

# Policy for Planned Birth at Home in South Australia

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## POLICY – PLANNED BIRTH AT HOME

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This policy has been developed to guide qualified practitioners (that is, registered midwives and/or medical practitioners), working in the South Australian public health system when caring for women who make an informed choice to give birth at home.

The qualified practitioners, one of whom should be a registered midwife experienced in homebirths, who are facilitating planned birth at home, are responsible for ensuring that the information given to the woman is accurate and up-to-date. This information should be given early in the pregnancy and an opportunity provided to discuss the choice of a home birth so that women can make an informed decision. *The Planned Birth at Home* patient information brochure should be used for this purpose.

The woman should be aware that all births carry an inherent risk, with some situations involving greater degrees of risk for herself and/or her baby. She may need transfer to a health unit if complications arise. It is the woman's responsibility to seek information about all aspects of giving birth at home.

The woman must be aware that plans to give birth at home may need to be reconsidered at any time, depending on changes in the woman's or baby's condition during either pregnancy or labour. Moreover, the woman must have given signed informed consent for a planned home birth. *The Planned Birth at Home* information brochure has provision for the woman to sign her consent.

The Department of Health policies *First Stage Labour in Water* and *Birth in Water* also must be followed if a woman also decides to use water for pain relief and have a water birth at home.

The Chief Executive Officer of the health unit providing planned home births must advise the Department of Health's Insurance Services of that intention. This advice must arrive before starting the service to ensure compliance. There must be an annual report to the Department of Health of the number of home births undertaken in each financial year.

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### PREAMBLE

Some women prefer to give birth in the comfort and familiar environment of their own home (National Health and Medical Research Council (NHMRC) 1996, Senate Community Affairs References Committee 1999, National Maternity Action Plan (NMAP) 2002). Some women choose a health unit environment for reasons of security and for the technology that it can offer, while others get a sense of security and autonomy with less stress from their home environment.

The reasons for preferring home to a health unit vary but relate to woman's expectations of themselves, the birth and the care environment. Research data refer to, among other factors, a greater degree of self-determination, enhanced belief in the ability to give birth without intervention or technology, freedom from institutional needs and restraints, attitudes of significant others, more partner involvement and no need to leave other children (Ackermann-Liebrich et al. 1996; Davies et al. 1996; Wiegers et al. 1998; Longworth et al. 2001; van der Hulst et al. 2004).

The woman's wishes for childbirth should be respected within the framework of safety and clinical guidelines. The autonomy of pregnant women is protected in both law and jurisprudence, and it is the duty of health professionals to accommodate that autonomy in as safe a manner as possible for both woman and baby.

The United Nations states that the human rights of women include their right to have control over, and to decide freely and responsibly on, all matters related to their sexual and reproductive health (United Nations 1995).

All women should have access to a high standard of service and an integrated team of appropriately trained health professionals—both community-based and health unit-based—when birth occurs at home (NHMRC 1992).

It is equally important that qualified practitioners who care for women giving birth at home are well-equipped, well-supported, and providing care that is well-integrated into the services of the participating (Crotty et al. 1990).

A woman can be supported to give birth at home only if she fits the criteria for a low-risk, singleton pregnancy at term, and the qualified practitioners are confident and competent to assist.

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### 1. AIM

- 1.1 To provide women and the qualified practitioners with a safe and supportive framework in relation to home births.
- 1.2 To achieve a vaginal birth of a healthy baby with a healthy woman.

### 2. RATIONALE

There is no well-grounded evidence on the relative merits of home versus health unit birth for women and babies at low risk of perinatal complications. No randomised controlled trials have been reported, apart from one attempt which included only four home and six health unit births (Dowswell et al. 1996; Olsen & Jewell 1998), and this is likely to remain the case. Moreover, such trials probably would not be able to address the issues that matter to women or be large enough to address crucial safety issues (Macfarlane 1996; Wiegers et al. 1996; Kotaska 2004).

Information largely depends, therefore, on carefully conducted cohort studies from which a number of conclusions can be drawn.

