

**HOMEBIRTH POLICY
AND
GUIDELINES FOR MANAGEMENT
OF
RISK FACTORS
2001**

**Principal Nursing Adviser's Office
Department of Health
August 2001**

FOREWORD

The Department of Health is committed to providing access to quality health care to all West Australians. It is recognised that appropriately experienced, registered and accredited midwives can provide a quality service to women in Western Australia who plan to have their babies at home.

The “Policy on Homebirth in WA 1991” has been reviewed. This review has resulted in these revised guidelines which offers support and guidance to midwives who care for women who choose the homebirth option.

The “Homebirth Policy and Guidelines for Management of Risk Factors 2001” has been developed following consultation and input from the members of the Reference Group, and the successful outcome was only made possible by their collective contribution. This policy has been developed to guide the practice of community based midwives who care for women in Western Australia who choose the option of homebirth.

Community based midwives are accountable for their midwifery practice and are required to refer to this updated policy so that their practice meets both public and professional expectations.

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August 2001

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REFERENCE GROUP

Many thanks to the following members of the Reference Group who contributed to the review of the Policy on Homebirth in Western Australia:

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HOME BIRTH POLICY

2001

1. INTRODUCTION

The Department of Health is committed to providing high quality, safe and effective health care to all its citizens. It respects the differing needs of West Australian childbearing women and recognises that families have the right to select and accept responsibility for their choice of model of maternity care best suited to them. Some women in partnership with a midwife prefer to birth at home. This policy statement has been developed to guide the practice of community based midwives attending women who have chosen homebirth.

The purpose of this policy is to ensure that the care provided by community based midwives is competent, accountable and meets both public and professional expectations.

2. BACKGROUND

Western Australians enjoy a high standard of maternity care. However, surveys of attitudes and concerns of childbearing women show that although the majority of women are satisfied with the experience many expressed a desire for an increased range of options in the provision of maternity services.ⁱ Women want continuity of care and carer as well as the right to make informed decisions about their birthing choices.

In accordance with a recommendation from the Legislative Assembly of Western Australia's Select Committee on Intervention in Childbirth 1995,ⁱⁱ the Department of Health, produced a booklet entitled 'Your Birthing Choice: Planning Ahead for Birth'. The Brochure was later endorsed by the Commonwealth's Senate Community Affairs' References Committee, 'Rocking the Cradle – A report into Childbirth Procedures' 1999.ⁱⁱⁱ

A small but stable proportion of Western Australian women choose planned homebirths. They are attended by community based midwives who work in partnership with general practitioner obstetricians. Most homebirth midwives are accredited with the Australian College of Midwives Incorporated.

In Australia, no large scale prospective studies have investigated the efficacy of planned homebirths. However, an Epidemiological Study of Planned Homebirths in Western Australia from 1981-1987^{iv} showed that for women at low risk of complications, homebirth was a safe and satisfying birth option. Similarly, research in North America indicates that for planned homebirths, preventable perinatal morbidity and mortality rates are low.^v

The following **Homebirth Policy and Guidelines for Management of Risk Factors** is designed to guide the practice of community based midwives and ensure that childbearing women having homebirths receive quality maternity care.

3. POLICY STATEMENT

- 3.1 The Department of Health recognises the right of women to choose a community based midwife as their primary care giver and to have a homebirth. Women making this choice must have access to a high standard of expert maternity care, which is provided by a multi-disciplinary team of appropriately qualified health professionals with access to medical back-up facilities. Community based midwives as coordinators of care should ensure that women have access to evidenced-based, appropriate and up-to-date information that enables them to make informed decisions about their care.
- 3.2 Women have the right to choose a homebirth and should have access to a high standard of service and a team of appropriately educated health professionals, both community and hospital based
- 3.3 Women considering a homebirth should be given evidence based information and the opportunity to discuss their choice with midwives, medical practitioners and other parents in order to make an informed decision.
- 3.4 Community based midwives should exercise their professional judgement in situations which may arise during a homebirth that are not expressly covered by this policy.

