

Clinical Directive: compliance is mandatory

Planned Birth at Home in South Australia 2013

Policy developed by: SA Maternal, Neonatal & Gynaecology Community of Practice

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All Health Networks
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Policy for Planned Birth at Home in South Australia 2013

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Glossary of Terms

Registered Practitioner:

is a midwife or a medical practitioner who is registered to practice by the Australian Health Practitioners Regulatory Agency.

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.

Active Labour:

is recognised by the presence of painful, regular, rhythmic uterine contractions and progressive effacement and dilatation of the cervix from four centimetres. Full dilation 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.

Resuscitation:

preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation and related emergency care.⁵

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.

1. Introduction

SA Health has developed the Planned Birth at Home Policy to guide registered practitioners (that is, 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.

A planned home birth is defined as a planned event where the woman chooses to have a vaginal birth at home, when the care is provided by a registered practitioner.

The Planned Birth at Home Policy provides a woman and the registered practitioners supporting her with a safe and supportive framework.

The registered practitioner caring for a woman who has made an informed choice for a planned birth at home must be appropriately credentialed by their employing public hospital to assist with a planned birth at home. In 2011, South Australia recorded 87 or 0.43 per cent of all births as planned home births. The demand for planned home births has slightly increased over recent years.⁴²

The National Maternity Services Plan 2010 assisted in guiding this policy and states:

“This wellness paradigm for pregnancy and childbirth acknowledges that pregnant women are predominantly well because pregnancy and childbirth are normal physiological life events. Clinical decisions about medical intervention should be informed by this understanding.”³⁵

Planned birth at home is an option:

- > for women meeting the specific criteria noted within pages 9, 10, 11
- > when maternal and infant safety is maintained throughout labour and birth
- > where the registered practitioners are confident and competent to assist with labour and birth
- > when adequate support is available for the registered practitioners conducting the planned home birth.

The SA Health Planned Birth at Home Policy includes the:

- > eligibility criteria for the woman considering a planned home birth
- > role and responsibilities of the SA Health registered practitioners supporting a planned birth at home
- > clinical competencies and professional education requirements for the SA Health registered practitioners supporting a planned birth at home
- > quality and safety considerations associated with supporting planned birth at home
- > risk management strategies supporting the woman considering planned birth at home.

The SA Health Planned Birth at Home Policy must be used in conjunction with the:

- > Planned Birth at Home patient information brochure
- > Consent for Planned Home Birth
- > ACM National Guidelines for Consultation and Referral ³⁶
- > South Australian Perinatal Practice Guidelines ⁴⁶
- > SA Health policy First Stage Labour and Birth in Water ⁴⁷
- > SA Pregnancy Record. ⁴⁸

It is important that registered practitioners, who care for women planning to birth at home are well-equipped, well-supported to provide care that is well-integrated into the services of the participating hospital.¹¹

Registered practitioners, in facilitating a planned home birth, will:

- > Be aware of the potential complications noted within page 12.
- > Be aware that they have a duty of care to the mother, but also and separately to the baby.
- > Inform the woman of the SA Health policy: Planned Birth at Home, and make this available to the woman; emphasising the precautions necessary and the contraindications noted within.
- > Provide the woman with the information brochure on Planned Birth at Home and be confident that the woman has read it.
- > 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.
- > Inform the woman of the SA Health policy: First Stage Labour and Birth in Water.
- > Ensure that support people intending to be present at the birth have received the appropriate information relating to their roles at the birth; ideally, the registered practitioners will have met the support people during pregnancy.
- > Ensure that all observations and advice are documented correctly and appropriately.
- > Encourage 'skin to skin' contact between mother and baby at the earliest opportunity.
- > Take appropriate action to preserve both the mother's and baby's health.

2. The Evidence

Some women prefer to give birth in the comfort and familiar environment of their own home. Similarly, some women prefer a hospital environment.

A woman's choice as to where she will birth her baby should be respected within a framework of safety and clinical guidelines. The autonomy of pregnant women is protected in both law and jurisprudence, and it is the duty of health professionals to accommodate that autonomy in as safe a manner as possible for both mother and baby.

