative communication links are available. (house landline)
The midwife should also contact the unit co-ordinator when they are leaving the house and when they return to their home address.

6. SEVERE WEATHER

In the event of severe weather conditions, the midwife on-call should be aware of NHS Lanarkshire updates and advice. Please adhere to NHS Lanarkshire adverse weather policy (2019) for guidance.

No on-call should be cancelled in advance. A decision on safety will be made at the time the woman informs us of being in labour.

The on-call midwife in discussion with unit co-ordinator and hospital on-call manager will make the decision whether it is possible for them to travel to the woman's house safely. This may require provision of 4x4 transport support. The woman will be kept informed of the decision.

7. EQUIPMENT

Equipment required for the birth will be located in the 10 community areas; it should be checked by the team of Midwives prior to transfer to the woman's home. A signature sheet should be present for staff to record when it has been checked. The midwife should arrange delivery of equipment and gases giving details of the women's address and contact telephone number at least **2 weeks** prior to commencement of the homebirth on call. It is essential to ensure delivery of equipment will be carried out promptly. A job number will be given for reference. Delivery of equipment takes place on a Tuesday and Thursday

8. MEDICAL GASES

The Midwife must be aware of COSHH guidance with regard to medical gas cylinders and should inform the woman accordingly about storage/use within the home environment. The midwife will inform the woman prior to the gases being delivered that she must inform the local fire station that for a specified time there are gases in her house and inform them again once they are removed. It is the woman's responsibility to inform her insurance providers regarding having gases in her home. The Entenox and regulator should also be checked. The regulator **must** be removed from the cylinder prior to the midwife leaving the house. Uplift should be arranged to happen as soon as possible after homebirth. (Appendix 5)

9. DRUGS

All required drugs (**Appendix 1**) should be collected and taken to the women's home, together with home birth equipment prior to on-call commencing.
Should a women wish controlled drugs to be available for her homebirth then the midwife will arrange a prescription from the hospital based medical staff following local prescribing guidelines (**Appendix 5**). This will be dispensed by the hospital pharmacy to the woman and is not the responsibility of the midwife to collect. If a controlled drug is required during labour then the second midwife should be called to countersign for this as per Standards for Medicine Management (NMC 2007).

10. ANTENATAL CARE

The Midwife will visit the woman as early in the pregnancy as possible to discuss home birth and initiate an appropriate plan of care. The patient information leaflet (NHSL MY BIRTH MY CHOICES) should be made available to the woman. The midwife should complete the home birth checklist (BADGER labour and birth preferences – homebirth tab) with the woman with all topics documented. Explanation regarding the on call system is given, ensuring she and her birth companions are aware of how to contact the attending home birth midwife when in labour. Ideally, this should be completed prior to 32 weeks of pregnancy.

The midwife will provide antenatal care either at a clinic or home in accordance to the individual needs of the woman. All antenatal education will be offered as part of routine antenatal care.

All women will have a named midwife and contact numbers for the team. The woman will also have the contact number for TRIAGE in case of high risk situations.

The midwives will provide on-call from 39 weeks gestation, unless a different arrangement has been agreed with the woman and Senior Midwife for community.

It is the named midwife's responsibility to log in the woman's details on the 'R' drive homebirth database. Calculate the date when on-call starts and finishes. Discuss any identified risks with senior community midwife, obstetrician (if appropriate) and Chief midwife. The 'R' drive should be updated to reflect any changes to on-call arrangements and the hospital co-ordinator should refer to 'R' drive only when identifying on-call staff

The woman will be given a number to contact once she needs advice/assistance for her homebirth.

The on call midwife will decide when she needs the assistance of the 2nd on-call midwife to attend in accordance to individual needs

10.1 WOMEN WHO CHOOSE HOMEBIRTH OUTWITH GUIDANCE.

If a midwife judges that the choice of care a woman is requesting could cause harm, give balanced advice and seek understanding of her birth choice decision. Give time to answer questions and expand on any explanations required.
It is recommended the woman be referred to attend the consultant midwife birth choice clinic (BADGER referral) where a fuller discussion with regards to benefits and risks can be discussed and documented within the labour and birth preferences section of BADGER. This will ensure the woman is making an informed decision. If the woman rejects the advice, the midwife should inform her line manager and seek guidance from senior management. Offer to facilitate a visit to the alongside midwifery unit and labour suite.

