

Booking and Referral Criteria for Midwife Led Units and Homebirth Guideline

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Key Recommendations

- **(NEW in v3.0)** All women should be given the [Birth Choices](#) leaflet at booking
- **(NEW in v3.0)** If a woman request care that is outside of Trust guidance, they should be referred to a Birth Choices Clinic.
- **(NEW in v3.0)**) Transfer to hospital for mother and/or baby can be achieved by calling:
 - 0300 123 9822 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.
- **(NEW in v3.0)** Women 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 PPH Guideline](#)).
- **(NEW in v3.0)** If a moderate/major risk of PPH is identified, an ANC clinic appointment should be arranged for discussion of birth planning to take place.
- **(NEW in v3.0)** VTE risk should be assessed antenatally and throughout the intrapartum period. A postnatal intermediate risk/score of ≥ 2 requires thromboprophylaxis to be prescribed and offered to the woman.
- **(NEW in v3.0)** Women 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 should have place of birth discussed at booking, 28wks and a plan documented in their antenatal record by 36 weeks gestation
- Women requesting a MLU or home birth who are outside of the admission criteria should be given advice and a recommendation on place of birth documented by their community midwife. Following this recommendation, if women are not satisfied with the midwife's advice, care planning should be discussed with the MLU or team leader.

Background

NICE recommended that women 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 with low risk pregnancies a choice of birth setting. The study found that women 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.

Adverse perinatal outcomes were uncommon in all settings. However, for nulliparous women, 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 having their first baby who plan to give birth in a non-obstetric unit setting are transferred to an obstetric unit.

Aims

This guideline gives advice to midwives and obstetricians on the care and management of women planning to and giving birth at home or in a midwife led unit (MLU).

Scope

This guideline applies to all pregnant women cared for by the Oxford University Hospitals NHS Foundation Trust (OUH) who plan to birth at home or in a MLU.

Definitions

Term	Definition
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

Executive Summary

- All women should be given the [Birth Choices](#) leaflet at booking
- All women should have place of birth discussed at booking, 28wks and a plan documented in their antenatal record by 36wks
- Women requesting a MLU or home birth who are outside of the admission criteria should have advice and a recommendation on place of birth documented by their community midwife. Care planning should be discussed with the MLU or Team leader and if concerns remain the woman referred to a Consultant Midwife and/or Consultant Obstetrician if there are obstetric issues
- **(NEW in v3.0)** Transfer to hospital for mother and/or baby can be achieved by calling:
 - 0300 123 9822 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.
- A midwife must accompany all women in established labour or immediately postnatal who require transfer by ambulance from home into hospital.

Full Guideline

Gender inclusive language in OUH Maternity and Perinatal Services:

- This guideline uses the terms woman, women and mother throughout. These terms should be taken to include people who do not identify as women but who are pregnant. Similarly, where the term parent(s) is used, this should be taken to include anyone who has main responsibility for caring for a baby.
- The term partner refers to the woman's chosen supporter. This could be the baby's father, the woman's partner, a family member or friend, or anyone who the woman feels supported by and wishes to involve in their care.

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

As long as no other indication for cEFM.

- Women booked for Midwife Led Care with no medical conditions or previous obstetric complications (see referral criteria appendix 2 Antenatal Care guideline)
- Over 16 years and:
 - primiparous women who are less than 40 years old at booking
 - multiparous women who are less than 45 at booking
- Women having 1st to 4th baby (inclusive)
- Pregnancy of 37 – 42+0 weeks (at onset of labour)

- Singleton pregnancy
- Hb $\geq$ 100 mg/l at term *
- Previous third degree tear with no sequela; recommend birth out of the pool
- IVF pregnancy with no other contraindications

BMI: *

- Primiparous women with BMI 18 to 35kg/m²
- Multiparous women 18 to 40kg/m²

All women 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 with raised BMIs.

*Extended Criteria for Birth on the Spires MLU

- Post-dates women undergoing IOL, with no additional risk factors, who establish in labour and do not require oxytocin infusion to augment contractions
- Previous PPH 1000mls or less with no additional risk factors; to have actively managed 3rd stage out of the birth pool
- Group B Streptococcus Infection – [see flowchart for women with GBS wishing to birth on the Spires \(appendix 5 in Care of Women in labour\)](#).
- BMI 40kg/m² or less (primiparous and multiparous women – however active management of 3rd stage is strongly recommended especially in women with BMI less than 18kg/m²)
- Hb 90mg/l or more at term (however active management of 3rd stage is strongly recommended)
- Platelet levels above 100 x10⁹per litre

Women under consultant care

Following an individual risk assessment by their Consultant Obstetrician women 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's health record.

