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Planned Birth at Home in SA 2018 Clinical Directive

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Contents

1. Policy Statement

The Planned Birth at Home in South Australia Clinical Directive will guide registered midwives (and/or registered medical practitioners), working in the South Australian public health system when caring for the woman who makes an informed choice to give birth at home.
It upholds the SA Health Strategic Plan 2017 - 2020 themes of Lead, Partner and Deliver through the use of evidence, translating research into practice and involving consumers in its development, ensuring safe and effective care for women planning birth at home.

2. Roles and Responsibility

2.1 Executive Officer

The Executive Officer of the hospital providing a Planned Home Birth Program must comply with the statutory obligations and advise the SA Health Insurance Services of the intention to commence the service and secure subsequent written approval from the Insurance Services prior to commencing the service.
Upon approval the Executive Officer of the hospital providing a Planned Home Birth service must:

- provide an annual report, indicating the number of planned home births undertaken in the financial year, and
- comply with the SA Health Safety Learning System and advise of any related adverse patient event(s).

2.2 Hospital Managers

Hospital managers will ensure that registered midwives, who, in their employment have agreed to participate in planned home births, have an understanding of the SA Health Clinical Directive Planned Birth at Home in South Australia.

2.3 Registered Midwives

The woman planning to give birth at home should be cared for by two (2) registered midwives (one of whom is accredited to attend a planned home birth). They must:

- ensure at least one (1) of the registered midwives is in attendance at all times from the commencement of active labour until at least four (4) hours post-birth of the baby.
- ensure two (2) registered midwives (one (1) of whom is accredited to attend a planned home birth), are in attendance at all times from the commencement of the second stage of labour up until the completion of the third stage labour.

To be accredited as competent in planned home birth, the registered midwife must:

- have participated in at least five (5) planned home births under supervision
- practice according to the Planned Birth at Home in SA 2018 Clinical Directive
- be aware of potential situational challenges that may arise during birth at home
- have competency in maternal and neonatal resuscitation, intravenous cannulation, perineal suturing, and newborn examination (as directed by local Policies).

The registered midwives caring for the woman undertaking a planned home birth must work within their scope of practice and in accordance with the ACM National Midwifery Guidelines for Consultation and Referral[1] along with their employing hospital's local policies and procedures, referring women and/or their babies for consultation or transfer of care if indicated.

3. Background

Some women prefer to give birth in the comfort and familiar environment of their own home. A woman's choice as to where she will birth her baby must be respected within a framework of safety and clinical guidelines. The autonomy of pregnant women is protected in both law and jurisprudence. The United Nations states that the human rights of women include their right to have control over and to decide freely and responsibly on all matters related to their sexual and reproductive health[2]. As such, women must be informed about models of maternity care and options for place of birth to enable eligible women to plan birth at home should they choose[3].

Approximately one hundred and twenty women (120) birth their babies at home in South Australia each year. This number has remained stable, regardless of whether a private or public midwife provides care. However, the percentage of women birthing at home under a publicly funded model of care has been increasing, with over 80% of women who birthed at home in 2015 in the public system (versus 40% in 2006)[4].

Qualitative studies suggest that there are three (3) main reasons why women choose home birth:

1. Previous experiences of hospital birth where women felt that interruptions interfered with their concentration and sense of privacy. In addition, women feel that there are more interventions, less choices and staff suggestions to use pharmacological pain relief leading to decreased satisfaction in hospital[5,6,7,8].
2. Feeling in control of their environment, believing in themselves and feeling more able to make choices has been highlighted by women as resulting in a feeling of empowerment thereby increasing their sense of achievement and psychological well-being[9,10]
3. Birthing in their own environment increases women's senses of comfort, privacy and support, again increasing satisfaction[11,12]

Historically, there has been controversy in the literature over safety concerns[13,14]. However, the evidence now overwhelmingly supports the safety of birth at home for selected healthy women with a normal pregnancy (assessed as women with low risk), when supported by trained professionals, adequate ongoing assessment and transfer to hospital systems[13,15,16].

The studies highlighting increased adverse outcomes with home birth generally include one or more of the following: women who would be considered not to be low risk when assessed by SA Health standards (e.g. twins, breech presentation, known fetal congenital anomaly etc.), variable professional practices (e.g. non-professional birth attendant), inadequate initial and ongoing assessment of risk (e.g. failure to transfer to hospital in labour with meconium-stained liquor), inadequate processes for and/or excessive time to transfer to hospital should that be required[17,18,19]. In summary, the selection of high risk women for home birth and the failure of those present to respond adequately to situations of risk arising during pregnancy or labour is associated with an unacceptably high rate of adverse outcomes including perinatal death[17,20]. Whilst there are no randomised controlled trials on the relative merits of home versus hospital birth for women and babies at low risk of perinatal complications; there is an increasing body of evidence that includes systematic reviews, meta-analyses, comparative studies and observational studies of outcome data based on intended place of birth for women and babies [12, 13, 14, 20, 21, 22].

