

## Standard Operating Procedure (SOP)

SOP Title	Home Birth Provision		
SOP Number	043		
Division	Women and children's		
Version Number	2.1		
Effective Date	15 <sup>th</sup> May 2025	Review Date	Jan 2026
Author	Natasha Simmons – Matron for Community & MLU Services		
Approved by	Maternity Governance		
Approval date	15 <sup>th</sup> May 2025		
Distribution	Maternity		
Location	Maternity Services		

Document Control				
Version	Date	Author	Status	Comments
1	20/02/2017	Jacqui Bolton	New	New SOP
1.1	May 2020	Judith Adams / Jacqui Bolton	Revision	Revisions to include National Guidance related to Covid-19 <ul style="list-style-type: none"> <li>• Addition of RCM briefings home visiting and waterbirth during Covid-19 pandemic</li> <li>• Addition COVID -19 PPE in section 6 and update to include home birth service during Covid-19</li> <li>• Resource links for RCM and RCOG Covid-19 guidance/briefings</li> </ul>
1.2	October 2020	Louise Watkins / Jacqui Bolton	Revision	Appendix 1 discussion and planning Addition of Appendix 2 on call process for out of hours home births
2	January 2023	Jacqui Bolton	Full Review	Full Version Review
2.1	May 2025	Natasha Simmons	Revision	Minor amendments & Link to guidelines. Previously known as Homebirth.

SOP Objectives	To provide a standard procedure for women planning a home birth. To provide a standard procedure for the Home Birth Team To provide a standard equipment checklist for midwives attending home births
Scope	A standard procedure to provide information for midwives for women and who are planning a home birth.
Performance Measures	“Compliance with this SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust’s five-year rolling programme of NICE and local guideline audits,

unless circumstances require an earlier or more frequent audit. The audit will be carried out using the auditable standards and the results will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25)".

Number	Brief	Responsibility
1	<p><b>Home Birth Team Structure</b></p> <p>In this SOP we use the terms ‘woman’ or ‘mother’ throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth.</p> <p>Any woman who chooses to birth at home will be referred to the Home Birth Team (HBT) via BadgerNet. If this is identified pre booking the HBT will arrange a booking appointment.</p> <p>The Team will share a caseload of planned homebirths and provide Antenatal, Intrapartum and Postnatal Care. These appointments will be completed at home, or the nearest community hub.</p> <p>The Home Birth Team will provide 24hour cover for home birth. The base will be the Wrekin Midwife unit. The HBT will provide support as “second” Midwife (MW) to women birthing on the MLU. A Minimum of two midwives will attend a home birth.</p> <p>In the event of a home birth. The HBT Midwife will attend the address with the relevant equipment.</p> <p>The second MW will be provided from the wider community midwives. Either “Home Birth Midwife of the day” or 1<sup>st</sup> or 2<sup>nd</sup> On Call.</p> <p>If labour continues over the 12-hour shift pattern, The next HBT midwife and/ or Homebirth Midwife of the Day On Call will take handover.</p>	
2	<p><b>Risk Assessment</b></p> <p>Women who choose a home birth will usually meet the criteria as per Clinical Risk Assessment Guideline.</p> <p>Women who do not meet the criteria and wish to birth at home advise them that a referral is recommended for further discussion with the Consultant Midwife. The referral is via BadgerNet also email Home Birth Team Leader, Matron for Community Services along with the Ward Manager of the community area.</p> <p>Plans for birth will be discussed at the MDT monthly Care Planning Meeting. All women who planning a home birth will be discussed in the Home Birth Team monthly caseload meeting</p>	Midwife
2	<p><b>Discussion and planning</b></p> <p>Information on planned home births across the County are saved on the shared drive. Y:drive/WomenandChildrens/CommunityMidwives.</p> <p>Information is updated by the Home Birth Team leader and Shared with all community midwives, Senior leadership team and Deliver suite coordinators.</p> <p>The HBT MW will complete a home birth assessment at home between 34 and 36 weeks. This will be documented on BadgerNet “Smart Home Birth Assessment”. A Home Birth Pack containing Pads, Rubbish Bags etc will be given at this appointment.</p> <p><b>Ensure any concerns or issues with internet access, mobile connectivity, access to the property are fully reviewed and documented. What3Words</b></p>	