11. INTRAPARTUM CARE

The following maternity service guidelines should be followed:

- Fetal Heart Rate monitoring (2016) Currently awaiting update
- Guidelines for Care of Women in Labour, following KCND pathway (2009)
- Guideline for waterbirth (2016) currently awaiting update

Accurate documentation must be maintained at all times. Regular communication with hospital based unit-co-ordinator is essential.

12. POSTNATAL CARE

Midwives should be competent in both the active and physiological management of the third stage of labour, and follow NHSL management of 3rd stage (2019) guideline along with woman's choice taken into consideration.

Routine examination of the Newborn and hearing screening test should be organised by the attending midwife.

Mum and baby can be left when all observations are normal and documentation complete and the midwife has assessed it is safe to do so.

13. EMERGENCY TRANSFER TO HOSPITAL

Emergency obstetric and neonatal assistance will be available from paramedics in response to a 999 phone call stating obstetric/neonatal emergency.

Attending midwife must accompany the woman to hospital via ambulance with the other following by car

If the woman requires team care within acute services, then care is transferred from on-call midwife to core hospital staff. The on call midwife may wish to stay with woman if desired.

14. DISPOSAL OF PLACENTA/INSTRUMENTS

The placenta should be double bagged unless the woman has made a request to dispose of personally. The on-call midwife is responsible for transfer in to UHW for safe disposal in accordance to NHSL policy.

15. DISPOSAL OF UNUSED CONTROLLED DRUGS

Unused diamorphine requires to be destroyed in the presence of a witness. The pharmacy will issue a denature kit with the prescription – please follow the instructions on the label. The denature kit should then be handed back into Labour Ward at University Hospital Wishaw where it should be stored in a controlled drug cupboard for 24 hours and then it can be returned to the pharmacy for disposal via pharmaceutical waste.
The pharmacy will also issue a diamorphine destruction signature log (**Appendix 4**) with the prescription. This should be countersigned at the time of destruction and should be filed in the patient's maternity notes.
(If you have any questions on the above please contact the maternity pharmacist via switchboard on page 635)

16. EQUIPMENT/MEDICAL GASES UPLIFT FOLLOWING DELIVERY.

Uplift of equipment, and gases should take place as promptly as possible following the birth. This is arranged via the community team linked to the homebirth. The midwife should state the clients address. The best contact phone number and the community area where equipment should be returned. The transport team will contact the woman prior to uplift of equipment to arrange a suitable time.

NHS Lanarkshire

17. REFERENCES

NPEU (2011) The Birthplace Cohort Study
2011 https://www.npeu.ox.ac.uk/birthplace

Pathways for Maternity Care (2009) KCND NHS Quality Improvement Scotland

Standards for Medicine Management (NMC 2007)

The following NHS Lanarkshire Guidelines can be accessed on Firstport 'Maternity Guidelines'
Fetal Heart Rate Monitoring (2016)
Guidelines for use of water in labour and birth (2016)
Management of third stage of labour (2019)

The following policies can be accessed from Firstport 'policies' section or within the Health & Safety Control Book
Lanarkshire Lone Working/Working in Isolation Policy (2016)
Lanarkshire Adverse Weather Policy (2019)

APPENDIX 1
DRUGS

SYNTOMETRINE	2 AMPS
SYNTOCINON 10 IU	1 AMP
ERGOMETRINE	2 AMPS
LIGNOCAINE 1% X 10 MLS	2 AMPS
WATER FOR INJECTION 2MLS	2 AMPS
PHYTOMENADIONE 2MG/0.2ML (Konakion MM)	1 AMP
ENTENOX CYLINDER	2
OXYGEN CYLINDER SIZE D	1 CYLINDER
PLASMALYTE 1 LITRE	2 BAGS

