



CLINICAL PRACTICE GUIDELINE

Born before midwife arrival: Planned homebirth

This document should be read in conjunction with the [Disclaimer](#)

Background

The main risk to the mother is postpartum haemorrhage. The main risk to the neonate is hypothermia, which is best managed by skin-to-skin contact between mother and baby.

Women most likely to experience a birth before midwife attendance include multiparous women who have had a previous spontaneous vaginal birth following a rapid second stage of labour and women who have had a previous birth before arrival (BBA).

Increasing parity does not increase the risk of BBA.

Research suggests there is no difference in perineal trauma between women who have a BBA and those women who have births attended by a midwife or doctor.

Procedure

In the antenatal period midwives are to:

- Screen all women to identify those at increased risk of BBA i.e. previous precipitate birth
- Ensure that a thorough history of previous labour lengths are discussed with the client and documented in the Pregnancy Health Record

Education regarding birth and what to expect is ongoing through the pregnancy continuum.

All Community Midwifery Program clients are to be educated and advised by 36/40 weeks gestation of the following:

- To notify the midwife when they are in early labour to enable the midwife to plan her day and be available for the woman when labour establishes or to ensure another midwife is available.
- To allow up to an hour for a midwife to arrive at their home - from when they call and ask the midwife to attend them in labour.
- To call a midwife immediately when labour has commenced if they have a history of precipitate labours or a previous BBA.
- To NOT ENTER the birth pool until the midwife is in attendance.

If a midwife is called to the birth of a labouring woman progressing rapidly:

- The midwife must call a support midwife who is geographically closest to the client to also attend the client's home.
- Women who inform the midwife on the phone that they are in the birthing pool are to be advised to exit immediately.
- If the midwife is informed that the baby has been born prior to her arrival she must ascertain if an ambulance is to attend. The condition of both mother and baby and the estimated blood loss are a key consideration.
- Clinical risk and the distance still to be travelled must be assessed appropriately. If there are any concerns call a priority one ambulance to attend

If all is well advise the family:

- To keep baby warm and skin to skin with mum
- NOT to cut the cord
- Offer reassurance
- Advise the family of how far away you are and if another midwife will arrive prior to yourself
- Advise the woman/partner if they think the birth is imminent to phone an ambulance, the call centre will provide basic advice and reassurance over the phone should it be required
- If paramedics are in attendance on the arrival of the midwife, and the woman and the baby remain low risk, the midwife can advise the woman to remain at home. The midwife will continue care following CMP guideline 'Preparation for Leaving Mother & Baby after the Birth'.
- Document all advice and care given in labour and birth notes
- Notify the CMP manager of BBA in office hours
- Ensure a debriefing is made available for the family as this can be a traumatic birth experience
- Midwife must complete a DATIX CIMS notification


It is essential that all midwives adhere to the applicable road safety legislation with regards to using mobile phones whilst driving. Midwives must not use a hand held device whilst driving. They must either pull over where appropriate or use hands free/ blue tooth. **The midwife should consider directing the client to telephone another team member or CMP manager (in office hours) if unable to drive and give verbal instructions simultaneously.**

See also Section 265 of the [Road Traffic Code 2000](#); [NMHS Motor Vehicle Policy](#) and [Road Safety Commission Mobile Phones](#) advice.

References

Bibliography

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