



Registered Home Births in Ireland Audit Form



NATIONAL PERINATAL
EPIDEMIOLOGY CENTRE

Year of baby's birth

- 2021
- 2022
- 2023
- 2024
- 2025
- 2026
- 2027
- 2028
- 2029
- 2030

Month of baby's birth

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

SECTION 1. HOME BIRTH SERVICE DETAILS

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

Case reference number

(Please use an individual identifier and keep a note of this for your own records)

Midwife's HSE area

- Dublin Mid Leinster
- Dublin North East
- South
- West
- Carlow, Kilkenny
- Coombe
- South Tipperary
- Waterford
- Wexford
- National Maternity Hospital

Who was the care primarily provided by within the home birth service?

- Integrated Hospital Community Midwife (IHCM)
- Self-employed Community Midwife (SECM)
- Other

Please specify other

County the woman lives in

- Carlow
- Cavan
- Clare
- Cork
- Donegal
- Dublin
- Galway
- Kerry
- Kildare
- Kilkenny
- Laois
- Leitrim
- Limerick
- Longford
- Louth
- Mayo
- Meath
- Monaghan
- Offaly
- Roscommon
- Sligo
- Tipperary
- Waterford
- Westmeath
- Wexford
- Wicklow

SECTION 2. WOMAN'S DETAILS

Woman's age

Woman's height

(Please round up to nearest cm)

Woman's weight

(Please round up to the nearest kilogram)

Body Mass Index (BMI) at booking

Relationship status

- Single
 Partner (not married)
 Married
 Widowed
 Divorced/Separated

Ethnic group

- White Irish
 Irish Traveller
 Any other white background
 Asian or Asian Irish
 Black or Black Irish
 Other, including mixed ethnic backgrounds

Please specify other ethnic background

Woman's employment status

- Employed or self-employed (full or part-time)
 Student
 Home maker
 Unemployed (looking for work)
 Permanently sick/disabled

Did the woman smoke at booking?

- Yes
 No

Please specify the number of cigarettes smoked per day

Did the woman give up smoking during pregnancy?

- Yes
 No

Did the woman consume alcohol during her pregnancy?

- Never
 Monthly or less
 2-4 times a month
 2-3 times a week
 More than 4 times a week

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

- None recorded
 Prior to this pregnancy
 During this pregnancy

Did the woman engage in physical activity during her pregnancy?

- Regularly (more than once a week)
 Occassionally (once every two weeks)
 Rarely (once a month)
 Never

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

- Yes
 No

Please specify which risk factors did the woman have for review at booking

- BMI >35 or < 18
 Cardiovascular disease
 Distance from SECM/hospital
 Endocrine disorder
 Gastrointestinal disease
 Gynaecological abnormality
 Haematological disorder
 Immune disease
 Infection
 Maternal age over 40 at booking
 Mental Health history
 Musculoskeletal disorder
 Respiratory issues/ Asthma
 Safeguarding concerns
 Other
(Please note, this does not include previous or current pregnancy issues which will be asked later in the form)

Please specify other

SECTION 3. PREVIOUS PREGNANCIES

Did the woman have any previous pregnancies?

- Yes
 No

Number of live births

Number of stillbirths

 (Stillbirth refers to a baby delivered without signs of life from 24 weeks' gestation and/or with a birth weight of $\geq 500\text{g}$)

Number of miscarriages

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

Number of terminations of pregnancy

Where did the woman previously give birth?

- Home
 Hospital
 Free birth
 Born before arrival (BBA)

(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 4. PREVIOUS OBSTETRIC HISTORY

Did the woman have any issues or risk factors for review regarding her previous pregnancies?

- Yes
 No

Please specify the issues or risk factors for review regarding her previous pregnancies

- Extensive vaginal, cervical, or third- or fourth-degree perineal trauma
 Gestational diabetes
 Group B streptococcus
 Para 5 or more
 Placental abruption
 Post-partum depression
 Post-partum haemorrhage
 Pre-eclampsia developing at term
 Preterm labour or mid trimester loss
 Previous baby >4.5kg
 Previous baby with congenital anomaly (please specify)
 Previous caesarean section
 Previous neonatal death (please specify cause)
 Previous stillbirth (please specify cause)
 Retained placenta
 Shoulder dystocia
 Three or more miscarriages
 Other

Please specify

SECTION 5. THIS PREGNANCY

Date of booking visit with community midwife

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...)?

