COMMUNITY MIDWIFERY PROGRAM
CLINICAL PRACTICE GUIDELINE

Community Midwifery Program (CMP) Home Birth Eligibility Criteria

Scope (Staff):	WNHS Community Midwifery Program staff
Scope (Area):	CMP areas (e.g. clinics / client homes / hospital)

This document should be read in conjunction with this Disclaimer

Compliance with this guideline is mandatory per MP 0141/20 Public Home Birth Policy

Aim

This guideline is to support staff in ensuring that women accessing the CMP for a public home birth adhere to and align with the Department of Health WA Public Home Birth Policy and Public Home Birth Standard (PHBS).

Eligibility requirements

- The address of the woman's intended place of home birth **must** be:
  - the permanent place of residence by 35+0 weeks gestation
  - per the PHBS, be within 45-minute drive of King Edward Memorial Hospital (KEMH) **and** 30-minute drive (via ambulance) to the nearest maternity hospital.
- Women will be provided with the 'Information for women considering a home birth with Community Midwifery Program' pamphlet at booking, detailing the benefits and risks of planned home birth and conditions which would necessitate transfer to a maternity hospital should complications arise.
- Acceptance onto the CMP is contingent on the woman having read and signed the Terms of Care (TOC) agreement *supplied at booking*.
- All women will be offered the opportunity to meet with an Obstetric Consultant to discuss the benefits and risks of home birth in person, should they choose.

- CMP midwives will perform a clinical risk assessment of all women to determine their suitability for home birth in reference to the inclusion and exclusion criteria outlined within the guideline below.

Inclusion Criteria

The below inclusion criteria apply in addition to those stipulated in the PHBS, section 2.3:

- Agree to a full set of booking bloods at the commencement of care if not already performed in early pregnancy. Screening must include a Full Blood Picture, Blood Group and Antibody, and serology screening.
- Agree to an anatomy ultrasound scan between 17- and 22-weeks gestation.
- Two CMP midwives are to confirm the home is suitable for birth, noting the below in addition to the requirements of the PHBS:
    - aware of requirement to store an oxygen cylinder (provided by CMP) at their home from 36-weeks' gestation. Information provided on safe storage requirements.
    - adequate toilet facilities to accommodate both a labourer and CMP staff in the home
    - where requesting water immersion for labour/birth, CMP to discuss pool placement to ensure compliance with the WNHS Obstetrics and Gynaecology Waterbirth Clinical Practice Guideline
    - appropriate area for neonatal resuscitation, if required
- Agree to cover the cost of an emergency transfer where private ambulance cover is not sought.
- Agree to a repeat Blood Group and Antibody screen (where Rhesus negative or antibodies previously identified) and a Full Blood Picture between 26-and 32-weeks' gestation.

Exclusion criteria

The below exclusion criteria apply in addition to those stipulated in the PHBS, section 2.4:

- Pre-pregnancy BMI <18
- Women declining to sign the TOC agreement or rescinding consent of same

Booking documentation

Initial documentation must include:

- WA Hand-held Pregnancy Record (WAHPR)
- Triage call completed; woman suitable for CMP booking appointment
- Provision of 'Information for women considering a home birth with Community Midwifery Program' booklet
- TOC agreement read and signed
- Name of booking maternity hospital and confirmation of estimated travel time from intended place of planned home birth ≤ 45-minutes

- Suitability for home birth with reference to the above inclusion/exclusion criteria
- Consultant appointment offered – accepted / declined
- Referrals, as required

Management of conditions requiring antenatal consultation as to eligibility for home birth

CMP midwives will arrange an obstetric or neonatal/paediatric consult per the PHBS, section 2.5.

- Conditions identified at **booking** that deem a woman unsuitable for home birth:
    - woman excluded from CMP
    - reason for exclusion will be communicated to the woman and documented in the WAHPR and medical record
    - woman to see their General Practitioner (GP) for referral to local catchment hospital
- Conditions **developed during the antepartum period** that deem a woman unsuitable for home birth:
    - place of birth will be changed to the booking maternity hospital
    - continuation of care with the CMP will be determined on a case-by-case basis by the Clinical Midwife Specialist (CMS) and/or Clinical Midwife Manager (CMM)
    - where there has been a decision for labour/birth at FBC, the CMS will review appropriateness of allocation continuing with the CMP or being transferred to the FBC team
    - decisions to discontinue care will be communicated to the woman, and documented in the WAHPR and medical record
- CMP midwives will **not** conduct home labour/SROM assessments to women who are not suitable nor cleared for home birth. If meconium-stained liquor is suspected, midwife to inform woman of need for hospital assessment.

