

## GS61 - Midwife Led Unit (MLU) and Homebirth (HB) Booking and Referral Criteria Guideline

|                                  |                                                                                                                                                                                                                                                                                                              |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category:</b>                 | Guideline                                                                                                                                                                                                                                                                                                    |
| <b>Guideline Number:</b>         | GS61                                                                                                                                                                                                                                                                                                         |
| <b>Summary:</b>                  | This document provides clinical guidance for maternity staff who are involved in caring for pregnant women/birthing people accessing the Oxford University Hospitals NHS Foundation Trust (OUHFT) who plan to birth at home or in an MLU.                                                                    |
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| <b>Related documents:</b>        | <ul style="list-style-type: none"> <li>• <a href="#">GS23 - Maternal Transfer by Ambulance Guideline</a></li> <li>• <a href="#">GS27 - Antenatal Care Guideline</a></li> <li>• <a href="#">GS86 - Handover of Care Guideline</a></li> <li>• <a href="#">GS5 - Group B Streptococcus Guideline</a></li> </ul> |
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| <b>Clinical lead:</b>            | Consultant Midwife                                                                                                                                                                                                                                                                                           |
| <b>Further information:</b>      | N/A                                                                                                                                                                                                                                                                                                          |
| <b>This document replaces:</b>   | MLU and HB Booking and Referral Criteria v4.4                                                                                                                                                                                                                                                                |

### This document is uncontrolled once printed.

It is the responsibility of all users to this document to ensure that the correct and most current version is being used.

This document contains many hyperlinks to other related documents.  
All users must check these documents are in date and have been ratified appropriately prior to use.

### Document History

| Version valid from | Version number | Reason for review/update                                      |
|--------------------|----------------|---------------------------------------------------------------|
| 17/08/2026         | 5.0            | 3-year review                                                 |
| 27/10/2025         | 4.4            | Minor referral and contact details updates on pages 18 and 24 |

|            |      |                                                                                                                                                                                                                                                                                             |
|------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18/09/2024 | V4.3 | Update to ambulance response times on pages 25, 30 and 32                                                                                                                                                                                                                                   |
| 28/08/2024 | v4.2 | Women under consultant care who contact a community setting requesting SROM or labour assessment, but who have <b>*not had*</b> an individual risk assessment to say they can be triaged in a midwifery led setting, should be referred to Maternity Assessment Unit at the John Radcliffe. |
| 22/11/2023 | v4.1 | Appendix 7: Ambulance Transfer from MLUs and Home to Hospital At a Glance infographic on page 20 updated:<br><br>Number to be used for Level 1 and 2 transfers is:<br><b>0300 123 9826</b>                                                                                                  |
| 26/07/2023 | 4.0  | 3 Yearly review and update (including recent updates in previous v3.2)                                                                                                                                                                                                                      |
| 29/06/2023 | 3.2  | PROM and meconium updates                                                                                                                                                                                                                                                                   |

## Consultation Schedule

| Who?<br>Individuals or Committees | Rationale and/or<br>Method of Involvement |
|-----------------------------------|-------------------------------------------|
| Document Review Group (DRG)       | Review and approval ahead of MCGC         |
| Consultant Midwife                | Review                                    |

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## Who should read this document?

1. This document should be read by all maternity staff involved in providing antenatal care for women/birthing people accessing the OUHFT.

## Key Standards/Messages

- **PROM update to align with Care in Labour Guideline and Intrapartum EFM guideline:** If on Spires, IV antibiotics at 18 hours post confirmed SROM can be commenced, and fetal wellbeing monitored via IA for women/birthing people progressing in established labour with no other concerns.
- **Escalation of Obstetric or Neonatal Emergency on the Spires** (see page 8).
- If the woman/birthing person is transferred from an MLU for obstetric concerns, they should have an obstetric review no later than 1 hour of arrival on Delivery Suite.
- Women/birthing people on scan pathway D0 with normal fetal growth and blood pressure scan can birth on the Spires.
- Updated Homebirth and Freestanding Midwifery Led Unit (FMLU) Assessment Forms should be completed during birth setting discussions for women/birthing people choosing to birth in an FMLU or at home ([see Appendix 8](#) and [Appendix 9](#)). Once completed, the assessment form should be signed and dated by the Midwife and scanned into the woman/birthing person's Badgernotes.
- For urgent transfers from the Spires, FMLUs and Homebirths – the number for the 'red' phone on Delivery Suite should be used (external: 01865 462 427/internal: 62427) and reason/need for transfer should be discussed with the DS coordinator.
- All women/birthing people should be given the [Birthplace Choices](#) leaflet at booking.
- If a woman/birthing person requests care that is outside of Trust guidance, they should be referred to Birth Choices Clinic by selecting the 'communicate' function on EPR (select 'pool' then 'mat' – Birth Choices Clinic can then be found in the drop-down list).
- Transfer to hospital for mother and/or baby can be achieved by calling:
  - 0300 123 9826 for Level 1 Immediately life-threatening conditions
  - 0300 123 9826 for Level 2 emergency transfer
  - 999 for paramedic support.
  - If both mother and baby need medical aid then 2 ambulances will be required.
- Women/birthing people should be assessed for the risk of PPH at 34 weeks gestation. PPH risk should also be assessed as part of the suitability for an MLU birth/Homebirth ([see GS63 - PPH Guideline](#)).

- If a moderate/major risk of PPH is identified, an ANC clinic appointment should be arranged for discussion of birth planning to take place.
- VTE risk should be assessed antenatally and throughout the intrapartum period. A postnatal intermediate risk/score of  $\geq 2$  requires thromboprophylaxis to be prescribed and offered to the woman/birthing person.
- Women/birthing people from an MLU/home birth setting who require obstetric care/input should be transferred to the appropriate care setting (either Delivery Suite or Observation area according to clinical need/situation).
- All women/birthing people should have place of birth discussed at booking, 28 weeks gestation and a plan of care documented in their Badger notes by 36 weeks gestation

## Background/ Scope

2. NICE recommended that women/birthing people should be offered the choice of planning birth at home, in a midwife-led unit or in an obstetric unit. The Birthplace study (2011) findings support a policy of offering healthy nulliparous and multiparous women/birthing people with low-risk pregnancies a choice of birth setting. The study found that women/birthing people with planned births at home or in freestanding or alongside midwifery units were significantly less likely than those with planned births in obstetric units to have an instrumental or operative delivery. They were also less likely to receive medical interventions such as augmentation, epidural or spinal analgesia, general anaesthesia or episiotomy and significantly more likely to have a normal birth.
3. Adverse perinatal outcomes were uncommon in all settings. However, for nulliparous women/birthing people/birthing people, there is some evidence that planning birth at home is associated with a higher risk of an adverse perinatal outcome and a substantial proportion of women/birthing people having their first baby who plan to give birth in a non-obstetric unit setting are transferred to an obstetric unit.
4. This guideline applies to all pregnant women/birthing people cared for by the Oxford University Hospitals NHS Foundation Trust (OUHFT) who plan to birth at home or in an MLU.

## Key Updates

**(New in v5.0)** [Updates to referral criteria and extended criteria for homebirths and MLU births.](#)

**(Updated in v5.0)** If a baby with risk factors requiring recommended additional neonatal observations is born in the community/at home, is well, and the parent declines to transfer in, **the midwife should phone the Acorn Neonatal Registrar on bleep 1787** for

advice/support/care planning. This should be documented on the woman/birthing person's Badgernet record accordingly:

*\*If a parent declines to transfer into the hospital setting, they are declining additional monitoring.*

*\*\*Midwives cannot carry out additional neonatal monitoring/observations in the community setting.*

## Aim(s)

5. This guideline gives advice to midwives and obstetricians on the care and management of women/birthing people planning to and giving birth at home or in a Midwife Led Unit (MLU).