	<p><b>App is a useful tool for accuracy of location in rural areas. Any identified concerns with access or other environmental concerns should be escalated to the Home Birth Team Leader and Community Matron.</b></p> <p>SaTH are unable to dictate response times, however, emergency transfers from home are Category 1 Time Critical. Regional ambulance response times are shared via the Regional Team, and this is available on the shared drive. This is discussed with the woman to ensure that they are fully informed and are able to make a decision based on continuing with a planned home birth based on ambulance response times</p>	
3	<p><b>Patient Information</b></p> <p>Planning place of birth choice information is available via BadgerNet leaflet section – refer women to the leaflets section of their BadgerNet.</p> <p>Women who are planning a home waterbirth also refer to the relevant leaflet.</p> <p><b>Refer to Appendix 2 for Home Water Birth Checklist to be completed for women planning a Home Waterbirth.</b></p> <p>All women planning a home birth will be given a physical “Meet the Home Birth Team” leaflet</p>	Midwife
4	<p><b>Equipment</b></p> <p>Home Birth Team Midwives will have their own Equipment. They own responsibility for Checking, Maintaining and stocking the equipment. The Home Birth team leader will have oversite of all checking.</p> <p>There will be 2 “spare” sets of Home Birth Equipment in Wrekin MLU. The Home Birth team will be responsible for checking. In the event of a Home Birth MW being unavailable the MLU will assume responsibility for this.</p> <p>All equipment will have a complete and detailed check once per calendar Month. Following use a restock check will be completed and documented.</p> <p>The checklists will be accessible on the Y Drive//Home Birth Team</p> <p>There is a separate information leaflet for women confirming that they will accept responsibility and safe storage of the equipment until this is needed. The equipment will then be available for access by the midwife who is attending the woman at home. Community midwife to discuss with Matron or Manager if there are concerns about safe storage in the home. Alternative arrangements may need to be made which may include collecting equipment from Wrekin MLU or RSH.</p> <p><b>Midwives attending a home birth will need to take their own community kit grab bag, laptop and or iPad and mobile phone.</b></p> <p>See Appendix 1 Home Birth Equipment Checklist</p>	Midwife/WSA
5	<p><b>On call arrangements</b></p> <p>The “Second” Midwife attending home birth will be provided by the wider community. This is met through the Named Home Birth Midwife of the day, Midwives on call and or Wrekin MLU for planned home births across the County. Midwives do not attend unplanned Born Before Arrivals (BBA’s).</p>	Midwife

	<p>Information on planned home births files are kept on MLU and Delivery Suite and Triage along with the list of community midwives and their home location in order to facilitate a timely response Due to the Geographical area and location of the community midwives it make take up to 1 hour for midwives to attend.</p> <p>Between 9am-5pm hours attendance at home births will be co-ordinated by the Maternity Manager of the day bleep on 254.</p> <p>Between 5pm-9am the Delivery Suite Co-ordinator will arrange attendance with the Home Birth Team and on call midwives. The Co-ordinator will also notify the Women &amp; Children's On Call Manager as per the Role of the Co-ordinator SOP.</p> <p><b>Also refer to Escalation Policy where Maternity acuity/activity exceeds available midwives to attend Home Birth.</b></p> <p>In the event of HBT midwife unavailability, MLU MW and on call MW or Both On call Midwives will attend the home birth with the "Spare" equipment.</p> <p>If the HBT MW is providing intrapartum care on the MLU and wider Maternity cannot relieve to attend HB, 2<sup>nd</sup> On Call MW will attend Wrekin MLU to relieve. This will be documented on Rota Watch.</p>	
6	<p><b>Guidelines</b></p> <p>The following guidelines will be used to provide care at home</p> <p>Intrapartum Care on MLU/Home  Newborn Care  Newborn Feeding  Postnatal Care  Bladder Care  Neo-News  Neonatal Resuscitation on MLU/Home  Recognising and stabilisation the sick newborn home or MLU  Maternal Transfer  Transfer of the sick newborn  Local Safety Standards for Invasive Procedures SOP  Placenta SOP  Personal Child Health Record (Red book) SOP  Role of the Co-ordinator</p>	Midwife
7	<p><b>Drugs and administration</b></p> <p><b>Pethidine</b></p> <p>Inform the woman that midwives are not able to prescribe pethidine for homebirths. If the woman/birthing person's GP is willing to prescribe pethidine for her homebirth the midwife can legally administer it. However, the midwife MUST NOT remove any unused pethidine from the home that has been prescribed for the woman/birthing person. The woman/birthing person MUST dispose of this via their pharmacy. If the woman/birthing person's GP will not prescribe pethidine for her use in labour, discuss alternative option of birthing at an MLU where pethidine can be provided or if the woman wishes to have pethidine prescribed – refer to the Home Birth Team Leader of Matron for</p>	Midwife