- 2.1 The natural process of labour is facilitated and vaginal birth rates are higher when healthy women with a normal pregnancy give birth in the familiarity of their home environment and are attended by a skilled midwife (Campbell & Macfarlane 1987; Tyson 1991; Ackermann-Liebrich et al. 1996; De Vries 1996; Northern Region Perinatal Mortality Survey Coordinating Group 1996; World Health Organisation 1999; New Zealand Ministry of Health 2001).
- 2.2 There is a lower rate of birth interventions, such as augmentation of labour, episiotomy, instrumental birth and caesarean section, when women give birth at home (Ackermann-Liebrich et al. 1996; Homer 2001; van der Hulst et al. 2004; Johnson & Daviss 2005). These interventions significantly increase costs and morbidities associated with maternity care in Australia (Roberts et al. 2000; Tracey & Tracey 2003).
- 2.3 Giving birth at home gives women a greater sense of achievement and satisfaction (Cunningham 1993; Ackermann-Liebrich et al. 1996) and those having a home birth have been found to be more confident of making the same choice again than women having a planned health unit birth (Cunningham 1993; Wiegers et al. 1998a). Women who have experienced both health unit and home births usually express greater satisfaction with the latter (Davies et al. 1996), feeling more relaxed and peaceful in their natural surroundings. Psychological well-being three weeks after birth has been reported as higher among women with planned home, rather than planned health unit, births (Wiegers et al. 1998a).
- 2.4 Home births can be achieved safely when conducted within appropriate guidelines, (Ackermann-Liebrich et al. 1996; Northern Region Perinatal Mortality Survey Coordinating Group 1996; Wiegers et al. 1996; Gulbransen et al. 1997; Murphy & Fullerton 1998; Young et al. 2000; Janssen et al. 2002; Johnson & Daviss 2005).

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- 2.5 The lack of selection of appropriate women for home birth and the failure of those present to respond adequately to situations of risk arising during pregnancy or labour is associated with an unacceptably high rate of adverse outcomes including perinatal death (Mehl-Madrona & Mehl-Madrona 1997; Bastian et al. 1998).
- 2.6 Australian data have shown unacceptably high risks for the baby from planned home birth for twin pregnancies, pregnancies outside term (37 to 41 weeks) and breech presentations (Bastian et al. 1998), all of which contraindicate home birth. Planned home births, when meconium is present, also have a higher rate of meconium aspiration than do health unit births (Dargaville et al. 2006).
- 2.7 It is inevitable that some women planning to have a home birth will need transfer to a health unit after labour has started, even with a careful selection process during pregnancy (Davies et al. 1996; Wiegers et al. 1976; Parratt & Johnston 1998). This transfer is more likely to happen for women giving birth for the first time than for women who have given birth before. Where such transfer occurs in a timely fashion and in a spirit of cooperation, it typically has no negative effect on the woman's birth experience (Davies et al. 1996; Wiegers et al. 1998a).

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### 3. OUTCOME STATEMENT

- 3.1 Maternal and infant safety is maintained throughout labour and birth.
- 3.2 Increased maternal choice is present for labour and birth.
- 3.3 Maternal satisfaction with the birth experience is high.
- 3.4 Adequate support is available for the qualified practitioners conducting planned home births.

### 4. STANDARD REQUIREMENTS FOR FACILITATING HOME BIRTH

- 4.1. A planned birth at home should be attended by two qualified practitioners (registered midwife and/or medical practitioner), one of whom should be a registered midwife experienced in home births.
- 4.2. Appropriate experience with home births should include:
  - 4.2.1 having participated in at least five (5) home births under supervision;
  - 4.2.2 awareness of the contraindications for, and potential complications of, giving birth at home, including the means to avoid them; and
  - 4.2.3 competency in obstetric emergency procedures, perineal suturing, newborn examination and neonatal resuscitation.
- 4.3. Health unit managers will ensure that qualified practitioners in their employment, who have agreed to participate in home births, have an understanding of the Department of Health policy on *Planned Birth at Home*.

### 5. STANDARD STATEMENT

The qualified practitioners, in facilitating a planned home birth, will:

- 5.1 be aware of the possible benefits, hazards and contraindications including the current literature about giving birth at home;
- 5.2 be aware that they have a duty of care to the woman, but also and separately to the baby;
- 5.3 inform the woman of the Department of Health policy on *Planned Birth at Home*, the precautions necessary and the contraindications;
- 5.4 provide the woman with the information brochure on *Planned Birth at Home* and be confident that the woman has read it;

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- 5.5 ensure that the woman has signed the consent section on two (2) copies of the information brochure, one of which is kept by the woman in her *South Australian (SA) Pregnancy Record* and the other of which is filed at the participating health unit;
- 5.6 ensure that support people intending to be present at the birth have received the appropriate information relating to their roles at the birth; ideally, the qualified practitioners will have met the support people during pregnancy;
- 5.7 ensure that all observations and advice are documented correctly and appropriately; and
- 5.8 take appropriate action to preserve both the woman's and baby's health.