Ongoing antenatal care

- Antenatal appointments (except home assessment appointments held at booking and 36-weeks) are to be held at the relevant CMP team community clinic:
    - North team – Joondalup
    - East team – Kalamunda
    - South team – Atwell
- The CMP will recommend all routine cares during pregnancy and provide education in reference to the WNHS “Pregnancy, Birth and your Baby" book.

- Weight checks are recommended at booking, 28 and 36 weeks' gestation. Where a woman does not have scales at their home, CMP midwives will facilitate same at the next antenatal appointment held at the community clinic.
- CMP will discontinue care where women rescind their consent to the TOC agreement or fail to comply.
    - Decision to discontinue care must be made with a CMM/CMS or consultant, communicated to the woman, and documented, with a letter confirming the rationale for the decision provided to the woman. A copy of the letter will be secured in the WAHPR and medical record.
    - Management per the Non-compliance of client with the CMP midwifery standard or practice guideline.

CMP Domino at the Family Birth Centre (FBC)

- FBC may be a viable option for women where consultation does not support home birth. However, all women requesting to birth at FBC Eligibility Criteria for Clients Birthing at the FBC'
- CMP midwives can offer women the option of appointments at either the CMP team's community clinics or O Block, KEMH.

Related legislation and policies
Department of Health Western Australia: MP 0141/20 Public Home Birth Policy
Department of Health Western Australia: Public Home Birth Standard

Related WNHS policies, procedures and guidelines
• Eligibility Criteria for Clients Birthing at the FBC
• Non-compliance of Client with the CMP Midwifery Standard of Practice

Useful resources (including related forms)
• ACM National Midwifery Guidelines for Consultation and Referral (external website)
• WNHS 'Information for women considering a home birth with Community Midwifery Program' pamphlet
• WNHS Pregnancy, Birth and Your Baby Book (PDF 11.3MB)
Forms:
Terms of Care Agreement (in CMP MR 07)

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NSQHS Standards (v2) applicable:	☒ 1: Clinical Governance ☒ 2: Partnering with Consumers ☐ 3: Preventing and Controlling Healthcare Associated Infection ☐ 4: Medication Safety	☐ 5: Comprehensive Care ☒ 6: Communicating for Safety ☐ 7: Blood Management ☐ 8: Recognising and Responding to Acute Deterioration	
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Version history

Date	Summary
Prior to Mar 2015	Archived- contact CMP Clinical Midwifery Specialist / Manager for versions prior to 2015.
Mar 2015	CMP guidelines moved within WNHS. Reviewed. Titled as CMP 'Inclusion Criteria and Booking Process for the CMP'
June 2016	Revised- new guideline (note- separate risk model guideline created). Titled as CMP 'Inclusion Criteria for Home Birth, Maternal Choice Domino Care and Kalamunda Birthing Rooms'.
Sept 2019	• Routine review. Titled as 'CMP Inclusion Criteria at Booking: Protocol and Procedure' and inclusion criteria amended. • If unsuitable for CMP, the letter on non-acceptance is also sent to the woman's GP. • New sections added for assessing suitability and ongoing antenatal care- read guideline.
Oct 2020	Minor amendment- Added statement that compliance is mandatory as per new MP 0141/20
Dec 2020	Minor amendment- Hyperlinks fixed
July 2021	Added to inclusion criteria- BMI between 18-35 pre pregnancy
Oct 2022	• Removed reference to maternal choice domino and CMP risk model

	• Added must not be currently taking SSRIs/SNRIs to inclusion criteria
Sept 2024	• Changed title from CMP Inclusion Criteria at Booking: Protocol and Procedure • Significant updates aligned with the Public Home Birth Policy and Standard
August 2026	• Added Fiona Stanley Hospital to 3rd dot point in Eligibility Criteria as per Public Home Birth Policy FSH and DNA update. • Added non-attendance to Eligibility Criteria • Aboriginal stakeholder engagement

This document can be made available in alternative formats on request for a person with a disability.

Within the Department of Health WA, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Aboriginal Health Impact Statement and Declaration: 6548

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