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.⁵²

All women should have access to a high standard of service and an integrated team of appropriately trained health professionals—both community-based and hospital-based—when birth occurs at home.¹

There is no high level evidence on the relative merits of home versus hospital birth for women and babies at low risk of perinatal complications.

Information largely depends, therefore, on carefully conducted cohort studies from which a number of conclusions can be drawn:

- > The natural process of labour is facilitated and vaginal birth rates are higher when healthy women with a normal pregnancy give birth in the familiarity of their home environment and are attended by a skilled midwife.^{23, 49, 25}

- > There is a lower rate of birth interventions, such as augmentation of labour, episiotomy, instrumental birth and caesarean section, when women give birth at home.^{23, 49, 25} These interventions significantly increase costs and morbidities associated with maternity care in Australia.^{40, 51}
- > Giving birth at home gives women a greater sense of achievement and satisfaction and those having a home birth have been found to be more confident of making the same choice again than women having a planned hospital birth.^{12, 1} Women who have experienced both hospital and home births usually express greater satisfaction with the latter¹⁴ feeling more relaxed and peaceful in their natural surroundings. Psychological well-being three weeks after birth has been reported as higher among women with planned home, rather than planned hospital, births.⁵⁵
- > Home births can be achieved safely when conducted within appropriate guidelines.²²
- > Recent data from a large prospective cohort study in England indicates that the overall risk of adverse perinatal outcomes following birth at home is low, particularly for multiparous women. However, for women in their first ongoing pregnancy, birth at home is associated with a significantly increased risk of adverse perinatal outcomes, and increased need for transfer to an obstetric unit, although the risk of interventions during labour and birth is reduced.⁸
- > 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.^{49, 25}
- > Recent South Australian data shows that for home birth compared with hospital birth there are higher rates of intrapartum asphyxia (insufficient oxygen going to the baby before birth) or death of the baby in labour. This may be partly accounted for by inappropriate assessment /selection of women and/or babies with known risk factors that should preclude home birth.²³ The West Australian review of perinatal deaths in 2010, showed that the risk of hypoxic peri-partum death was higher, for all of the risk categories, in planned home births compare to planned hospital births.¹⁹
- > Australian data has shown unacceptably high risks for the baby from planned home birth for twin pregnancies, pregnancies outside term (37 to 41 weeks) and breech presentations⁶ all of which contraindicate home birth. Planned home births, when meconium is present, also have a higher rate of meconium aspiration than do hospital births.¹⁵
- > It is inevitable that some women planning to have a home birth will need transfer to hospital, even with a careful selection process during pregnancy. Where such transfer occurs in a timely fashion and in a spirit of cooperation, it typically has no negative effect on the woman's birth experience.^{16, 55} The reason for transfer may or may not account for the greater morbidity of babies in this group.²

3. The Planned Home Birth Policy for South Australia

The Planned Birth at Home Policy for South Australia applies to registered practitioners who care for woman planning a vaginal birth at home.

The policy is implemented in context with the National Maternity Services Plan where it is stated that:

“All Australian women will have access to high-quality, evidence based, culturally competent maternity care in a range of settings close to where they live.

Continuity of care as a feature of maternity care is very important for women.

The underpinning philosophy of primary maternity services is that birth is a normal but significant physiological event, and that different women have different needs in relation to pregnancy and childbirth.

...pregnant women are predominantly well because pregnancy and birth are normal physiological life events.”³⁵

Inclusion Criteria for Planned Birth at Home

The prerequisite for a planned birth at home is that the woman should have an uncomplicated singleton pregnancy with a cephalic presentation between 37⁰ (259 days) and 42⁰ (294 days) weeks of gestation.

The registered practitioners will conduct a careful assessment to ensure that the woman's condition is suitable for giving birth at home, that there are no fetal or maternal contraindications, and that the woman has the capacity to provide informed consent. If any contraindications are identified, the registered practitioners will refer the woman to the participating hospital maternity unit for further assessment.

