NATIONAL PERINATAL EPIDEMIOLOGY CENTRE

Planned Home Births in Ireland

Planned Home Births in Ireland: National Clinical Audit

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NATIONAL PERINATAL EPIDEMIOLOGY CENTRE

Office of the Nursing & Midwifery Services Director

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Background

THE PLANNED HOME BIRTHS IN IRELAND ANNUAL REPORT

The Planned Home Births in Ireland Annual Report published by the HSE in collaboration with the NPEC, presents an overview of the home births service provided by Self Employed Community Midwives (SECMs) and Integrated Hospital Community Midwives (ICHMs) in the Republic of Ireland for the year.

The report draws on information collected from the planned home birth in Ireland audit, offering an informative resource for those clinicians providing guidance to women and for the women themselves to be self-informed in a clear and transparent manner in relation to home birth as an option in Ireland. The content of each report reflects the commitment and hard work of many people involved in the maternity services, to which we are very grateful.

PURPOSE OF THIS AUDIT

The primary aim of this audit is to provide national statistics and an overview of findings from the HSE home birth service in the Republic of Ireland (ROI). This audit aims collect data on the clinical care and outcomes for all women who registered for a home birth, examining both the maternal and infant outcomes of planned HSE home births, including outcomes whereby the care of the woman is transferred for hospital care in the antepartum, intrapartum or postpartum period. Thus, facilitating maternity services to undertake reviews of its own practices, through monitoring these outcomes with regular audit. This information is essential to ensure that standards of home births in Ireland are met.

Clinical audit is defined as “a clinically-led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and acting to improve care when standards are not met.”

Consequently, the audit findings aim to provide data to firstly ascertain adherence to the national evidence-based guidelines, protocols and standards and secondly, to provide evidence which facilitates maternity healthcare providers to review practice in the home setting, where appropriate.

Completing the data collection form

Thank you for your commitment to this audit. Your time is greatly appreciated.

Please find below some guidance to support you to complete the data collection form for the National Perinatal Epidemiology Centre (NPEC) Planned Homebirth in Ireland Clinical Audit.
Please note: Further details regarding using the online platform can be found on the NPEC website, if you are having any technical difficulties or have any questions, please contact the NPEC team.

Eligibility criteria for including a woman in the NPEC home birth audit:

- Please enter the data for any woman who registered for the home birth service, regardless of where the woman ultimately gave birth.
- To note: if the woman moves within the service, i.e. to another area or different home birth service, she will only be counted once in the area that she birthed in.

Initial mandatory questions

Q - Year of baby's birth

Q - Month of baby's birth

Please select the year of the baby's **birth** to ensure the case is counted in the correct reporting year and to allow for standardisation of reporting.

Please select the month of baby's birth to allow access to monthly reports.

Section 1: HOME BIRTH SERVICE DETAILS

Q - This form will record your name. Please fill in your name below

Please enter your own name, this is for communication purposes in relation to the case entered.

Q - Case reference number

Please create an individual reference for the case that **does not** include any identifiable information (e.g. woman's MRN). You can keep this reference on your local computer with further information for you to be able to identify the case if there are any queries. **Please do not share this file with the NPEC**, it is for your own records only.

Section 2: WOMAN'S DETAILS

Q - Woman's age, height and weight

These questions relate to the woman's information at time of booking.

Q - Body Mass Index (BMI) at booking

Body mass index is automatically calculated based on the height and weight entered in the previous two questions. If you do not have a height/weight but do have the BMI only, please enter this into the comment icon to the left of the question please.

Q - Is there a documented history of drug abuse or attendance at a drug rehabilitation unit?

If no drug misuse history, please select answer "none recorded".

Q - Did the woman have any risk factors for review at booking?

If the woman has any medical or social history that required individual review for registration with the home birth service, please select "yes". This question is <u>not</u> referring to previous pregnancy or current pregnancy issues – these will be asked later in the form.

*<u>Examples for risk factors list:</u>

Endocrine disorder, e.g. hyper/hypothyroidism.

Gastrointestinal disease, e.g. IBS.

Gynaecological abnormality, e.g. history of LLETZ, fibroids, PCOS or previous gynaecological surgery.

Infection, including sexual transmitted infection, e.g. genital herpes.

Mental Health history, e.g. anxiety, depression.