4. INSTRUCTIONS

- 4.1 Community based midwives attending homebirths must be currently registered with the Nurses Board of Western Australia as a midwife in Division 1 of the Nurses Act 1992. The midwife must also have completed Form 1 of the Health (Notifications by Midwives) Regulations 1994 notifying the Executive Director of Public Health of his or her intention to enter into private practice as a midwife.
- 4.2 Hospitals offering maternity services in Western Australia should develop accreditation and clinical privileges for community based midwives in accordance with the Guidelines for the Hospital Accreditation and Clinical Privileges for Independent Practising Midwives in Western Australia, 1992. Hospitals^{vi} should be encouraged to be an active partner in homebirthing through:
 - maintaining collaborative links with community based midwives in their catchment area, including ongoing education and quality assurance activities;. and
 - having an appropriate policy and procedure in place with regards to homebirths and transfer of care.
- 4.3 It is recommended that all midwives that practice homebirth deliveries have Professional Indemnity Insurance cover. It is the responsibility of the individual midwife to seek and clarify their professional indemnity insurance and ensure that it is appropriate and current. For further information on this issue refer to Appendix 1 page 16.

- 4.4 The community based midwife should establish contact with a medical practitioner with clinical privileges at the booking hospital or the hospital directly.
- 4.5 It is advisable that in early pregnancy a woman intending to have a homebirth book into a hospital. In the event of potential complications either during pregnancy, labour, birth or the postnatal period, transfer to hospital should be considered.
- 4.6 If women choose to continue with plans for a homebirth when their practitioners have advised against it, the community based midwife should document the situation and formally notify all back up practitioners and the booking hospital.
- 4.7 In the event of a complication occurring the community based midwife should arrange an immediate referral to an appropriate specialised service.
- 4.8 In the event of a disagreement regarding transfer of mother or baby when complications occur, the midwife is advised to document the situation and to formally notify all back up colleagues and the appropriate medical practitioner. The woman should confirm her decision not to accept the advice of her midwife in writing.
- 4.9 Following a homebirth, the community based midwife must complete the Department of Health's Perinatal Data Collection Form 2 for all homebirths, under the Health (Notifications by Midwives) Regulations 1994.
- 4.10 In the event of a life threatening complication occurring, other than those which occur in hospital, the community based midwife shall notify the Department of Health on the next working day.
- 4.11 The community based midwife should maintain appropriate and up to date client records which should be stored in a safe place for 25 years.

PROCEDURES FOR THE CARE OF THE WOMAN AND CHILD.

The following procedural recommendations outline a minimum standard of satisfactory care but are not inclusive of all care that may be desirable for a particular woman and / or child.

PROCEDURES FOR THE CARE OF THE CHILDBEARING WOMAN

Antepartum.

- Record medical/obstetric history.
- Perform physical assessment.
- Assessment of foetal wellbeing.
- Perform psycho-social assessment.
- Confirm serological assessment.
- Provide education for pregnancy, birth and parenting.
- Discuss birth plan.
- Recommend medical consultation.
- Consult with midwife colleague regarding identified risk factors.
- Establish professional support and midwife backup, communicate with mother as to who will provide care if her primary midwife is unavailable.

Intrapartum.

- Perform ongoing assessment of mother and foetus to ensure wellbeing and progress of labour.
- Provide appropriate pain relief measures.
- Provide emotional support and guidance.
- Liaise with midwife/medical practitioner backup regarding progress of labour as appropriate.

Postpartum.

- Perform assessment of maternal wellbeing.
- Support maternal/infant bonding and provide support to other family members.
- Facilitate establishment of breastfeeding.
- Consult with another midwife regarding identified risk factors.
- Establish professional support - midwife backup, communicate with mother as to who will care of her if the primary midwife is unavailable.