The woman planning to birth at home must be assessed by a registered practitioner, and:

- > has met the registered practitioners involved in the planned home birth services during their pregnancy
- > has an uncomplicated, singleton pregnancy
- > is within 30 minutes travelling time from the participating hospital
- > is in a home that does not pose a risk to giving birth safely
- > has an understanding of ambulance costs and cover, in case the need for transfer to a hospital is required
- > has the preparedness to transfer to the participating hospital if deemed necessary
- > when in labour; is 37⁰ weeks - 42⁰ weeks gestation
- > has not had a previous caesarean section
- > is with a cephalic presentation before labour commences
- > has a birth plan not to request pharmacological pain relief or an epidural during labour
- > has someone who can be with her home for the first 24 hours after the birth
- > has read the patient information brochure, and has discussed this with the qualified practitioner and signed the Consent Form for Planned Home Birth MR82HB.

Contraindications for Planned Birth at Home

The registered practitioners must refuse to proceed with a planned birth at home if the woman's completed SA Pregnancy Record is not available to them.

The following conditions preclude a woman giving birth at home:

Obstetric history—previous:

- > caesarean section
- > postpartum haemorrhage in excess of one (1) litre
- > shoulder dystocia
- > baby requiring intensive care, for an unexplained reason
- > baby has potential for hospitalisation for re-occurring cause and
- > perinatal death not related to preterm birth.

Medical history (as identified in the SA Pregnancy Record):

- > any significant medical condition
- > alcohol or drug dependency and
- > female genital cutting >Type 2B i.e. where there is restriction to the vaginal opening.

Current pregnancy:

- > body mass index >35 kg/m² or maternal weight greater than 100 kg
- > antepartum haemorrhage
- > multiple gestations (ie other than singleton fetus)
- > mal-presentation (ie other than cephalic presentation)
- > abnormal placentation (including placenta praevia)
- > hypertension and/or pre-eclampsia
- > gestational diabetes with uncontrolled BSL requiring medication
- > suspected macrosomia
- > suspected intrauterine growth restriction or small-for-gestational age
- > suspected fetal abnormalities that require paediatric attention at birth
- > polyhydramnios or oligohydramnios
- > prolonged rupture of membranes greater than 18 hours after 37 completed weeks gestation without labour, irrespective of Group B Streptococcus status (refer to the South Australian Perinatal Practice Guidelines ⁴¹ available via iTunes APP store, called: *Practices Guideline Reader* and website <http://www.health.sa.gov.au/ppg>;
- > positive Group B Streptococcus status refusing antibiotics ⁴⁶ and
- > post-term pregnancy (≥ 42 completed weeks; that is, ≥ 294 days).

During labour:

- > preterm labour < 37 weeks
- > need for continuous fetal monitoring
- > evidence of infection or maternal temperature >37.6°C
- > failure of engagement of the fetal head despite labour
- > meconium-stained liquor
- > fetal heart rate abnormalities
- > intrapartum haemorrhage
- > absence of progress in established labour and
- > active first stage labour in excess of 18 hours.

Home environment:

- > more than 30 minutes travelling time by ambulance from the participating hospital
- > lack of easy access to the home (in case transfer during labour is warranted)
- > lack of clean running water and/or electricity
- > lack of cleanliness and hygiene
- > evidence of domestic violence and
- > evidence of recreational drug use.

Complications may arise during labour, at or after birth that require the woman and her baby to be transferred to the participating maternity hospital; these may include:

- > shoulder dystocia
- > intrapartum haemorrhage
- > hypertension
- > retained or incomplete placenta
- > postpartum haemorrhage
- > maternal collapse
- > third or fourth degree perineal tear
- > Apgar score < 7 at 5 minutes
- > neonatal respiratory problems
- > neonatal convulsions
- > congenital abnormalities and
- > low birth weight (< 2,500g).