*Please note, the lists created throughout the form are based on the most common answers from previous reports and the MOU. They are not exhaustive, and each list has the option for "other" where relevant.

Section 3: PREVIOUS PREGNANCIES

Q - Did the woman have any previous pregnancies?

This includes any previous pregnancies, e.g. live birth, stillbirth, miscarriage, termination.

Stillbirth refers to a baby delivered without signs of life from 24 weeks' gestation and/or with a birth weight of ≥500g.

Miscarriage is the loss of a pregnancy before 24 weeks and a birth weight of less than 500g.

Q - Where did the woman previously give birth?

Please select all that apply.

Free birth refers to the decision to give birth without the assistance of a healthcare professional, while BBA refers to giving birth at home before the midwife had time to arrive, or giving birth before arrival to hospital where this was the intended place of birth.

Section 5: THIS PREGNANCY

Q - Is there documented evidence that a home birth information leaflet was provided to the woman and/or a discussion had around eligibility (incl. post maturity, SROM etc...)?

This question relates to any documents or discussions had with the woman prior to registering with the service to discuss the eligibility criteria for HSE home birth, in order to gain informed consent. E.g. has the woman been informed that a transfer of care to the maternity unit would be required in certain circumstances such as rupture of membranes >18 hours, etc.

Q - Woman's distance from SECM (in kms)

Distance from the woman's home.

Q - Did the woman have a booking visit/register with a GP?

This question relates to a woman having a booking visit with her own GP, regardless of whether the GP was aware of her intent to give birth at home at this point.

Q - Did the GP provide all shared care?

Did the woman's GP provide full shared care, including antepartum visits, the newborn examination, and the postpartum visits at 2 and 6 weeks.

If the GP was unable to provide any care to the woman – please select "All care".

Q - Was there specific liaison obstetrician/s available in available this unit?

This is referring to a designated obstetrician or designated team of obstetricians that are identified to oversee the care of the women who are registered with the homebirth service.

Q - Woman's distance from maternity hospital (in kms)

Distance from the woman's home to the hospital she registered her pregnancy with.

Section 5: THIS PREGNANCY cont…

Q - Did the woman request to be transferred out of the homebirth service antenatally?

This question refers to women who decided to change care pathway during the antepartum period (not related to any specific complication).

*Examples for problems during the pregnancy:

Any indication of maternal infection (incl. viral), e.g. pyrexia or symptoms of chorioamnionitis, UTI, flu, Covid-19.

Concern with fetal heart rate, e.g. high baseline, low variability, decelerations noted on intermittent auscultation.

Malpresentation, e.g. breech.

Thromboembolic disease, e.g. PE, DVT.

Q – What was the outcome following the obstetric review?

Please use the option 'remained under the home birth service but with a plan to birth in hospital' as sparingly as possible, this is intended for individualised care plans.

*Please note, the lists created throughout the form are based on the most common answers from previous reports and the MOU. They are not exhaustive, and each list has the option for "other" where relevant.

Q - If the care of the woman was transferred antenatally to a maternity unit, what was the main reason identified?

This is to identify the main reason for transfer where there may have been multiple complications during the pregnancy. Please select the primary reason for the transfer of care, if possible.

Q - If the care of the woman was transferred antenatally to a maternity unit, was the woman transferred back to the homebirth service at any point later in the pregnancy?

This question is referring to the woman being transferred back to the care of the home birth service in the antepartum period, with the intention of woman continuing her plan to give birth at home. This is not related to any postpartum care provided to the woman after a hospital birth, which can be included in the question below if appropriate.

Q - If the care of the woman was not transferred back to the homebirth service, did the community midwife remain involved in the woman's care?

This could include the community midwife providing labour care as a primary or secondary clinical care provider, or in a support role only, e.g. as a doula. It may also include any postpartum care and support that the community midwife provided to the woman after her hospital birth. If the community midwife was not able to provide any further support to the woman, you are welcome to use this space to explain why.

Section 6: BIRTH

Q - Place of birth

"Home" in this question refers to the planned home birth. Born before arrival (BBA) refers to giving birth at home before the midwife had time to arrive, or giving birth before arrival to hospital where this was the intended place of birth.

Q - Was the woman transferred to a hospital/maternity unit during the intrapartum period?

