

# Planned home birth with the HSE 2021

## Lay Summary

### National Perinatal Epidemiology Centre

The National Perinatal Epidemiology Centre (NPEC) works with the maternity services in Ireland. The NPEC, directed by Professor Richard A Greene, is comprised of a team of midwives, researchers, administrators and clinicians. Every time a mother gives birth in Ireland, the important interventions, clinical and adverse outcomes the complications are recorded and analysed at this national specialist centre.<sup>1</sup> The NPEC produces annual clinical audit reports on perinatal mortality, maternal morbidity, home births and very low birth weight babies in Ireland. At local hospital level, the NPEC provides customised feedback to individual hospitals on how they compare against the national average. Funded by the Health Service Executive (HSE), the NPEC is based at Cork University Maternity Hospital in the UCC Department of Obstetrics and Gynaecology. The NPEC continues to build on its existing portfolio of audit and quality review.

### What is clinical audit?

A clinically led, quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria. Where standards are not met, changes are implemented and re-auditing is used to confirm improvement in patient care.

### What is Epidemiology?

Epidemiology is the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states and events (not just diseases) in specified populations (neighbourhood, school, city, state, country, global).<sup>2</sup>

### NPEC report on planned home births in Ireland 2021

The primary aim of this report is to present an overview of audit findings from the HSE home births service in the Republic of Ireland (ROI) for the year 2021. The audit examines both the maternal and infant outcomes of planned HSE home births, including outcomes whereby the care of the woman is transferred for hospital care during her pregnancy, labour or after the birth of the baby. This report offers an informative resource for clinicians to inform women and for women themselves to be self-informed in a clear and transparent manner in relation to planned home birth as an option in Ireland.

**Exclusion Criteria:** The HSE Memorandum of Understanding (MOU)/Agreement<sup>3</sup> for home birth services outline medical and other factors requiring planned birth in an obstetric unit and medical and other conditions requiring referral to a consultant obstetrician by the midwife for final assessment when planning place of birth.

**Antepartum Referrals:** Referral to hospital due to complications which have arisen during pregnancy, requiring review by an obstetrician.

**Antepartum Transfers:** Where a transfer of care from the home birth service to the maternity unit during pregnancy is required due to a change in the woman's eligibility for the service, as per the HSE MOU/Agreement<sup>3</sup> or due to maternal choice.

**Intrapartum Transfer:** Where a transfer of care from the home birth service to the maternity unit during labour is required as per the indication outlined in the HSE MOU/Agreement.<sup>3</sup>

**Postpartum Transfer:** Where a transfer of care from the home birth service to the maternity unit after the baby's birth is required as per the indication outlined in the HSE MOU/Agreement.<sup>3</sup>

**Maternity unit:** Refers to the 19 public hospitals in the Republic of Ireland providing Maternity Care services.

**Parity:** The number of completed pregnancies, whether live birth or stillbirth, of at least 24 weeks gestation or with a birthweight  $\geq 500g$ ; prior to the home birth in this report.

**Gravida:** The number of times the woman has been pregnant, irrespective of duration; prior to the home birth in this report.

**First stage of labour:** When there are painful contractions and progressive cervical dilation from 4cm.<sup>4</sup>

**Second stage of labour:** the finding of full dilation of the cervix until the birth of the baby.<sup>4</sup>

**Third stage of labour:** The time from the birth of the baby to the expulsion of the placenta and membranes.<sup>4</sup>

### Pathway of care for home birth

When a woman enquires about having a home birth, she can contact a Designated Midwifery Officer (DMO) or the community midwife in her area, or book directly with the small number of hospitals providing an integrated community service. The criteria for home birth is discussed with the woman.

If the woman is then deemed suitable for service and she wishes to continue, an application form and consent form are signed between the community midwife and the woman. This is forwarded to the DMO or manager of the service to confirm eligibility. Some women may require an individual assessment by a Consultant Obstetrician.

Women intending to have a home birth are advised to register with a General Practitioner (GP) and to register and avail of services with a maternity hospital of their choice. The community midwife will be the primary carer for the mother and child up to 10-14 days after the birth. Full service to the woman usually consists of 10 visits by the community midwife in addition to the care provided during the woman's labour and birth. The visits are generally divided into 5 visits during pregnancy and 5 visits after the woman has her baby, subject to individual needs.