Women requesting a MLU birth setting who are outside of the admission criteria

- Community Midwife should discuss options of place of birth with the woman
- Advice and recommendation for place of birth should be documented in the woman's maternity record and on EPR
- Any woman outside of our criteria must meet with the MLU lead/manager. Community midwife should discuss ongoing care planning with Team/MLU leader
- If concerns remain unresolved refer to a Birth Choices Clinic and/or Consultant Obstetrician if there are obstetric issues
- Document a clear record of antenatal discussion on recommendation for place of birth and a plan of care

Intrapartum Transfer Criteria from a MLU for obstetric opinion or care in labour

- Maternal request for epidural pain relief
- Fetal heart rate abnormalities
- Primary or secondary arrest of progress in labour
- Pain reported by the woman 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
- Obstetric emergency
- Maternal haemorrhage > 500mls and symptomatic
- Retained placenta ([see care of women in labour guideline](#))
- Third or fourth degree perineal tear
- Any concerns regarding maternal, fetal or neonatal wellbeing
- **(NEW in 3.0)** A baseline ≥ 150 bpm at ≥ 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 [Intrapartum Electronic fetal monitoring Guideline](#)).

Meconium stained liquor (MSL):

- Always refer significant meconium stained liquor – dark green or black amniotic fluid that is thick or tenacious, or any meconium – stained amniotic fluid containing lumps of meconium
- Any other meconium in the presence of risk factors

SR0M over 18 hours unless birth is imminent:

- If on Spikes, IV antibiotics can be commenced and transfer is not required until 24 hours for cEFM

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, $\frac{1}{2}$ hr apart

Raised blood pressure:

Diastolic 90-99mmHg	On two consecutive readings, $\frac{1}{2}$ hr apart
Diastolic 100mmHg or above	On one occasion
Systolic 140-159mmHg	On two consecutive readings, $\frac{1}{2}$ hr apart
Systolic 160mmHg or above	On one occasion
An increase in reading from 1 st trimester of at least 20mmHg diastolic or at least 30mmHg systolic	On two consecutive readings, $\frac{1}{2}$ hr apart

Proteinuria

- 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 and/or baby from the Spires MLU to Delivery Suite

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, gain consent and document accordingly in the notes
- Contact Delivery Suite and discuss the need for transfer with the DS coordinator – ensure a room is clearly allocated to the woman. 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 on Level 7 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 either on the bed, on the wheelchair or the woman may be able to walk down herself – choose whichever mode is most appropriate for the situation
- If a baby is accompanying a woman to Delivery Suite then it should have two identity name bands attached
- Transfer down via the left hand lift 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 [Handover of Care Guideline](#)
 - Ensure the Coordinator is fully informed of the woman's condition and plan of care
 - Write the woman's details on the Delivery Suite whiteboard, and put the woman's ID sticker in the admissions book with details of her time of arrival, pregnancy and labour details
- All transfers on the Datix trigger list will need an incident form (Ulysses) to be completed
- Complete Spires transfer audit form

Intrapartum Transfer of a Woman and/or Baby from Homebirth or Community MLU to a Consultant Delivery Suite (New Ambulance transfer information)

- It is essential that the primary midwife give parents the Home birth information leaflet in the AN period highlighting transport to the hospital and the time required
- It is important to inform the co-coordinator on Delivery Suite of the situation prior to transfer

- Transfer to hospital for mother and/or baby can be achieved by calling:
 - 0300 123 9822 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 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 notes along with any discussions with the couple
- (New 3.0) Complete Ambulance Transfer form (see [Maternity Transfer by Ambulance Guideline](#))
- If a woman is refusing transfer inform the coordinator on Delivery Suite along with the Manager on call. Clear documentation stating discussions and the woman's viewpoint is essential.
- When you arrive on Delivery Suite
 - Hand over care using the SBAR tool, see [Handover of Care Guideline](#)
 - Ensure the Coordinator is fully informed of the woman's condition and plan of care
 - Write the woman's details on the Delivery Suite whiteboard, and put the woman's ID sticker in the admissions book with details of her time of arrival, pregnancy and labour details
- Submit an incident report (Ulysses) for any untoward incident eg. BBA, obstetric emergencies
- Take the carbon copy of the completed Ambulance Transfer form back to the MLU/Team Lead