This refers to any transfers that occurred during the 1st, 2nd or 3rd stage of labour. Including cases where the baby was born but the transfer happened prior to the placenta being delivered, i.e. prior to the 3rd stage of labour being complete.

Intrapartum transfer should only relate to women who were transferred from the established onset of labour, i.e. a period of time when, there are regular painful contractions, and there is progressive cervical dilatation from 4cm. If the woman is in very early labour/ the latent phase of labour, this should be classified as an antepartum transfer.

*<u>Examples of reasons for intrapartum transfer:</u>

Concern with fetal heart rate, e.g. high baseline, low variability, decelerations noted on intermittent auscultation.

Q - Length of intrapartum transfer (in minutes)

Time from leaving the home to arriving at the hospital.

Q - Did the community midwife remain involved in the woman's care after the transfer?

This could include the community midwife providing labour care as a primary or secondary clinical care provider, or in a support role only, e.g. as a doula. It may also include any postpartum care and support that the community midwife provided to the woman after her hospital birth. If the community midwife was not able to provide any further support to the woman, you are welcome to use this space to explain why.

*Please note, the lists created throughout the form are based on the most common answers from previous reports and the MOU. They are not exhaustive, and each list has the option for "other" where relevant.

Section 6: BIRTH cont…

Q - Do you have access to birth details/records?

Please use option “No” as sparingly as possible. This should only be used where you have absolutely no further information regarding the case.

Q - Date of onset of established 1st stage of labour

Established 1st stage of labour - a period of time when, there are regular painful contractions, and there is progressive cervical dilatation from 4cm.

Q - Date of completion of the 3rd stage of labour

Placenta and membranes delivered.

Q - Was a delay in labour documented, as per home birth guidelines, during the 1st, 2nd or 3rd stage of labour?

Delay in progress of first-stage labour is defined as cervical dilatation of less than 2 cm in four hours for first labours, and cervical dilatation of less than 2 cm in four hours or a slowing in the progress of labour for second or subsequent labours. (HSE Midwifery Practice Guidelines, 2018).

For nulliparous women, diagnose delay in the active second stage when it has lasted two hours and refer the woman to a healthcare professional trained to undertake an operative vaginal birth if birth is not imminent (NICE, 2014).

For multiparous women, when the active second stage has lasted one hour or more, delay should be diagnosed and refer the woman to a healthcare professional trained to undertake an operative vaginal birth if birth is not imminent (NICE, 2014).

Diagnose a prolonged third stage of labour if it is not completed within 30 minutes of the birth with modified active management or within 60 minutes of the birth with physiological management (NICE, 2014).

Section 6: BIRTH cont…

Q - Who was present at the birth?

Please tick all that apply. Hospital staff includes hospital midwives and doctors. Other family members/friends may include parents of the woman, siblings, other children etc… If "other family members/friends" is selected, you do not need to specify further.

Q - Is there documented evidence of a discussion around pain relief in labour?

Is the woman aware of the pain relief options available to her in the home setting, and if she required an epidural, a transfer to the hospital would be necessary.

Q - Maternal position at birth

The woman's position at time of the birth of the baby. "Side-lying" includes both right and left lateral. "Lying (e.g. for CS)" may include any tilted and supine position.

Q - Was the management of the 3rd stage active or physiological?

Active management of the 3rd stage of labour includes prophylactic uterotonic administration, early cord clamping and controlled cord traction for the delivery of the placenta.

Q - Was this the planned method of management for the 3rd stage?

Was this the woman's chosen management of the 3rd stage? As discussed with the midwife prior to the birth of the baby or during the birth plan discussion during the woman's pregnancy.

Q - Is there evidence of maternal observations documented in an IMEWS chart?

Use of the Irish Maternity Early Warning System (IMEWS) chart to document the woman's vital signs.

Section 7: BABY OUTCOMES

Q - Baby outcome

Miscarriage: the loss of a pregnancy before 24 weeks and a birth weight of less than 500g.

Stillbirth: a baby delivered without signs of life from 24 weeks' gestation and/or with a birth weight of ≥500g.

Early neonatal death: Death of a live born baby occurring within 7 completed days of birth.

Late neonatal death: Death of a live born baby occurring after the 7th day and within 28 completed days of birth. (San Lazaro Campillo, 2022)

Q - Were there any anomalies identified at first examination by the community midwife?