### References

<sup>1</sup>[health.gov.ie/blog/press-release/tanaiste-announces-new-national-perinatal-epidemiology-centre-in-cork-university-hospital/](https://www.health.gov.ie/blog/press-release/tanaiste-announces-new-national-perinatal-epidemiology-centre-in-cork-university-hospital/)

<sup>2</sup>[www.cdc.gov/careerpaths/k12teacherroadmap/epidemiology.html](https://www.cdc.gov/careerpaths/k12teacherroadmap/epidemiology.html)

<sup>3</sup>Midwifery Practice Guidelines HSE Home Birth Service 2018. [www.hse.ie/eng/services/list/3/maternity/new-home-birth-policies-and-procedures/hb004-midwifery-practice-guidelines-hse-home-birth-service.pdf](https://www.hse.ie/eng/services/list/3/maternity/new-home-birth-policies-and-procedures/hb004-midwifery-practice-guidelines-hse-home-birth-service.pdf)

<sup>4</sup>National Institute for Health and Care Excellence (NICE) (2014). Intrapartum care for healthy women and babies



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In Ireland, 0.4% of all births occurred at home in 2021. There were 429 women who registered for a home birth with 248 women giving birth at home.



Average number of visits **6**

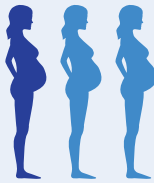
The average number of antenatal visits by the community midwife to women registered for a home birth was six



**26km**



The average distance from the woman's residence to the maternity unit was within 26.4km



**One in three women**

were transferred to a maternity hospital due to complications arising during the antenatal period, the most common reason being post-dates pregnancy.

**98.4%**

On the day of discharge from the home birth service, 98.4% of women were **breastfeeding**.



In Ireland, **0.4% of all births occurred at home in 2021. There were 429 women who registered for a home birth with 248 women giving birth at home.** The number of women seeking a home birth is gradually increasing since 2017.

The majority of women who registered for a home birth in 2021 had a previous birth (64%). Women opting for a home birth tended to be slightly older than all women who gave birth in Ireland in 2021, being over the age of 40 was seen to be the most common reason why women required individual assessment with an obstetrician in the hospital when planning place of birth.

**The average distance from the woman's residence to the maternity unit was within 26.4km.**

Of the 429 women who were registered for a home birth in 2021, 126 women had their care transferred into the maternity unit during their pregnancy due to complications arising. The most common reason was going past their due date. A further two women also chose to have their care in the hospital instead of at home after registering. Thus, **approximately 1 in 3 women require transfer to hospital during their pregnancy.**

Women on average received six home visits during their pregnancy from the community midwife.

**Of the 303 women who began labouring at home, 18% were transferred to a maternity hospital.** The vast majority of

intrapartum transfers occurred during the first stage of labour. The average time that it took for the woman to get from her home into the hospital was 33 minutes. The most common reason women went to hospital during their labour was for further pain relief options, such as an epidural. Slow progress of labour was another frequent reason why women were transferred from the home into the maternity unit.

Women having their first baby were more likely to transfer during their pregnancy or labour compared to women who have had a previous birth.

Nine babies were transferred into the maternity unit after birth, most of whom were transferred just to stay with their mother who required hospital care after the birth. Seven women were transferred into hospital after the birth of the baby, mainly due to heavy bleeding. The average estimated blood loss for women who gave birth at home was 281.7mls.

On average, the women received five home visits from the community midwife after the birth of the baby. Women who birthed at home were on average discharged 13 days after the birth from the care of the community midwife. **On the day of the home birth, 96% of women were breastfeeding exclusively, with 96% breastfeeding exclusively on the day of discharge.** Women who birthed at home were twice as likely to be breastfeeding exclusively on day of discharge compared to all women who gave birth.

## Recommendations

- It is recommended that the home birth service identifies a communication pathway to continue to capture data points when a woman's care is transferred to the maternity unit.
- Newborn Infant Physical Examination (NIPE) availability in the community setting.
- Continue to encourage presence of a second midwife at the home birth.
- Further detail regarding the factors influencing length of transfer should be examined.