4. Risk Management

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

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

Where the registered practitioner is a registered midwife, he/she is to practise in accordance with the Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral.³⁶

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

- > have participated in at least five (5) planned home births under supervision
- > be aware of the contraindications noted within
- > be aware of the potential complications of giving birth at home, and
- > have competency in maternal and neonatal resuscitation, intravenous cannulation, perineal suturing, and newborn examination.

The registered practitioners caring for the woman planning to birth at home must:

- > Have ready access to a means of rapid communication at all times.
- > Undertake antenatal assessment in accordance with the SA Perinatal Practice Guidelines; available via iTunes APP store, called: *Practices Guideline Reader* and website; <http://www.health.sa.gov.au/ppg>.
- > Have direct access to the results of the tests. Other tests may need to be done depending on the woman's clinical circumstances.
- > Provide the woman with an SA Pregnancy Record that must be completed by the registered practitioners at each and all visits.
- > Ensure that the woman is aware that all births carry an inherent risk, with some situations involving greater degrees of risk for herself and/or her baby and that she may need transfer to a hospital if complications arise. The woman must be aware that plans to give birth at home may need to be reconsidered at any time, depending on changes in the woman's or baby's condition during either pregnancy or labour.
- > Advise the woman of the registered practitioners available to care for her planned birth at home.
- > Discuss with the woman the implications of being transported by ambulance to hospital if needed, including potential costs, ambulance insurance and the process involved.
- > Ensure 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.
- > Ensure that The Planned Birth at Home Policy, the Patient Information Brochure: Policy for Planned Birth at Home and the Consent for Planned Home Birth is made available for the woman early in the pregnancy and an opportunity provided to discuss the choice of a home birth so that the woman can make an informed decision.
- > Ensure that the information given to the woman related to planned birth at home is accurate and up-to-date.
- > Ensure that the woman has given (signed) informed consent for a planned birth at home. (The Consent for Planned Birth at Home form is available from the SA Health via the Medical Records order process).
- > Book the woman intending to have a planned birth at home with the participating hospital in early pregnancy and encourage the woman to inform her General Practitioner. The woman should be encouraged to have a general medical examination by her General Practitioner; this assessment should occur early in pregnancy.
- > Ensure at least one (1) of the registered practitioners is in attendance at all times from the commencement of active labour and the two (2) registered practitioners (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 labour up until the

completion of the third stage labour.

- > Ensure the SA Health Policy First Stage Labour and Birth in Water⁴⁵ is followed if the woman also decides to use water for pain relief and/or plans to have a water birth at home.
- > Ensure that the woman is aware that some pharmacological pain relief is not available during labour at home and outline the pharmacological pain relief that is available to them during labour at home. The woman should also be informed that transfer to the participating maternity hospital will be necessary if she requires pharmacological pain relief to that not available in the home.
- > Refer the woman to her General Practitioner or an Obstetrician from the participating hospital if medical complications arise during the woman's pregnancy. If the registered practitioner is a midwife, the ACM National Midwifery Guidelines for Consultation and Referral³⁶ should be used as a reference. Whilst ethical principles underlying health care emphasise the importance of respecting the autonomy of those receiving health care, the registered practitioners caring for the woman undertaking a planned birth at home should be aware they are responsible to define their scope of practice and limitations to their care. This care should be provided in accordance with the National Competency Standards³⁴, Code of Ethics³³ and Code of Practice for Midwives.³²
- > Ensure that the essential equipment is available for a birth at home. (see Appendix B 'Essential Equipment for a Planned Birth at Home').
- > Visit the woman's home before 37 weeks gestation to ensure that the home is a safe environment for a home birth.

Any patient related incident or adverse outcome should be reported in accordance with the practice followed at the participating hospital from where the registered practitioners are employed.

The Executive Officer of the hospital providing planned home births must advise the SA Health's Insurance Services:

- > of that intention before starting the service
- > obtain written approval from Insurance Services before commencing the service
- > of an annual report, indicating the number of planned home births undertaken in the financial year, and
- > of any life-threatening complications within 24 hours of the event.