This refers to the first head to toe examination the midwife performs after the birth of the baby.

*Examples of anomalies identified from first head-to-toe exam:

Birth mark, e.g. mole, Mongolian blue spot.

Q - Was a medical examination of the newborn performed?

This question refers to the Newborn and Infant Physical Examination (NIPE), or newborn check. Recommended to be completed within 72 hours of the birth by a specifically trained professional. (HSE Midwifery Practice Guidelines, 2018)

*Examples of reasons for baby transfer:

Accompanying mother being transferred to the maternity unit, e.g. no specific concerns with baby but mother requires transfer of care.

Excessive weight loss, i.e. >10% of their birthweight.

Respiratory symptoms, e.g. tachypnoea, grunting, low oxygen saturations.

Thermoregulation concern, i.e. pyrexia or hypothermia.

*Please note, the lists created throughout the form are based on the most common answers from previous reports and the MOU. They are not exhaustive, and each list has the option for “other” where relevant.

Section 8: MATERNAL OUTCOMES

Q - Were observations recorded postpartum for mother and baby?

Documented recording of mother and baby's vital signs. E.g. Temperature/ respiratory rate/ O2 saturations/ blood pressure / pulse for the mother and temperature/ heart rate/ O2 saturations for baby.

*<u>Examples of postpartum complications:</u>

Extensive tear or requires complicated suturing, e.g. 3rd degree tear.

Offensive lochia, e.g. foul-smelling or discoloured.

Psychological well-being concern, i.e. mental health concern, symptoms of postpartum depression.

Signs of thromboembolic disease, e.g. PE, DVT.

Woman generally unwell or seems unduly anxious, e.g. feeling faint or dizzy.

Wound infection and/or excessive pain, i.e. Episiotomy, perineal tear or caesarean section wound.

Q - Length of transfer (in minutes)

Time from leaving the home to arriving to the hospital.

*Please note, the lists created throughout the form are based on the most common answers from previous reports and the MOU. They are not exhaustive, and each list has the option for "other" where relevant.

Section 9: INCIDENTS AND FURTHER COMMENTS

Q - Was an adverse incident identified?

"Incident: An event or circumstance which could have, or did lead to unintended and/or unnecessary harm." (NIMS, 2021)

Q - What was the category of the incident?

☐ **Near Miss e.g. Nearly given wrong drug**	**Category 3**
☐ **No Injury** e.g. Wrong drug given but no harm occurred	
☐ **Injury not requiring first aid**	
☐ **Injury or illness, requiring first aid**	
☐ **Injury requiring medical treatment**	**Category 2**
☐ **Long-term disability / Incapacity (incl. psychosocial)**	**Category 1**
☐ **Permanent Incapacity (incl. Psychosocial)**	
☐ **Death**	

(NIMS, 2021)

Q - Please add any additional relevant comments

If there is any further information regarding this case that you feel has not been captured thus far, please use this space to provide any extra detail.

References

- Midwifery Practice Guidelines HSE Home Birth Service (2018)
- National Incident Management System (NIMS) HSE (2021)
- National Institute of Health and Care Excellence (NICE) (2014) Intrapartum Care: Care of Healthy Women and their Babies During Childbirth. Clinical Guideline, NICE, London
- San Lazaro Campillo I, Manning E, Corcoran P, Keane J, O'Farrell IB, McKernan J, White E, Greene RA, on behalf of the Perinatal Mortality National Clinical Audit Governance Committee. Perinatal Mortality National Clinical Audit in Ireland Annual Report 2020. Cork: National Perinatal Epidemiology Centre, 2022.

Find the previous reports:

- Follow the below link to the NPEC website:
  https://www.ucc.ie/en/npec/npec-clinical-audits/plannedhomebirths/plannedhomebirthsreports/

Planned Home Births Reports

Planned Home Births Triennial report 2018-2020

Planned Home Births in Ireland Annual Report 2017

Planned Home Births in Ireland Annual Report 2016

Planned Home Births in Ireland Annual Report 2015

Planned Home Births in Ireland Annual Report 2014

Planned Home Births in Ireland Annual Report 2013

Planned Home Births in Ireland Annual Report 2012

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THANK YOU

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