	<p>Community and MLU to co-ordinate a review with a Consultant Obstetrician and prescription for the woman – the woman must collect the pethidine from the hospital pharmacy (available via PRH or RSH)</p> <p><b>Entonox</b> Entonox can be provided for analgesia in labour and will be transported as per equipment list.</p> <p><b>Drug box</b> The following items will be kept in a container for use and stored in the Wrekin MLU Drug Fridge – Clearly labelled Home Birth Drugs. The Home Birth Team leader holds responsibility for checking.</p> <p><b>Check allergies prior to administration.</b></p> <p>Adrenalin 1mg in 1ml (1:1000) Diclofenac 100mg suppository x1 For 1% Lidocaine (10mg/ml) = 0.2mls/kg, max dose 20mls. Naloxone x1 Phytomenadione (Vitamin K) x 1 Prochlorperazine 12.5mg/1ml x 1 Omeprazole x1 Sodium Chloride 0.9% intravenous flush <b>Syntometrine x 2</b> <b>Syntocinon 10iu x 5</b></p> <p><b>Postnatal analgesia</b> Over the counter analgesia (paracetamol and ibuprofen) can be used following birth, please advise the maximum doses/advise to refer to information prior to taking (i.e. maximum 24 hour doses of paracetamol and ibuprofen). <b>NB If diclofenac suppository has been administered advise to leave 8-12 hours between diclofenac and ibuprofen if required for postnatal analgesia.</b></p>	
8	<p><b>Postnatal Care Plan</b></p> <p>At least 1 midwife will stay with the woman for a minimum of 1 hour following birth.</p> <p>Complete a postnatal assessment for mother and baby.</p> <p><b>Mother</b> Include a full set of maternal observations.</p> <p><b>Baby</b> Neonatal observations including heart auscultation with a stethoscope. Pre and Post Ductal Neonatal saturations will be taken.</p> <p>Encourage skin to skin contact and initiate first feed, first bottle feed should also be in skin contact, complete the Post Birth Smart Form – Warm Bundle – Was first feed during skin to skin?</p> <p>If the woman has not passed urine prior to leaving the home leave a container for the woman to measure their first urine void. Advise this will normally occur within 6 hours of birth clarify the expected volume and if further samples may be required. Advise to contact Wrekin MLU/Triage if unable to or insufficient void. Also refer to Bladder Care-Postnatal Guideline</p>	Midwife

	<p>Advise HBT MW will contact to arrange "Primary" Home Visit– <b>this will be within 24 hours of birth – telephone contact or visit dependent on timing of birth and as required by the woman.</b></p> <p>Advise the woman to contact Maternity Triage if they have any concerns for themselves or their baby. Refer to the relevant postnatal information leaflets available on BadgerNet.</p> <p>Complete PN VTE assessment.</p> <p>The Home Birth Team MW or on call MM will then return yellow bin with medical waste to Wrekin MLU for disposal. They will also return Home Birth Equipment and drugs, restock and sign as checked.</p> <p>Confirm with the woman the schedule for postnatal visits as per Postnatal Care Guideline.</p> <p>See Placenta SOP if the woman/birthing person/birthing person wishes to keep her placenta.</p>	
9	<p><b>Documentation</b></p> <p>Complete BadgerNet <b>prior to leaving the home</b> along with initial postnatal assessment for mother and baby.</p> <p>Generate barcode stickers for newborn screening test once back on Trust site.</p> <p>Commence Child Health Record 'red book' complete relevant sections as per Personal Child Health Record (Red Book) SOP. Please draw parents' attention to Page 8 "How can your midwife be reassured that feeding is going well". This is an excellent resource for parents to refer to and then contact maternity services if they have any concerns</p> <p>Update Y Drive document with home birth outcome</p>	
10	<p><b>Additional Important considerations</b></p> <p><b>Newborn Examination</b> Make arrangements for the Newborn Examination to be <b>completed within 72 hours</b>. The woman/birthing person/birthing person may have to attend her local MLU in order to meet the timeframe required.</p> <p><b>Newborn Hearing Screening</b> Parents are contacted by the Hearing Screeners directly in order to arrange an appointment as an outpatient.</p> <p><b>Cord bloods</b> If mother is Rh negative discuss and consent for cord blood and maternal sample to be sent along with form. Ensure that samples can be sent that allows for the recommended 72-hour administration of Anti D.</p> <p><b>VTE and Thromboprophylaxis</b> Provide patient information concerning recommendation on thromboprophylaxis dependent on individual assessment. A supply will need to be arranged by Obstetric SHO</p>	

**Transfers for Mother or Baby**

The Home Birth Team Midwife will accompany the mother and/or baby to hospital in the ambulance. If transferring to SaTH the HBT MW will continue the care until shift end.

