



# COMMUNITY MIDWIFERY PROGRAM CLINICAL PRACTICE GUIDELINE

# Born before midwife arrival: Planned homebirth

Scope (Staff): WNHS Community Midwifery Program (CMP) staff

Scope (Area): Home birth sites

This document should be read in conjunction with this **Disclaimer** 

# Background

The main risk to the mother is postpartum haemorrhage. The main risk to the neonate is hypothermia, which is best managed by skin-to-skin contact between mother and baby.

Women most likely to experience a birth before midwife attendance include multiparous women who have had a previous spontaneous vaginal birth following a rapid second stage of labour and women who have had a previous birth before arrival (BBA).

Increasing parity does not increase the risk of BBA.

Research suggests there is no difference in perineal trauma between women who have a BBA and those women who have births attended by a midwife or doctor.

# **Procedure**

#### In the antenatal period midwives are to:

- Screen all women to identify those at increased risk of BBA i.e. previous precipitate birth
- Ensure that a thorough history of previous labour lengths are discussed with the client and documented in their National Woman-Held Pregnancy Record
- Education regarding birth and what to expect is ongoing throughout the pregnancy continuum.

All CMP clients are to be educated and advised by 36/40 weeks gestation of the following:

 To notify the midwife when they are in early labour to enable the midwife to plan her day and be available for the woman when labour establishes or to



ensure another midwife is available.

- To allow up to an hour for a midwife to arrive at their home from when they call and ask the midwife to attend them in labour.
- To call a midwife immediately when labour has commenced if they have a history of precipitate labours or a previous BBA.
- To NOT ENTER the birth pool until the midwife is in attendance.

#### If a midwife is called to the birth of a labouring woman progressing rapidly:

- The midwife must call a support midwife who is geographically closest to the client to also attend the client's home.
- Women who inform the midwife on the phone that they are in the birthing pool are to be advised to exit immediately.
- If the midwife is informed that the baby has been born prior to her arrival she must ascertain if an ambulance is to attend. The condition of both mother and neonate and the estimated blood loss are a key consideration.
- Clinical risk and the distance still to be travelled must be assessed appropriately. If there are any concerns call a priority one ambulance to attend.

#### If all is well, advise the family:

- To keep baby warm and skin to skin with mum
- NOT to cut the cord
- Offer reassurance
- Advise the family of how far away you are and if another midwife will arrive prior to yourself
- Advise the woman/partner if they think the birth is imminent to phone an ambulance, the call centre will provide basic advice and reassurance over the phone should it be required
- If paramedics are in attendance on the arrival of the midwife, and the woman and the baby remain low risk, the midwife can advise the woman to remain at home. The midwife will continue care following CMP guideline 'Preparation for Leaving Mother and Baby after the Birth'.
- Document all advice and care given in labour and birth notes
- Notify the CMP manager of BBA in office hours
- Ensure a debriefing is made available for the family as this can be a traumatic birth experience
- Midwife to consider Clinical Incident Management System (CIMS) or see <u>Department of Health WA CIMS policy</u> to assess if CIMS required.

# **Road safety**

It is essential that all midwives adhere to the applicable road safety legislation with regards to using mobile phones whilst driving. Midwives must not use a handheld device whilst driving. They must either pull over where appropriate or use hands free/ blue tooth. The midwife should consider directing the client to telephone another team member or CMP manager (in office hours) if unable to drive and give verbal instructions simultaneously.

See also Section 265 (Use of Mobile Phones) of the <u>Road Traffic Code 2000</u>; <u>NMHS</u> <u>Fleet Vehicle Policy</u> and <u>Road Safety Commission 'Mobile Phones and Distractions'</u> advice.

# References

### **Bibliography**

Department of Health WA. Public Home Birth Policy

Scott T, Esen U. Unplanned out of hospital births- who delivers the babies? **Ir Med J,** 98: 70-72. 2005.

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NSQHS Standards (v2) applicable:	<ul> <li>☐ 1: Clinical Governance</li> <li>☐ 2: Partnering with Consumers</li> <li>☐ 3: Preventing and Controlling         Healthcare Associated Infection</li> <li>☐ 4: Medication Safety</li> </ul>		<ul> <li>□ ⑤ 5: Comprehensive Care</li> <li>□ ⑤ 6: Communicating for Safety</li> <li>□ ○ 7: Blood Management</li> <li>⊠ ⑥ 8: Recognising and Responding to Acute Deterioration</li> </ul>		
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# **Version history**

Version	Date	Summary	
number			
1	July 2013	First version.	
2	Oct 2016	Routine review. Archived- contact OGD Guideline	
		Coordinator for previous versions. Note- versions prior to	
		2015 were maintained by CMP.	
3	Apr 2020	Routine 3 yearly review. No practice changes.	
4	Oct 2023	Routine three-yearly review. Minor formatting and	
		hyperlinks updated.	
		CIMS statement changed to refer to CIMS policy	

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