A number of conclusions can be drawn from this literature:

- The natural process of labour is facilitated and vaginal birth rates are higher when birth in the familiarity of their home environment when attended by a skilled midwife. A recent systematic review and meta-analysis of women with low risk pregnancies in high income countries found that women who planned to birth at home were three (3) times more likely have a normal vaginal birth when compared with women who planned birth in hospital[15].

- Women are less likely to experience severe perineal trauma, episiotomy or major obstetric haemorrhage (> 1000mL).
- There is a lower rate of birth interventions, such as augmentation of labour, epidural analgesia, instrumental birth and caesarean section, when women give birth at home. These interventions significantly increase costs and morbidities associated with maternity care in Australia[24,25,26].
- Admissions to Neonatal Intensive Care Units are decreased with no differences in the rates of stillbirth or early neonatal death[13,15]. One large study has demonstrated increased adverse neonatal outcomes for women having their first baby at home but the overall risk remains low[27].
- Women who birth at home are more likely to initiate breastfeeding earlier and breastfeed for longer with overall breastfeeding rates higher than low risk women who birth in hospital[28]
- There is no difference in rate of maternal mortality.
- It is inevitable that some women planning to have a home birth will need to transfer to hospital birth/care during pregnancy, labour or after birth, even with a careful selection process during pregnancy. Overall transfer rates are reported to be approximately 20% with higher rates for nulliparous women both before and during labour[27,29,30]. Where such transfer occurs in a timely fashion and in a spirit of cooperation, it generally has no negative effect on the woman's birth experience[31]. Reasons for transfer are typically[30]:
  - Slow progress in labour
  - Fetal heart rate abnormalities in labour
  - Postpartum haemorrhage
  - Neonatal respiratory problems

South Australian statistics for publicly funded women over the 10 year time period of 2006-2015 support the international findings; although due to low numbers (approximately 520) must be treated with some caution[4]:

- 79% of women who planned birth at home did so
- 10% of women developed AN complications precluding home birth
- 95% of women had a spontaneous vaginal birth
- 2.7% of women birthed via caesarean section
- 86% of women had no labour complications
- < 2% of women had a 3rd or 4th degree tear
- 3% of women underwent episiotomy
- 8% of babies required some form of resuscitation but did not require intubating or CPR
- There were no neonatal deaths

In conclusion, home births for women determined to be at low risk of pregnancy complications using established criteria can be achieved safely when supported by a qualified home birth midwife with adequate access to support, advice, referral and transfer mechanisms. Birthing at home conveys significant benefits for women.

4. Policy Requirements

4.1 Principles

The prerequisite for a planned birth at home is that the woman should have an uncomplicated singleton pregnancy, with a cephalic presentation between 37^{+0} (259 days) and 42^{+0} (294 days) weeks of gestation.

Registered midwives; when facilitating a planned home birth, will:

- be aware of potential situational challenges that may arise during birth at home
- be aware that they have a duty of care to the mother, but also and separately to the baby.
- have ready access to a means of rapid access telecommunications (lone worker security system, landline or mobile phone coverage).
- inform the woman of the SA Health Planned Birth at Home in South Australia 2018 Clinical Directive and make this available to the woman; emphasising the precautions necessary, contraindications to birth at home and reasons for transfer to hospital noted within.
- provide the woman with the information brochure on Planned Birth at Home and be confident that the woman has read it.
- ensure the woman has had an opportunity to discuss the potential benefits and risks of home birth so that she can make an informed decision
- ensure the woman intending to have a planned birth at home is booked with the relevant participating hospital early in the pregnancy.

4.2 Home environment that supports a planned birth at home

A planned home birth can be undertaken in the home that**:**

- is less than 30 minutes travelling time by ambulance from the participating hospital
- has reliable telecommunication access; landline or mobile phone with “coverage”
- has easy access (in case transfer during labour is warranted)
- has clean running water and electricity
- is clean and hygienic
- has no evidence of domestic violence
- has no evidence of illicit recreational drug use
- has an area to secure animals safely away from the birthing environment
- has an environment that supports other dependent members of the household (i.e. the birthing woman must not be responsible for other household members during labour and birth)

4.3 Contraindications for planned birth at home

The following conditions preclude a woman giving birth at home:

Medical history:

- any significant medical condition or pre-existing gynaecological disorder (Referral Level C in the ACM National Midwifery Guidelines for Consultation and Referral[1])
- alcohol or illicit drug dependency
- female genital cutting >Type 2B (i.e. where there is restriction to the vaginal opening)

Obstetric history - previous:

- caesarean section
- postpartum haemorrhage in excess of one (1) litre
- shoulder dystocia requiring internal manoeuvres
- neonate requiring intensive care for an unexplained reason
- perinatal death not related to preterm birth.