Management of the Woman Refusing Care Consistent with the Planned Birth at Home Policy

Should, the woman undertaking a planned birth at home refuse care recommended by the registered practitioner, the registered practitioner must ensure all contemporary documentation is undertaken 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

and through discussion with the woman, her family and the maternity hospital staff identify care options for the woman.

In the situation where the woman is in a stable clinical condition and does not follow the advice provided by the registered practitioner, the registered practitioner may choose to discontinue care for the planned birth at home. The registered practitioner 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.

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 practitioners must continue to provide ongoing care for the woman.

In the situation where the woman is in an unstable clinical condition and does not follow the advice provided by the registered practitioner, the registered practitioner should not refuse to care for the woman. The participating hospital must have clinical practice guidelines supporting the registered practitioner to continue and not to continue providing ongoing care where the woman does not follow the advice provided by the registered practitioner.

The registered practitioners should document in detail all advice given to the woman and the woman's response to this advice in the woman's medical record and provide notification to all support practitioners at the participating hospital.

5. Procedural Guidelines for Planned Birth at Home

The registered practitioners must ensure they define their scope of practice and limitations to their care to the woman planning a birth at home.

If at any time one of the registered practitioners notices the woman's observations are outside the normal range (refer to ACM National Midwifery Guidelines for Consultation and Referral), the registered midwife should seek advice and contact the woman's General Practitioner or relevant Medical Officer at the participating hospital, immediately.

Antenatal

All women must be offered appropriate counselling on and screening for fetal anomalies (refer to the SA Perinatal Practice Guidelines, available via iTunes APP called: Practices Guideline Reader or via the web on <http://www.health.sa.gov.au/PPG>).⁴⁶

The registered practitioners should ensure that all essential equipment is in readiness for the birth.

The registered practitioners must undertake antenatal assessment in accordance with the SA Perinatal Practice Guidelines and include care as described within: Risk Management section.

Emergency resuscitation equipment including oxygen and suction equipment must be available in the woman's home prior to the commencement of labour and be checked and ready for use.

Intrapartum

Two registered practitioners (registered midwives and/or medical practitioner) will be in attendance for a home birth, one of whom should be accredited to attend a planned home birth. One of the registered practitioners should be in attendance at all times from the commencement of active labour and two registered practitioners should be in attendance at all times from the commencement of the second stage labour up until the completion of the third stage labour.

The registered practitioners are responsible for acting appropriately in response to problems that may occur during any stage of labour or birth and for the concurrent documenting of progress and outcomes.

When labour assessment occurs at home, the registered practitioners must ensure that the woman is informed of her progress in a timely fashion that enables informed decision-making; this should include:

- > reassessment that the woman's condition is suitable for a birth at home; and
- > informing the woman and her family, where necessary, on options for care for example, if transfer to hospital is advised and whether this should be in a car or an ambulance.

Principles of infection control during a home birth will be maintained in accordance with national infection control guidelines. Personal protective clothing should be worn as appropriate and hand hygiene should be conducted in accordance with the SA Health Hygiene Directive.

The registered practitioners are responsible for informing the participating hospital both when the woman is in labour and also at the completion of the third stage of labour.

The registered practitioners should ensure that maternal and fetal wellbeing are monitored by making certain that all observations are undertaken and documented in accordance with their employing organisation's policy and standards.

The registered practitioners are responsible for ensuring the progress of labour and all relevant decision making is documented in accordance with the SA Health Medical Records Documentation and Data Capture Standards August 2000 ⁴⁴ and filed in the hospital medical record after the birth.

The woman must be offered an oxytocic injection to reduce the risk of haemorrhage.

Postnatal

The registered practitioners should practice in accordance with all their employing hospital's occupational health, safety and welfare policies, including those related to staff vaccinations, to ensure the optimal outcomes for themselves, the woman, her baby and other persons involved.