APPENDIX 2
EQUIPMENT

- DELIVERY PACK
- CORD CLAMP X 2
- PLACENTA DISPOSAL BAG AND SECURE HUMAN WASTE BOX
- 2 X SYRINGES OF 1ML,2ML,5ML & 10ML SIZE
- ASSORTMENT OF NEEDLES
- ASSORTMENT OF IV ACCESS VENFLON
- IV FIXATIVE
- PLASTERS
- ROLL OF FIXATIVE TAPE
- IV GIVING SET
- PERINEAL REPAIR PACK
- VICRYL RAPIDE X 2 PACKS
- SICK BOWL X 2
- EMERGENCY PAPERWORK (IF ELECTRONIC RECORDS UNAVAILABLE)
- ENTENOX MOUTHPIECE
- O2 MASK & AMBU BAG
- NEONATAL MASKS 1 OF EACH SIZE & GUEDAL AIRWAYS 0 + 00
- TUBING & ADULT SUCTION CATHETER FOR O2
- INCO PADS
- STERILE GLOVES
- 2 PACKS OF STERILE SWABS
- SMALL NEEDLE DISPOSAL BOX
- HEAD TORCH
- CATHETER SIZE 12 & 14 & URINE BAG

The attending midwives will have their own doptone, sphygmomanometer, stethoscope and thermometer to carry out observations. Baby weighing scales should also be brought to birth.

This should be checked prior to sending out to woman's home

APPENDIX 3

BADGER HOMEBIRTH DISCUSSION & ASSESSMENT FORM

Patient | CTG Multi-Bed View | Patient Lists | Risk Lists | Unit Reports | Service Desk | Forum | System Updates | Service Console | Help | Videos

GENERAL, TEST (CHI: NOT RECORDED | PMS Number: 11447788)
29 Jul 87 (Current Age: 29) | 50 NETHERTON STREET, WISHAW, ML2 0DP
G1 P0+0 | LMP: 04 Apr 17 | Date Booked: 25 May 17 | EDD (Dates): 09 Jan 18 | Current Gest: 7+3/40 | Number of Babies (scan): NOT RECORDED | Booking BMI: NOT RECORDED | Blood Group: NOT RECORDED

Pregnancy Summary | Booking Details | Notes During Pregnancy | Labour / Birth | Postnatal

26 May 2017 15:46 Care Plan Update
- At Booking

25 May 2017 12:04 Antenatal Assessment
- Reason: Antenatal Booking

12:04 Blood Tests, Results and Actions
- Awaiting results
- Down's Syndrome Screen

12:04 Open Pregnancy

- EPAGU Contact
- Assessment Unit
- Antenatal Inpatient Assessment

Events
- Management Plan
- Specialist Review
- Ultrasound Scan
- Complementary Therapies
- Medication
- VTE Risk Assessment
- Transfusion
- CTG Trace
- Physiotherapy

- Clinical Note
- Surgical Intervention
- Drug Disposal

Administration
- Risk Assessment
- Did Not Attend
- Communication
- Care Plan Update (1)
- Lifestyle Update
- Scanned Document
- Manual Forms Completed
- Social Issues
- GIRFEC
- Maternal Status
- Portal Access
- Additional Professional

Checklists and Audit
- Conversations in Pregnancy
- Parental Education
- Plans and Preferences for Birth
- Homebirth Home Assessment
- Research Project

ADTs
- Transfer Mother
- Refer Mother
- SBAR Handover

Reports
- Antenatal Booking Summary
- Antenatal Visits
- MDT Management Plan
- Screening Tests and Results
- SWMHR Antenatal

Things To Do
- Record Blood Test Results 25 May 17 at 12:04
- Outstanding blood tests accepted which require results review 25 May 17 at 12:04
- Perform Antenatal Booking PPH Prevention Assessment