Current pregnancy:

- multiple pregnancy (i.e. other than singleton fetus)
- body mass index >35 kg/m² or maternal weight greater than 100 kg
- gestational diabetes requiring medication
- woman refusing assessment for gestational diabetes mellitus
    - adequate screening is defined as:
        - OGTT (preferred)

- In circumstances where OGTT is not possible, failed or declined, acceptable alternatives include:
    - Fasting venous BGL (≥ 5.1 mmol/L = GDM)
    - HbA1c (≥ 5.9% = GDM)
    - Home blood glucose level testing for 1 week
- hypertension and/or pre-eclampsia
- woman refusing morphology ultrasound
- abnormal placentation (including placenta praevia)
- suspected fetal abnormalities that require paediatric attention at birth
- polyhydramnios or oligohydramnios
- suspected fetal macrosomia
- suspected fetal intrauterine growth restriction or small-for-gestational age
- antepartum haemorrhage
- mal-presentation (i.e. other than cephalic presentation)
- post-term pregnancy (≥ 42 completed weeks; that is, ≥ 294 days)
- identified need for the newborn to be hospitalised following birth
- extreme psychosocial issues
- current child protection concerns where removal of the baby following birth is a possibility
- significant mental health issues requiring medication (Note: This is not an absolute contraindication, but further consultation and discussion with the treating practitioner would be required prior to making final decision)

4.4 Indications for admission or transfer to hospital

Sources of clinical advice are:

- The participating hospital labour ward / birthing suite staff
- the SA Perinatal Consultant Advice Line (Telephone number: 8161 9999)
- MedSTAR (SA Transport) Retrieval Service Telephone number: 13STAR i.e. 137827).

The following conditions preclude a woman from giving birth at home and/or necessitate transfer to hospital:

During labour, birth and immediate postpartum (4 hours post birth):

- preterm labour < 37 weeks
- meconium-stained liquor
- intrapartum haemorrhage
- fetal heart rate abnormalities
- other need for continuous electronic fetal heart rate monitoring
- evidence of infection or maternal temperature ≥ 38°C for 2 consecutive readings at least 2 hours apart
- failure of engagement of the fetal head despite labour
- absence of progress in established labour
- active first stage of labour in excess of 18 hours
- shoulder dystocia requiring internal rotational manoeuvres
- retained or incomplete placenta
- third or fourth degree perineal tear
- postpartum haemorrhage of one (1) Litre or greater
- hypertension and/or pre-eclampsia/eclampsia
- thrombophlebitis or thromboembolism
- uterine inversion or prolapse
- acute urinary retention
- maternal collapse
- large vulvar or paravaginal haematoma.

Neonatal

- Mother GBS positive or GBS negative or unknown with inadequate intrapartum antibiotic cover. Adequate antibiotic cover defined as:
  - **If GBS positive**: At least 1 dose of penicillin > 4 hours before birth.
  - **If GBS negative or unknown and birth 18-24 hours after ROM**: At least 1 dose of penicillin before birth. Timing of dose is not critical.
  - **If GBS negative or unknown and birth > 24 hours after ROM**: At least 1 dose of penicillin >4 hours before birth.
- Apgar score < 7 at 5 minutes
- excessive bruising, abrasions, unusual pigmentation and/or lesions
- excessive moulding and/or cephalhaematoma
- low birth weight (< 2,500g)
- Rapid Detection and Response Neonatal Observation Chart (MR59J):
  - Any observation in the red or purple zones
  - Three (3) or more different observations (e.g. temperature, heart rate, respiratory rate) in the yellow zone at one time
  - Three (3) recordings of one observation (e.g. respiratory rate alone) in the yellow zone 30 minutes apart
- neonatal convulsions
- congenital abnormalities
- vomiting: projectile, excessive, bloody, uncharacteristic for newborn.

4.5 Patient Transfer to Participating Hospital

If the woman or baby develops complications and requires transfer to the participating maternity hospital, the registered midwife in attendance has the authority to arrange for direct admission to the participating maternity hospital in which the woman and/or baby is booked. Immediate additional medical support must be secured via phone:

- SA Ambulance Service (SAAS) Telephone number 000.
- MedSTAR (SA Transport) Retrieval Service Telephone number: 13STAR (i.e. 137827).

SAAS will assist in transporting the woman and her fetus/baby to most appropriate maternity hospital for their ongoing care, which will usually be the participating hospital unless in exceptional circumstances.

The registered midwife making the telephone call to SAAS or MedSTAR should specify the exact nature of the clinical / emergency situation so the most appropriate priority of care can be assigned.