- Yes
 No

Woman's distance from SECM (in kms)

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

- Yes
 No

Did the GP provide all shared care?

- Yes
 No

If GP did not provide all shared care, what were they unable to provide?

- All care
 Antenatal care
 Newborn Examination at day 3
 Postnatal check-ups at weeks 2 and 6

Who did the woman receive shared care from?

- Woman's own GP
 Alternate GP sought out
 Midwifery-led hospital service
 Obstetric-led service
 Community Midwife only as no GP available

Did the woman have a booking visit/register with a maternity hospital?

- Yes
 No

In which hospital did the woman attend her booking visit/register?

- Cavan General Hospital (CGH)
 Coombe Women and Infants University Hospital (CWIUH)
 Cork University Maternity Hospital (CUMH)
 Letterkenny University Hospital (LUH)
 Limerick University Maternity Hospital (UMHL)
 Mayo University Hospital, Castlebar (MUH)
 Midland Regional Hospital, Portlaoise (MRHP)
 National Maternity Hospital (NMH)
 Our Lady of Lourdes Hospital, Drogheda (LOL)
 Portiuncula University Hospital, Ballinasloe (PUH)
 Regional Hospital, Mullingar (RHM)
 Rotunda Hospital, Dublin (RH)
 Sligo University Hospital (SUH)
 St Luke's Hospital, Kilkenny (SLHK)
 Tipperary University Hospital (TippUH)
 University Hospital Galway (UHG)
 University Hospital Kerry (UHK)
 University Hospital Waterford (UHW)
 Wexford General Hospital (WGH)

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

- Yes, specific liaison obstetrician available
 Yes, specific liaison clinic available
 No, non-specific obstetrician available only

Woman's distance from maternity hospital (in kms)

Estimated date of delivery (EDD)

How was the EDD calculated?

- Scan
 Date of last menstrual period (LMP)

Did the woman have a booking scan before 14 weeks gestation?

- Yes
 No

Did the woman have an anomaly scan?

- Yes
 No

What was the woman's gestation at the anomaly scan?

- Before 18 weeks
 Between 18 and 21 weeks
 After 21 weeks

Total number of antepartum visits by the community midwife

Did any problems arise during this pregnancy while the woman was under the care of the homebirth service?

- Yes
 No

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

- Yes
 No
(This question refers to women who decided to change care pathway during the antepartum period (not related to any specific complication))

What problems arose during this pregnancy?

- Anaemia
- Antepartum haemorrhage
- Any indication of maternal infection (incl. viral)
- Atypical antibodies
- Concern with fetal heart rate
- Diagnoses of oligo/polyhydramnios
- Group B streptococcus
- Hypertension
- Intrauterine death
- Low lying placenta/ Placenta praevia
- Macrosomia/ Large for dates
- Malpresentation
- Maternal request for transfer
- Mental health deterioration/ new onset mental health disorder
- Meconium stained liquor
- Onset of gestational diabetes
- Post dates
- Pre-eclampsia
- Premature rupture of membranes
- Prolonged rupture of membranes with NO signs of labour
- Reduced fetal movements
- Small for gestational age/ Intrauterine growth restriction
- Suspected fetal anomaly
- Threatened preterm labour
- Thromboembolic disease
- Unstable lie
- Other

Please specify other

Did any of these problems require a referral for obstetric review?

- Yes
- No

What was the outcome following the obstetric review?

- The woman remained under the care of the homebirth service.
- The woman remained under the home birth service with a plan to birth in hospital.
- The care of the woman was transferred antenatally to a maternity unit.

Antenatal transfer

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

- Anaemia
- Antepartum haemorrhage
- Any indication of maternal infection (incl. viral)
- Atypical antibodies
- Concern with fetal heart rate
- Diagnoses of oligo/polyhydramnios
- Group B streptococcus
- Hypertension
- Intrauterine death
- Low lying placenta/ Placenta praevia
- Macrosomia/ Large for dates
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- Small for gestational age/ Intrauterine growth restriction
- Suspected fetal anomaly
- Threatened preterm labour
- Thromboembolic disease
- Unstable lie
- Other

Please specify other

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?

