

Policy - Requirements for a planned birth at home			
	SA	WA	NT
Attendance	Two qualified practitioners (registered midwife and/or medical practitioners), one of whom should be registered midwife experience in home births.	* A primary and a back-up midwife are allocated at time of acceptance into program - both are to be present at the birth * Newborn is attended by midwife via set appointments to 4 weeks after birth.	At least 2 midwives present. Midwives notify ambulance authority when called out to a home birth
Appropriate experience with home births	* Attended minimum of 5 home births under supervision; * Awareness of the contraindications and complications of homebirth, inc the means to avoid them; * Competency in obstetric emergency procedures, perineal suturing, newborn examination and neonatal resuscitation.	* To provide a quality service to women in WA, midwives should be appropriately experienced, registered and accredited (Policy doesn't specify experience).	Midwives work in conjunction with a GP employed by the Home birth service
Practice requirements	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.	* Community-based midwives must be registered with WA Nurses Board. * midwife is on-call 24 hrs once applicant (woman) is accepted to program. * In the event of a complication, Midwife should arrange immediate referral to an appropriately specialised service	Practise in accordance with the Australian College of Midwives Incorporated (ACMI) National Midwifery Guidelines for Consultation and Referral (2004)
Departmental Guidelines	Understanding of the Department of Health policy on Planned Birth at Home	* Community-based midwives must refer to Dept of Health WA " <i>Homebirth Policy and Guidelines for Management of Risk Factors 2001</i> ". * Hospitals offering maternity services should develop accreditation and clinical privileges for community-based midwives in accordance with the "Guidelines for Hosp Accreditation & Clinical Privileges for Independent Practising Midwives in WA 1992". * Midwife to complete Form 1 (<i>notifications by midwives</i>) Regulations 1994, to advise of their intent to enter private practice as midwife.	Position statement: "Clarification of roles involved in the Department of Health and Community Services (DHCS) Home Birth Service".
Information provided to women	Planned Birth at Home.	* Community-based Midwives, as coordinators of care, should ensure that women have access to evidenced-based, appropriate and up-to-date information enabling them to make informed decisions about their care. This is to include discussion of a Birth Plan, and provision of education for pregnancy, birth and parenting.	Two information sheets that indicate the nature of the Home Birth Service.
Information provided to support people	are provided info relating to their role at the birth; ideally, the midwife will have met the support people during pregnancy.	*Not covered in WA Homebirth Policy document.	Unable to be sourced.
Consent	2x consent forms are signed by woman (part of information brochure).1 x copy kept by woman, 2nd copy is filed at the participating health unit	"Terms of Care" form must be signed by woman (expectant mother).	Woman must sign a <i>Request for Participation in Homebirth</i> to confirm her understanding of the arrangements for the Home birth Service.
Documentation of observations and advice	Ensure that all observations and advice are documented correctly and appropriately	* Midwife to maintain appropriate and up-to-date client records, stored in a safe place for 25 years. * midwife must complete Dept Health WA's <i>Perinatal Data Collection Form 2</i> for all homebirths. * In the event of disagreement regarding transfer of mother or baby when complications occur, midwife to document situation. In event of life-threatening complication, other than those that occur in Hosp, midwife is to notify Dept Health WA next working day	Ensure that all observations and advice are documented correctly and appropriately.

