

Public Homebirth Services in NSW

Summary This document guides NSW maternity services seeking to establish or sustain a public homebirth service (homebirth services).

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PUBLIC HOMEBIRTH SERVICES IN NSW

PURPOSE

This document guides NSW maternity services seeking to establish or sustain a public homebirth service (homebirth services).

KEY PRINCIPLES

NSW Health recognises that the place of birth is a decision for women, their partners and their families, and that some women may choose to birth at home with the care of professionals.

Homebirth services align with NSW Health's commitment to the provision of safe, sustainable, high quality, woman-centred maternity care.

Homebirth services should utilise consultation, escalation, referral and transfer processes in line with local guidelines and referral pathways developed in line with NSW Health Policy Directives/ Guidelines and all relevant legislative requirements.

Women should be advised of the health risks and health benefits of all aspects of maternity care, including those associated with their planned place of birth.

Clinical outcomes in all models of care including the homebirth service should be routinely reviewed to identify quality improvement opportunities irrespective of place of birth.

LOCAL HEALTH DISTRICT RESPONSIBILITIES

Local health districts (districts) should consider the needs of their communities when developing models of care. Those districts seeking to establish and or sustain a homebirth service should ensure the following.

- Consumer and other relevant stakeholder participation and involvement at all stages of implementation and ongoing evaluation of a homebirth service.
- Local guidelines for the provision of a homebirth service follow a robust and comprehensive risk assessment process.
- Strong clinical obstetric and midwifery leadership and commitment to establish, support, and maintain a well-functioning and sustainable homebirth service (see Section 2).
- An appropriately skilled and qualified workforce to provide care across the continuum of pregnancy, birth and postpartum care.
- Systems and processes are established to monitor and evaluate the service including workforce management and clinical service provision.

REVISION HISTORY

Version	Approved by	Amendment notes
September-2020 (GL2020_022)	Deputy Secretary. Health System Strategy and Planning Division	Focus on development, sustaining and monitoring homebirth services in Tiered Perinatal Networks.
June 2006 PD2006_045	Director General	New Policy
PD2005_176 (2000/53)		Homebirth Policy Statement

ATTACHMENTS

1. Public Homebirth Services in NSW: Guideline

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1 BACKGROUND

NSW Health is committed to ensuring the provision of safe, sustainable maternity services for mothers and their babies.¹

The birth environment is increasingly recognised for the important role it plays in supporting a woman to have a normal birth. There is clear evidence that a calm, home-like environment supports a woman's sense of control and increases her comfort during labour and birth. Planned homebirth is a safe alternative for women assessed to be at low risk of pregnancy complications by established screening criteria.^{2,3}

NSW Health recognises that the place of birth is a decision for a pregnant woman, her partner and her family. Some women may choose to give birth in their own home, with appropriately experienced professionals, as an alternative to inpatient hospital care.

1.1 Scope

A homebirth service is a continuity of care model where the setting for birth is the woman's home. Care is provided across the continuum of antenatal, birth and postnatal care by a midwife or a small group of midwives (usually a Midwifery Group Practice), in consultation with the multidisciplinary team.

1.2 About this document

NSW Health recommends local health districts (districts) consider the needs of their communities when developing models of care. This document provides guidance to districts who are seeking to establish or sustain a homebirth service that meets the needs of the local population.

Districts not in a position to establish a homebirth service are encouraged to ensure that a referral process is in place to inform the women of other appropriate continuity options and models of care within and outside their Tiered Perinatal Network.

This document is not intended to be a clinical guide on how to conduct a homebirth.