In the event of a patient transport or retrieval the SAAS staff will initiate their clinical protocols and will assume responsibility for resuscitation decisions and clinical practice. During retrieval or transfer of the woman and/or baby to a hospital, the registered midwife will be relieved of the role of primary care provider for the woman and/or baby, but must continue care in collaboration with the ambulance and/or hospital staff. This may involve either of the registered midwives assisting with resuscitation as needed. One of the registered midwives may travel with the woman and/or baby in the ambulance to provide further assistance as needed.

4.6 Procedural Guidelines

4.6.1 General

All routine care for the mother and baby must be provided as per local policies and procedures and in accordance with the Normal Pregnancy, Labour and Puerperium Management Perinatal Practice Guideline(s) available at https://extapps.health.sa.gov.au/PracticeGuidelines or www.sahealth.sa.gov.au/perinatal.

All registered midwives providing home birth services must have direct access to the results of maternal and neonatal routine screening. Other tests may need to be undertaken depending on the woman's or baby's clinical circumstances.

The woman must be referred to the participating maternity hospital for further assessment if any contraindications to birth at home (as specified in this Clinical Directive), are identified during pregnancy.

Registered midwives must provide a safe working environment at all times by maintaining effective work practices, adopting procedures and practices that comply with the relevant legislative requirements within the Work Health and Safety Act 2012[32] and taking reasonable care to protect their own health and safety and that of the woman and the baby. Principles of infection control will be maintained in accordance with National Infection Control Guidelines[33], and SA Health Hand Hygiene Directive[34]. Personal protective clothing should be worn as appropriate.

4.6.2 Additional Care Considerations

Antenatal

The registered midwife(s) will conduct a careful assessment of and discussion with the woman planning to birth at home during pregnancy to ensure the woman:

- has an uncomplicated, singleton pregnancy with no fetal or maternal contraindications to birth at home as specified in the Clinical Directive
- has the capacity to provide informed consent
- will meet or is aware of the registered midwives involved in the planned home birth services during her pregnancy
- is encouraged to have a general medical examination by her General Practitioner early in the pregnancy and notify them of her intention to birth at home
- is aware that plans to give birth at home may need to be reconsidered at any time, depending on changes in the woman's or fetus/baby's condition during pregnancy, labour, birth or postnatally.
- has the preparedness to transfer to the participating hospital should complications arise and transfer is deemed necessary.
- has an understanding of the implications of being transported by ambulance to hospital should it be required; including process and ambulance costs. Ambulance insurance must be recommended to the woman
- has a birth plan that does not include pharmacological pain relief or an epidural during labour and is aware that transfer to the participating hospital will be necessary if she requires pharmacological pain relief that is not available in the home.
- the woman has her bag packed prior to the commencement of labour, in readiness for a hospital stay should she require transfer to the participating hospital.
- is aware of the SA Health Clinical Directive: *First Stage Labour and Birth in Water*[35]
- is aware of the SA Health Clinical Directive: *Management of the Release of a Placenta for Private Use*[36]
- has support people intending to be present at the birth and that they have received the appropriate information relating to their roles during labour and birth; ideally, the registered midwives will have met the support people during pregnancy
- has someone who can be with her home for the first 24 hours after the birth
- and her attending support person(s) know how to contact the registered midwives, ensuring this information covers 24 hours per day, seven days per week.

The registered midwife must visit the woman's home before 37 weeks gestation to ensure that the home is a safe environment for a home birth. The registered midwife must ensure that all essential equipment (including resuscitation equipment such as oxygen and suction), is available in the woman's home prior to the commencement of labour and checked and ready for use (see Appendix B *Essential Equipment for a Planned Birth at Home*).

Intrapartum, birth and immediate postpartum

The registered midwife(s) is responsible for informing the participating hospital:

- when they attend the home for the woman's labour and
- at the completion of the third stage of labour and
- when they leave the woman's house.

The registered midwife must stay for 4 hours after the birth of the baby, undertaking a clinical assessment of both mother and baby immediately prior to leaving.

The registered midwife(s) should manage and dispose of the placenta safely as per local policies and procedures for the management of medical waste or leave the placenta with the woman in accordance with the *Management of the Release of a Placenta for Private Use* Clinical Directive[36].

The registered midwife(s) must provide information and education re infant feeding and maternal and neonatal wellbeing, including when and how to contact the midwife. The registered midwife must organise a home visit to review the mother's and baby's condition within 24 hours of the birth and then at regular intervals as appropriate to the needs of the mother and the baby in accordance with the participating hospital's protocols.

The registered midwife must advise the parents of the newborn to have their baby examined by a General Practitioner of their choice between day seven (7) and day ten (10) after the birth to exclude (for example) cardiac abnormalities and other conditions.

