Policy Directive

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Maternity - Public Homebirth Services

Document Number PD2006_045

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Functional Sub group Clinical/ Patient Services - Maternity

Summary This Policy Directive has been developed to reflect current evidence about the provision of homebirth. Area Health Services (AHSs), when providing public homebirth services, must comply with the standards set out in this document. Clinicians providing public homebirth services must be employees of, or have clinical privileges with, AHSs.

Replaces Doc. No. Homebirth Policy Statement [PD2005_176]

Author Branch Primary Health and Community Partnerships

Branch contact Ann Kinnear 9424 5891

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Public Health Units, Public Hospitals

Audience Maternity clinicians, obstetricians, midwives, GPs, paediatricians, neonatologists, emergency depts

Distributed to Public Health System, Divisions of General Practice, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, Tertiary Education Institutes

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Director-General

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Compliance with this policy directive is **mandatory**.

HOMEBIRTH SERVICES OFFERED BY NSW HEALTH

This Policy Directive supersedes Policy Directive PD2005_176 (2000/53).

This Policy Directive should be read in association with the following documents:

- NSW Health 2000 The NSW Framework for Maternity Services, NSW Health Department
- NSW Health 2003 Models of Maternity Service Provision Across NSW, NSW Health Department
- NSW Health 1999 Framework for Managing the Quality of Health Services in NSW, NSW Health Department
- NSW Health 2002 Draft Supporting Families Early, *Families First* Health Home Visiting Guidelines, NSW Health Department
- NSW Government 2002 A Support Network for Families Raising Children, The Cabinet Office

1. Introduction

1.1. NSW Health recognises that the place of birth is a decision for women and their families and that a small number of women will choose to birth at home. It is recommended that AHSs make arrangements for the provision of a range of models of care, which may include public homebirth services. Public homebirth services, when provided, must comply with the standards set out in this document.

1.2. Until recently, the availability of homebirth services was restricted to the private sector, usually provided by an independent (private) midwife or medical practitioner[1].

1.3. Wherever the setting that birth takes place, safety is a priority and practitioners with the necessary knowledge, skills and attributes should attend women.

1.4. The *NSW Framework for Maternity Services*[2] (the Framework) is the current policy that forms the platform for maternity services across NSW. It promotes continuity of care and consistent information as essential aspects in the provision of care that is culturally sensitive and appropriate. Within the stated five-year goals of the Framework, the provision of publicly funded homebirth is supported.

1.5. *Models of Maternity Service Provision Across NSW*'[3] further articulates the models of care and level of services outlined in the Framework. It recommends AHSs further develop primary maternity services that are effectively linked and networked across secondary and tertiary levels of care.

1.6. NSW Health's first obligation is to provide women with models of care where the appropriate safety controls and processes for the local population needs are the first priority. This includes risk assessment, strict exclusion criteria, consultation and referral guidelines, networked arrangements providing appropriate obstetric

[1] As this document considers public homebirth options funded by the NSW Health Department, professionals providing home birth services are required to be NSW Health employees. Any GP or Obstetrician with obstetric clinical privileges in NSW Health will be entitled to provide services under a publicly funded model.

[2] NSW Health 2000 The NSW Framework for Maternity Services, NSW Health Department
[3] NSW Health 2003 Models of Maternity Service Provision Across NSW, NSW Health Department

support and transfer, credentialling of the midwives, clinical privileges for medical practitioners and rigorous evaluation of the models.

All women require timely access to appropriate levels of care. Service response is reliant on robust processes and systems. Collaborative networks within these systems rather than any one factor such as the geographical location of the service are critical.

1.7. Public homebirth services, when provided, must comply with the standards set out in this document. These standards are provided under the *Framework for Managing the Quality of Health Services in NSW*[4] and further developed in *Models of Maternity Service Provision across NSW'.* These standards are applicable to public homebirth services and are articulated under the following headings:

- Safety and risk minimisation
- Continuity of care
- Competence of the workforce
- Information management to support effective decision making
- Networked services
- Education and training
- Consumer participation
- Monitoring and evaluation

2. Safety and Risk Minimisation

2.1. The focus of primary health care is to provide local services that are developed with the local community taking into consideration their unique context. When developing homebirth services, AHSs must include a risk assessment methodology that identifies the necessary processes, training and guidelines to minimise harm and maximise client safety.

2.2. Risk assessment should always include consideration of local issues such as travel to the nearest maternity unit (Role delineated Level 3 and above) and the size of the caseload.

2.3. Clinicians providing homebirth services are required to comply with all incident reporting requirements of NSW Health.

2.4. Two clinicians (both credentialled or privileged) are required to be present at each birth at home. Student midwives/medical students under supervision may also attend with the prior consent of the woman and her family.