References

Birth Place in England Collaborative Group (2011) Perinatal and maternal outcomes by planned place of birth for healthy women 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>

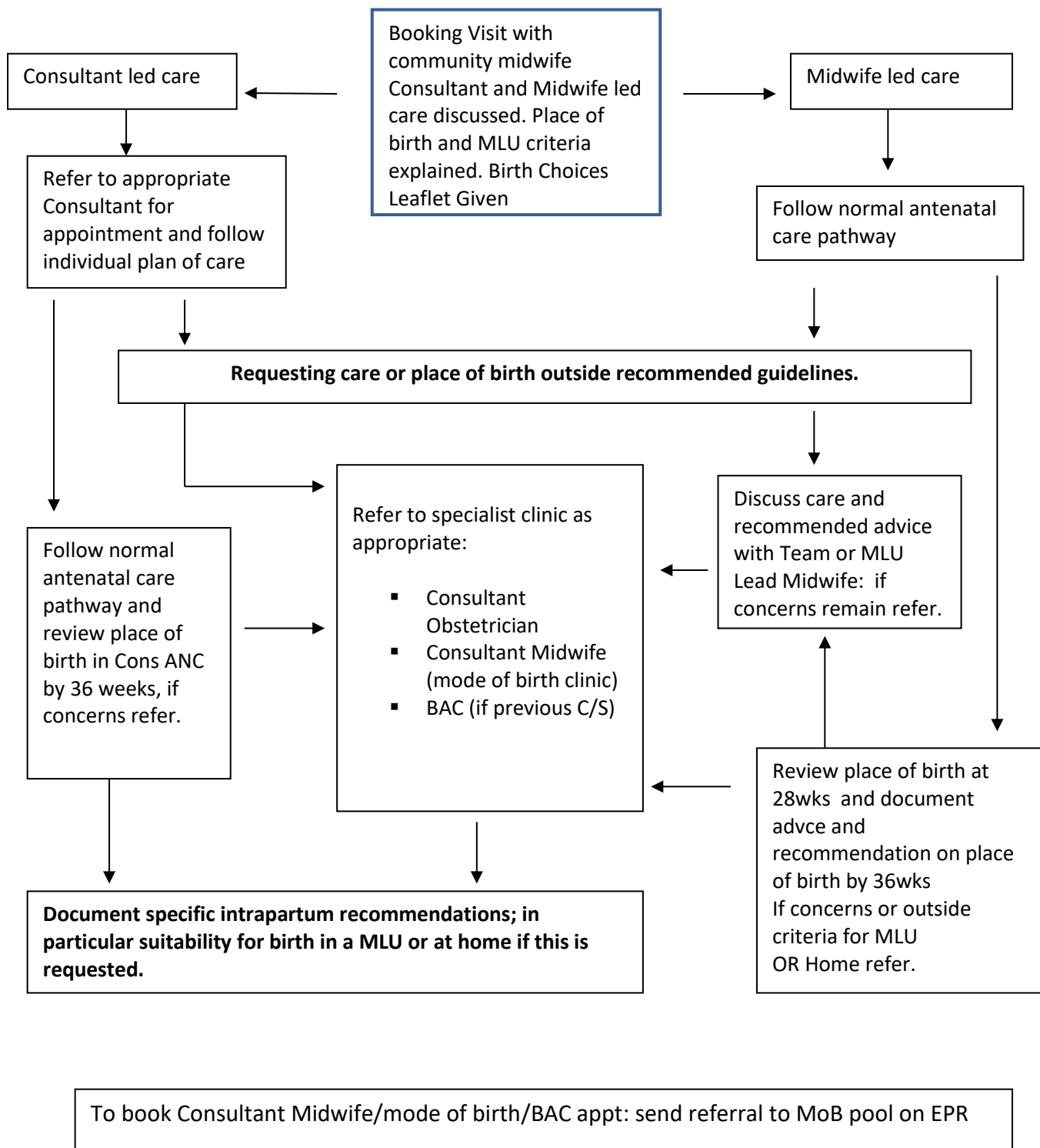
National Institute for Clinical Excellence (2008) Intrapartum care of healthy women and their babies during childbirth.