4.6.3 Documentation

The registered midwife(s) must:

- ensure the woman has read the patient information brochure and discussed this with the registered midwife(s) and signed the Consent Form for Planned Home Birth MR82HB.
- ensure that the woman has signed the two (2) copies of the Consent for Planned Birth at Home form and that one of these is filed in the woman's medical record at the participating hospital prior to birth.
- complete the checklist which forms part of the Planned Home Birth Consent Form.

The registered midwife(s) is responsible for maintaining appropriate documentation as per SA Health policy[37] in sufficient detail to indicate to a subsequent clinician what has been discussed and care undertaken. Antenatal care must be documented in the SA Pregnancy Record Documentation, including but not limited to:

- all clinical observations made during pregnancy, labour and after the birth
- any discussions with the woman about giving birth at home
- all advice provided to the woman about the need to go to hospital should complications arise
- discussions about consent
- meetings and discussions with support people
- all discussions with relevant health care professionals regarding the care of the woman and/or her baby.

The registered midwife(s) is responsible for ensuring that the original of the woman's SA Pregnancy Record is filed in the woman's medical record at the participating maternity hospital. The woman should be offered a copy of the record.

The registered midwife(s) are responsible for ensuring the progress of labour and all relevant decision making is documented in accordance with the South Australian Medical Record Documentation and Data Capture Standards[37] and in accordance with their employing organisation's policy and standards.
The registered midwife(s) must complete the legal documentation of birth:

- a Notification of Birth form in accordance with the requirements of the Births, Deaths and Marriages Registration Act 1996, within seven days after a live birth, or within 48 hours after a stillbirth and
- a Supplementary Birth Record: forward this to the SA Health Pregnancy Outcome Unit

The registered midwife must ensure that a Child's 'My Record' including percentile charts is completed and given to the mother.

4.7 Management when the woman refuses care consistent with the Planned Birth at Home Clinical Directive

Should, the woman undertaking a planned birth at home refuse care as indicated in the *Planned Birth at Home* Clinical Directive, and as recommended by the registered midwife(s) in attendance, the registered midwife(s) must document in detail all advice given to the woman and the woman's response to this advice in the woman's medical record. The ACM Midwifery Guidelines for Consultation and Referral[1] appendices provide further detail and examples to support this process.

The registered midwife(s) must provide notification to all support practitioners at the participating hospital and engage the appropriate maternity hospital staff from the participating maternity hospital to assist. This may include one or more of the following:

- Senior Registered Midwife
- Obstetrician
- Neonatologist
- Physician

Through discussion with the woman, her family and the participating maternity hospital staff care options for the woman must be identified and implemented:

During the antenatal period when the woman undertaking a planned home birth is in a stable clinical condition:

In the situation where the woman is in a stable clinical condition and does not follow the advice provided by the registered midwife, the registered midwife may choose to discontinue care for the planned birth at home. The registered midwife(s) should engage the services of an obstetrician from the participating maternity hospital to discuss the specific issues with the woman.

The decision to discontinue care must be communicated clearly to the woman with a registered letter confirming this, sent to the woman. A copy of this letter must be secured in the woman's medical record and sent to the woman's General Practitioner.

At the onset of labour when the woman planning a home birth is in a stable clinical condition, but the process of discontinuing care has not been completed:

If the process of discontinuing care of the woman has not been completed before the onset of labour and the woman remains in a stable clinical condition the registered midwife(s) must continue to provide ongoing care for the woman.

During the antenatal, intrapartum or postnatal period when the woman undertaking a planned home birth is in an unstable clinical condition and where the process of discontinuing care has not been completed prior to the onset of labour:

In the situation where the woman is in an unstable clinical condition and does not follow the advice provided by the registered midwife, the registered midwife should not refuse to care for the woman.

The registered midwife(s) should liaise with the:

- Senior Registered Midwife
- Obstetrician
- Neonatologist
- Physician

and institute the local health unit clinical practice guideline in providing ongoing care.

4 Implementation and Monitoring

The incidence of Planned Home Birth in South Australia is recorded on the Supplementary Birth Record and this data is collated by the SA Health Pregnancy Outcome Unit and reported annually.

5 National Safety and Quality Health Service Standards

National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
☒	☒	☐	☐	☒	☒	☐	☒

6 Definitions

In the context of this document:

Active Labour: means the presence of painful, regular, rhythmic uterine contractions and progressive effacement and dilatation of the cervix from four centimetres. Full dilatation is defined as 10 centimetres. This signals the commencement of the second stage which ends with the birth of the baby. Third stage lasts until the delivery of the placenta and membranes.

Normal Labour: is characterised by a number of stages. Labour begins with the latent phase, in which there may be regular, rhythmic, uterine contractions without dilatation of the cervix. This is followed by an active phase.

Participating Hospital: will have agreement from the SA Health to provide a planned home birth program consistent with this policy and will have written approval from the SA Health's insurer.