PROCEDURES FOR THE CARE OF THE NEWBORN CHILD

After immediate assessment of the newborn child (including Apgar score at one and five minutes), and resuscitation if necessary, the following observations should be made and documented together with the results of initial assessment and details of resuscitation within two hours of birth.

- Temperature (normal range 36.5°C - 37°C).
- Apex beat at rest (normal range 120-160 beats per minute).

- Respirations at rest (normal range 40-60 per minute).
- Colour and other physical condition.
- Behaviour and reflex irritability.
- Weight (in accord with gestational age).

Perform ongoing assessment of newborn child and facilitate establishment of breastfeeding.

NB: Notify a medical practitioner if the observations fall outside the normal range.

GUIDELINES FOR MANAGEMENT OF RISK FACTORS 2001

PLEASE NOTE:

It is advisable that midwives consult with their colleagues about matters over which they are concerned. There are two further categories of consultation.

- **Category 1: Consult with GP Obstetrician.**
- **Category 2: Consult with appropriate specialised service.**

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RISK FACTORS:

INITIAL HISTORY AND PHYSICAL EXAMINATION

Category 1

- Poor nutrition.
- Previous stillbirth.
- Smoking or misuse of alcohol/drugs.
- Family history of genetic disorders or congenital defects.
- Previous baby weighing > 4000grams.
- History of psychological problems.
- Previous antepartum haemorrhage.
- > 2 spontaneous abortions.
- Grand multipara (para 5).
- Obesity (Body Mass Index greater than 30)
- Hypertension (>BP 140/90).
- Previous postpartum haemorrhage.
- Glycosuria/Diabetes.
- History of genital herpes.
- History of incompetent cervix.
- History of rubella in 1st trimester.
- History of female genital mutilation.
- History of pre-eclampsia.
- History of cervical scar.

Category 2

- Serious medical conditions such as: cardiovascular disease, pulmonary disease, endocrine disease, hepatic disease, neurological disorders.
- Serious psychological problems.
- Drug or alcohol dependency.
- Previous uterine scar.
- Serious viral or bacterial infection such as: Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV), Cytomegalovirus (CMV) and toxoplasmosis.

RISK FACTORS: IN PREGNANCY

Category 1

- Hypertension (>BP 140/90 on two or more occasions more than six hours apart).
- Urinary Tract Infection.
- Sexually transmitted disease.
- No prenatal care before 24 weeks.
- Suspected Intrauterine Growth Restriction.
- Documented post term pregnancy (42 completed weeks).
- Vaginal bleeding.
- Malpresentation at 4 weeks prior to due date.
- Anaemia (haemoglobin less than 10 grams/100 mls).
- Glycosuria/Gestational Diabetes.
- Thrombophlebitis.
- Psychological problems.

Category 2

- Active genital herpes in late pregnancy.
- Diabetes.
- Viral or bacterial infection such as: Hepatitis B, Hepatitis C, HIV, CMV and toxoplasmosis.
- Cardiac disease.
- Renal disease.
- Essential hypertension.
- Endocrine disorders.
- Serious psychological problems.
- Thromboembolism.
- Multiple pregnancy.
- Pre-eclampsia or eclampsia.
- Abruption placenta or placenta praevia.
- Rh sensitisation.
- Polyhydramnios or oligohydramnios.
- Cord prolapse.

RISK FACTORS: DURING LABOUR AND BIRTH

Category 1

- Prolonged rupture of membranes (>12 hours).
- Mild to moderate pre-eclampsia.
- Signs of fetal distress.
- Fetal head not engaged in primipara in active labour.
- Pre-term labour (< 36 weeks).
- Absence of progress in established first stage of labour.

- Absence of progress in second stage of labour.
- Third degree perineal tear.
- Mild physiological maternal distress.