One of the registered practitioners in attendance at the planned home birth should:

- > perform assessment of maternal well-being
- > support maternal/infant attachment, 'including skin to skin contact' at the earliest opportunity
- > facilitate the establishment of breastfeeding
- > facilitate all health care needs as required
- > continue care until the mother's and baby's conditions are stable, with observations continuing for at least two (2) hours after delivery of the placenta, and ensure that the woman and her attending support persons know how to contact the registered practitioners thereafter

- > stay in the home and maintain assessment of the women and her baby for at least 3-4 hours post birth and
- > one of the registered practitioners should 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 placenta should be managed as per 'Human tissue / explanted items' and is disposed of safely, in compliance with legislative and procedural requirements.⁴¹

A thorough examination of the newborn will be performed by one of the registered practitioners in attendance at the time of birth. The newborn should be referred to the hospital for neonatal assessment if there is any suspicion of abnormality or health problems.

One of the registered practitioners in attendance at the birth should both inform the parents of their legal obligation to register the birth and provide the appropriate documentation to them (see 'Documentation' section).

One of the registered practitioners in attendance at the birth is legally obliged to complete 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 is also legally obliged to complete a Supplementary Birth Record and forwarding this to the SA Health Pregnancy Outcome Unit.

The registered practitioners are responsible for ensuring that the woman's SA Pregnancy Record is available throughout labour and is taken after the birth to be filed at the participating hospital. The woman should be offered a copy of the record.

After a planned home birth, the woman and her support person(s) should be clear about how to contact the registered practitioners in case unexpected circumstances arise.

A registered practitioner should visit the woman again within 24 hours of the birth. Follow-up postnatal care is planned in accordance with the woman's and newborn's needs.

Care of the Newborn

After immediate assessment of the newborn (including Apgar score at both one and five minutes), the following observations should be made and documented together with the results of the initial assessment and details of resuscitation within two (2) hours of birth:

- > examination of the newborn
- > temperature (normal range: 36.5°C – 37°C);
- > apex beat at rest (normal range: 120 – 160 beats per minute)
- > colour and perfusion
- > respirations at rest (normal range: 40 – 60 per minute)
- > behaviour and reflex irritability and
- > weight, length and head circumference.

The registered practitioners should:

- > Provide ongoing assessment of the newborn and facilitate the establishment of breastfeeding, 'including skin to skin contact' at the earliest opportunity.
- > Inform the woman of the availability and merits of vitamin K administration to the baby to improve its blood clotting capacity.
- > Arrange for the standard newborn screening (Newborn Neonatal Screening Tests and Hearing (NNST)) to be carried out. If the parents choose not to have these tests performed, they should put this in writing and the registered practitioners should ensure that this is appropriately documented.
- > Ensure that a Child's 'My Record' including percentile charts and NNST card (previously called Guthrie) is available.
- > Provide the woman with information about the child and adult immunisation programs.
- > Advise the parents of the newborn to have their baby examined by a General Practitioner of choice between day seven and day ten after the birth to exclude (for example) cardiac abnormalities and other conditions.
- > Advise the woman who is a carrier of the Hepatitis B surface antigen to have their newborn protected by:
 - IM Hepatitis B (HBIG)- advisable for administration immediately after the birth but should be within 12 hours of birth, and
 - IM Hepatitis B vaccination - advisable for administration immediately after birth or within 24 hours, but should be administered within 7 days of birth, as per the recommendations in the Australian Immunisation Program. <http://immunise.health.gov.au/internet/immunise>.

Managing complications

In the event of the woman developing complications, the registered practitioners in attendance must seek immediate additional medical support via phone:

- > SA Ambulance Service (SAAS) Telephone number 000.

Other sources of clinical advice are:

- > the SA Perinatal Consultant Advice Line (Telephone number: 81619999)
- > MedSTAR (SA Transport & Retrieval Service where advice can be sought Telephone number: 13STAR ie 137827).