Select 'Homebirth Home assessment

Homebirth Home Assessment

GENERAL, TEST (CHI: NOT RECORDED | PMS Number: 11447788)
29 Jul 87 (Current Age: 29) | 50 NETHERTON STREET, WISHAW, ML2 0DP
G1 P0+0 | LMP: 04 Apr 17 | Date Booked: 25 May 17 | EDD (Dates): 09 Jan 18 | Current Gest: 8+0/40 | Number of Babies (scan): NOT RECORDED | Booking BMI: NOT RECORDED | Blood Group: NOT RECORDED

Room for delivery

A clear space for delivery	✓Yes No
Space for equipment	✓Yes No
Clear area for resuscitation, flat surface	✓Yes No
Adequate heating	✓Yes No
Apparent hazards	✓Yes No
Is there access to water/hand washing facilities	✓Yes No
Any manual handling concerns	Yes ✓No

Transfer to hospital by ambulance

Is there mobile phone signal strength	✓Yes No
Is there a fitted landline telephone	✓Yes No
Does the woman have internet access	✓Yes No

Additional notes and actions

Complete all relevant fields

Audit trail... | Save & Close | Cancel

Doran, Danielle | TEST | 30 May 17 14:31

NHS Lanarkshire

APPENDIX 4

PHARMACY DESTRUCTION SIGNATURE LOG

ADDRESSOGRAPH

Disposal of Diamorphine issued for Home Births – Signature Log

Any unused Diamorphine which has been issued by the pharmacy at University Hospital Wishaw can be destroyed using the denature kit provided (instructions for use are on the label).

The attending midwife signs below to confirm the controlled drug has been appropriately destroyed and must be witnessed by either the patient or second midwife.

Once completed, this signature log should be filed in the woman's maternity notes. The used denature kit should be returned to the maternity labour ward where it can be stored until it can be returned to the hospital pharmacy for disposal via pharmaceutical waste.

Destroyed by (signature)..

Print Name..

Witnessed by (signature)..

Print name ....

NHS Lanarkshire

APPENDIX 5
SAMPLE DRUG PRESCRIPTION

CHI no 0101011234
First name JANE DOB 01/01/01
Last name DOE Sex: ☐M ☐F
Address 50 NETHERTON STREET
WISHAW
ML2 0DP
or attach addressograph label here

☐ Hairmyres ☐ Monklands ☑ Wishaw NHS Lanarkshire
Ward: ....

* SAMPLE CD PRESCRIPTION *

Hospital Interim Discharge

GP details:
Address:
Phone:

Date of admission: ..../..../....
Date of discharge: ..../..../....
Consultant:
Height: (cm) .... Weight: (kg) ....

Principal diagnosis code: HOME BIRTH
Other:

Discussed with:
Patient: ☐ Yes ☐ No ☐ N/A
Carer/Advocate: ☐ Yes ☐ No ☐ N/A

Immediate treatment aims/comments:
Code:
Operations/procedures:
Code:

Follow-up appointment: ☐ Yes ☐ No ☐ to be sent
Appointment with:
Venue:
Date: ..../..../.... Time: .... : ....

Care Management Plan

Discharge:	☐ Planned	☐ Against medical advice		☐ Leave of absence
Discharged to:	☐ Home	☐ Supported accommodation		☐ Other hospital: (specify)
Care Prog. Approach:	☐ Yes	☐ No		
Support services arranged:	☐ Yes	☐ No	☐ Home help	☐ Not applicable
	☐ Meals on wheels	☐ District Nurse	☐ Other: (specify)	

Contact person/agency and phone (must specify):
Drug Allergies: ☐ Yes ☑ No If yes, specify:
Medication explained to patient: ☑ Yes ☐ No

Drugs on Discharge - to be printed in BLOCK CAPITALS in ball point pen

Medicine Name Only one drug per line	Dose	Route	Times of Administration 0800 1000	1200 1400	1600 1800	2000 2200	Other Time	Duration of Treatment (L=Longterm)	PHARMACY USE ONLY Strength	No	Manufacturer
DIAMORPHINE	10MG	IM	One ampoule PRN for pain								
WATER FOR INJECTION			Reconstitution of diamorphine								
DENKIT			Use as directed on label								

Pharmacy
Clinical check: .... Dispensed by: .... Checked by: .... Date: ..../..../....