1.3 Key definitions

Consultation

Seeking professional advice from a qualified, competent source and making decisions about shared responsibilities for care provision. Effective consultation is dependent on the existence of collaborative relationships and open communication with others in the multidisciplinary health care team.⁴

Continuity of care

A philosophy that aims to reduce fragmented care and conflicting advice. It involves shared understanding of the woman's care plan by all health professionals involved in her care.⁵

Continuity of carer

Care provided over the full episode of care by a known health professional; facilitating the formation of a relationship. Other caregivers may be involved in care provision however, the named carer coordinates and provides ongoing care.⁵

Midwifery group practice (MGP) - (also known as caseload midwifery)

A model of care where all aspects of the women's pregnancy, birth and postnatal care are provided by a known primary midwife with additional midwife/midwives providing cover and assistance, with medical collaboration in the event of identified risk factors.⁵

Referral

Referral usually involves the transfer of responsibility for the care of the woman, usually for a defined time and for a particular purpose. Referral may be appropriate where the care is outside the referring practitioner's expertise or scope of practice.⁴

Tiered Perinatal Networks

A structure for consultation, referral, escalation or transfer of women and/or their newborns to the appropriate level of care, based on their individual clinical need enabling the right care, in the right place, at the right time.

Woman-centred care

Woman-centred care considers the woman's individual circumstances, and aims to meet the woman's physical, emotional, psychosocial, spiritual and cultural needs.⁴

1.4 Relevant NSW Health Policy Directives and Guidelines

This document is to be read in conjunction with:

Document Number	Policy Document
PD2010_017	Maternal & Child Health Primary Health Care Policy
PD2012_069	Health Care Records - Documentation and Management
IB2013_024	Protecting People and Property: NSW Health Policy and Standards for Security Risk Management
IB2014_050	Pilot Model Annualised Salary Agreement for Midwifery Group Practices
PD2015_043	Risk Management - Enterprise - Wide Risk Management Policy and Framework – NSW Health
GL2016_018	NSW Maternity and Neonatal Service Capability Framework
PD2020_008	Maternity - National Midwifery Guidelines for Consultation and Referral
IB2020_010	Consent to Medical and Healthcare Treatment Manual
PD2020_014	Tiered Networking Arrangements for Perinatal Care in NSW
PD2020_018	Recognition and Management of Patients who are Deteriorating

Document Number	Policy Document
PD2020_020	Incident Management Policy

2 ESTABLISHMENT OF A HOMEBIRTH SERVICE

Strong clinical midwifery and obstetric leadership and commitment are essential to establish, support and maintain a safe, well-functioning and sustainable homebirth service.

2.1 Preparation

Districts seeking to establish a homebirth service should ensure:

- local consumers and other relevant stakeholders including Aboriginal and multicultural communities, NSW Ambulance Services etc are involved at all stages of the risk assessment, development and implementation of the service
- a robust clinical governance framework and risk management strategies are in place in line with NSW Health Policy Directive *Risk management - Enterprise - Wide Risk Management Policy and Framework - NSW Health* ([PD2015_043](#))
- services and care are aligned with other maternity models of care and are responsive to the same policies, guidelines and procedures as existing maternity services⁶
- there are sufficient experienced health professionals available to meet the clinical needs of both mother and baby at a homebirth
- local guidelines, and clear communication through referral and escalation pathways are developed in line with NSW Health Policy Directives/Guidelines and all relevant legislative requirements.

2.2 Risk assessment

A robust, comprehensive risk assessment process must be undertaken. This process will identify issues that may compromise the safety of women or clinicians and the delivery of a high-quality service.⁷ This assessment should consider:

- local circumstances that may impact on the service design including:
 - the availability of an appropriately skilled workforce
 - access to local maternity services should transfer become necessary
- individual circumstances such as:
 - maternal clinical eligibility criteria^{2,5}
 - occasions where a woman

- chooses care outside the guidelines in line with NSW Health Policy Directive *Maternity - National Midwifery Guidelines for Consultation and Referral* ([PD2020_008](#))
- refuses the recommended treatment in line with Information Bulletin *Consent to Medical and Healthcare Treatment Manual* ([IB2020_010](#))
- the home environment for place of birth, in line with Information Bulletin *Protecting People and Property* ([IB 2013_024](#)) and [NSW Health Policy and Standards for Security Risk Management](#): Chapter 16: Working in the Community (2013, Updated 2018).

Strategies must be developed to manage the issues identified through the risk assessment process⁷ in line with NSW Health Policy Directive *Risk management - Enterprise - Wide Risk Management Policy and Framework – NSW Health* ([PD2015_043](#)).