## Full Guideline

### Booking and Referral Criteria for Midwife Led Units (excluding spires\*) and Homebirth

6. As long as there are no other indication for cEFM:
  - Women/birthing people booked for Midwife Led Care with no medical conditions or previous obstetric complications (see referral criteria appendix 2 in the [Antenatal Care guideline](#))
  - Over 16 years and:
    - primiparous women/birthing people who are less than 40 years old at booking
    - multiparous women/birthing people who are less than 45 at booking
  - Women/birthing people having 1<sup>st</sup> to 4<sup>th</sup> baby (inclusive)
  - Pregnancy of 37 to 42+0 weeks (at onset of labour)
  - Singleton pregnancy
  - Hb  $\geq$  100 g/l at term \*
  - Previous third-degree tear with no sequela; recommend birth out of the pool
  - IVF pregnancy with no other contraindications
  - Women/birthing people on pathway D0 with normal fetal growth and blood pressure (pulsatory index) value of  $<3$  at the 20-week ultrasound scan.
  - **(New in v5.0)** No history of post-partum haemorrhage (previous blood loss up to and including 500mls)
  - **(New in v5.0)** Platelets  $>150$
- BMI: \*
  - Primiparous women/birthing people with BMI 18 to 35kg/m<sup>2</sup> at booking
  - Multiparous women/birthing people 18 to 40kg/m<sup>2</sup> at booking
7. All women/birthing people wishing to use the birth pool should be individually risk assessed to ensure that they can enter and exit the pool independently; this is particularly important for women/birthing people with a raised BMI.

### \*Extended Criteria for Birth on the Spires MLU

- Post-dates women/birthing people undergoing IOL, with no additional risk factors, who establish in labour and do not require oxytocin infusion to augment contractions
- **(New in v5.0)** Previous PPH 1500mls or less with no previous blood transfusion and no additional risk factors – investigate cause of previous PPH, if related purely to atonic uterus recommend delivery suite. Recommend IV access, active management of third stage, if this is declined refer to birth choices clinic.
- Group B Streptococcus Infection – [see flowchart for women/birthing people with GBS wishing to birth on the Spires \(appendix 5 in Care of Women/birthing people in labour\)](#).
- BMI 40kg/m<sup>2</sup> or less (primiparous and multiparous women/birthing people. Those at increased risk of PPH should be strongly recommended to have an actively managed third stage ([please see the Risk Assessment Table in GS63 - PPH Guideline](#)) including those with a BMI of less than 18kg/m<sup>2</sup>. The **PPH Prevention Assessment on Badgernet** should also be completed from 34 weeks gestation:

- Hb 90g/l or more at term (however active management of 3<sup>rd</sup> stage is strongly recommended)
- Platelet levels above 100 x10<sup>9</sup>per litre
- Prolonged rupture of membranes > 24 hours unless any concerns/signs of infection (see [Care in Labour Guideline](#)).
- **(New in v5.0)** Women/birthing people with a diagnosis of GDM managed by diet, supported with a management plan from the diabetic team to monitor blood sugar levels during labour.

### Women/birthing people under consultant care

- Following an individual risk assessment by their Consultant Obstetrician women/birthing people under consultant care for additional surveillance during pregnancy but with no additional intrapartum risk factors may birth in one of the community MLUs or the Spires. There needs to be clear documentation of antenatal discussion and plan for place of birth in the woman/birthing person's health record and on EPR.
- Neonatal factors should also be considered as part of the overall risk assessment. If a baby is born to a mother with a condition that does not exclude the mother from an MLU/home birth but where additional observations will be required for the neonate post birth (i.e. those at risk of hypoglycaemia due to maternal use of beta blockers) then a MLU home birth may not be appropriate (see the [Neonatal Hypoglycaemia Guideline](#)).

10. In a situation where a baby requiring additional observations is born in an MLU or homebirth setting, they must be transferred to a place of safety (i.e. the Level 5 Postnatal Ward) for the observations to be performed.
11. **(Updated in v5.0)** If the baby is well and the parent declines to transfer in, **the midwife should phone the Acorn neonatal registrar on bleep 1787** for advice/support/care planning and document on the woman/birthing person's Badgernet record accordingly:  
*\*If a parent declines to transfer into the hospital setting, they are declining additional monitoring.*  
*\*\*Midwives cannot carry out additional neonatal monitoring/observations in the community setting.*
12. Women/birthing people under consultant care who contact a community setting requesting SROM or labour assessment, but who have **\*not had\*** an individual risk assessment to say they can be triaged in a midwifery led setting, should be referred to Maternity Assessment Unit at the John Radcliffe.

### Women/birthing people requesting a MLU birth setting who are outside of the MLU admission criteria

13. The Community Midwife should discuss options of place of birth with the woman/birthing person.
14. Advice and recommendation for place of birth should be documented in the woman/birthing person's Badger notes and on EPR.
15. The Community midwife should discuss ongoing care planning with line manager, Community Matron or Consultant Midwife (in Birth Choices Clinic).  
If concerns remain unresolved refer to Birth Choices Clinic and/or Consultant Obstetrician if there are obstetric issues
16. Document a clear record of antenatal discussion on recommendation for place of birth and a plan of care and document on badger notes and Cerner EPR in a Birth Planning Note'.

### Intrapartum Transfer Criteria from an MLU for obstetric opinion or care in labour:

- Maternal choice
- Maternal request for analgesia i.e. an epidural'
- Fetal heart rate abnormalities
- Diagnosed delay in the first or second stage of labour
- Pain reported by the woman/birthing person that differs from the pain normally associated with contractions
- Any vaginal blood loss other than a show
- Malpresentation/ high (4-5/5 palpable) or free-floating head in primiparous woman/birthing person
- Obstetric emergency
- Maternal haemorrhage > 500mls (consideration symptomatic)
- Retained placenta ([see GS51 - Care in labour guideline](#))
- Third or fourth degree perineal tear

- Any concerns regarding maternal, fetal or neonatal wellbeing
- A baseline  $\geq 150$ bpm at  $\geq 40$  weeks gestation is a concerning feature; this may be due to secondary infection or fetal hypoxia – therefore continuous electronic fetal monitoring (CEFM) should be offered ([see GS20 - Intrapartum Electronic Fetal Monitoring Guideline](#)).

### Meconium-stained liquor (MSL):

- If meconium-stained liquor is identified, consider the character of the meconium as part of the overall clinical assessment, in conjunction with other antenatal or intrapartum risk factors.
- Fetal hypoxia and acidosis can result in increased peristalsis and relaxation of the fetal anal sphincter, leading to the passage of meconium. If a fetus attempts to breathe or gasp this meconium can then be aspirated into the lungs. Births where meconium-stained liquor is present are associated with increased frequency of operative delivery, birth asphyxia, neonatal sepsis and neonatal intensive care unit admissions compared with clear liquor.
- Prior to 40 weeks gestation, meconium-stained liquor should be treated with extra caution and should trigger a full risk assessment and discussion with the woman.
- The presence of meconium-stained liquor in a labour with a fetus of equal to or more than 40 weeks gestation is not always indicative of fetal compromise and can be a normal physiological event but should still trigger a full risk assessment and discussion with the woman.
- When meconium is identified, inform the woman and discuss:
  - the presence of meconium, which can indicate possible fetal compromise and may lead to complications such as meconium aspiration syndrome and fetal hypoxia. . Meconium-stained liquor can also present an infection risk. While clear liquor has antibacterial properties, in the presence of meconium these properties are restricted.
  - that continuous CTG monitoring is offered (and strongly recommended in the presence of significant meconium)
  - place of birth
  - access to advanced neonatal services
  - post birth neonatal observations.
- Document this discussion in the clinical record.
- Recognise that the type of monitoring method used is the woman/birthing person's choice and support their decision. If the decision is made to monitor the fetal heart rate via intelligent intermittent auscultation (IIA) in labour, then extra vigilance should be undertaken for signs of infection, fetal hypoxia and evolving risk factors.

### SR0M over 18 hours

- If on Spikes, IV antibiotics at 18 hours post confirmed SR0M can be commenced and fetal wellbeing monitored via IA for women/birthing people progressing in established labour with no other concerns.

- 1-to-1 midwifery care should be provided as usual for women/birthing people in established labour. This is particularly important in this group of women/birthing people (with SROM over 18 hours), so that any evolving signs of infection can be detected at the earliest opportunity and transfer to Delivery Suite for obstetric review and cEFM can be arranged.
- Transfer to Delivery Suite is recommended if:
  - MEOWS score  $\geq$  to 1
  - Any clinical signs of infection
  - Any meconium-stained liquor is present
  - Delay in progress of labour
  - Any fetal heart rate concerns

#### Maternal pyrexia:

- A temperature of 38°C or more on 1 occasion
- 2 temperature readings of 37.5°C to 37.9°C, 1 hour apart

#### Maternal tachycardia:

- Above 120bpm on two consecutive readings, ½ hr apart

#### Raised blood pressure:

|                                                                                                                |                                         |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Diastolic 90 to 99mmHg                                                                                         | On two consecutive readings, ½ hr apart |
| Diastolic 100mmHg or above                                                                                     | On one occasion                         |
| Systolic 140 to 159mmHg                                                                                        | On two consecutive readings, ½ hr apart |
| Systolic 160mmHg or above                                                                                      | On one occasion                         |
| An increase in reading from 1 <sup>st</sup> trimester of at least 20mmHg diastolic or at least 30mmHg systolic | On two consecutive readings, ½ hr apart |

#### Proteinurea

- A reading of 2+ protein on urinalysis  
**and**
- a single reading of either raised diastolic blood pressure (90mmHg or above) or raised systolic blood pressure (140mmHg or above).