- Yes
- No

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?

SECTION 6. BIRTH

Date of birth

Days between DOB and EDD

Weeks of gestation at birth

Time of birth

Place of birth

- Home
 Hospital
 In transit
 Born before arrival (BBA)
 Other (e.g. transferred out of country/service)
 (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)

Please specify other

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

- Yes
 No
 (Please note, this refers to any transfers that occurred during the 1st, 2nd or 3rd stage of labour.)

What was the reason for transferring the care of the woman to a hospital/maternity unit during the intrapartum period?

- Any indication of maternal infection
 Concern with fetal heart rate monitoring
 Confirmed delay in 1st or 2nd stage of labour
 Hypertension
 Intrapartum haemorrhage/bleeding
 Maternal pyrexia
 Maternal request
 Maternal request for analgesia
 Maternal tachycardia
 Meconium stained liquor
 Obstetric emergency (i.e. shoulder dystocia, cord prolapse, maternal collapse)
 Preterm labour
 Prolonged rupture of membranes WITH signs of labour
 Retained placenta/incomplete placenta or further management of 3rd stage required
 Community midwife unavailable for care
 Undiagnosed breech
 Other, please specify

Please specify other

Was the woman booked/registered at the hospital she was transferred to during the intrapartum period?

- Yes
 No

What was the stage of labour at decision to transfer?

- 1st stage
 2nd stage
 3rd stage
-

Date of intrapartum transfer to hospital/maternity unit

Time of intrapartum transfer to hospital/maternity unit

Length of intrapartum transfer (in minutes)

(Time from leaving the home to arriving at the hospital)

Mode of transport for intrapartum transfer

- Private car
 Ambulance
 Other
-

What time was the ambulance contacted?

What time did the ambulance arrive to the home?

What time did the ambulance arrive to the hospital?

Please specify other

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

Do you have access to birth details/records?

- Yes
 No
 Access to some details
 (Please use option "No" as sparingly as possible.)
-

Thank you, since you have indicated that you have no further details about this case you can mark the form as "complete". Alternatively, please skip to the next relevant section that you have information for.

What was the onset of labour?

- Spontaneous
 Induced
 Never in labour (i.e. Caesarean section)
-

Was there a spontaneous or artificial rupture of membranes?

- Spontaneous
 Artificial
-

Liquor colour

- Clear
 Meconium
 Blood stained
 Other
-

Please specify other

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.)

WARNING! First stage of labour date can't occur after date of birth. Please double check the dates entered.

Date diff DOB and first stage of labour in days

WARNING! Unusual number of days between first stage of labour and date of birth. Please double check the dates entered.

Time of onset of established 1st stage of labour

Date of onset of active pushing

WARNING! Active pushing date can't occur after date of birth. Please double check the dates entered.

WARNING! Active pushing can't occur before first stage of labour date. Please double check the dates entered.

Date diff DOB and active pushing in days

WARNING! Unusual number of days between active pushing and date of birth. Please double check the dates entered.

Time of onset of active pushing

Date of completion of the 3rd stage of labour

WARNING! Third stage of labour must occur after date of birth. Please double check the dates entered.

WARNING! Third stage can't occur before second stage of labour. Please double check the dates entered.

Date diff DOB and third stage in days

WARNING! Unusual number of days between the third stage and date of birth. Please double check the dates entered.

Time of completion of the 3rd stage of labour

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

Yes
 No

Was there evidence of accurate diagnosis of delay and appropriate transfer?

Yes
 No

If no, was there any delay in labour later identified following your review of the notes?

- Yes
 No

Was the labour augmented with syntocinon

- Yes
 No

Who was present at the birth?

- Primary community midwife
 Second midwife present at birth
 Second midwife called but only present at delivery of placenta
 Second midwife called but only present postpartum
 Doula
 Partner
 Hospital staff
 Other family members/friends
 Other

Please specify other

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

- Yes
 No

Did the woman use pain relief during labour?

- Yes
 No

What pain relief was used in labour?

- Entonox
 Water i.e. immersion in water pool/bath
 Complementary therapies (e.g: aromatherapy, homeopathy, accupuncture)
 TENS machine
 Pethidine
 Epidural/Spinal
 General anaesthetic
 Other

If water was used in labour, was the pool temperature measured and documented hourly?