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Insurance	The Chief Executive Officer of the health unit providing planned home births will advise the Department of Health' Insurance Services: of its intention to offer planned home birth services, before starting the service; and take appropriate action to preserve both the woman's and baby's health.	Dept of Health WA recommends all midwives to have Professional Indemnity Insurance cover (WA Homebirth Policy document, 2001 - <i>nb</i> . that doc is the current Policy doc).	Homebirth Service midwives are indemnified by the Northern Territory Home Birth Service's indemnity insurance. 'Learner' midwives are not covered and must work under the direct supervision and direction of a Home Birth Servicer Midwife. If an emergency situation arises a 'learner' midwife is covered by virtue of section 128 of the <i>Health Practitioners Act 2004</i> .
Prerequisite for a home birth	The woman should have an uncomplicated singleton pregnancy with a cephalic presentation between 37 and 42 weeks of gestation (259 to 294 days)	* Must be experiencing a low-risk pregnancy (and not seeking a vaginal birth after C-section; breech; or twin pregnancy) * Strongly advises to have a "back-up hospital booking" and attend an appointment with the back-up hospital between 26-32 weeks.	Woman must be assessed as eligible by a Home birth services midwife. Screened according to the National Midwifery Guidelines for Consultation and Referral
Contraindications -- previous obstetric history	* Caesarean section. * Costpartum haemorrhage in excess of one litre. * Dystocia. * Baby requiring intensive or prolonged special care. * Perinatal death.	* WA has Category 1 and Category 2 risk management. These are not necessarily contraindications, just issues to monitor. <u>Cat 1 = midwife to consult GP/Obs. Cat 2 = more serious complications (consult specialised services)</u> . <i>Initial history and physical examination:</i> * Cat 1 Risk factors: prev low birth weight; prev stillbirth; family history of genetic or congenital defects; prev haemorrhage; history of pre-eclampsia; history of cervical scar. * Cat 2: serious medical conditions, including prev uterine scar.	Cervical amputation; major uterine abnormalities; active blood group incompatibility; eclampsia; cervical incompetence; episiotomy; placenta accreta; postpartum psychosis (<i>National Midwives Guidelines for Consultation and Referral 2004</i>)
Contraindications - Medical history	* Any significant medical condition. * Alcohol or drug dependency. * Female genital mutilation.	<i>Initial history and physical examination :</i> * Cat 1 Risk factors: poor nutrition of mother; drug use; obesity (>BMI 30); hypertension (>BP 140/90); glycosuria/diabetes; infectious disease history. * Cat 2: serious medical conditions - cardiovascular disease; pulmonary disease; endocrine disease; hepatic disease; neurological prob; drug/alcohol dependency; serious viral or bacterial infection (hepatitis B or C, HIV, Cytomegalovirus, toxoplasmosis)	hyperthermia; cardiovascular disease; drug dependence; endocrine or gastrointestinal disorders; hepatitis B, C; genetic conditions; haematological conditions; infectious disease (HIV, rubella, syphilis); maternal age <14 yrs or >45 yrs; maternal weight >100kg or BMI <17 or >35; neurological disorders; mental illness; renal disorder; respiratory disease; connective tissue disease.
Contraindications - Current pregnancy	* Body mass index >35 or maternal weight greater than 100kg. * Antepartum haemorrhage. * Abnormal placentation (including placenta praevia). * Gestational diabetes. * Suspected intrauterine growth restrictions or small for gestational age. * Suspected fetal abnormalities that require paediatric attention at birth. * Polyhydramnios or oligohydramnios. * Pre-labour rupture of membranes. * Post-term pregnancy (>42 completed weeks)	<i>In Pregnancy :</i> * Cat 1: hypertension, urinary tract infection, STI, no prenatal care prior to 24 weeks, suspected intrauterine growth restriction, post-term pregnancy, vaginal bleeding, malpresentation at 4 weeks prior to due date, anaemia, glycosuria/diabetes, thrombophlebitis, mental illness. * Cat 2: active STI in late pregnancy, diabetes, viral or bacterial infection (hepatitis B or C, HIV, Cytomegalovirus, toxoplasmosis), cardiac disease, renal disease, essential hypertension, endocrine disorders, serious mental illness, thromboembolism, multiple pregnancy, pre-eclampsia or eclampsia, abruptio placenta or placenta praevia, Rh sensitisation, polyhydramnios or oligohydramnios, cord collapse.	laparotomy; cervical cytology CIN III or higher; preeclampsia; eclampsia; chronic hypertension; placental abruption; incompetent cervix; multiple pregnancy; non cephalic presentation at full term; fetal death in utero; gestational diabetes requiring insulin; thrombosis; coagulation disorder; HIV; varicella; herpes in late pregnancy; pyelitis