### Intrapartum Transfer of a Woman/Birthing Person and/or baby from the Spires MLU to Delivery Suite

17. When transferring a woman from the Spires MLU to Delivery Suite the following procedure should be followed:

- Discuss the need for transfer clearly with the woman/birthing person, gain consent and document accordingly in the Badger notes
- Use the urgent transfer number for the 'red' phone on Delivery Suite (external: 01865 462 427/ internal: 62427) and discuss the need for transfer with the Delivery Suite Coordinator – ensure a room is clearly allocated to the woman/birthing person. Inform the bleep holder of the transfer and ensure the Spires is left with adequate and safe cover whilst you are away from the unit
- Inform colleagues of the transfer and arrange any temporary cover of care if necessary
- Arrange handover of the unit keys to an appropriately qualified colleague
- Transfer the woman/birthing person either on the bed, wheelchair or they may choose to walk– choose whichever mode is most appropriate for the situation
- If a baby is accompanying a woman/birthing person to Delivery Suite, then it should have two identity name bands attached
- Transfer down via the right hand lift (M4) opposite the refuse collection point
- The lift override key is located on the adult resuscitation trolley on Level 7
- When you arrive on Delivery Suite
  - Hand over care using the SBAR tool, see [GS86 - Handover of Care Guideline](#)
  - Ensure the Coordinator is fully informed of the woman/birthing person's condition and plan of care
  - Write the woman/birthing person's details on the Delivery Suite whiteboard, and put the woman/birthing person's ID sticker in the admissions book with details of their time of arrival, pregnancy and labour details
  - If the woman/birthing person is transferred from an MLU for obstetric concerns, they should have an obstetric review within 1 hour of arrival on Delivery Suite.
- All transfers on the incident trigger list will need an incident form (Ulysses) to be completed
- Complete Spires transfer audit form

### Escalation of Obstetric or Neonatal Emergency on the Spires

18. Upon recognition of obstetric and/or neonatal emergency on the Spires the following procedure should be followed:

- **Pull emergency bell**
  - When extra staff arrive start to delegate clinical tasks to manage the emergency accordingly.
  - Request that a member of staff makes appropriate 2222 (or 4444) call (see poster by the phone in Spires office for guidance on the verbal communication needed to inform switchboard):
    - Call 2222 when the Obstetric, Neonatal or Adult Team is required
    - Call 4444 to activate the major obstetric haemorrhage protocol, to call Security or to fast bleep a member of staff (4444 should also be called in the event of a fire).

- **When calling be clear about which team is required – Obstetric/Adult and/or Neonatal and include details of the exact location they should attend - room number/name etc).**
- The staff member making the 2222 (or 4444 call) should report back to lead midwife managing the emergency that call has been actioned.
- If possible, delegate appropriate member of staff to wait at the entrance to Spires to direct attending emergency teams to the correct room
- Request that a member of staff prepares the resuscitaire and brings back the appropriate the emergency equipment into the room
- Follow the emergency protocol as per OUH guidance according to nature of the emergency.
- Ensure appropriate member of staff retains situational awareness/helicopter view of situation.
- Delegate appropriate member of staff to scribe ensuring contemporaneous documentation when possible
- Ensure SBAR handover to relevant professionals on arrival to room.
- **If there is an unanticipated delay in team arriving or lack of staff to help, repeat above steps and in addition phone Delivery Suite to escalate. Continue to provide emergency care to woman/birthing person and baby until help arrives.**
- If the emergency is downgraded, ensure clear plan of care from relevant clinician is made and documented.
- If transfer of the woman/birthing person is required follow the procedure below:

### **Transfer of a Woman/birthing person and/or Baby from Homebirth or Community MLU to a Consultant Delivery Suite (Ambulance transfer information)**

- inform the Co-coordinator on Delivery Suite of the situation prior to transfer using the urgent transfer number for the 'red' phone on Delivery Suite (external: 01865 462 427 / internal: 62427)
- Transfer to hospital for mother and/or baby can be achieved by calling:
  - 0300 123 9826 for Level 1 Immediately life-threatening conditions
  - 0300 123 9826 for Level 2 Emergency transfer
  - 999 for paramedic support
  - If both mother and baby need medical aid then 2 ambulances will be required.Refer to the [Maternity Transfer by Ambulance Guideline](#) for full details.

- A midwife must accompany all transfers in established labour by ambulance into hospital
- If a baby is accompanying a woman/birthing person to hospital then it should have two identity name bands attached and be transported in a car seat
- The reasons and time for transfer need to be documented in the maternal Badgernet along with any discussions with the couple
- (New 3.0) Complete Ambulance Transfer form (see [Maternity Transfer by Ambulance Guideline](#))
- Enter details of transfer onto transfer spreadsheet located in the Maternity Patient Tracking folder on Microsoft Teams
- If a woman/birthing person is declining transfer inform the coordinator on Delivery Suite along with the Manager on call. All relevant discussions and the woman/birthing person's viewpoint should be clearly documented.
- When you arrive on Delivery Suite
  - Hand over care using the SBAR tool, see [GS86 Handover of Care Guideline](#)
  - Ensure the Coordinator is fully informed of the woman/birthing person's condition and plan of care
  - Write the woman/birthing person's details on the Delivery Suite whiteboard, and put the woman/birthing person's ID sticker in the admissions book with details of their time of arrival, pregnancy and labour details
- Submit an incident report (Ulysses) for any untoward incident e.g. BBA, obstetric emergencies
- Take the carbon copy of the completed Ambulance Transfer form back to the MLU/Team Lead.

## Review

19. This guideline will be reviewed every 3 years, as set out in the *Policy for the Development and Implementation of Procedural Documents*.
20. *N.B. Policies may need to be revised before this date, particularly if national guidance or local arrangements change, where implementation is unsuccessful or where audits necessitate a policy review.*
21. If the approving committee of the policy has delegated the authority to approve supporting documents to another group, this should be documented here. E.g. The Trust Management Executive has delegated authority to the Health & Safety Committee for the approval of any further supporting or associated documents.

## EPR/Badgernet Considerations

22. Individualised birth plans should be recorded on EPR via the communicate function to aid communication between members of the MDT. Individualised birth plans should also be recorded on the Badgernet record.

## Implementation Plan

| No. | Recommendation for Implementation       | Action to be taken                                          | Evidence of Action                                                                          | Responsible Person | Date Action to be completed by                                       | R.A.G. Action completion status <sup>[2]</sup> |
|-----|-----------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------|------------------------------------------------|
| 1   | Raise awareness of updates to guideline | Include in <a href="#">Monthly Guidelines Updates Table</a> | - Email Circulating <a href="#">Monthly Guidelines Updates Table</a> to all maternity Staff | Quality Team       | Within 1 month of guideline being uploaded to the maternity intranet |                                                |
| 2   | Raise awareness of updates to guideline | Mention in Maternity News booklet 'Two-gether'              | Publication and circulation of Maternity News                                               | Quality Team       | Within 1 month of guideline live date                                |                                                |

## References

Birth Place in England Collaborative Group (2011) Perinatal and maternal outcomes by planned place of birth for healthy women/birthing people with low risk pregnancies: the Birthplace in England national prospective cohort study. BMJ;343:d7400

<http://www.bmj.com/content/343/bmj.d7400.pdf%2Bhtml> (accessed 10/08/2026)

[National Institute for Clinical Excellence \(NICE\) Intrapartum Care \(2026\) NG235](#)

(accessed 10/08/2026)

## Appendix 1: Responsibilities

1. It is the responsibility of all maternity clinical staff involved in providing intrapartum care to for women/birthing people in an MLU or home birth setting to familiarise themselves with the location and content of this guideline.