In the event of the woman requiring care at the participating maternity hospital, the woman must be admitted directly to the appropriate maternity service for any non-life-threatening situations and not to the accident and emergency department of a hospital. The ambulance service will determine where the most immediate appropriate medical care is available, which will usually be the participating hospital unless in exceptional circumstances. The registered practitioner making the telephone call seeking assistance is responsible for specifying the exact nature of the emergency and answering all questions to ensure appropriate priority is given. The registered practitioners are also responsible for providing all information requested by SAAS.

Either registered practitioner has the authority to arrange for direct admission to the participating maternity hospital in which the woman and/or baby is booked or to another appropriate facility. SAAS will upon receiving the call from the registered practitioner liaise with the most appropriate hospital location for the ongoing care of the mother and her baby.

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. Upon retrieval or transfer of the woman and/or baby to a hospital, the registered practitioners are relieved of the role of primary care provider for the woman and/or baby, but instead continue care in collaboration with the ambulance and/or hospital staff. This may involve either of the registered practitioners in the resuscitation as needed. One of the registered practitioners may travel with the woman and/or baby to provide further assistance as needed.

6. Documentation

The registered practitioners are responsible to maintain appropriate documentation as per SA Health policy. In particular, the following matters should be undertaken and noted in sufficient detail in the record to indicate to a subsequent clinician what has been discussed and undertaken:

- > any discussions with the woman about giving birth at home
- > all advice provided to the woman about the need to go to hospital if complications arise
- > discussions about consent, and ensuring that the woman receives the Consent for Planned Birth at Home form and this is signed and filed in her Medical Record
- > all visits to the woman's home during pregnancy SA Pregnancy Record
- > meetings with support people
- > all clinical observations made during pregnancy, labour and after the birth and
- > all discussions with relevant health care professionals regarding the care of the woman and/or her baby.

The safeguarding of documentary evidence is of even greater importance for practices that are relatively rare than for those that are common; therefore:

- > A copy of the checklist, available as Appendix C, should be included in the woman's SA Pregnancy Record, regularly maintained, and filed in the participating hospital medical record after the birth.
- > The non-availability of a SA Pregnancy Record and its information at the time of labour and birth must be seen as a contra-indication for planned home birth and is an indication for transfer to the participating hospital.
- > The registered practitioners attending the birth should ensure that the woman's SA Pregnancy Record is taken after the birth and arrange for it to be filed in the woman's medical record at the participating hospital; the woman should be offered a copy.

7. Checklist for the Registered Practitioners Attending a Planned Home Birth

The registered practitioners should ensure that they complete the checklist that forms Appendix C of this policy, which will account for the following matters.

- > Information about planned home birth has been given to the woman during pregnancy.
- > The woman has been informed of the SA Health policy Planned Birth at Home, and has had this policy made available to her with emphasis made on the precautions necessary and contraindications.
- > The woman has signed the Consent for Planned Birth at Home form and this is filed in her medical record at the participating hospital.
- > Issues relating to pain relief have been discussed.
- > The woman has been informed of the SA Health policy First Stage Labour and Birth in Water, the precautions necessary and the contraindications, if she also wishes to use water for pain relief and/or birth.
- > The costs of ambulance transfer, ambulance insurance cover and emergency transfer have been discussed with the woman.
- > The woman has received information on examination and screening of the newborn (Newborn Neonatal Screening Tests and Hearing) and child and adult immunisation.
- > The woman's home has been visited and considered suitable for a planned home birth.
- > Support persons have been met and informed about their potential roles and functions.
- > All discussions with the woman have been, and continue to be, carefully documented.
- > Essential equipment is available, checked and in good working order.
- > The SA Health policy Planned Birth at Home has been followed by the registered practitioners in attendance.
- > The Notification of Birth form has been completed and sent to the South Australian Registrar of Births, Deaths and Marriages.
- > The woman (and her partner, if present) has been advised of her legal obligation to register the birth with the South Australian Registrar of Births, Deaths and Marriages.
- > The woman (and her partner, if present) has been provided with the:
 - Birth Registration Statement and the Application for Birth Certificate.
 - claim for Maternity Payment, Maternity Immunisation Allowance and Family Tax Benefit; and
 - SA Health *My Record* with Percentile Charts.⁴⁵
- > The *Supplementary Birth Record* has been completed and forwarded to the SA Health.
- > All clinical documentation has been completed.
- > The woman's *SA Pregnancy Record*,⁴⁸ the checklist (Appendix C) and any further documentation on pregnancy and birth have been filed at the participating hospital.

