Publicly funded homebirth

Clinical Guideline Presentation v1.0

45 minutes

Towards CPD Hours

Clinical Excellence Queensland

Queensland Government

References:

Queensland Clinical Guideline: Publicly funded homebirth is the primary reference for this package.

Recommended citation:

Queensland Clinical Guidelines. Publicly funded homebirth clinical guideline education presentation E24.77-V1-R29. Queensland Health. 2024.

Disclaimer:

This presentation is an implementation tool and should be used in conjunction with the published guideline. This information does not supersede or replace the guideline. Consult the guideline for further information and references.

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Abbreviations

Term	Meaning
PFHB	Publicly funded homebirth
QAS	Queensland ambulance Service

Objectives

At the completion of this presentation, participants will be able to:

- Identify current evidence on the maternal and neonatal outcomes associated with homebirth
- Define what elements need to be considered when assessing safety for a homebirth
- Outline discussion points that support informed decision making and planning for a homebirth
- Discuss the additional clinical care considerations
- Examine the process for escalation of care

Background

- A publicly funded homebirth is a planned event where a woman chooses a model of maternity care that supports birth at home under the care of public hospital midwives
- Women report choosing planned homebirth for a variety of reasons, including a desire to:
  - Birth in comfortable and familiar surroundings
  - Be surrounded by a support network of their choice
  - Access continuity of care/r
  - Experience greater choice, control and autonomy
  - Avoid unnecessary interventions
  - Avoid negative birth experiences associated with a previous birth, environment or process

Clinical outcomes - maternal

Comparing homebirth to planned hospital birth for women who are at low risk of maternal and neonatal complications, the evidence shows that:

Increased likelihood of :

- Spontaneous vaginal birth
- Intact perineum

Nulliparous women, do not experience higher rates of adverse perinatal or maternal outcomes

Decreased likelihood of:

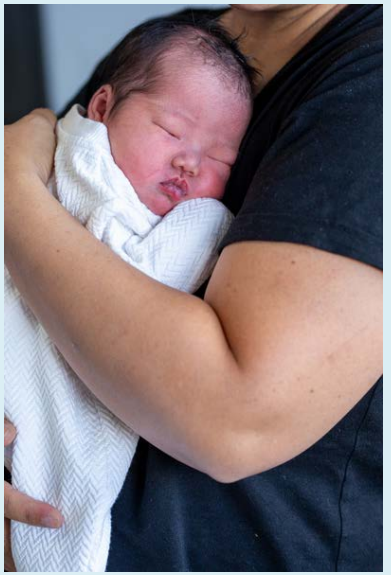
- Augmentation with oxytocin
- Epidural or spinal anaesthetic
- Instrumental birth and caesarean section
- Episiotomy and severe perineal injury
- Postpartum haemorrhage

Clinical outcomes - neonatal

Comparing homebirth to planned hospital birth for women who are at low risk of maternal and neonatal complications, the evidence shows that:

There is little or no difference in:

- Apgar less than 7 at 5 minutes
- Neonatal intensive care admission
- Hypoxic-ischaemic encephalopathy
- Neonatal death up to 7 days
- Stillbirth rates



Transfer rates

- The rates of intrapartum and postnatal transfer are higher for nulliparous women compared to multiparous women
- The most common reasons for intrapartum and postnatal transfer include:
  - Delay in progression in any stage of labour
  - Request for medical pain relief not provided in the home setting
  - Suspected/confirmed fetal distress including meconium-stained liquor
  - Postpartum haemorrhage
  - Retained placenta
  - Perineal trauma requiring assessment/suturing by more experienced clinician
  - Neonatal respiratory problems/low Apgar score

Transfer rates by parity

	Nulliparous (n=572)	Multiparous (n=2446)	Neonate (n=3068)
Overall transfer rate*	32.5% (186/572)	8% (195/2446)	0.012% (38/3068)
Intrapartum transfer	24% (137/572)	4.8% (118/2446)	—
Postpartum transfer	8.6% (49/572)	3.2% (77/2446)	—

* Overall transfer rate for nulliparous and multiparous excludes 50 births of unknown parity

Assessment for safety

- Clinical considerations
- Emotional and cultural safety
- Home environment safety
- Equipment and resources for safety
- Clinician safety