## Appendix 2: Definitions

| Term       | Definition                                                      |
|------------|-----------------------------------------------------------------|
| BBA        | Born before arrival                                             |
| BMI        | Body Mass Index                                                 |
| cEFM       | Continuous Electronic fetal heart monitoring                    |
| HB         | Homebirth                                                       |
| IA         | Intermittent Auscultation                                       |
| MLU / FMLU | Midwife Led Unit / Free Standing Midwife Led Unit               |
| MoB        | Mode of Birth                                                   |
| MSL        | Meconium-stained liquor                                         |
| PPH        | Post-partum haemorrhage                                         |
| SROM/PROM  | Spontaneous rupture of membranes/Prolonged rupture of membranes |
| VBAC       | Vaginal birth after Caesarean Section                           |

### Appendix 3: Education and Training

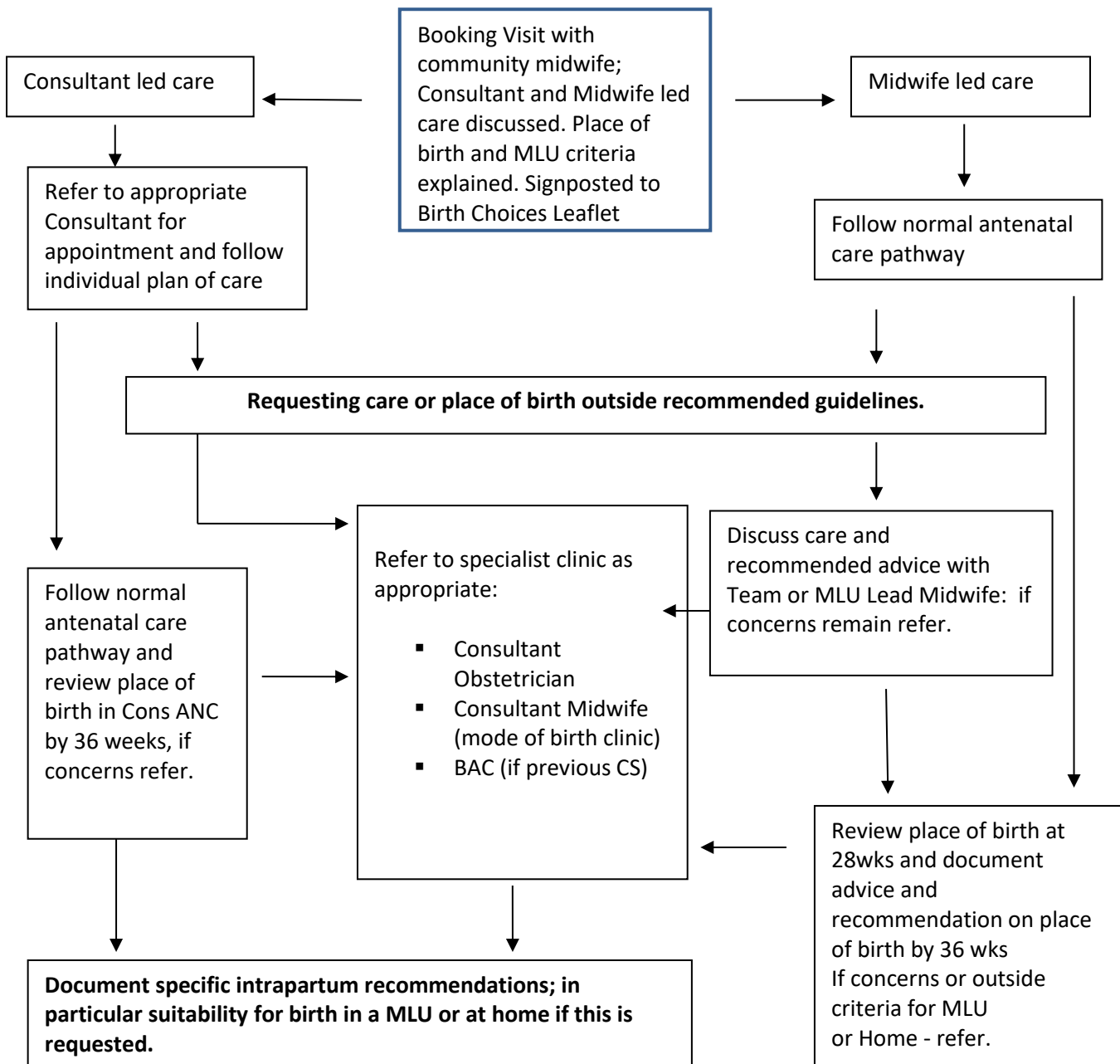
There is no mandatory training associated with this guideline. Individual training needs will be identified through annual appraisal and supervision.

### Appendix 4: Monitoring Compliance

| Compliance Standard                                                                                                                                                                                            | Monitoring method                                             | Frequency of monitoring                                                                               | Group or committee that will review the findings and monitor completion of any resulting action plan |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Place of birth discussed at booking and 28 weeks gestation, with a documented plan of care recorded in Badger Notes by 36 weeks gestation.                                                                     | Retrospective audit of 10-20 sets of BadgerNotes/EPR records. | 6 months after implementation of the updated guideline and prior to the next scheduled 3-year review. | Audit and QI Forum                                                                                   |
| Evidence that women/birthing people are provided with or signposted to the Birth-place Choices leaflet at booking                                                                                              | Retrospective audit of 10-20 sets of BadgerNotes/EPR records. | 6 months after implementation of the updated guideline and prior to the next scheduled 3-year review. | Audit and QI Forum                                                                                   |
| Women/birthing people requesting care outside Trust guidance are referred appropriately to the Birth Choices Clinic and/or Consultant Obstetrician, with clear documentation of discussion and birth planning. | Retrospective audit of 10-20 sets of BadgerNotes/EPR records. | 6 months after implementation of the updated guideline and prior to the next scheduled 3-year review. | Audit and QI Forum                                                                                   |
| Homebirth Assessment Forms and Freestanding Midwifery Led Unit Assessment Forms are completed, signed, dated and scanned into BadgerNotes.                                                                     | Retrospective audit of 10-20 sets of BadgerNotes/EPR records. | 6 months after implementation of the updated guideline and prior to the next scheduled 3-year review. | Audit and QI Forum                                                                                   |

|                                                                                                                                                                                                                                                                             |                                                               |                                                                                                       |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------|
| PPH risk assessment completed at 34 weeks gestation and considered as part of MLU/Homebirth suitability assessment.<br>Women/birthing people under consultant-led care who plan MLU or homebirth have an individualised risk assessment and documented place of birth plan. | Retrospective audit of 10-20 sets of BadgerNotes/EPR records. | 6 months after implementation of the updated guideline and prior to the next scheduled 3-year review. | Audit and QI Forum |
| Ambulance transfer documentation, transfer forms and transfer records are completed appropriately for women/birthing people transferred from Homebirth or Community MLU settings.                                                                                           | Retrospective audit of 10-20 sets of BadgerNotes/EPR records. | 6 months after implementation of the updated guideline and prior to the next scheduled 3-year review. | Audit and QI Forum |
| Relevant incidents associated with transfers, emergencies or untoward events are reported via Ulysses.                                                                                                                                                                      | Retrospective audit of 10-20 sets of BadgerNotes/EPR records. | 6 months after implementation of the updated guideline and prior to the next scheduled 3-year review. | Audit and QI Forum |