<http://www.nice.org.uk/nicemedia/live/11837/36275/36275.pdf>

List of Appendices – The following appendices are attached to support this document.

1. Antenatal Pathway for Choice of Place of Birth
2. Level 1 and Level 2 Transfer Criteria
3. AAG Ambulance Transfer Contact Numbers
4. Monitoring and Compliance

Appendix 1 – Antenatal Pathway for Choice of Place of Birth



Appendix 2 - 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 (Expected response time 7 minutes) <i>Next available ambulance, will divert from cardiac arrest</i>	Level 2 – Emergency transfer (Expected response time 18 minutes)	Own Car
- Obstetric emergency- including APH, PPH, cord prolapse, maternal seizure or collapse, shoulder dystocia, breech presentation or the need for resuscitation - Delay in second stage of labour with fetal distress - Moderate/severe Pain reported by the woman that differs from pain normally associated with labour (signs of abruption) - Concerns regarding fetal wellbeing including; $\uparrow$FHR baseline, decelerations heard on IA, inability to monitor FH adequately - Any presentation other than cephalic, including cord presentation - A single reading of either raised diastolic BP ≥ 100mmHg or systolic BP ≥ 160 mmHG.	- Pulse ≥ 120bpm on 2 occasions 30 minutes apart - Either raised diastolic BP ≥ 90mmHg or raised systolic ≥ 140mmHg on 2 consecutive readings taken 30 minutes apart - A Single BP reading of raised diastolic ≥ 90mmHg or raised systolic ≥ 140mmHg <u>and</u> 2+ proteinuria - Temperature $\geq 38^{\circ}\text{C}$ on one occasion or $\geq 37.5^{\circ}\text{C}$ on 2 consecutive readings at least 30 minutes apart - Retained placenta with no concerns for maternal compromise - Delay in 2nd stage without fetal compromise - The presence of significant meconium - Epidural request in established labour - Transfer for suturing where there are no concerns of PPH or maternal compromise (but not for transfer in own car.) - FHR not appropriate for gestation	<u>Mum and baby must be clinically well.</u> - Request by the woman for additional pain relief including an epidural prior to established labour - Slow progress during the first stage with no concerns relating to maternal or fetal wellbeing - Maternal request to transfer - Rupture of membranes ≥ 24 hours prior to established labour - Suspected fetal growth restriction or macrosomia - Suspected anhydramnious or polyhydramnious - Any risk factors recorded in the woman's notes that indicate the need for obstetric care - Either raised diastolic BP ≥ 90mmHg or raised systolic ≥ 140mmHg on 2 consecutive readings taken 30 minutes apart and asymptomatic - High (4/5- 5/5ths palpable) or free-floating head in a nulliparous woman - Reduced fetal movements reported in past 24 hours
- 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 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 1st or 2nd stage of labour, normal labour care and IA should continue as per guidelines until transfer is in progress. If a woman is transferring by her 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. (New)

Appendix 3 - Ambulance Transfer Contact Numbers

Ambulance Transfer from MLUs and Home to Hospital

At a Glance ...

LEVEL

1

Immediately life-threatening

Obstetric emergency including APH and ongoing PPH, concerns for fetal wellbeing, presentation other than cephalic, severe hypertension, seizures, delay in 2nd stage with fetal distress, ongoing newborn resuscitation.



Call the Thames Valley healthcare professional line on


0300 123 9822

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

Cotswold Horton	OX7 5FA OX16 9AL	Wallingford Wantage	OX10 9LT OX12 7AS
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LEVEL

2

Emergency Transfers

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



Call the Thames Valley healthcare professional line on


0300 123 9826

For all transfers:

- Document in the maternity notes the time calling for an ambulance and the call reference number
- Inform the DS Co-Ordinator 01865 221987/8
- Inform the Neonatal unit if required HDU 01865 221373
- Complete the SBAR ambulance transfer form recording the response times and transfer travel times.

Appendix 4 – Monitoring and Compliance

Compliance Standard	Monitoring method	Frequency of monitoring	Group or committee that will review the findings and monitor completion of any resulting action plan
All homebirth and MLU intra-partum transfers to be audited/reviewed	MLU and community audit	3 yearly	Intrapartum Group