Registered Midwife: is referred to throughout this Directive for ease as midwives are the only health practitioners to support birth at home in SA at the time of publishing. However, where the term registered midwife is used, it would also refer to a medical practitioner trained in birth at home should they attend a planned birth at home. Both registered midwives and medical officers must be registered to practice by the Australian Health Practitioners Regulatory Agency.

Resuscitation: means preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation and related emergency care.

7 Associated Directives / Guidelines & Resources

Policies available at:
https://extapps.health.sa.gov.au/PracticeGuidelines or www.sahealth.sa.gov.au/perinatal

- *First Stage Labour and Birth in Water* Clinical Directive
- *Management of the Release of a Placenta for Private Use in SA* Clinical Directive
- Perinatal Practice Guidelines

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9 Acknowledgements

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Policy for Planned Home Birth in SA 2013

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11 Appendices

Appendix A: Essential Equipment for a Home Birth
Appendix B: Oxygen Cylinder Safety
Appendix C: Checklist for the Registered Practitioners attending a Planned Home Birth – forms part of the Planned Home Birth Consent Form
Appendix D: Planned Birth at Home Consent Form
Appendix E: Planned Birth at Home Brochure

Appendix A: Essential Equipment for a Planned Birth at Home

Preamble

The *registered midwife(s*) attending a birth at home are required to have essential equipment available for the planned home birth, items necessary in the event of complications, and progress notes for contemporaneous documentation.

Contents of Packs for Home Birth

Maternal Pack

- Pinnards stethoscope
- electronic fetal Doppler
- sphygmomanometer and adult stethoscope
- thermometer
- sterile gloves and box of examination gloves
- obstetric cream or sterile lubricant
- Amnihook

Birth Pack

- cord clamp
- receiving bowl/dish (able to be autoclaved)
- two Blacks cord clamps or artery forceps
- curved Mayo or episiotomy scissors
- cord scissors
- sterile catheterisation pack
- urethral catheter and urine bag
- bottle of antiseptic preparation
- cord blood collection bottles and 20 ml syringe
- 2 ml syringe, antiseptic swab, drawing up and intramuscular needle
- Hep B vaccination
- disposable sheets
- sanitary napkins
- medical waste hazard bag (for placental disposal if not wanted by parents)
- torch and spare batteries

Baby Pack

- mucus extractor (with disposable infant suction catheters)
- paediatric stethoscope
- paediatric thermometer
- baby weighing scales
- tape measure
- paediatric Vitamin K ampoule with unit syringe, antiseptic swab, drawing up and intramuscular needle

Perineal Suturing Pack

- bottle of antiseptic preparation (preferably Chlorhexidine)
- clean drape or dressing towel
- local anaesthetic (two 20 ml ampoule 1 % Lignocaine with Adrenaline 1: 200,000)
- 10 and 20 ml syringes, drawing up and intramuscular needle
- personal protection equipment - gloves
- five sterile swabs
- needle holder
- dissecting forceps
- suture material
- scissors
- sharps disposal container
- adequate light source

Resuscitation Pack (Maternal and Infant)

- infant Laerdel bag and mask, or neopuff, with oxygen tubing
- oxygen cylinder
- oxygen regulator
- adult oxygen mask and tubing
- Twin-o-vac set-up with tubing for suction
- infant and adult disposable suction catheters
- infant and adult plastic airways
- tourniquet
- blood collection syringes, needles, bottles and antiseptic swabs
- intravenous cannulation equipment (three size 16 gauge cannulae)
- dressing and securing tape for intravenous sites
- two intravenous giving sets
- two litres of intravenous solution

Drug Pack (should be stored in a secure container in the woman's home)

- six oxytocic ampoules of 10 units
- one Ergometrine or Syntometrine ampoule 0.5 mg
- two 10 ml ampoules normal saline
- two 10ml ampoules of sterile water
- one ampoule Adrenaline 1:1000
- antibiotics – as required

Appendix B: Oxygen Cylinder Safety

Safety is of the utmost importance in the handling and use of a gas cylinder. It is important that the registered midwife(s) always read the label on the cylinder and the accompanying *Material Safety Data Sheet* before use.

The *registered midwife(s)* responsible for storing or using a gas cylinder should be trained and familiar with both the current cylinder manual handling regulations and the procedures to be followed in case of an emergency (see manufacturer's instructions). It is especially advisable that the following precautions are applied when handling gas cylinders:

1. The cylinder should not be knocked violently and should be prevented from falling;
2. Force should never be used when opening or closing valves;
3. Cylinder valves must be closed before moving the cylinder; all equipment must be detached; and the valve should be checked to ensure that it has not been inadvertently turned on;
4. The cylinder should be firmly secured in a vehicle during transport;
5. The key should be kept in a safe place, separate from the cylinder, but easily available;
6. The cylinder should be checked regularly for leaks and faults; and
7. The cylinder should be stored upright in a cool, dry and well-ventilated place away from heat sources, sources of ignition and combustible materials (especially flammable gases), and out of the reach of children.