The Chief Executive Officer of the health unit providing planned home births will advise the Department of Health's Insurance Services:

- 5.9 of its intention to offer planned home birth services, before starting the service; and
- 5.10 annually, of the number of home births undertaken in the financial year.

## 6. CONTRAINDICATIONS

The qualified practitioner will conduct a careful screening to ensure that the woman's condition is suitable for giving birth at home, that she has no fetal or maternal contraindications, and that she has the capacity to make informed consent.

- 6.1 The prerequisite for a home birth is that the woman should have an uncomplicated singleton pregnancy with a cephalic presentation between 37 and 42 weeks of gestation (259 to 294 days).
- 6.4 The following conditions preclude a woman giving birth at home.

Obstetric history—previous:

- caesarean section;
- postpartum haemorrhage in excess of one (1) litre;
- shoulder dystocia;
- baby requiring intensive or prolonged special care;
- perinatal death.

Medical history (as identified in the *SA Pregnancy Record*):

- any significant medical condition;
- alcohol or drug dependency;
- female genital mutilation.



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Current pregnancy:

- body mass index >35 or maternal weight greater than 100 kg;
- antepartum haemorrhage;
- abnormal placentation (including placenta praevia);
- hypertension and/or pre-eclampsia;
- gestational diabetes;
- suspected intrauterine growth restriction or small for gestational age;
- suspected fetal abnormalities that require paediatric attention at birth;
- polyhydramnios or oligohydramnios;
- pre-labour rupture of membranes (see 6.4); and
- post-term pregnancy ( $\geq 42$  completed weeks; that is,  $\geq 294$  days).

During labour:

- need for continuous fetal monitoring;
- evidence of infection or maternal temperature  $>37.6^{\circ}\text{C}$ ;
- lack of engagement of the fetal head;
- meconium-stained liquor;
- fetal heart rate abnormalities;
- intrapartum haemorrhage;
- absence of progress in established labour;
- active first stage labour in excess of 18 hours.

Home environment:

- more than 30 minutes travelling time from the support health unit;
- lack of easy access (in case transfer during labour is warranted);
- lack of clean running water and/or electricity;
- lack of cleanliness and hygiene;
- domestic violence;
- recreational drug use.

6.3 Situations may arise at or after birth that require referral to a health unit; these include:

- retained or incomplete placenta;
- postpartum haemorrhage;
- third or fourth degree tear;
- Apgar score  $< 7$  at 5 minutes;
- neonatal respiratory problems;
- neonatal convulsions;
- congenital abnormalities;
- low birthweight ( $< 2,500$  gms).

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- 6.4 Care at home is acceptable with pre-labour rupture of the membranes, provided Group B Streptococcus (GBS) status is known, there is clear non-malodorous liquor, and the woman is and remains afebrile on four-hourly temperature recordings. Antibiotic treatment should be instituted for women who are GBS positive (refer to the *South Australian Perinatal Practice Guidelines* found at the website: <http://www.health.sa.gov.au/ppg>). Home birth is contraindicated for women with pre-labour rupture of the membranes for more than 12 hours if they are GBS positive, or if their GBS status is unknown.
- 6.5 Where the qualified practitioner is a midwife, he/she is to practise in accordance with the Australian College of Midwives Incorporated (ACMI) *National Midwifery Guidelines for Consultation and Referral (2004)* if there is any deviation from the norm during the pregnancy and birth.
- 6.6 The absence or otherwise non-availability of the woman's *SA Pregnancy Record* during labour constitutes a contraindication for giving birth at home.

## 7. PRECAUTIONS

- 7.1 Women planning to have a home birth should be advised to have the minimum range of tests recommended as part of antenatal care for all pregnant women. The qualified practitioner must have direct access to the results of the tests. Other tests may need to be done depending on the woman's clinical circumstances.
- 7.2 The woman must be provided with an *SA Pregnancy Record* that must be completed at each and all visits to a health professional.
- 7.3 All women must be offered appropriate counselling on and screening for fetal anomalies (refer to the *South Australian Perinatal Practice Guidelines* found at the website: [www.health.sa.gov.au/ppg](http://www.health.sa.gov.au/ppg)).
- 7.4 The woman should be advised to have a general medical examination from a general practitioner of her choice before deciding on a home birth to eliminate previously undiagnosed disorders; this assessment should occur early in pregnancy.
- 7.5 It is advisable that a woman intending to have a home birth is booked with a health unit in early pregnancy. In the event of complications during pregnancy, labour, birth or the postnatal period, transfer to a health unit may be necessary.
- 7.6 The woman's chosen general practitioner and booked health unit should be informed of the woman's decision to have a home birth.
- 7.7 Pharmacological pain relief is not available during labour at home. The qualified practitioners should ensure that the woman is aware that transfer to a health unit is necessary if pharmacological pain relief is required.