Comments/Additional Information: ☐ Compliance aid
PLEASE SUPPLY 1 (ONE) DIAMORPHINE 10MG AMPOULE FOR USE AT HOME BIRTH.

Discontinued medication:

Prescriber: J. SMITH **Signature:** J. Smith
Status: DOCTOR **Page No:** .... **Date:** 23/09/19

White copy to GP/Yellow copy to Case Notes/Pink copy to Pharmacy

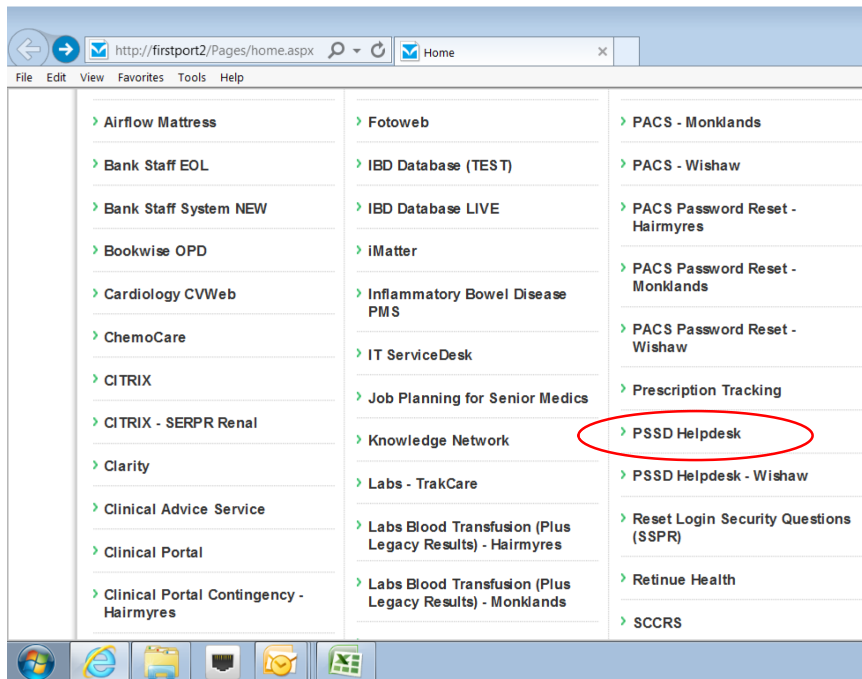
Collected by: ....

Hospital Interim Discharge | Acute Care/Pharmacy Services | NHSL | Page 1 of 1 Pub. date: Jun. 2017 | Review date: Jun. 2020 | Issue No: 0