- Yes
 No

Please specify other

Maternal position at birth

- Kneeling
 All fours
 Standing
 Squatting
 Side lying
 Sitting
 Semi-recumbent
 Lithotomy
 Lying (e.g. for CS)
 Other

Please specify other

Was this a water birth (birth of baby into water)

- Yes
 No

Presentation at birth	<input type="radio"/> Cephalic <input type="radio"/> Breech <input type="radio"/> Compound <input type="radio"/> Brow/Face
Cephalic presentation	<input type="radio"/> Occipito-anterior <input type="radio"/> Occipito-posterior <input type="radio"/> Occipito-transverse <input type="radio"/> Unknown cephalic
Mode of birth	<input type="radio"/> Spontaneous vaginal delivery <input type="radio"/> Ventouse <input type="radio"/> Forceps <input type="radio"/> Caesarean section
Type of caesarean section	<input type="radio"/> Elective <input type="radio"/> Emergency
Was there shoulder dystocia?	<input type="radio"/> Yes <input type="radio"/> No
Was the management of the 3rd stage active or physiological?	<input type="radio"/> Active <input type="radio"/> Physiological <small>(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)</small>
Was this the planned method of management for the 3rd stage?	<input type="radio"/> Yes <input type="radio"/> No
Was physiological management of the 3rd stage attempted?	<input type="radio"/> Yes <input type="radio"/> No
Was an oxytocic drug used for active management of the 3rd stage?	<input type="checkbox"/> Syntocinon <input type="checkbox"/> Syntometrine <input type="checkbox"/> Ergometrine <input type="checkbox"/> 40 units of syntocinon infusion <input type="checkbox"/> Other
Please specify other	_____
Estimated blood loss at birth (mls)	_____
Did the woman receive a blood transfusion?	<input type="radio"/> Yes <input type="radio"/> No
Perineum post birth	<input type="radio"/> Intact <input type="radio"/> Episiotomy <input type="radio"/> 1st degree tear <input type="radio"/> 2nd degree tear <input type="radio"/> 3rd degree tear <input type="radio"/> 4th degree tear
Was the perineum sutured?	<input type="radio"/> Yes <input type="radio"/> No

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

- Yes
- No
- Partially

SECTION 7. BABY OUTCOMES

Baby outcome

- Liveborn
 Miscarriage
 Stillbirth
 Early neonatal death
 Late neonatal death

Date of death of baby

Birth weight (g)

Sex of baby

- Male
 Female
 Indeterminate

Apgar score at minute 1

Apgar score at minute 5

Did the baby need resuscitation?

- Yes
 No

Resuscitation

- Suction
 Oxygen therapy
 Intermittent positive pressure respiration (IPPR) through bag and mask, etc.
 External cardiac massage
 Other

Please specify other

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

- Yes
 No

If yes, please specify

- Birth mark
 Cleft lip
 Congenital hip dislocation (CHD)
 Hypospadias
 Lip tie
 Positional talipes
 Sacral dimple
 Skin tag
 Tongue tie
 Undescended testes
 Other non-fatal anomaly
 Other chromosomal or genetic anomaly

Please specify other

Method of feeding at day 1	<input type="radio"/> Exclusive breastfeeding <input type="radio"/> Partial breastfeeding <input type="radio"/> Artificially feeding
Method of feeding on discharge of care from the home birth service	<input type="radio"/> Exclusive breastfeeding <input type="radio"/> Partial breastfeeding <input type="radio"/> Artificially feeding
Was vitamin K administered?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Offered but declined
How was vitamin K administered?	<input type="radio"/> Vitamin K was administered orally <input type="radio"/> Vitamin K administered IM
Was a Newborn Bloodspot Screening performed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Offered but declined
Was a medical examination of the newborn performed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Offered but declined
Who performed the medical examination of the newborn?	<input type="radio"/> GP <input type="radio"/> Hospital paediatrician <input type="radio"/> Midwife trained in NIPE
Was the four-part birth notification/ registration form completed and submitted to the relevant organisations?	<input type="radio"/> Yes <input type="radio"/> No
Was the baby transferred to the hospital at any stage after the birth?	<input type="radio"/> Yes <input type="radio"/> No
What was the reason for the transfer of the baby to hospital care?	<input type="checkbox"/> Accompanying mother being transferred to the maternity unit <input type="checkbox"/> Delay in passing urine or meconium <input type="checkbox"/> Excessive weight loss <input type="checkbox"/> Fetal anomaly <input type="checkbox"/> Hypoglycaemia <input type="checkbox"/> Jaundice <input type="checkbox"/> Low apgar score <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> Small for dates <input type="checkbox"/> Thermoregulation concern <input type="checkbox"/> Other
Please specify other	_____
Date of transfer of the baby	_____
Time of transfer of the baby	_____