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- 7.8 The woman should be advised of the desirability of ambulance cover in case transfer to a health unit is required either before or after birth.
- 7.9 The woman should be advised of the need to reassess her suitability for home birth later in pregnancy and again after the onset of labour.
- 7.10 The woman should be referred to her general practitioner or an obstetrician if medical complications arise during the woman's pregnancy. If the qualified practitioner is a midwife, the ACMI *National Midwifery Guidelines for Consultation and Referral (2004)* should be used as a reference.
- 7.11 If a woman chooses to continue with plans for a home birth contrary to the advice of either of the qualified practitioners, the situation should be documented and formal notification should be distributed to all support practitioners and the booked health unit.
- 7.12 The qualified practitioner should visit the woman's home before 37 weeks into the pregnancy to ensure that the home is a safe environment for a home birth. The qualified practitioners should meet the support persons who intend to be present during labour, at this time or at any other time before the onset of labour.
- 7.13 The qualified practitioners should ensure that the essential equipment required for a birth at home is packed and delivered to the woman's home prior to the birth, preferably at about 37 weeks gestation (see Appendix B).
- 7.14 The woman should have a bag packed in case a transfer is required.
- 7.15 The woman should be advised of the qualified practitioners available to care for her planned home birth.

### 8. PROCEDURAL GUIDELINES

- 8.1 The qualified practitioners should provide a safe working environment at all times by maintaining effective work practices, adopting procedures and practices which comply with the relevant legislative requirements within the South Australian Occupational Health Safety and Welfare Act 1986, and taking reasonable care to protect their own health and safety and that of the woman and the baby.
- 8.2 Two qualified practitioners (registered midwives and/or medical practitioner) will be in attendance for a home birth, one of whom should be a registered midwife experienced in facilitating home birth.

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- 8.3 When labour assessment occurs at home, the qualified practitioners must ensure that the woman is informed of her progress in a timely fashion that enables informed decision-making; this should include:
- 8.3.1 reassessment that the woman's condition is suitable for birth at home; and
  - 8.3.2 informing the woman and her family, where necessary, on options for care for example, if transfer to a health unit is advised and whether this should be in a car or an ambulance).
- 8.4 The qualified practitioners are responsible for informing the booked health unit both when the woman is in labour and also when she has given birth.
- 8.5 Principles of infection control during a home birth will be maintained in accordance with *National Infection Control Guidelines*. Personal protective clothing should be worn as appropriate.
- 8.6 The qualified practitioners should ensure that all essential equipment is in readiness for the birth.
- 8.7 Emergency resuscitation equipment must be available and checked as ready for use.
- 8.8 The qualified practitioners should discuss with the woman the implications of being transported by ambulance to a health unit if needed; these implications include ambulance costs, the wisdom of having insurance cover for those costs, limitations on the space within the ambulance, and the need to have a bag packed in readiness for a stay at the booked health unit.
- 8.9 The qualified practitioners should attend the woman as needed throughout labour and birth. The qualified practitioners are responsible for continuing care for at least two (2) hours after delivery of the placenta, or as circumstances require.
- 8.10 The qualified practitioners will ensure that maternal and fetal wellbeing are monitored by making certain that all observations are undertaken and documented.
- 8.11 Contemporaneous documentation—in accordance with the *SA Department of Health Medical Records Documentation and Data Capture Standards August 2000*—must be maintained about the progress of labour and about all decision-making; this is to be filed in the health unit case notes after the birth.
- 8.12 It is difficult to predict outcomes of pregnancy and birth, and complications can occur quickly. If a woman chooses to continue with plans for a home birth when the qualified practitioners have advised against it, the qualified practitioners should document the situation, formally notify labour and delivery suite at the booked health unit and the obstetric consultant on call. The qualified practitioners may continue to provide care but should be aware of the separate duty of care to the baby.