## Appendix 5: Antenatal Pathway for Choice of Place of Birth



**\*To book Consultant Midwife/Mode of Birth/Birth After Caesarean (BAC) appt: send referral on Badgernet**

## Appendix 6: Level 1 and Level 2 Transfer Criteria (To be used in conjunction with clinical assessment and current stage of labour)

| Level 1 – Immediately life-threatening<br>(Expected response time 7 minutes)<br><i>Next available ambulance, will divert from cardiac arrest</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Level 2 – Emergency transfer<br>(Expected response time 18 minutes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Own Car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Obstetric emergency- including APH, PPH, cord prolapse, maternal seizure or collapse, shoulder dystocia, breech presentation or the need for resuscitation</li> <li>Delay in second stage of labour with fetal distress</li> <li>Moderate/severe Pain reported by the woman/birthing person that differs from pain normally associated with labour (signs of abruption)</li> <li>Concerns regarding fetal wellbeing including; <math>\uparrow</math>FHR baseline, decelerations heard on IA, inability to monitor FH adequately</li> <li>Any presentation other than cephalic, including cord presentation</li> <li>A single reading of either raised diastolic BP <math>\geq 100</math>mmHg or systolic BP <math>\geq 160</math> mmHG.</li> </ul> | <ul style="list-style-type: none"> <li>Pulse <math>\geq 120</math>bpm on 2 occasions 30 minutes apart</li> <li>Either raised diastolic BP <math>\geq 90</math>mmHg or raised systolic <math>\geq 140</math>mmHg on 2 consecutive readings taken 30 minutes apart</li> <li>A Single BP reading of raised diastolic <math>\geq 90</math>mmHg or raised systolic <math>\geq 140</math>mmHg <u>and</u> 2+ proteinuria</li> <li>Temperature <math>\geq 38^{\circ}\text{C}</math> on one occasion or <math>\geq 37.5^{\circ}\text{C}</math> on 2 consecutive readings at least 30 minutes apart</li> <li>Retained placenta with no concerns for maternal compromise</li> <li>Delay in 2<sup>nd</sup> stage without fetal compromise</li> <li>The presence of significant meconium</li> <li>Epidural request in established labour</li> <li>Transfer for suturing where there are no concerns of PPH or maternal compromise (but not for transfer in own car.)</li> <li>FHR not appropriate for gestation</li> </ul> | <p><b><u>Mum and baby must be clinically well</u></b> Request by the woman/birthing person for additional pain relief including an epidural prior to established labour:</p> <ul style="list-style-type: none"> <li>Slow progress during the first stage with no concerns relating to maternal or fetal wellbeing</li> <li>Maternal request to transfer</li> <li>Rupture of membranes <math>\geq 24</math> hours prior to established labour</li> <li>Suspected fetal growth restriction or macrosomia</li> <li>Suspected anhydramnious or polyhydramnious</li> <li>Any risk factors recorded in the woman/birthing persons's Badgernotes that indicate the need for obstetric care</li> <li>Either raised diastolic BP <math>\geq 90</math>mmHg or raised systolic <math>\geq 140</math>mmHg on 2 consecutive readings taken 30 minutes</li> </ul> |

|  |  |                                                                                                                                                                                                                                         |
|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>apart and asymptomatic</p> <ul style="list-style-type: none"> <li>• High (4/5- 5/5ths palpable) or free-floating head in a nulliparous woman/birthing person</li> <li>• Reduced fetal movements reported in past 24 hours</li> </ul> |
|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- If there are multiple factors present from the 'Level 2' or 'own car' columns then consider undertaking a 'Level 1' transfer following a discussion with delivery suite co-ordinator. These criteria are not exhaustive; the midwife in attendance should use their own clinical judgement.
- If any of the above factors are present but birth is imminent, assess whether birth in the current location is preferable to transferring the woman/birthing person to an obstetric unit and discuss this with the co-ordinating midwife.
- If transfer from a midwifery led unit or home is required in the 1<sup>st</sup> or 2<sup>nd</sup> stage of labour, normal labour care and IA should continue as per guidelines until transfer is in progress. If a woman/birthing person is transferring by their own means of transport (as per transfer guidance) then a midwife does not need to accompany her. If transfer is via ambulance, then IA should not be undertaken during the journey as the midwife must remain seated and wear the seat belt during transfer. Upon arrival on Delivery Suite, a CTG should be commenced as soon as possible.

## Appendix 7: Ambulance Transfer Contact Numbers

At a Glance ...

Ver 1.2 - November 2023

Oxford University Hospitals **NHS**  
NHS Foundation Trust

### Ambulance Transfer from MLUs and Home to Hospital

Call the Thames Valley healthcare professional line on:

0300 123 9826

When ringing clearly state:

- Your name and job title
- That you require a Level 1 ambulance transfer stating situation  
(e.g. This is an obstetric emergency for fetal distress)

LEVEL

1

RESPONSE TIME WITHIN  
**7**  
Minutes

Immediately life-threatening  
Obstetric emergency including APH and ongoing PPH,  
concerns for fetal wellbeing, presentation other than cephalic, severe hypertension, seizures, delay in 2<sup>nd</sup> stage with fetal distress, ongoing newborn resuscitation.

|                    |                     |                        |                      |
|--------------------|---------------------|------------------------|----------------------|
| Cotswold<br>Horton | OX7 5FA<br>OX16 9AL | Wallingford<br>Wantage | OX10 9LT<br>OX12 7AS |
|--------------------|---------------------|------------------------|----------------------|

LEVEL

2

RESPONSE TIME WITHIN  
**18**  
Minutes

Emergency Transfers  
Observations triggering on MEOWS chart, significant meconium, epidural request, delay in 2<sup>nd</sup> stage without fetal compromise, retained placenta, transfer for 3/4<sup>th</sup> degree tear repair with no maternal concerns

**For all transfers:**

1. Document in the maternity notes the time calling for an ambulance and the call reference number
2. Inform the DS Co-Ordinator 01865 221987/8
3. Inform the Neonatal Unit if required on SONet line 01865 223344 (manned 24 hrs)
4. Complete the SBAR ambulance transfer form recording the response times and transfer travel times.
5. Submit an incident report (Ulysses) for any untoward incident e.g. BBA, Obstetric emergencies.

## Appendix 8: Freestanding Midwifery Led Unit Assessment Form

### Freestanding Midwifery Led Unit Assessment Form

|                 |
|-----------------|
| <b>Name:</b>    |
| <b>MRN:</b>     |
| <b>Address:</b> |

Landline/Mobile:  
Primary Midwife:  
Midwifery Team:  
Birthing partner:  
Case loading ST MW name  
and contact details:

| Background            |                                                            |
|-----------------------|------------------------------------------------------------|
| Date of assessment    |                                                            |
| Parity                |                                                            |
| EDD                   |                                                            |
| Current gestation     |                                                            |
| Happy for Student MW? | Yes <input type="checkbox"/> / No <input type="checkbox"/> |

|                                             |  |
|---------------------------------------------|--|
| Risk of PPH assessment minor/moderate/major |  |
| Routine Enquiry                             |  |

| Blood results            |  |
|--------------------------|--|
| Group (maternal & fetal) |  |
| Antibodies               |  |
| Recent Hb /date taken    |  |
| Platelets                |  |
| Other relevant findings  |  |

| Ultrasound                                                     |  |
|----------------------------------------------------------------|--|
| Pathway                                                        |  |
| Placenta                                                       |  |
| Growth/Dopplers                                                |  |
| Other relevant findings                                        |  |
| Booked MLC or CLC?<br>If CLC - risk factors(s):                |  |
| Previous obstetric history including any previous poor outcome |  |

|                                  |                                                                                                                   |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Special arrangements or requests |                                                                                                                   |
| Birth Choices review             | Not required <input type="checkbox"/> Completed <input type="checkbox"/> To be organised <input type="checkbox"/> |
| Recommendation/plan              |                                                                                                                   |

|  |  |
|--|--|
|  |  |
|--|--|

Signature \_\_\_\_\_ Name \_\_\_\_\_ Status \_\_\_\_\_

### Preparing for a birth in a Freestanding Midwife Led Unit (FMLU)

There are a few things that you will need to be aware of if you are planning a birth in a FMLU. Your Midwife will discuss these with you:

|                                                                                                                                                               | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| What to pack in your hospital bag and need to bring car seat discussed                                                                                        |       |
| Understanding the midwives' role (on-call rota and who might attend your birth)                                                                               |       |
| How baby's wellbeing is monitored during labour and birth (intermittent heart rate monitoring. Continuous monitoring only used on delivery suite)             |       |
| The maternal observations routinely offered in a FMLU                                                                                                         |       |
| Analgesia options available in labour (for example; TENs, pool, massage and aromatherapy oils, entonox and meptid). Epidurals are available on delivery suite |       |
| Covid guidance for example the PPE midwives will be wearing                                                                                                   |       |
| Reasons for ambulance transfer discussed and information sheet (page 4) given to woman/birthing person containing further information                         |       |
| Average times given for an ambulance response and transfer into hospital (page 4)                                                                             |       |

## Preparing for a birth in a FMLU

In view of your request to birth at a FMLU, you have been booked for a 36-week appointment at the FMLU of your choice with your Midwife.