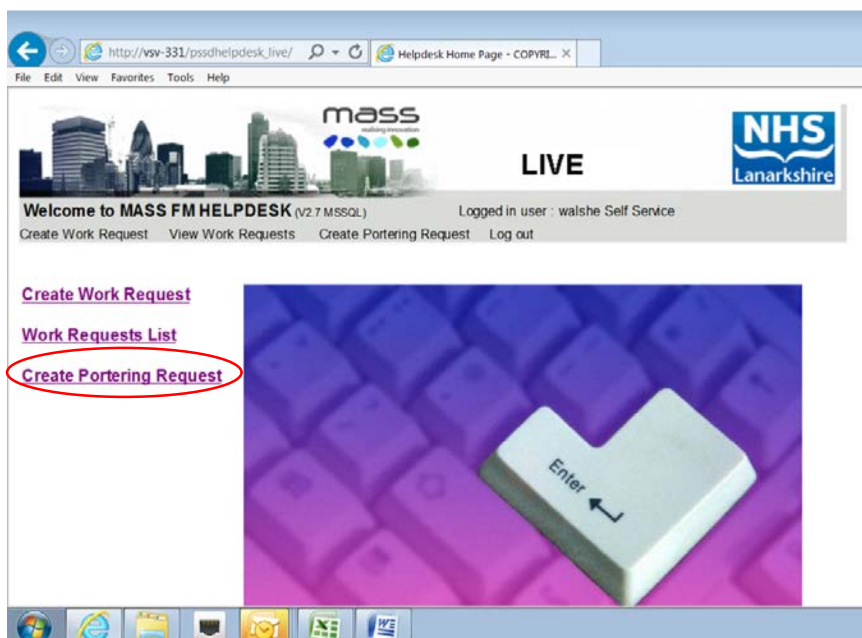
APPENDIX 6

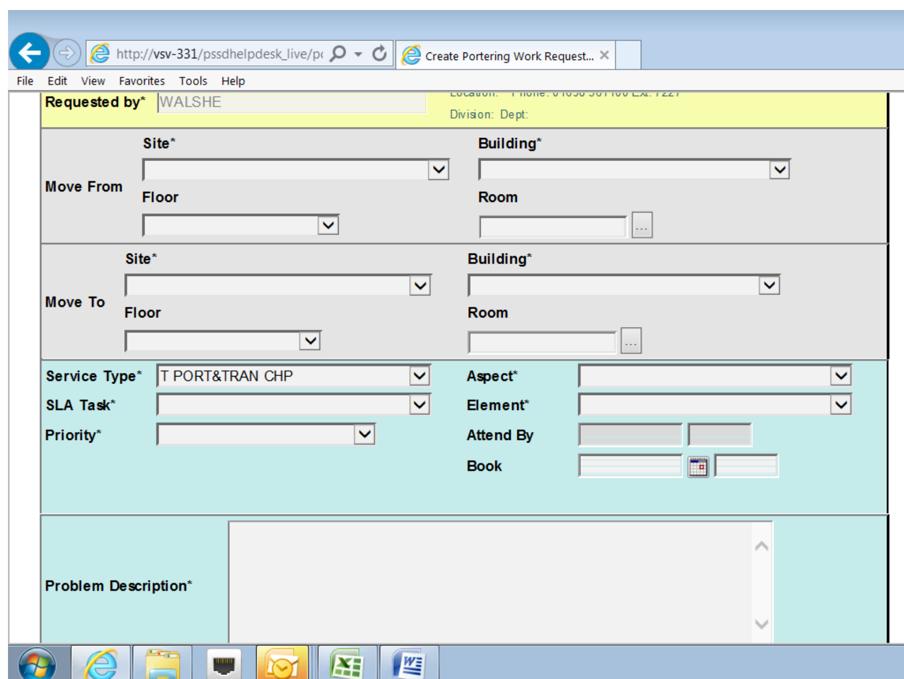
PORTERING REQUEST FOR UPLIFT OF GASES & EQUIPMENT

- Access Firstport and click on "applications" and select PSSD Helpdesk



- Select – Create a Portering Request




http://vsv-331/pssdhelpdesk_live/p Create Portering Work Request...
File Edit View Favorites Tools Help

Requested by* WALSHE
Division: Dept:

Move From — Site* | Building* | Floor | Room

Move To — Site* | Building* | Floor | Room

Service Type* T PORT&TRAN CHP | Aspect*
SLA Task* | Element*
Priority* | Attend By
Book

Problem Description*

- Move From: Select the Health Centre where the homebirth kit has to be uplifted from in the drop-down menu under site* and building*
- Move to: Select "NON NHSL-NON NHSL SITES" in the drop down menu
- SLA Task: Select 10 HOMEBIRTH KIT
- Aspect: Select MISCELLANEOUS
- Element: Select MISCELLANEOUS
- Book: Select a Tuesday or Thursday in advance of On-Call starting for this patient
- Problem Descriptor: Instruct to pick up 1xHomebirth kit and gases from health centre to: Include patients address and telephone number.
- **PLEASE SEND A PAPER COPY OF THE RISK ASSESSMENT ENSURING ALL PATIENTS DETAILS INCLUDING A MOBILE NUMBER IS INCLUDED ON THE RISK ASSESSMENT VIA INTERNAL MAIL FAO: CAMERON WATSON, MAILROOM, WGH**

Updated: **M McSherry April-May 2020**
Ratified By: **Clinical Effectiveness Maternity SubGroup**

Review Date: **June 2023**