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- 8.13 The woman must be offered an oxytocic injection immediately after delivery to reduce the risk of haemorrhage.
- 8.14 After a home birth, the woman and her support persons should be clear about how to contact the qualified practitioners in case unexpected circumstances arise.
- 8.15 The qualified practitioners are responsible to visit the woman again within 24 hours of the birth. Follow-up postnatal care should be planned in accordance with the woman's and baby's needs.
- 8.16 A thorough examination of the baby will be performed by the qualified practitioners in attendance at the time of birth. The baby should be referred to the health unit for neonatal assessment if there is any suspicion of abnormality or health problems.
- 8.17 The qualified practitioners in attendance at the birth are responsible to inform both parents of their legal obligation to register the birth and provide the appropriate documentation to them (see 13.15).
- 8.18 The qualified practitioners in attendance at the birth are responsible for completing a Notification of Birth in accordance with the requirements of the Births, Deaths and Marriages Registration Act 1996, within seven days after a live birth, or within 48 hours after a stillbirth.
- 8.19 The qualified practitioners in attendance at the birth also are responsible for completing a *Supplementary Birth Record* and forwarding this to the Department of Health Pregnancy Outcome Unit.
- 8.20 The qualified practitioners in attendance at the birth are responsible to ensure that the woman's *SA Pregnancy Record* is available throughout labour (see 6.6) and is taken after the birth and filed at the health unit. The woman should be offered a copy of the Record.

## 9. LABOUR/BIRTH COMPLICATIONS AT HOME

- 9.1 The qualified practitioners in attendance at the birth are responsible for acting appropriately in response to problems that may occur during any stage of labour or birth, for the concurrent documenting of progress and outcomes.
- 9.2 The qualified practitioners in attendance at the birth must seek immediate additional medical assistance if a complication occurs and call for an ambulance to transport the woman to a health unit if necessary.
- 9.3 The woman must be admitted directly to the appropriate maternity service for any non life-threatening situations and not to the accident and emergency department of a health unit. The ambulance service will determine where the most immediate appropriate medical care is available, if life-threatening conditions or a need for resuscitation arise.

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- 9.4 If an ambulance is required, and a landline is available on location, the telephone call should be made from the landline rather than from a mobile phone. A landline call will immediately register the telephone number and address on the South Australian Ambulance Service database and thereby contribute to the timely arrival of the ambulance.
- 9.5 The South Australian Ambulance Service prioritises calls ranging from routine transport to a health unit, to transport under resuscitation. The qualified practitioner making the call is responsible for specifying the exact nature of the emergency and answering all questions to ensure appropriate priority is given. The qualified practitioners are also responsible for ensuring all information requested by the South Australian Ambulance Service is provided, as further information will be relayed to the ambulance on its way to the location.
- 9.6 Either qualified practitioner has the authority to arrange for direct admission to the health unit in which the woman is booked or to another appropriate facility (for example, a level 5 or 6 neonatal unit if the baby needs emergency care).
- 9.7 South Australian Ambulance Service staff will assume responsibility for resuscitation decisions and practice. They may involve either of the qualified practitioners in the resuscitation as needed. One of the qualified practitioners will travel with the woman to provide further assistance as needed.
- 9.8 Pre-health unit emergency care must be enacted immediately if the woman becomes unconscious, followed by transfer to a health unit, with ongoing resuscitation. If an ambulance has been called the responsibility and authority for resuscitation and care for the patient resides with the ambulance officers and not with either of the qualified practitioners.
- 9.9 The qualified practitioners are no longer responsible for the woman's care after transfer to a health unit, but it is advisable that one of the qualified practitioners, who attended labour at home, remains involved with the woman's care until after the baby is born.
- 9.10 If disagreement arises with the woman about transfer of her or her baby when complications occur, either qualified practitioner should document the situation and formally notify the appropriate staff at the booking health unit. It is advised that the qualified practitioners have the woman record in writing her decision not to accept their advice.
- 9.11 The Chief Executive Officer of the health unit providing the home birth service must be informed of any life-threatening complication and must notify the Department of Health's Insurance Services within 24 hours of the event.
- 9.12 Any incident or adverse outcome should be reported in accordance with the practice followed at the participating health unit from where the qualified practitioners are employed.

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### **10. CARE OF THE MOTHER AFTER THE BIRTH**

These procedural recommendations describe a minimum standard of satisfactory care, but are not definitive in the detail of care that may be desirable for a particular woman and/or baby.