During the appointment your Midwife will discuss:

- How to prepare for a birth in a FMLU
- What to do when you go into labour
- Reasons you might be transferred to hospital
- There is a possibility that due to staffing we may not be able to safely provide a FMLU birth

NHS advice on preparing for your birth can be found at:

<https://www.nhs.uk/conditions/pregnancy-and-baby/where-can-i-give-birth/>

This webpage includes links to other useful websites and two 'Your Choice' guides explaining the current research (one for women/birthing people having their first baby and one for women/birthing people who have given birth before).

## What to do when you go into labour

You should call the relevant Community Team if:

- You feel that you have progressed from being in early labour to being in established labour. This is usually when your contractions are:
  - Every 3 minutes - for women/birthing people having their first baby.
  - Every 5 minutes - for women/birthing people who have birthed before.
- Your waters break (also known as 'spontaneous rupture of membranes').
- You are not having regular contractions but feel you would benefit from an assessment and plan.
- You're unsure and need advice

## Telephone numbers

| Community Midwifery Team<br>Details and telephone number (to be added below by the Midwife completing the assessment) | Daytime<br>9am to 4pm                                                                               | Evenings and night-time (from 4pm to 9am)<br>or if there is no answer from the daytime number |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                                                                       | If there is no answer please do not leave a message – call the evening/night time number (opposite) | 01295 229459                                                                                  |

A Midwife will speak to you on the telephone for you to make a plan together. If you are in early labour, the Midwife might suggest that you allow more time for your contractions to strengthen and advise that you call back.

You should call the Maternity Assessment Unit (01865 220221) if you have:

- Concerns regarding your baby's movements
- Strong, constant pain anywhere in your body (e.g. head, abdomen, chest)
- Vaginal bleeding
- Symptoms that suggest you are unwell (fever, significant vomiting, etc.)
- Started labouring before 37 weeks
- If your waters have broken and you think the waters look green in colour
- Any other concerns

### Ambulance Response Times

We are given the highest level (category 1) of response for obstetric emergencies which is reserved for immediately life-threatening cases such as cardiac arrest (target response time is 7 minutes). For other emergency transfers we receive the second highest level of priority where the standard response target time is within 18 minutes from the time of the call.

\*The table below includes South Central Ambulance Service (SCAS) data from 01/07/2023 to 30/06/2024

| Location of FMLU from which transfer to the John Radcliffe Hospital was initiated                                                                                                                                                             | Count of Incidents | Average Response Duration | Average Duration of Leave Scene to Arrive at John Radcliffe |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|-------------------------------------------------------------|
| Wallingford Birthing Centre                                                                                                                                                                                                                   | 8                  | 00:15:33                  | 00:29:50                                                    |
| Horton General Hospital                                                                                                                                                                                                                       | 8                  | 00:12:27                  | 00:35:44                                                    |
| Cotswold Birth Centre                                                                                                                                                                                                                         | 3                  | 00:19:46                  | 00:31:15                                                    |
| Wantage Community Hospital                                                                                                                                                                                                                    | 6                  | 00:13:53                  | 00:39:11                                                    |
| <b>Grand Total</b>                                                                                                                                                                                                                            | <b>25</b>          | <b>00:15:25</b>           | <b>00:34:00</b>                                             |
| <p>Homebirth (average taken from across all Oxfordshire calls made by HCPs)</p> <p>Average response time: 14 minutes</p> <p>Average time taken to travel from location in Oxfordshire to John Radcliffe Hospital by ambulance: 27 minutes</p> |                    |                           |                                                             |

### Reasons you might be transferred to hospital

| Stage of labour                               | Reason                                                                                                                    |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Any stage                                     | Concerns that you or your baby are unwell (i.e. abnormal observations or possible Covid-related symptoms)                 |
|                                               | Maternal request                                                                                                          |
|                                               | Significant bleeding                                                                                                      |
|                                               | Significant meconium (baby poo) in the waters                                                                             |
|                                               | Request for additional pain relief                                                                                        |
|                                               | Waters broken over 18 hours (as per SROM guideline)                                                                       |
|                                               | Staff unavailability                                                                                                      |
| First and second stage (dilation and pushing) | Fetal heartbeat abnormal or difficult to monitor                                                                          |
|                                               | Breech or other malpresentation                                                                                           |
|                                               | Delay (e.g. cervix not opening as we would expect in labour or cervix fully dilated but baby not moving down birth canal) |

|                                        |                                           |
|----------------------------------------|-------------------------------------------|
|                                        | Cord prolapse                             |
|                                        | Shoulder dystocia (dependent on severity) |
| Third stage (delivery of the placenta) | Retained placenta                         |
|                                        | Postpartum haemorrhage                    |
| Fourth stage (early postnatal period)  | Suturing significant or complicated tears |
|                                        | Neonatal resuscitation                    |
|                                        | Neonatal observations                     |

|                     |  |
|---------------------|--|
| Further discussions |  |
|---------------------|--|

Signed:

Print name:

Date:

## Appendix 9: Homebirth Assessment Form

### Homebirth Assessment Form

|                 |
|-----------------|
| <b>Name:</b>    |
| <b>MRN:</b>     |
| <b>Address:</b> |

Landline/Mobile:  
Primary Midwife:  
Midwifery Team:  
Birthing partner:  
Case loading ST MW name  
and contact details:

| Background            |                                                            |
|-----------------------|------------------------------------------------------------|
| Date of assessment    |                                                            |
| Parity                |                                                            |
| EDD                   |                                                            |
| Current gestation     |                                                            |
| Happy for Student MW? | Yes <input type="checkbox"/> / No <input type="checkbox"/> |

|                                             |  |
|---------------------------------------------|--|
| Risk of PPH assessment minor/moderate/major |  |
| RE                                          |  |

| Blood results            |  |
|--------------------------|--|
| Group (maternal & fetal) |  |
| Antibodies               |  |
| Recent Hb /date taken    |  |
| Platelets                |  |
| Other relevant findings  |  |

| Ultrasound                                                                                 |  |
|--------------------------------------------------------------------------------------------|--|
| Pathway                                                                                    |  |
| Placenta                                                                                   |  |
| Growth/Dopplers                                                                            |  |
| Other relevant findings                                                                    |  |
| Booked MLC or CLC?<br>If CLC - risk factors(s):                                            |  |
| Previous obstetric history including any previous poor outcome<br>High risk of BBA Yes/No? |  |

|                                  |                                                                                                                   |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Special arrangements or requests |                                                                                                                   |
| Birth Choices review             | Not required <input type="checkbox"/> Completed <input type="checkbox"/> To be organised <input type="checkbox"/> |
| Recommendation/plan              |                                                                                                                   |

|  |  |
|--|--|
|  |  |
|--|--|

Signature \_\_\_\_\_ Name \_\_\_\_\_ Status \_\_\_\_\_

### Preparing for a homebirth

There are a few things that you will need to prepare if you are planning a homebirth. Your Midwife will discuss these with you:

|                                                                                                                                                                                            | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Adequate parking and access (Midwives and ambulance)                                                                                                                                       |       |
| Adequate mobile phone signal or landline                                                                                                                                                   |       |
| Hot water supply                                                                                                                                                                           |       |
| Childcare arrangements (for example if require transfer into hospital)                                                                                                                     |       |
| Health and safety assessment of the home environment. Is there adequate space for equipment? Are there pets? Pool arrangements? Suitable access & space to facilitate transfer if required |       |
| What to pack in your hospital bag and having a car seat discussed                                                                                                                          |       |
| Understanding the midwives' role (on-call rota and who might attend your birth)                                                                                                            |       |
| How baby's wellbeing is monitored during labour and birth (intermittent heart rate monitoring. Continuous monitoring only used on Delivery Suite)                                          |       |
| Preparing the home environment: warmth (minimum 20°C), clean towels, access around bed/pool, protective coverings (incontinence sheets/heavy duty polythene), lighting                     |       |
| Analgesia options available in labour (for example; TENs, pool, massage and aromatherapy oils, entonox). Epidurals are available on Delivery Suite                                         |       |
| What to do if labouring quickly (calling 999, staying calm, breathing through contractions/not pushing, drying baby and keeping them warm)                                                 |       |
| Covid guidance for example the PPE midwives will be wearing                                                                                                                                |       |

|                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|
| Reasons for ambulance transfer discussed and information sheet (page 4) given to woman/birthing person containing further information |  |
| Average times given for an ambulance response and transfer into hospital (page 4)                                                     |  |

## Preparing for a Homebirth

In view of your request to birth at home, you have been booked for a homebirth assessment with your Midwife. This assessment may have also been scheduled because you want to be prepared in the event that you may labour quickly.