8. 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

(This checklist may be printed on the appropriate stationery of the participating hospital, if desired. Patient identification should be added before it is kept in the woman's SA Pregnancy Record during pregnancy, and it should be signed and filed in the participating hospital medical record after the birth)

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Appendix A

Essential Equipment for a Planned Birth at Home

Preamble

The *registered practitioners* 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 Black's 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 ampoules 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 Laerdal 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 practitioners always read the label on the cylinder and the accompanying *Material Safety Data Sheet* before use.

The *registered practitioners* 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

Planned Birth at Home Checklist for the Registered Practitioners

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



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.

There are many factors to consider when planning to give birth at home, and you must be aware that your plans may need to be reconsidered at any time during your pregnancy, labour, birth or following the birth of your baby if complications arise.

Registered health practitioners (both doctors and midwives) in South Australia typically don't advocate home birth, but may support you to have a planned home birth if you meet the selection criteria. Government employed midwives who participate in a planned home birth must adhere to the SA Health Planned Birth at Home Policy.

If you also decide to have a water birth at home, then the registered health practitioners attending you must follow the SA Health Policy for First Stage Labour and Birth in Water.

For more information:

Department for Health and Ageing South Australia SA
Maternal & Neonatal Clinical Network
Women's & Children's Health Network
Regional Office, 77 King William Road North
Adelaide, SA 5006 <http://www.cyh.com>



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Government
of South Australia
SA Health

Planned home birth

Is planned home birthing
right for you?



Patient information brochure

Is it right for me?

Supporters of home birth argue that a familiar home environment offers a sense of security and comfort, meaning less stress for you and your baby.

Research has shown women feel a greater sense of self-determination and freedom from the pressure and restraints of a hospital birth. The presence and involvement of their partners and close family to participate, reassures them throughout the whole process.

Critics of home birth are concerned home births carry a greater degree of risk than a hospital birth. Complications can arise unexpectedly and the urgent medical treatment needed may not be available at home.

Home or Hospital?

While much has been written about home birth versus hospital birth, there's little evidence for women and babies deemed to be of low risk to develop complications before and after the birth, whether at home or in hospital.

Complications can arise even in a normal pregnancy, but extra care is needed to select women who are suitable for giving birth at home.

Under the care of skilled registered practitioners, planned home births can be achieved safely. But even if everything goes to plan, some women and babies will need to be transferred to hospital because of complications that occur before, during or after the birth of the baby

You can only consider and plan to give birth at home if all of the following applies to you:

- You have a normal pregnancy with only one (1) baby
- You are more than 37 weeks but less than 42 weeks pregnant
- Your baby is head down in the womb before labour starts
- You have no medical reason preventing a home birth
- You have not had a previous caesarean section
- You are attended by two (2) registered health practitioners, including a registered midwife experienced in home birth
- Your support people for the planned home birth have met the registered practitioners during your pregnancy
- You remain alert and fully conscious
- You do not want to have pain killers or an epidural during labour
- You are not feeling anxious or overly stressed
- You are ready to accept the midwife's advice when transfer to hospital is needed
- Your home is safe and risk free for the planned home birth
- Your home must have easy access; in case an ambulance is needed
- You have, or are prepared to subscribe to, ambulance cover
- You live less than 30 minutes from a support hospital
- You have support at home, particularly for the first 24 hours after the birth and for the first few days after giving birth
- You have been informed about the SA Health Planned Birth at Home Policy
- You have read this brochure, discussed it with your registered midwife and signed the *Consent Form for Planned Home Birth MR82HB* (provided by your registered midwife)

Your GP or registered health practitioner will tell you if there is any condition or reason that would exclude you giving birth at home.