The qualified practitioners in attendance at the home birth (typically, the midwife) should:

- 10.1 perform assessment of maternal well-being;
- 10.2 support maternal/baby attachment and provide support to other family members if necessary;
- 10.3 facilitate the establishment of breastfeeding;
- 10.4 facilitate all health care needs as required;
- 10.5 continue care until the woman's and baby's conditions are stable, with observations continuing for at least two (2) hours after delivery of the placenta, and ensure that the woman and her attending support persons know how to contact the qualified practitioners thereafter; and
- 10.6 revisit the woman and baby within 24 hours of the birth and then at regular intervals as appropriate to the needs of the woman and the baby (usually up to 10 days), with a minimum number of five (5) visits.

### **11. CARE OF THE BABY AFTER THE BIRTH**

11.1 After immediate assessment of the baby (including Apgar score at both one and five minutes), the following observations should be made and documented together with the results of the initial assessment and details of resuscitation within two (2) hours of birth:

- 11.1.1 examination of the baby;
- 11.1.2 temperature (normal range: 36.5°C – 37°C);
- 11.1.3 apex beat at rest (normal range: 120 – 160 beats per minute);
- 11.1.4 colour and perfusion;
- 11.1.5 respirations at rest (normal range: 40 – 60 per minute);
- 11.1.6 behaviour and reflex irritability; and
- 11.1.7 weight, length and head circumference.

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- 11.2 The qualified practitioners should provide ongoing assessment for the baby and facilitate the establishment of breastfeeding.
- 11.3 If the qualified practitioner is a midwife and notices the woman's observations are outside the normal range (refer to *ACMI National Midwifery Guidelines for Consultation and Referral 2004*, the midwife should contact the woman's General Practitioner of choice immediately.
- 11.4 The woman should be informed about the availability and merits of vitamin K administration to the baby to improve its blood clotting capacity.
- 11.5 The qualified practitioners should arrange for the standard newborn screening (Newborn Neonatal Screening Tests and Hearing (NNST)) to be carried out. If the parents choose not to have these tests performed, they should put this in writing and the qualified practitioners should ensure that this is appropriately documented.
- 11.6 The qualified practitioners should ensure that a *Child's Personal Health Record* including percentile charts and NNST card (sometimes called Guthrie), is available.
- 11.7 The qualified practitioners should provide the woman with information about the child immunisation program, as would happen after any other birth.
- 11.8 Women who are carriers of the Hepatitis B antigen should be offered the option of having their babies protected by immunoglobulin immunisation within 12 hours of birth.
- 11.9 The woman should be advised to have the baby examined by a general practitioner of her choice between day seven (7) and day ten (10) after the birth to exclude, for example, cardiac abnormalities and other conditions.

## 12. DOCUMENTATION

- 12.1 Giving birth at home is not a common practice in Australia and adequate documentation, therefore, is of the utmost importance. The earlier that documentation is started, the more weight it will carry if challenged. In particular, the following matters should be undertaken and noted in the record:
  - 12.1.1 discussions with the woman about giving birth at home;
  - 12.1.2 advice about the need to go to a health unit if complications arise;
  - 12.1.3 discussions about consent, and ensuring that the *Planned Birth at Home* patient information brochure is signed and filed (see 5.4, 5.5 and 13.3);
  - 12.1.4 visits to the woman's home during pregnancy;
  - 12.1.5 meetings with support people (and conduct necessary discussions);
  - 12.1.6 all clinical observations made during pregnancy, labour and after the birth;



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- 12.1.7 all discussions with relevant health care professionals regarding the care of the woman and/or her baby.
- 12.2 The safeguarding of documentary evidence is of even greater importance for practices that are relatively rare than for those that are common; therefore:
  - 12.2.1 a copy of the checklist, available as Appendix C, should be included in the woman's *SA Pregnancy Record*, regularly maintained, and filed in the health unit case notes after the birth;
  - 12.2.2 the non-availability of a *SA Pregnancy Record* and its information at the time of labour and birth must be seen as a contra-indication for home birth and is an indication for transfer to a health unit (see 6.6);
  - 12.2.3 the qualified practitioners attending the birth should ensure that the woman's *SA Pregnancy Record* is taken by them after the birth and filed in the woman's health unit case notes; the woman should be offered a copy.

### 13. CHECKLIST FOR THE QUALIFIED PRACTITIONERS ATTENDING A PLANNED HOME BIRTH

(available at Appendix C)

The qualified practitioners should ensure that they complete the checklist that forms Appendix C of this policy, which will account for the following matters.