Appendix C: Checklist

Planned Birth at Home Checklist for the Registered Practitioners

INFORMATION IN PREGANCY - information to be provided to the woman		DATE	SIGNATURE
☐	SA Health Planned Birth at Home Policy		
☐	Need to reassess suitability again later in pregnancy and again in labour		
☐	Possible need for transfer to hospital before or after birth		
☐	Ambulance insurance cover and ambulance transport costs		
☐	Options for pain relief		
☐	Neonatal tests		
☐	Child & adult immunisation program		
☐	Mother's (and partner's) legal obligation to register birth with the South Australian Registrar of Births, Deaths and Marriages		
ACTIONS IN PREGNANCY - to be provided in addition to routine pregnancy care		DATE	SIGNATURE
☐	Informed consent signed in duplicate (one copy kept in SA Pregnancy Record, one copy filed by a registered practitioner in hospital case notes)		
☐	Informed of the SA Health policy 'First Stage Labour and Birth in Water'		
☐	Home visited and found suitable (including ambulance access)		
☐	Support persons have met registered practitioner(s) and informed of their potential roles		
☐	Necessary equipment available at home		
☐	Regular check for continuing suitability for home birth		
ACTIONS IN LABOUR - to be provided in addition to routine labour care		DATE	SIGNATURE
☐	SA Pregnancy Record available		
☐	Suitability for home birth reassessed		
☐	Participating maternity hospital informed		
☐	Equipment checked and in good working order		
☐	Accurate documentation of events and discussions maintained		
ACTIONS POSTNATAL - to be provided in addition to routine perinatal care		DATE	SIGNATURE
☐	Assess newborn and record APGAR score		
☐	Encourage breastfeeding including skin to skin contact between mother and baby		
☐	Inform woman of availability and merits of vitamin K administration to the baby		
☐	Ensure child's SA Health My Record is completed		
PARENT(S) SHOULD BE LEFT WITH.....		DATE	SIGNATURE
☐	Information on child and adult immunisation programs		
☐	Information for parents legal obligation to register the birth of their baby		
☐	SA Health My Record		
☐	Birth Registration Statement form – application from birth certificate		
☐	Centrelink Newborn Child Claim form - Medicare newborn enrolment & safety net Paid parental leave Childhood immunisation register Family assistance – baby bonus Family tax benefit		
☐	Details for contacting the registered practitioners		

Appendix D: Consent Form

CONSENT FOR PLANNED HOME BIRTH

(MR82HB)

Hospital: .....

Affix patient identification label in this box

UR No: .....

Surname: .....

Given Name: .....

Second Given Name: .....

D.O.B: ..... Sex: .....

If you are planning a home birth, you should seek information from a registered practitioner and read the SA Health policy: ***Planned Birth at Home in South Australia*** *and this Consent Form before making a final decision. The policy and patient information brochure is available from your registered practitioner of from: www.sahealth.sa.gov.au/perinatal*

You must be aware that planned home birth may need to be reconsidered at any time if there are changes in your condition or the baby's, either during pregnancy, during labour or shortly after birth.

SA Health registered practitioners who participate in a planned home birth must adhere to the SA Health policy: ***Planned Birth at Home in South Australia.***

If you also are planning a home birth in water, then the registered practitioners attending you must follow the SA Health policy, ***First Stage Labour and Birth in Water.***

1. PATIENT CONSENT— *Please initial the boxes below to indicate you understand the corresponding statement. If you have any questions, please ask your qualified practitioner.*

I understand a planned home birth can only be considered if I comply with the points listed on Page 1 of the Planned Home Birth Patient Information Brochure: "*You can consider giving birth a home if all the points below apply to you*".	
I am aware that although all births carry an inherent risk, complications could occur and when there is a need for urgent medical treatment, such services may only be available in a hospital and not at home.	
I understand the extra care is needed during pregnancy and in labour to select women who are suitable for having a home birth.	
I understand that a planned home birth can be achieved safely, when conducted within appropriate guidelines under the care of skilled and confident registered practitioners.	
I understand that safety for me and my baby is the main concern during a planned home birth when undertaking first stage labour and/or give birth in water.	
I understand I will be refused the opportunity to undertake a planned home birth if I have any medical condition or exemplary criteria outlined on Page 1 of the Planned Home Birth Patient Information Brochure.	
I understand that I must be prepared to be transferred from my home to a hospital at any time during pregnancy, labour or birth, if deemed necessary.	
I have been informed of the SA Health policy: **Planned Birth at Home in South Australia**, and have read the Planned Home Birth Patient Information Brochure and discussed it with my registered practitioner.	

I, ...