Category 2

- Known or suspected multiple pregnancy.
- Moderate to severe pre-eclampsia or eclampsia.
- Suspected abruptio placentae.
- Suspected placenta praevia.
- Malpresentation.
- Prolapsed cord.
- Cord presentation.
- Uterine rupture.
- Severe fetal distress.
- Severe physiological maternal distress.
- Uterine inversion.
- Shoulder dystocia.
- Obstructed labour.
- Active genital herpes at the time of labour.
- Fourth degree perineal tear.

RISK FACTORS: POSTNATAL (MATERNAL)

Category 1

- Retained placenta.
- Incomplete membranes/placenta.
- Signs of uterine infection.
- Thrombophlebitis.
- Hypertension.
- Post partum haemorrhage.
- Suspected urinary tract infection.
- Unresolving mastitis.
- Psychological problems.

Category 2

- Haemorrhage unresponsive to therapy.
- Obstetric shock.
- Incomplete placenta.
- Pre-eclampsia or eclampsia.
- Serious psychological problems.
- Thromboembolism.

**RISK FACTORS:
NEONATAL**

Category 1.

- Apgar Score < 7 at five minutes.
- Infant birth weight < 2,500 grams or >4,500 grams.
- Abnormal findings on physical assessment.
- Suspected pathological jaundice.

Category 2

- Any baby who does not readily establish respiration at birth.
- Respiratory problems after birth.
- Major congenital abnormality.
- Exaggerated tremors or other abnormal neurological sign.

APPENDIX 1

LEGAL ISSUES (PROFESSIONAL INDEMNITY AND MALPRACTICE)

Public Sector

Nurses employed in the public sector are covered by the RiskCover policy. In relation to professional liability RiskCover will pay to a public authority all sums which the public authority shall become legally liable to pay in respect of claims made against the public authority for a breach of professional duty committed or alleged to have been committed in the conduct of the public authority's activities subsequent to the commencement of cover by RiskCover. In relation to medical malpractice RiskCover will pay to a public authority all sums which it shall become legally liable to pay in respect of claims made against the public authority arising from malpractice by reason of any act, error or omission committed or alleged to have been committed by the public authority subsequent to the commencement of cover by RiskCover. Malpractice is defined as the rendering of or failure to render medical or health services provided in the conduct of the public authority's activities which results in bodily injury, mental injury or death of a patient.

A public authority includes a public hospital board (whether that entity only manages a public hospital or manages a public hospital as well as providing health services).

There are limitations as to coverage provided under the RiskCover policy. For example, coverage is not provided for:

- Fines, penalties, punitive damages, exemplary damages, aggravated damages and/or any additional damages resulting from the multiplication of compensatory damages
- Loss, damage or liability due to any unlawful activity or use by a public authority
- The liability of any person where the claim has been brought about or contributed to by that person's or public authority's dishonest, fraudulent, criminal or malicious act or omission.

Two other notable aspects of the RiskCover policy are:

- An employee of a public authority is not entitled to claim directly from RiskCover
- A claim by a public authority can only be made while the public authority is covered by RiskCover policy. If the public authority was to cease to be covered by RiskCover and a claim (in respect of an incident that occurred while the public authority was still covered by the RiskCover policy) was made after the public authority ceased to be covered, RiskCover will not cover the claim.

This is only a brief summary of some of the issues covered by the RiskCover policy. Any queries with regard to the RiskCover policy may be directed to RiskCover, 221 St George's Terrace, Perth, Telephone: (08) 9264 3333

Private Sector

Self employed or employed nurses in the private sector are not covered by the RiskCover policy.

Employers are generally vicariously liable for tortious acts (such as breach of professional duty) committed by their employees during the course of their employment. In principle if an employer is found to be vicariously liable for the tortious act of an employee, then it is possible for an employer to take action against an employee, seeking a contribution or indemnity towards any damages (compensation) that the employer may be ordered to pay to the plaintiff. The right of indemnity is only rarely exercised.

Self-employed nurses may need to consider taking out professional indemnity insurance.

Nurses working in the private sector should seek their own independent legal advice as to insurance cover.

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