Clinical safety

- Homebirth is generally a safe choice for women who:
  - Have a singleton pregnancy
  - Are aged 18–40 years
  - Have had less than five previous births
  - Have an uncomplicated pregnancy and remain uncomplicated at the commencement of labour
  - Have no pre-existing or occurring health concerns that impact maternal and fetal well-being and safety at a homebirth
  - Are able to make an informed choice
  - At the onset of labour
    - Are between 37–41+6 completed weeks gestation
    - Baby is in cephalic position

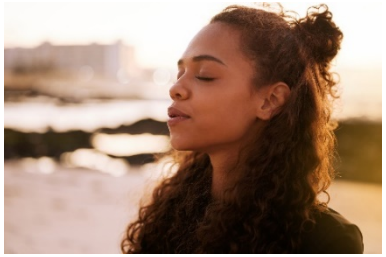
Other clinical considerations

- The presence of clinical circumstances beyond those specified listed in the previous slide does not preclude homebirth as a safe choice for some women
- Where more complex clinical issues are present or arise, consider a case review (as for other complex healthcare) to assess the complexities specific to the woman's circumstances

Emotional and cultural safety

Importance of culture

- Identified by the woman
- Consider individual cultural practices within the homebirth context



Psychological support

- Importance of psychological safety
- Trauma informed care
- Risk screening for perinatal anxiety, depression and psychosocial risk factors

Social support

- Social network
- Responsibility for children during a homebirth

Emotional support

- Support from family/significant others

Home environment safety

Refer to Appendix A: Example home environment checklist

Location and access	Y/N	Comment or action required
House/Unit number visible from road		
Parking available near house		
Ambulance access and parking		
Building type (single, double, high rise)		
Stairs (internal/external)		
Lift / locked gate / intercom / access code		
Distance to hospital in kilometres		
Home amenities		
Reliable telephone coverage (mobile/landline)		
Clean running water, electricity, refrigeration		
Lighting, heating and space		
Woman confirms functioning fire alarms and electrical safety switch		
Safety	**Y/N**	**Comment or action required**
Animals can be secured prior to entry		
Confirmed arrangements for: ¶ Care of dependent family members		
Smoke/vapour free environment can be maintained		
Concern for domestic violence		
Concern for substance use/illegal activity		
Concern for threatening, abusive, inappropriate behaviour		
Birthing equipment		**Comment or action required**
Preparation list provided		
Birth pool location identified		
Filling and emptying procedure established		
Medication stored		
Delivery date for gas cylinders		
Communication		**Comment or action required**
Interpreter required		
Reaffirmed indications for text/telephone to midwife		
Contact details for primary midwife		
Contact details for second midwife		
Emergency number for QAS		
Contact details for hospital		

Equipment and resources safety

Refer to Appendix B in PFHB guideline

Clinical resources

- Midwife to prepare and check own homebirth kit
- Check and set up resources on arrival
- When equipment stored at the woman's home, provide information about safety aspects for parents

Medication

- Consider safe storage requirements for refrigerated and non-refrigerated medication
- Remove unused medication and dispose or return to the hospital

Oxygen and Entonox® cylinders

- Local protocol for delivery of cylinders to the home
- Safe transportation and storage requirements
- Accessories needed for use

Planning with the woman and support person/s

Discussion points to support informed decision making and planning for a homebirth

- **Emotional and physical preparation**
  - Optimising hormonal physiology using the birth environment at home
  - Increasing confidence in using non-pharmacological pain relief
  - Role of support person/s
  - The needs of dependent children
- **Birth preferences**
  - Collaboratively creating a birth plan can improve outcomes, aid realistic expectations, improve satisfaction and increase the woman's sense of control
- **Preparing the home**
  - Refer to Appendix A: Example home environment checklist
  - Refer to Appendix C: Example list for woman's home preparation
  - Creating safety in the birth environment
  - Possible home supplies that may be needed
  - If using a birth pool – considerations for safe placement, filling and emptying requirements, additional equipment

Planning with the woman and support person/s

Discussion points to support informed decision making and planning for a homebirth