Mode of transport of baby to hospital

- Private car
 Ambulance
 Other

Please specify other

Did the baby require any additional care?

- Yes
 No

Please specify additional care needed

- On hospital ward
 In the Special Care Baby Unit (SCBU)
 In the Neonatal Intensive Care Unit (NICU)
 Hospital care as outpatient only

What was the main reason for admission to NICU/SCBU?

How long did the baby spend in NICU/SCBU? (days)

(Days)

Was the woman booked/registered at the hospital baby was transferred to?

- Yes
 No

Date of discharge from hospital:

Time of discharge from hospital

SECTION 8. MATERNAL OUTCOMES

Maternal outcome

- Alive
 Maternal death

Date of maternal death

If the woman gave birth in hospital, did she continue to receive routine postpartum care by the community midwife?

- Yes
 No

Were observations recorded postpartum for mother and baby?

- Yes
 No
 Partially

Is there evidence of a discharge summary sent to the GP/PHN/hospital?

- Yes
 No

Total number of postpartum visits by the community midwife

Postpartum day of discharge from the care from the home birth service

Did the woman require additional care?

- Yes
 No

Please specify type of additional care

- Additional care from the community midwife
 Additional care on hospital ward
 Additional care in the High Dependency Unit (HDU) / Intensive Care Unit (ICU)

What was the main reason for admission to ICU/HDU?

How long did the woman spend in ICU/HDU? (days)

(Days)

Were there any maternal complications identified in the postpartum period?

- Yes
 No

What were the maternal complications identified in the postpartum period?

- Breast concern: blocked duct, mastitis, engorgement
- Dehydration and/or vomiting
- Excessive abdominal/ pelvic pain
- Extensive tear or requires complicated suturing
- Hypertension
- Maternal pyrexia
- Maternal tachycardia
- Offensive lochia
- Post-partum haemorrhage
- Psychological well-being concern
- Signs of thromboembolic disease
- Symptoms of a urinary tract infection
- Woman generally unwell or seems unduly anxious
- Wound infection and/or excessive pain
- Other

Please specify other

Was the woman transferred to a maternity hospital during the postpartum period?

- Yes
- No

What was the main reason for the maternal postpartum transfer?

- Accompanying infant being transferred to the maternity unit
- Breast concern: blocked duct, mastitis, engorgement
- Dehydration and/or vomiting
- Excessive abdominal/ pelvic pain
- Extensive tear or requires complicated suturing
- Hypertension
- Maternal pyrexia
- Maternal tachycardia
- Offensive lochia
- Post-partum haemorrhage
- Psychological wellbeing concern
- Signs of thromboembolic disease
- Symptoms of a urinary tract infection
- Woman generally unwell or seems unduly anxious
- Wound infection and/or excessive pain
- Other

Please specify other

Date of the maternal postpartum transfer

Time of the maternal postpartum transfer

Mode of transport for postpartum transfer

- Private car
- Ambulance
- Other

Please specify other

Length of transfer (in minutes)

_____ (minutes)

Was the woman booked/registered at the hospital she was transferred to?

- Yes
- No

SECTION 9. INCIDENTS AND FURTHER COMMENTS

Was an adverse incident identified?

- Yes
 No
("Incident: An event or circumstance which could have, or did lead to unintended and/or unnecessary harm.")

Where did the incident take place?

- Home
 Hospital
 Other

Please specify other

What was the incident that occurred?

Was a HSE National Incident Report Form (NIRF) completed?

- Yes
 No

What was the category of the incident?

- Category 1
 Category 2
 Category 3

Why was the incident not reported?

Please add any additional relevant comments