- 13.1 Information about home birth has been given to the woman during pregnancy.
- 13.2 The woman has been informed of the Department of Health policy *Planned Birth at Home*, the precautions necessary and contraindications.
- 13.3 The woman has signed the consent section on two (2) copies of the information brochure, one of which is kept by the woman in her *SA Pregnancy Record* and the other of which is filed in her health unit notes.
- 13.4 Issues relating to pain relief have been discussed.
- 13.5 The woman has been informed of the Department of Health policies *First Stage Labour in Water* and *Birth in Water*, the precautions necessary and the contraindications, if she also wishes to use water for pain relief and/or birth.
- 13.6 Ambulance insurance cover and emergency transfer have been discussed with the woman.
- 13.7 The woman has received information on examination and screening of the newborn (Newborn Neonatal Screening Tests and Hearing) and early childhood immunisation.

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- 13.8 The woman's home has been visited and its circumstances considered suitable for a home birth.
- 13.9 Support persons have been met and informed about their potential roles and functions.
- 13.10 All discussions with the woman have been, and continue to be, carefully documented.
- 13.11 Essential equipment is available, checked and in good working order.
- 13.12 The Department of Health policy *Planned Birth at Home* has been followed by the qualified practitioners in attendance.
- 13.13 The *Notification of Birth* has been completed and sent to the South Australian Registrar of Births, Deaths and Marriages.
- 13.14 The woman (and her partner, if present) has been advised of her legal obligation to register the birth with the South Australian Registrar of Births, Deaths and Marriages.
- 13.15 The woman (and her partner, if present) has been provided with:
  - 13.15.1 the *Birth Registration Statement* and the *Application for Birth Certificate*.
  - 13.15.2 the claim for *Maternity Payment*, *Maternity Immunisation Allowance* and *Family Tax Benefit*; and
  - 13.15.3 the *Child's Personal Health Record* with *Percentile Charts*.
- 13.16 The *Supplementary Birth Record* has been completed and forwarded to the Department of Health.
- 13.17 All clinical documentation has been completed.
- 13.18 The woman's *SA Pregnancy Record*, the checklist available as Appendix C, and any further documentation on the pregnancy and birth has been filed in the woman's health unit case notes.

## 14. APPENDICES

### **Appendix A: Essential Equipment for a Home Birth**

### **Appendix B: Cylinder Safety**

### **Appendix C: Planned Home Birth Checklist for the Qualified Practitioners**

This checklist may be printed on the appropriate stationery of the participating health unit, if desired. Patient identification should be added before it is kept in the woman's *SA Pregnancy Record* during pregnancy, and it should be signed and filed in the health unit case notes after the birth.

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## POLICY – PLANNED BIRTH AT HOME

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### APPENDIX A

#### ESSENTIAL EQUIPMENT FOR A HOME BIRTH

##### 1. PREAMBLE

The qualified practitioners attending a birth at home are required to have a kit packed with all essential equipment for this activity. The kit is to include items necessary in the event of complications, and should include progress notes for contemporaneous documentation.

##### 2. CONTENTS OF PACKS FOR HOME BIRTH

###### Maternal Pack

- Pinnards stethoscope
- electronic fetal Doppler
- sphygmomanometer and adult stethoscope
- thermometer
- sterile gloves and box of examination gloves
- obstetric cream or sterile lubricant
- Amnihook

###### Birth Pack

- cord clamp
- receiving bowl/dish (able to be autoclaved)
- two Black's cord clamps or artery forceps
- curved Mayo or episiotomy scissors
- cord scissors
- urethral catheter
- bottle of antiseptic preparation
- cord blood collection bottles and 20 ml syringe
- 2 ml syringe, antiseptic swab, drawing up and intramuscular needle
- disposable sheets
- sanitary napkins
- medical waste hazard bag (for placental disposal if not wanted by parents)

###### Baby Pack

- mucus extractor (bulb or De Lee unit with disposable infant suction catheters)
- paediatric stethoscope
- paediatric thermometer
- baby weighing scales
- tape measure
- Konakion ampoule with unit syringe, antiseptic swab, drawing up and intramuscular needle

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### Perineal Suturing Pack

- bottle of antiseptic preparation
- clean drape or dressing towel
- local anaesthetic (two 20 ml ampoules 1 % Lignocaine with Adrenaline 1: 200,000)
- 10 and 20 ml syringes, drawing up and intramuscular needle
- five sterile swabs
- needle holder
- dissecting forceps
- suture material
- scissors
- sharps disposal container
- adequate light source