- **Contingency plans**
  - Purpose of continual assessment of safety for woman, baby and staff
  - Potential indications and rationale for referral and transfer
  - Identifying and promoting transfer of care into hospital as an opportunity for safety as opposed to failure of homebirth
  - Provide examples of service disruption due to unforeseen events - weather, staffing, access to the home
- **Planning and actions if the unexpected occurs**
  - Birthing prior to arrival of the midwife
  - Potential obstetric and neonatal emergencies
  - Actions/roles of support people during an emergency
  - Preferred method and order of communication between woman/midwife/support person
  - Timing of transfer during labour and the opportunities to maximise clinical safety when this is chosen

Risk and benefit discussions

Discussion points to support informed decision making and planning for a homebirth

- While great efforts are made throughout pregnancy and labour to detect, predict and treat for potential problems, all births come with unlikely but possible risks for mother and baby

- Awareness that plans may need to change
- Maintaining continuity of carer with the known midwives, regardless of birthplace is a positive factor
- Transition in ‘place-of-birth’ can be disappointing and distressing for families who have spent much time working towards having a homebirth

- In the rare but possible scenario of an unpredicted medical emergency at home, being away from the advanced resources, staff and equipment of a hospital may contribute to a poor outcome.
- The time taken to transfer to a hospital environment (with consideration to traffic, road conditions and timing of ambulance arrival) may delay the input of advanced treatments and impact on the health of either mother or baby

Additional care considerations

Care that is specific to the context of planned homebirth and excludes routine care

- **Antenatal**
  - Support risk identification and mitigation at each antenatal appointment
  - Support early discussions on:
    - Preparing for a homebirth
    - Home environment preparation
  - Attend at least one home visit prior to 37 weeks gestation
- **On arrival at the homebirth**
  - Check and prepare birth equipment and resources
  - Identify a suitable area and firm flat surface for neonatal resuscitation
  - Follow local protocols to notify:
    - Second clinician
    - PFHB service of attendance at homebirth location
  - Consider logistics of transfer and access if required

Additional care considerations

- **Intrapartum**
  - Two registered health practitioners are required to attend the birth (the primary and second midwife)
  - Consider timing of attendance in consultation with the woman
  - Update 2nd midwife of progress and request attendance when indicated
- **2nd midwife**
  - Attendance from onset of 2nd stage of labour or earlier as required
  - Support primary midwife and assist with care of woman and baby as required
- **Postnatal**
  - Provide care for up to 4–6 hours after the birth
  - Second midwife to remain as clinically indicated
  - If ongoing care is required beyond 6 hours, consider transfer to hospital
- **Newborn**
  - Perform a full newborn assessment including pulse oximetry screening

Water immersion at home

Antenatal discussions points

- Equipment needed for use with a birthing pool
- Placement of pool for safety and access
- Filling and emptying of the pool
- Water temperature and cleanliness control
- Water safety
- Indications that may initiate request to exit the pool
- Birthing in water at home
- How to bring baby to surface of water safely
- Third stage management

Escalation of care

Indications for transfer

- Consistent with the National Midwifery Guidelines for Consultation and Referral
- Immediate transfer may not always be the safest option (e.g. spontaneous rupture of membranes with meconium liquor in second stage of labour for a woman who is multiparous)

Maternal/fetal indications

- Woman requests:
  - Transfer/birth in hospital
  - Pain management
- Midwife is concerned about:
  - Delayed progress in labour
  - Maternal wellbeing
  - Fetal wellbeing
  - Perineal repair beyond the scope of the midwife
  - Newborn wellbeing

Women rate their experience positively when they experience transfers where:

- **The partnership with their primary midwife is respected and supported**
- **Positive interactions between all clinicians demonstrate mutual respect**

Process if transfer required

Engage the right team at the right time

Collaboration

- Safe and early escalation
- Timely consultation and referral
- Clinical indications will influence the urgency and process of transfer decisions
- Paramedics and midwives work collaboratively to identify and provide the required care
- The lead healthcare professional is determined on a case-by-case basis

Communication

PFHB midwife

- With the woman and support person/s, the reason/s, and rationale for recommendation to transfer
- Notify the receiving team
- Determine most suitable mode of transport and clinical assistance needed

If requesting QAS

- Call ’000’
- Identify designation and role
- Provide clinical circumstance/urgency

Receiving team

- On receipt of impending transfer, notify other hospital team members
- Initiate appropriate site response

Partnering with the woman who declines recommended care