The second MW will bring equipment back to the hospital and commence checking. Hospital support / Taxi from WSA to arrange to collect on call MW Car.

Refer to relevant guidelines if a transfer is required from home to or W&C Consultant Unit

## Staffing for Home Birth

Contact by the Woman/birthing person to Triage/ Wrekin MLU requesting HBT MW for planned home birth

During day Maternity Manager to co-ordinate on bleep 254  
Night - Delivery Suite or Triage Coordinator

HBT MW will attend with equipment

Home birth of the day or On Call MW will be contacted by Maternity Manager (Day) or Delivery Suite Coordinator (Night)

Women & Children's On-Call manager to be informed of attendance at Homebirth

In the event of HBT midwife unavailability, MLU MW and on call MW or Both On call Midwives will attend the home birth with the "Spare" equipment.

### Midwife cover for Wrekin MLU

If the HBT MW is providing intrapartum care on the MLU and wider Maternity cannot relieve to attend HB, 2<sup>nd</sup> On Call MW will attend Wrekin MLU

When attending home birth consideration to acuity/activity on the MLU before departing the unit.

Refer to Escalation Policy and discuss with Delivery Suite Co-ordinator and W&C On Call Manager where necessary

## APPENDIX 1

### **Home Birth Kit Checklist**

**Responsibility for checking lies with the HBT midwife “Owner” of the Kit Bag. 1 Full check every week or following use.**

One form per month – HBT Midwife Name:

Please date and circle either after use or weekly check	Date: After Use / Weekly Checked by:	Date: After Use/ Weekly Checked by:	Date: After Use/ Weekly Checked by:	Date: After Use/ Weekly Checked by:	Date: After Use/ Weekly Checked by:
---	---	--	--	--	--

### **PAPERWORK**

1	'Obs Cymru' PPH Proforma					
1	Going Home Video QR Code					
4	Continuation Sheet					
1	Prescription Chart					
1	MEWS/NEWTT					
1	LOCSSIPS Form					

### **CATHETERISATION & CORD PROLAPSE – GREEN POUCH**

2	Intermittent Catheter					
1	Self Retaining Catheter 14fg x 10ml					
2	Catheterisation or VE pack					
2	0.9% Saline For Irrigation					
1	Blood Sterile Giving Set					
1	Instillagel					
1	500mls Normal Saline					
1	Catheter Bag					
1	Crib Card					
2	Optilube					
2	Bung					
2	Spigot					
1	Laminated Cord Prolapse Flow Chart					

### **IV FLUIDS – BLACK BAG**

1	IV Giving set (Flow Regulator)					
1	IV Giving set					
1	1 Litre Hartmans					
1	Y Connector					
1	'Obs Cymru' PPH Proforma					

### **CANNULATION – ORANGE POUCH**

2	Ambulance Cannulation Pack					
2	Venflon IV Cannula 16g (Grey)					
2	Venflon IV Cannula 18g (Green)					
2	Venflon IV (White)					
1	Disposable Latex Free Tourniquet – Single Use					
2	Saline Flush Prefilled Syringe 0.9% x 10ml OR 10ml syringe and 10 ml normal saline					
2	Purple Blood Bottle					
2	Blue Blood Bottle					
2	Pink Blood Bottle					
2	Gold Blood Bottle					
2	Grey Blood Bottle					
2	SmartSite Needle Free Adapter 2.5cm					
1	Cotton wool pack					
2	Alcohol Skin Cleaning Swabs					
1	White wristband					
1	Red wristband					
2	Cannula Cap					

#### BIRTH/DELIVERY

1	Delivery Pack					
1	Large Swabs					
1	Cord Clamp					
1	Amni Hook					

#### RH NEGATIVE MOTHER

1	Sterile Hypodermic Needle (Green)					
1	Sterile 10ml syringe					
1	Vacutainer Blood collection Needle with holder					
2	Alcohol Pre-Injection Wipes					
1	Cotton Wool Balls – 5 pack					
2	Blood Forms – Transfusion Haematology					
1	Blood Bottles for cord blood					
1	Blood bottle for Kleihauer Test					
1	Disposable Tourniquets					