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Contraindications - during labour	<ul style="list-style-type: none"> * Non-availability of the woman's SA Pregnancy Record during labour * Need for continuous fetal monitoring * Evidence of infection or maternal temperature >37.6°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 * Pre-labour rupture of the membranes for more than 12 hrs if they are Group B Streptococcus status is unknown 	<ul style="list-style-type: none"> * Cat 1: prolonged rupture of membranes (>12 hrs), mild to mod 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 1st stage labour, absence of progress in established 2nd stage labour, 3rd degree perineal tear, mild physiological maternal distress. * Cat 2: known/suspected multiple pregnancy, mild to severe pre-eclampsia or eclampsia, malpresentation, suspected abruptio placenta or placenta praevia, cord presentation, uterine rupture or inversion, severe fetal distress, severe physiological maternal distress, shoulder dystocia, obstructed labour, active genital herpes at time of labour, 4th degree perineal tear. 	<ul style="list-style-type: none"> gestational hypertension; preterm labour (<37 weeks); preterm labour rupture of membranes (<37 wks); abnormal or breech presentation; suspected placenta abruption or praevia; pre-eclampsia; pyrexia; multiple pregnancy; herpes; non-reassuring heart patterns; vasa praevia; prolapsed cord; uterine rupture; dystocia; 3rd or 4th degree perineal tear; uterine inversion; post-partum haemorrhage >1000mls; fetal death; shock/maternal collapse.
Home environment	<ul style="list-style-type: none"> * Not more than 30 minutes travelling time for 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. 	Unable to be sourced.	<ul style="list-style-type: none"> * must live within geographical boundaries of service or lodge an appeal if outside of these areas * lack of easy access (in case transfer during labour is warranted), particularly during wet season * lack of clean running water and/or electricity * lack of cleanliness and hygiene * domestic violence
Referral criteria	<ul style="list-style-type: none"> * 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 birth weight (<2,500 gms). 	Any of the Category 1 or 2 issues listed can be elevated, if deemed necessary by midwife, as referral criteria to hospital (<i>nb</i> . this is not overtly stated in the WA Policy document)	<ul style="list-style-type: none"> apgar score <7 at 5min; excessive bruising or infant; congenital abnormalities; major congenital abnormality requiring immediate attention; temperature instability; temp >37.4deg C; vomiting/ diarrhea; suspected seizure activity.
Pre-labour rupture of membranes	<ul style="list-style-type: none"> * Acceptable with Group B Streptococcus status is known. * Clear non-malodorous liquor. * Women afebrile on hourly temperature recording. 	Unable to be sourced.	Unable to be sourced.
Checklist	Planned home birth checklist for qualified practitioners (attached).	Unable to be sourced.	Unable to be sourced.
Distance from Hospital	Not more than 30 minutes from the supported health unit.	Not more than 50 km of a hospital offering maternity services	Must live within geographical boundaries of service (or lodge an appeal if outside of these areas).

NSW
* Two clinicians (both credentialed or privileged) must be present * Clinicians providing public homebirth services must be employees of, or have clinical privileges with, Area Health Services.
Sydney Illawara Health Service Requirements as an example: - must be registered with NSW Nurses (and Midwives) Board; employed in the South East Sydney Illawarra Area Health Service; completed Advanced Life Support in Obstetrics course; experience in midwiferysuturing, cannulation, neonatal resuscitation, maternal resuscitation, - has attended min of five homebirths
* Australian College of Midwives Inc. National Midwifery Guidelines for Consultation and Referral * Must be credentialed with NSW Health Credentialling policy directive * Woman must attend meeting with maternity unit following booking of appointment in case transfer to hosp is required.
* NSW Health Models of Maternity Service Provision * NSW Health Framework for Maternity Services * NSW Health Policy Directive - Midwives - Credentialling Framework * NSW Health Policy Directive - Maternity - Public Homebirth Services
*NSW Health Policy Directive: Maternity - Homebirth Services * Homebirth Information Sheet
* Midwife undertakes home visits with support people to clarify and delineate roles * <u>Homebirth Information Sheet provided</u>
*Specific consent forms must be approved by NSW Health Legal Branch
* documentation for homebirth same as for hospital birth * Must also comply with requirements of the Midwives Data Collection

NSW

NSW Health Dept will extend insurance to its employed midwives, subject to midwife:
- keeping detailed records; consulting all parties to be present and clarifying their roles (eg. support people) and obtaining their written consent/understanding.
- examining patient's home to ensure appropriate and safe environment.

* Obstetrician reviews clinical records and acts as referral source for midwives
* Risk assessment to include local issues, eg travel to the nearest maternity unit and size of miwife's caseload.

Unable to be sourced.

Unable to be sourced.

Unable to be sourced.

NSW

Unable to be sourced.

* Guidelines for home visiting used through 'Families First' program used to direct assessment of safe environment

Unable to be sourced.

Unable to be sourced.

Unable to be sourced.

Risk Assessment to include local issues, eg travel to the nearest maternity unit and size of caseload