2.5. Guidelines for occupational health and safety issues are provided elsewhere by NSW Health[5].

[4] NSW Health 1999 Framework for Managing the Quality of Health Services in NSW, NSW Health Department
[5] NSW Health 2003 Protection People & Property: NSW Health Policy & Guidelines for Security Risk Management in Health Facilities, NSW Health Department

3. Continuity of Care

3.1. Continuity of care is defined as the provision of care throughout the antenatal, intrapartum and postnatal periods.

3.2. Existing continuity of care models could be extended to incorporate homebirth services.

3.3. Area Health Services are to provide the appropriate structures and processes that ensure there is a smooth transition between the levels of services as required.

3.4. It is recommended that the primary clinician provides postnatal care in the community for a minimum of fourteen days but not exceeding six weeks post partum. This clinician is responsible for:

- Arranging care according to the woman's needs
- Liaising with local community services where appropriate
- Ensuring a smooth transition from maternity services to child and family health services
- Early and effective engagement with child and family health nursing services in the care of families requiring additional support. This should commence in the antenatal period as per the Families First Initiative[6].

3.5. It is advisable to provide a minimum of two antenatal contacts in the home – i.e. booking and 36 weeks. Other contacts will be arranged between the woman and clinician according to individual circumstances.

3.6. It is acknowledged that the woman may decide to change her planned place to birth. In this event, AHSs are required to provide a smooth transition to accommodate this need.

4. Competence of the Workforce

4.1. Medical practitioners providing homebirth services will have clinical privileges delineated according to NSW Health Policy Directive[7].

4.2. All midwives providing home birth services will be credentialled according to the NSW Health Credentialling policy directive [8].

5. Information management to support effective decision making

5.1. Women and their families have a right to sufficient and appropriate information necessary for making an informed choice regarding the option of homebirth.

5.2. Access to the service will be determined utilising the *Australian College of Midwives Inc. National Midwifery Guidelines for Consultation and Referral*[9].

5.3. Clinical information will be managed and reported in accordance with existing requirements in the NSW public health system.

[6] NSW Government 2002 A Support Network for Families Raising Children, The Cabinet Office Sydney
[7] PD2005_497: Visiting practitioners and staff specialists Delineation of clinical privileges policy for implementation.
[8] PD2005_615: Midwives - NSW Health - Credentialling Framework
[9] To view the guidelines http://www.acmi.org.au/text/corporate_documents/ref_guidelines.pdf

5.4. Clinicians are required to comply with the reporting requirements of the Midwives Data Collection (MDC)[10].

5.5. The records that women hold should contain comprehensive, contemporaneous clinical information to maximise communication between health professionals.

6. Networked Services

6.1. All maternity, neonatal and community health services must maintain effective linkages and networks across primary, secondary and tertiary levels of care, focusing on prevention, early recognition of risk, timely referral, consultation and clinical effectiveness. Collaboration between all health workers at all levels is a critical factor in ensuring safe services.

6.2. The clinician must register women with their local maternity unit following their booking appointment.

6.3. AHSs may make arrangements for pathology and pharmaceutical services through local hospital services.

6.4. Examination of the newborn is to be negotiated locally and could involve local General Practitioners, paediatricians or appropriately trained midwives**.**

6.5. Access to the State-wide Infant Screening Hearing Program (SWISH) services is to be arranged with the local SWISH team.

6.6. AHSs must include discussions with local ambulance, paramedic services and the NSW Newborn and Paediatric Emergency Transport Service (NETS) when planning and implementing local public homebirth services.

7. Education and Training

7.1. All midwives working in midwifery managed primary maternity services including public homebirth services must be credentialled as per the policy directive PD2005_615.

7.2. Mandatory education about domestic violence and child protection must be available as per the NSW Health Policy Directive *Identifying and Responding to Domestic Violence*[11] and Child Protection legislation.

8. Consumer Participation

8.1. Liaison with local consumers is essential at all stages of implementation and ongoing evaluation.

8.2. AHSs are encouraged to provide information and develop education strategies to inform and educate pregnant women, the community, clinicians, allied health staff and health services about the availability and safety of home birth for women with uncomplicated pregnancies.

[10] PD2005_192 Midwives Data Collection
[11] NSW Health 2005 PD2005_413 Identifying and Responding to Domestic Violence

9. Monitoring and Evaluation

9.1. The introduction of new models of maternity care must include comprehensive evaluation.

9.2. Components of data collection for ongoing monitoring and evaluation purposes should include:

- Clinical maternal and neonatal outcomes
- Costs associated with the provision of the model
- Women's experience of care during pregnancy, birth and the postnatal period
- Staff satisfaction including retention rates of clinicians working in this model of care
- Transfer rates

9.3 Reporting will include an analysis of incidents reported through the Safety Improvement Program.

Robyn Kruk
Director-General