When circumstances change or new issues are identified the risk assessment must be reconsidered and care planning adjusted appropriately.

2.3 Care planning and escalation

Clear communication and escalation processes must be established to support clinicians to consult and/or refer mothers and babies for higher levels of care when necessary in line with NSW Health Policy Directive *Maternity - National Midwifery Guidelines for Consultation and Referral* ([PD2020_008](#)) and Guideline *NSW Maternity and Neonatal Service Capability Framework* ([GL2016_018](#)). This will include rapid and effective strategies to identify and manage deteriorating mothers and babies in line with Policy Directive *Recognition and Management of Patients who are Deteriorating* ([PD2020_018](#)).

3 SUSTAINING A HOMEBIRTH SERVICE

3.1 Strategies to manage and support staff

Districts should develop strategies to ensure the safety of staff working in this model of care. This may include but is not limited to the following:

- Strategies to manage and monitor staff including:
 - clinician hours of work
 - caseload and acuity.
- Identification of formal and informal opportunities to support staff through regular interaction with their colleagues and manager for targeted training programs, clinical supervision and/ or mentoring.
- Succession strategies are developed and should include a commitment to enabling and supporting students and staff to gain experience in the support of women who choose to birth at home. This experience should be provided under the supervision of a clinician experienced in homebirth.

3.2 Monitoring the homebirth service

A culture of transparency across all aspects of models of care should be the norm. The monitoring of homebirth service outcomes is important to provide information that describes management against measurable and definable outcomes. These outcomes should be included in regular perinatal review meetings and discussed routinely as part of overall service evaluation. These processes will identify quality improvement opportunities, irrespective of place of birth. These meetings should consider:

- the clinical outcomes for all women and babies
- transfer rates, as a safe and positive outcome in response to a change in maternal or fetal condition
- issues arising from the Incident Information Management System (IIMS) in line with NSW Health Policy Directive *Incident Management Policy* ([PD2020_020](#)).

4 WOMAN-CENTERED CARE

Woman-centred care is fundamental to homebirth service provision. Care should be provided in partnership with the woman where open respectful communication is essential to safe and effective care planning.^{5,6}

4.1 Information for women

Women who are considering a homebirth should be advised of and understand the:

- benefits and risks of all aspects of maternity care throughout their pregnancy, including those associated with their planned place of birth, based on their unique needs and clinical circumstances²
- clinical eligibility criteria for homebirth service
- clinical criteria for escalation and transfer of care³
- environmental requirements to support homebirth, informed by the risk assessment.

This information should be revisited during the course of care and at any time where circumstances change or if the woman chooses care outside the recommended guidelines.

If a woman is not eligible for a homebirth the reasons should be discussed and documented in health care record, and information about alternate care options should be provided.

4.2 Transfer of care

When transfer to a higher level of care at any stage during pregnancy, labour, birth or the postnatal period is appropriate, in line with NSW Health Policy Directive *Maternity - National Midwifery Guidelines for Consultation and Referral* ([PD2020_008](#)), and Policy Directive *Tiered Networking Arrangements for Perinatal Care in NSW* ([PD2020_014](#)).

It is important to:

- effectively communicate the rationale for transfer of care to the woman
- maximise opportunities for continuity of care and carer³ when maternal and/or neonatal transfer is required
- minimise separation of the woman and her baby/family (i.e. by time, physical location and/or distance)
- ensure a smooth transition of care between services and/or care providers whenever referral and/or transfer is required.

5 DOCUMENTATION

Documentation in the woman's health care record should be contemporaneous, accurate and comprehensive in line with professional responsibilities and NSW Health Policy Directive *Health Care Records - Documentation and Management* ([PD2012_069](#)).

This should include the documentation of discussions and care planning with the woman requesting to have a planned homebirth such as:

- options for place of birth available to the woman and confirmation that written information has been provided
- risks and benefits for all place of birth options based on her individual circumstances
- the woman's preferred choice for place of birth
- circumstances where transfer to hospital care may be indicated, including escalation criteria that applies to the antenatal, intrapartum and postnatal periods.

6 REFERENCES

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