#### POSTNATAL – BABY

3	Colostrum Syringe					
2	Needle – Orange					
1	Tape Measure					
2	Blunt Needle					
1	Tongue Depressor					
1	Cotton Balls 5 Pack					
2	Baby Wrist bands					

1	1ml Vit K Syringe					
1	Oral Vit K Syringe					
2	Baby Cards					

### **SUTURING – YELLOW POUCH**

1	Suture Pack					
2	Sterile 10ml Syringe					
2	Sterile Hypodermic Needle 21g x 40mm (Green)					
2	Sterile Hypodermic Needle 25g x 16mm (Orange)					
2	BD Blunt Drawing Up Needle 18 x 1.5					
2	Suture Pack 2/0 60mm					
2	Suture Pack 3/0 90mm					
2	22.5cm Gauze Swabs 5 pack					
1	Sterile utility Drape 90cmx90cm					
2	Sterile lubricating jelly					
1	Medium Galli Pot					
1	Head torch					
1	Goggles					

### **NEOANATAL RESUSCITATION – RED POUCH**

1	Ambu Spur Single Use Bag-Valve-Mask - Paediatric (500mls)					
1	Stethoscope					
1	Disposable Neonatal Resus mask 60mm medium or 0/1					
1	Disposable Neonatal Resus Mask 50mm small or 0/0					
1	Igel Size 1 Neonatal Airway					
1	Laryngoscope size 0/medium					
1	Laminated Resus Council Flow Chart					
1	Portable neonatal Saturations monitor					
2	Neonatal Pulse oximeter adhesive sensor (Sats probe) <3kg (purple)					
2	Neonatal Pulse oximeter adhesive sensor (Sats probe) 3-20kg (orange)					
1	Posi Wrap					
1	Green Oxygen Tubing					
1	Stopwatch					

### **LABOUR – GREEN POUCH**

1	Electronic Blood Pressure Machine with cuff					
---	---	--	--	--	--	--

1	XLarge Adult BP Cuff					
1	30m Littman Lightweight Stethoscope					
1	Aluminium Pinard Foetal Stethoscope					
1	Thermometer					
1	150cm Tape Measure					
10	Sterile Lubricating Jelly					
1	Urine Sticks (tub)					
1	Urine Bottle					
6	AAA Duracell Plus Batteries					
2	'C' Sonic aid/Doppler batteries					
4	AA Batteries					
1	Waterproof Sonic aid/Doppler					
1	Pulse Oximeter					
2	Sonic aid gel					
1	Entonox mouthpiece					

### **3<sup>RD</sup> STAGE / PPH DRUGS**

1	PAX Small Ampoule Wallet Cordura Red					
3	Sterile Hypodermic Needle 21g x 40mm					
3	BD blunt drawing up needle 18g x 1.5"					
3	Sterile Syringe 2mls					
3	Alcohol Pre-Injection Wipes					
<b>3<sup>rd</sup> Stage Drugs – As per policy</b>						

## APPENDIX 2

### Home Waterbirth Checklist

For discussion with Woman/birthing person/birthing person and Birth partner	Discussed	Comments
Discussion on location of pool (i.e. consideration of access to taps/drainage for filling/emptying) and weight of pool once filled (small inflatable pools taken approx. 480 litres of water to fill and weigh 487 kilos once filled). Type of domestic hot water supply may require extra time to fill to ensure correct temperature		
Does the pool conform to British standards		
Is the fill hose clean and does it reach the pool		
Is there a tap connector – does it fit		
Is there a separate hose to empty the pool and does it reach		
The pool should not be filled prior to the labour onset. Heaters should not be used to keep the water warm  Pumps should be used only for emptying and not re-circulating water (NHS/Patient Safety Advise)		
Does the woman/birthing person/birthing person have household insurance For midwife/midwives protection?  Advice woman/birthing person/birthing person to check insurance policy for use of pool in the home.		
There must not be any open fires / candles present due to gas / fire risk with Entonox		
If it is a rigid pool, it should be put together prior to birth and seen.		
If there is an electric pump to empty the pool, check it has a safety certificate.		
Discussion of emergency evacuation and requirements of birth partners to aid/assist evacuation.		
To empty pool water down an outside drain / toilet.		