During the home visit your Midwife will discuss:

- How to prepare a homebirth
- What to do when you go into labour
- Reasons you might be transferred to hospital
- There is a possibility that due to staffing we may not be able to safely provide a home birth service

NHS advice on preparing for your home birth can be found at:

<https://www.nhs.uk/conditions/pregnancy-and-baby/where-can-i-give-birth/>

This webpage includes links to other useful websites and two 'Your Choice' guides explaining the current research (one for women/birthing people having their first baby and one for women/birthing people who have given birth before).

## What to do when you go into labour

You should call the relevant Community Team if:

- You feel that you have progressed from being in early labour to being in established labour. This is usually when your contractions are:
  - Every 3 minutes - for women/birthing people having their first baby.
  - Every 5 minutes - for women/birthing people who have birthed before.
- Your waters break (also known as 'spontaneous rupture of membranes').
- You are not having regular contractions but feel you would benefit from an assessment and plan.
- You're unsure and need advice

## Telephone numbers

|                                                                                                                       |                       |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------|
| Community Midwifery Team<br>Details and telephone number (to be added below by the Midwife completing the assessment) | Daytime<br>9am to 4pm | Evenings and night-time (from 4pm to 9am)<br>or if there is no answer from the daytime number |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------|

|  |                                                                                                            |                     |
|--|------------------------------------------------------------------------------------------------------------|---------------------|
|  | <b>If there is no answer please do not leave a message – call the evening/night time number (opposite)</b> | <b>01491 826037</b> |
|--|------------------------------------------------------------------------------------------------------------|---------------------|

A Midwife will speak to you on the telephone for you to make a plan together. If you are in early labour, the Midwife might suggest that you allow more time for your contractions to strengthen and advise that you call back. When the midwives are coming to your home, please help them find it; if you have one, put a balloon on the door and turn the lights on at the front of the house.

**You should call the Maternity Assessment Unit (01865 220221) if you have:**

- Concerns regarding your baby's movements
- Strong, constant pain anywhere in your body (e.g. head, abdomen, chest)
- Vaginal bleeding
- Symptoms that suggest you are unwell (fever, significant vomiting, etc.)
- Started labouring before 37 weeks
- If your waters have broken and you think the waters look green in colour
- Any other concerns

### Ambulance Transfer Response Times

We are given the highest level (category 1) of response for obstetric emergencies which is reserved for immediately life-threatening cases such as cardiac arrest (target response time is 7 minutes). For other emergency transfers we receive the second highest level of priority where the standard response target time is within 18 minutes from the time of the call.

\*The table below includes South Central Ambulance Service (SCAS) data from 01/07/2023 to 30/06/2024

| Area from which transfer was initiated | Count of Incidents | Average Response Duration | Average Duration of Leave Scene to Arrive at John Radcliffe |
|----------------------------------------|--------------------|---------------------------|-------------------------------------------------------------|
| Cherwell                               | 12                 | 00:10:54                  | 00:38:11                                                    |
| Vale of White Horse                    | 11                 | 00:15:37                  | 00:25:39                                                    |
| Oxford                                 | 10                 | 00:10:13                  | 00:15:34                                                    |
| West Oxfordshire                       | 8                  | 00:19:37                  | 00:25:28                                                    |
| South Oxfordshire                      | 6                  | 00:13:22                  | 00:29:44                                                    |
| <b>Grand Total</b>                     | <b>47</b>          | <b>00:13:39</b>           | <b>00:27:28</b>                                             |
| <b>Average Duration on Scene</b>       | <b>00:26:24</b>    |                           |                                                             |

## Reasons for Transfer to Hospital

| Stage of labour                               | Reason                                                                                                                    |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Any stage                                     | Concerns that you or your baby are unwell (i.e. abnormal observations or possible Covid-related symptoms)                 |
|                                               | Maternal request                                                                                                          |
|                                               | Significant bleeding                                                                                                      |
|                                               | Significant meconium (baby poo) in the waters                                                                             |
|                                               | Request for additional pain relief                                                                                        |
|                                               | Waters broken over 18 hours (as per SROM guideline)                                                                       |
|                                               | Staff unavailability                                                                                                      |
| First and second stage (dilation and pushing) | Fetal heartbeat abnormal or difficult to monitor                                                                          |
|                                               | Breech or other malpresentation                                                                                           |
|                                               | Delay (e.g. cervix not opening as we would expect in labour or cervix fully dilated but baby not moving down birth canal) |
|                                               | Cord prolapse                                                                                                             |
|                                               | Shoulder dystocia (dependent on severity)                                                                                 |
| Third stage (delivery of the placenta)        | Retained placenta                                                                                                         |
|                                               | Postpartum haemorrhage                                                                                                    |
| Fourth stage (early postnatal period)         | Suturing significant or complicated tears                                                                                 |
|                                               | Neonatal resuscitation                                                                                                    |
|                                               | Neonatal observations                                                                                                     |

|                     |  |
|---------------------|--|
| Further discussions |  |
|---------------------|--|

Signed:

Print Name:

Date:

## Appendix 10: Maternity Ambulance Transfer Times

(Tables 1 and 2 below include South Central Ambulance Service (SCAS) data from 01/07/2023 to 30/06/2024)

**Table 1**

| Location of FMLU from which the transfer to the John Radcliffe Hospital was initiated                         | Count of Incidents | Average Response Duration | Average Duration of Leave Scene to Arrive at John Radcliffe |
|---------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|-------------------------------------------------------------|
| Wallingford Birthing Centre                                                                                   | 8                  | 00:15:33                  | 00:29:50                                                    |
| Horton General Hospital                                                                                       | 8                  | 00:12:27                  | 00:35:44                                                    |
| Wantage Community Hospital                                                                                    | 6                  | 00:13:53                  | 00:39:11                                                    |
| Cotswold Birth Centre                                                                                         | 3                  | 00:19:46                  | 00:31:15                                                    |
| <b>Grand Total</b>                                                                                            | <b>25</b>          | <b>00:15:25</b>           | <b>00:34:00</b>                                             |
| Homebirth (average taken from across all Oxfordshire calls made by HCPs)                                      |                    |                           |                                                             |
| Average response time: 14 minutes                                                                             |                    |                           |                                                             |
| Average time taken to travel from location in Oxfordshire to John Radcliffe Hospital by ambulance: 27 minutes |                    |                           |                                                             |

**Table 2**

| Area of FMLU from which the transfer to the John Radcliffe Hospital was initiated | Count of Incidents | Average Response Duration | Average Duration of Leave Scene to Arrive at John Radcliffe |
|-----------------------------------------------------------------------------------|--------------------|---------------------------|-------------------------------------------------------------|
| Cherwell                                                                          | 12                 | 00:10:54                  | 00:38:11                                                    |
| Vale of the White horse                                                           | 11                 | 00:15:37                  | 00:25:39                                                    |
| Oxford                                                                            | 10                 | 00:10:13                  | 00:15:34                                                    |
| West Oxfordshire                                                                  | 8                  | 00:19:37                  | 00:25:28                                                    |
| South Oxfordshire                                                                 | 6                  | 00:13:22                  | 00:29:44                                                    |
| <b>Grand Total</b>                                                                | <b>47</b>          | <b>00:13:39</b>           | <b>00:27:28</b>                                             |
| <b>Average Duration on Scene</b>                                                  | <b>00:26:24</b>    |                           |                                                             |

### Inclusion Criteria -

NHS Pathway Symptom Discriminator is one of the following:

- AMB Cord Prolapse
- AMB Imminent birth
- AMB labour
- AMB obstetric emergency
- AMB post delivery
- AMB pre term

**AND / OR**

**NHS Pathways Symptom Group is**

- **Labour and Childbirth**

**AND OR**

**Final Disposition Code is one of the following:**

- **DX01012 - Emergency Ambulance Response for Obstetric Complications**
- **Dx0102 - Emergency Ambulance Response for Potential Cardiac Arrest Post Delivery**
- **Dx0115 - Emergency Ambulance for Labour Complications**