### Resuscitation Pack (Maternal and Infant)

- infant Laerdal bag and mask, or neopuff, with oxygen tubing
- oxygen cylinder
- oxygen regulator
- adult oxygen mask and tubing
- Twin-o-vac set-up with tubing for suction
- infant and adult disposable suction catheters
- infant and adult plastic airways
- tourniquet
- blood collection syringes, needles, bottles and antiseptic swabs
- intravenous cannulation equipment (three size 16 gauge cannulae)
- dressing and securing tape for intravenous sites
- two intravenous giving sets
- two litres of intravenous solution

### Drug Pack

- six Syntocinon ampoules of 10 units
- one Ergometrine ampoule 0.5 mg
- two 10 ml ampoules normal saline

## 3. COMMUNICATION DEVICE

- 3.1 Communication is essential in the event of an emergency if the woman requires transfer to a health unit, or if the qualified practitioners requires back-up support for a situation arising in the home.
- 3.2 The qualified practitioners should have ready access to a means of rapid communication (landline and mobile phone) at all times when conducting a home birth.
- 3.3 If an ambulance is required, and a landline is available on location, the telephone call should be made from the landline rather than from a mobile phone. A landline call will immediately register the telephone number and address on the South Australian Ambulance Service database and thereby contribute to the timely arrival of the ambulance.



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### APPENDIX B

#### CYLINDER SAFETY

Safety is of the utmost importance in the handling and use of a gas cylinder. It is important that the qualified practitioners always read the label on the cylinder and the accompanying *Material Safety Data Sheet* before use.

The qualified practitioners responsible for storing or using a gas cylinder should be trained and familiar with both the current cylinder manual handling regulations and the procedures to be followed in case of an emergency (see manufacturer's instructions). It is especially advisable that the following precautions are applied when handling gas cylinders:

1. The cylinder should not be knocked violently and should be prevented from falling;
2. Force should never be used when opening or closing valves;
3. Cylinder valves must be closed before moving the cylinder; all equipment must be detached; and the valve should be checked to ensure that it has not been inadvertently turned on;
4. The cylinder should be firmly secured in a vehicle during transport;
5. The key should be kept in a safe place, separate from the cylinder, but easily available;
6. The cylinder should be checked regularly for leaks and faults; and
7. The cylinder should be stored upright in a cool, dry and well-ventilated place away from heat sources, sources of ignition and combustible materials (especially flammable gases), and out of the reach of children.

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### APPENDIX C

#### Planned Home Birth Checklist for the Qualified Practitioners

(from the SA Department of Health policy *Planned Birth at Home*)



Government of South Australia

Department of Health

#### INFORMATION IN PREGNANCY – woman informed about

	Date	Signature
Department of Health <i>Planned Birth at Home</i> policy		
Need to reassess suitability again later in pregnancy and again in labour		
Possible need for transfer to a health unit before or after birth		
Ambulance insurance cover		
Options for pain relief		
Neonatal tests		
Child immunisation program		
Woman's (and partner's) legal obligation to register birth with the South Australian Registrar of Births, Deaths and Marriages		

#### ACTIONS IN PREGNANCY – in addition to regular pregnancy care

	Date	Signature
Informed consent signed in duplicate (one copy kept in <i>SA Pregnancy Record</i> , one copy filed by a		
Home visited and found suitable (including ambulance access)		
Support persons met and informed		
Necessary equipment available at home		
Regular check for continuing suitability for home birth		

#### ACTIONS IN LABOUR – in addition to regular labour care

<i>SA Pregnancy Record</i> available
Suitability for home birth reassessed
Health Unit informed
Equipment checked and in good working order
Accurate documentation of events and discussions maintained

#### ACTIONS AFTER BIRTH – as for any other birth

Standard 'newborn screening' performed
Konakion injection administered
Child immunisation program explained
Pregnancy record retained by qualified practitioners for filing in health unit case notes
<i>Notification of Birth</i> sent to South Australian Registrar of Births, Deaths and Marriages
<i>Supplementary Birth Record</i> completed and forwarded to the Department of Health
All clinical documentation completed and kept for filing in health unit record
Woman's (and partner's) legal obligation to register the birth reinforced
Advised woman of need for medical examination of baby at seven–10 days of age

#### PARENT(S) LEFT WITH ...

Information on child immunisation program
Information on birth registration
<i>Application for Birth Certificate</i>
<i>Child's Personal Health Record</i> , including percentile charts
Claim for maternity payment
Claim for maternity immunisation allowance
Claim for family tax benefit
Details for contacting the qualified practitioners

This checklist is to be kept in the *SA Pregnancy Record* throughout pregnancy and filed in the health unit case notes thereafter.