(Patient's given name/s) (Patient's surname)

I confirm that I have received a copy of the **Planned Birth at Home in South Australia** *information brochure, and have read and understood the information outlined on this form.*

I also have discussed the management of my labour and birth with the registered practitioner whose signature appears below.

Patient's signature: ..... Date: ___ ___ / ___ ___ / ___ ___

2. DETAILS OF QUALIFIED PRACTITIONER ACKNOWLEDGING PATIENT CONSENT

Full name *(Please print)*	Designation	
Signature	Date ___ ___ / ___ ___ / ___ ___	Time ___ ___ : ___ ___ AM PM

Please use black ballpoint pen when completing this form

SA Health

Created May 2012

CONSENT—Planned Home Birth

MR82HB

Appendix E: Brochure

Why Home Birth?

The birth of your child is a joyous and intimate experience to be shared with those closest to you. It comes as no surprise then, that like some women, you may wish to give birth in the comfort and privacy of your own home.

Women who have had a home birth(s) describe a greater sense of self-determination and a feeling of being more in control of the birth process and their environment, free from the pressure and restraints sometimes felt with birth in hospital. Women indicate that this leads to a feeling of empowerment and sense of achievement, which in turn improves satisfaction with the birthing experience and overall psychological wellbeing.

Women also describe how the presence and involvement of their partner and/or close family or friends is more easily facilitated, providing heightened reassurance and support.

There are many factors to consider when planning to give birth at home, some personal and some governed by the South Australian Department for Health and Wellbeing. Government-employed registered midwives who participate in planned home birth must adhere to the SA Health Planned Birth at Home Clinical Directive and other relevant polices (e.g. First Stage Labour and Birth in Water Clinical Directive).

For more information

SA Maternal, Neonatal & Gynaecology Community of Practice
Women's & Children's Health Network
52 King William Rd
North Adelaide SA 5006
www.sahealth.sa.gov.au

Public-I4-A4

Interpreter

BY NC ND
www.ausgoal.gov.au/creative-commons

Government of South Australia
SA Health

Planned Home Birth

2018

Is planning your baby's birth at home right for you?

Information for Women

Government of South Australia
SA Health

Research shows:

When comparing similar women at low risk of complications; those women intending a home birth rather than a hospital birth are:

- More likely to have a normal birth with 85-90% of women achieving this
- Less likely to have labour and birth interventions such as medication to 'speed up' labour, epidural analgesia, episiotomy, birth assisted with instruments, such as forceps and/or caesarean section
- Less likely to experience severe perineal trauma or haemorrhage after birth
- More likely to initiate breastfeeding earlier and breastfeed for longer

Their babies are:

- Less likely to need admission to a nursery
- At equal risk of stillbirth and neonatal death

Transfer to hospital

- If you are having your first baby, you are more likely to require transfer to hospital during pregnancy, labour or after birth when compared with women having their second or subsequent baby (approximately 30% versus 10%). Your baby may have more complications as a result, but the overall risk remains low.

You can plan to give birth to your baby at home if all of the following applies to you:

- You are pregnant with only one (1) baby
- You do not have a medical reason that would preclude you from a home birth
- You weigh 100kg or less and your BMI (Body Mass Index) is 35kg/m^2 or less
- You have not had a previous caesarean section
- You have not had significant problems in a previous birth (e.g. haemorrhage after birth of more than a litre)
- You have had screening for diabetes in pregnancy and you do not require medication for uncontrolled sugar levels
- You have had a morphology ultrasound with no significant complication identified
- You have had a normal pregnancy without complications
- You are more than 37 weeks but less than 42 weeks pregnant
- Your baby is head down before labour starts
- You do not want pain relief medication for labour
- There are no child protection concerns for your unborn baby
- You are prepared to cover the cost of ambulance transport to hospital if required
- You have been informed about the SA Health Planned Birth at Home Clinical Directive, discussed it with your midwife and signed the consent form for Planned Home Birth

You can plan to birth your baby at home if your home:

- is less than thirty (30) minutes travelling time by ambulance to the supporting hospital
- has reliable telecommunications; landline or mobile with 'coverage'
- has easy access for an ambulance should it be required
- has clean running water and electricity
- is clean
- has an area to secure animals safely away from the birthing environment

You will also need to ensure that other children or dependant persons within the home will be cared for by someone other than yourself and that you have support at home, particularly for the first 24 hours after the birth.

You may need to transfer to hospital during labour or after the birth if:

- your labour does not progress as expected by your midwife
- any other complications develop in labour, during birth or immediately after the birth
- there are concerns for your baby's wellbeing during labour, birth or after your baby is born

You must be ready to accept your midwife's advice for transfer to hospital if she/he thinks it is necessary. Reasons for this can be discussed with your midwife in advance and are listed in the Planned Birth at Home Clinical Directive.