**AND**

**Patient conveyed to John Radcliffe Hospital by South Central Ambulance Service**

## Appendix 11: Equality Impact Assessment

### 1. Information about the policy, service or function

|                                                                                                                                                                                                                                                                                                    |                                     |                                                        |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|--------------------------|
| <b>What is being assessed?</b>                                                                                                                                                                                                                                                                     |                                     |                                                        |                          |
| New Policy/Procedure                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | New Service/Function                                   | <input type="checkbox"/> |
| Existing guideline/Procedure                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | Existing Service/Function                              | <input type="checkbox"/> |
| <b>Staff member completing assessment:</b><br>Marie Barnard                                                                                                                                                                                                                                        |                                     |                                                        |                          |
| <b>Name of policy/service/function:</b><br>Midwifery Led Unit (MLU) and Home birth Booking and Referral Criteria Guideline                                                                                                                                                                         |                                     |                                                        |                          |
| <b>Details about the policy/service/function:</b><br><br>This document provides clinical guidance for maternity staff who are involved in caring for pregnant women/birthing people accessing the Oxford University Hospitals NHS Foundation Trust (OUHFT) who plan to birth at home or in an MLU. |                                     |                                                        |                          |
| <b>Review Date:</b> 09/08/2026                                                                                                                                                                                                                                                                     |                                     | <b>Date assessment completed:</b>                      |                          |
| <b>Signature of staff member completing assessment:</b><br>Marie Barnard                                                                                                                                                                                                                           |                                     | <b>Signature of staff member approving assessment:</b> |                          |

### 2. Screening Stage

|                                                                                                                 |                                     |                                               |                          |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|--------------------------|
| <b>Who benefits from this guideline, service or function? Who is the target audience? (tick all that apply)</b> |                                     |                                               |                          |
| Patients                                                                                                        | <input checked="" type="checkbox"/> | Family/Carers                                 | <input type="checkbox"/> |
| Staff                                                                                                           | <input checked="" type="checkbox"/> | Other (specify):                              | <input type="checkbox"/> |
| <b>Does the policy, service or function involve direct engagement with the target audience?</b>                 |                                     |                                               |                          |
| Yes                                                                                                             | <input checked="" type="checkbox"/> | Continue with full equality impact assessment |                          |
| No                                                                                                              | <input type="checkbox"/>            | Full equality impact assessment not required  |                          |

### 3. Research Stage

#### Notes:

If there is no impact for a particular group or characteristic, mention this in the Reasoning column and refer to evidence where applicable.

<sup>1</sup>Race categories follow those used in the National Census by the Office for National Statistics. Consideration should be given to the specific communities within broad categories such as Bangladeshi people.

<sup>2</sup>Please select age groups which may be impacted by the policy, service or function and complete as appropriate.

<sup>3</sup>Religion or Belief covers a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus; it also covers people who do not have a faith. Consider these individually and collectively when determining impacts.

| Characteristic              |                                                           | Positive Impact | Negative Impact | Neutral Impact | Not Enough Information | Reasoning                                                                                                                                                                                                                                                          |
|-----------------------------|-----------------------------------------------------------|-----------------|-----------------|----------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sex and Gender Reassignment | Men (incl. trans men)                                     |                 |                 | x              |                        | All genders of pregnant people will have equal access to the care detailed in this guideline                                                                                                                                                                       |
|                             | Women/birthing people (incl. trans women/birthing people) |                 |                 | x              |                        |                                                                                                                                                                                                                                                                    |
|                             | Non-binary people                                         |                 |                 | x              |                        |                                                                                                                                                                                                                                                                    |
| Race <sup>1</sup>           | Asian or Asian British                                    |                 |                 | x              |                        | Consideration should be taken if the pregnant person is not able to read written English. Pictorial explanations may need to be used.<br><br>If the pregnant person is not able to communicate using English, then language line should be used for consultations. |
|                             | Black or Black British                                    |                 |                 | x              |                        |                                                                                                                                                                                                                                                                    |
|                             | Mixed Race                                                |                 |                 | x              |                        |                                                                                                                                                                                                                                                                    |
|                             | White British                                             |                 |                 | x              |                        |                                                                                                                                                                                                                                                                    |
|                             | White Other                                               |                 |                 | x              |                        |                                                                                                                                                                                                                                                                    |
|                             | Other:                                                    |                 |                 | x              |                        |                                                                                                                                                                                                                                                                    |

|                                       |                 |   |  |   |  |                                                                                                                                                                                                                                      |
|---------------------------------------|-----------------|---|--|---|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability</b>                     | Disabled people |   |  | x |  | If the pregnant person has a learning disability an advocate should be in attendance.<br><br>If the pregnant person has a hearing loss they should be asked if they wishes to have a British Sign Language interpreter in attendance |
|                                       | Carers          |   |  | x |  |                                                                                                                                                                                                                                      |
| <b>Age<sup>2</sup></b>                |                 |   |  | x |  | This guideline is relevant to pregnant people of all ages                                                                                                                                                                            |
|                                       |                 |   |  | x |  |                                                                                                                                                                                                                                      |
|                                       |                 |   |  | x |  |                                                                                                                                                                                                                                      |
| <b>Sexual Orientation</b>             |                 |   |  | x |  | This guideline does not discriminate with regards to sexual orientation, as all people will have equal access to the care described in this guideline.                                                                               |
| <b>Religion or Belief<sup>3</sup></b> |                 |   |  | x |  | This guideline does not discriminate with regards to belief or religion, as all people will have equal access to the care described in this guideline.                                                                               |
| <b>Pregnancy and Maternity</b>        |                 | x |  |   |  | The advice in this guideline is for pregnant people so will have a positive impact on this group.                                                                                                                                    |
| <b>Marriage or Civil Partnership</b>  |                 |   |  | x |  | This guideline does not discriminate with regards to marriage or civil partnership, as all people will have equal access to the care described in                                                                                    |

|                                          |                                                                |  |  |   |  |                                                                                                                                                                |
|------------------------------------------|----------------------------------------------------------------|--|--|---|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          |                                                                |  |  |   |  | this guideline.                                                                                                                                                |
| <b>Other Groups<br/>/Characteristics</b> | For example: homeless people,<br>sex workers, rural isolation. |  |  | x |  | This guideline does not discriminate<br>with regards to social situations, as all<br>people will have equal access to the<br>care described in this guideline. |

|                                                                                                                                                                                                                            |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>List the sources of information used in the table below</b>                                                                                                                                                             |                                |
| <p>OUH trust Equality impact assessment procedure guideline – available via trust intranet</p> <p>Annual Equality and Diversity Report, Workforce Race Equality Standard Data or the Equality Delivery System 2 report</p> |                                |
| <b>Using the table below, list any protected groups you will target during the consultation process, and give a summary of those consultations.</b>                                                                        |                                |
| <b>Group</b>                                                                                                                                                                                                               | <b>Summary of consultation</b> |
|                                                                                                                                                                                                                            |                                |
|                                                                                                                                                                                                                            |                                |
|                                                                                                                                                                                                                            |                                |
|                                                                                                                                                                                                                            |                                |
| <b>List any other individuals/groups that have been or will be consulted on this policy, service or function.</b>                                                                                                          |                                |
| <p>This guideline will be reviewed prior to publication by relevant Midwives, Obstetricians, Consultant Obstetricians and Pharmacy if medications are involved.</p>                                                        |                                |

#### 4. Summary Stage

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Outcome Measures</b></p> <p>List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>The benefit of this guideline is that it will help clinical maternity staff safeguard women/birthing people during the intrapartum period by ensuring their care setting is individualised and meets personal preference wherever possible. It also helps to ensure that intrapartum care is risk managed appropriately.</p> <p>Consideration should be taken in those pregnant people who may not be able to read written English. Pictorial explanations may need to be used.</p> <p>If the pregnant person is not able to communicate using English, then language line should be used for consultations.</p> <p>If the pregnant person has any learning difficulties an advocate should be in attendance.</p> <p>If they have a hearing loss – a British Sign Language Interpreter should be offered which can be done via language line.</p> |
| <p><b>Positive Impact</b></p> <p>List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>As above</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Unjustifiable Adverse Effects</b></p> <p>List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**There are no unjustifiable adverse effects predicted.**

**Justifiable Adverse Effects**

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

**There are no justifiable adverse effects predicted.**

### Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

| Identified Risk | Recommended Actions | Lead | Resource Implications | Review Date | Completion Date |
|-----------------|---------------------|------|-----------------------|-------------|-----------------|
|                 |                     |      |                       |             |                 |
|                 |                     |      |                       |             |                 |
|                 |                     |      |                       |             |                 |
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