|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOME BIRTH PREPARATION CHECKLIST**  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| NAME/ADDRESSOGRAPH | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| EDD |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| MIDWIFERY TEAM |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| DATE CHECKLIST COMPLETED | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| GESTATION |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |  |  |  |
| **DESIRABLE CRITERIA FOR HOMEBIRTH** |   |   | YES | NO |  |
| SINGLETON PREGNANCY |   |   |   |   |   |  |
| CEPHALIC PRESENTATION |   |   |   |   |   |  |
| GESTATION >37 WEEKS |   |   |   |   |   |  |
| LOW RISK PREGNANCY, MEDICALLY AND OBSTETRICALLY |   |   |  |
| ABSENCE OF ANY CHILD PROTECTION PLANS |   |   |   |  |
| PARITY <5 |   |   |   |   |   |   |  |
| BMI <35 |   |   |   |   |   |   |   |  |
| THIRD TRIMESTER FBC WITHIN NORMAL LIMITS |   |   |   |  |
| ABSENCE OF MEDICAL/OBSTETRIC PATHOLOGY |   |   |   |  |
| FINDINGS FROM BIRTHPLACE STUDY 2O11 SHARED |   |   |   |  |
| FAMILY/SOCIAL SUPPORT |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Completion of this checklist should be done in partnership with the woman |  |
| and should enable her to make decisions about her care and place of birth. The findings from  |
| the birth place study (2011) should be shared with women to assist her in making a decision. |
| (see page 4)This checklist should be filed in the handheld notes and form part of the woman's |
| records. This will help enhance continuity of care and provide better communication |
| between midwives. It will help to identify any risks and provide evidence of care delivered  |
| (NMC 2009). |  |  |  |  |  |  |  |
| If risks are identified the midwife should ensure these are discussed fully and  |  |
| information provided to enable informed decisions to be made about place of birth |
| (NMC, 2004). A duty manager should be informed and all conversations |  |  |
| should be documented in the hand held maternity notes.  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Please ensure this checklist is filed in the woman's maternity records.** |  |  |
|  |  |  |  |  |  |  |  |  |
| MIDWIVES NAME AND SIGNATURE |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |
| WOMAN'S NAME AND SIGNATURE |   |   |   |   |  |
| **WHEN IN LABOUR CALL** **01722 425183** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **HOMEBIRTH CHECKLIST PAGE 2.** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **COMMENTS/ACTIONS** |  |
| ARE CRITERIA FOR LOW RISK COMMUNITY  |   |   |   |   |   |
| CARE MET? IF NOT, PLEASE DOCUMENT |  |  |  |  |   |
| ANY RISK FACTORS. |  |   |  |  |  |  |   |
| BMI AT BOOKING |   |   |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |
| BMI AT LIAISON |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |   |
| ***IF >35 PLEASE DISCUSS WITH A DUTY MANAGER AND DOCUMENT DISCUSSION AND ACTIONS*** |
| HAS GROWTH BEEN WITHIN  |   |   |   |   |   |   |
| NORMAL LIMITS? IF NOT WHAT  |  |  |  |  |   |
| ACTIONS HAVE BEEN TAKEN?  |   |  |  |  |  |   |
|  |   |   |   |   |   |   |   |   |
| VTERISK FACTOR (PLEASE CIRCLE) |   |  | **LOW** | **MOD** | **HIGH** |   |
| PLEASE DOCUMENT ANY RISK FACTORS |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |
| THIRD TRIMESTER FBC RESULT |   |  | DATE TAKEN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  |  |   |  | Hb | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  |  |   |  | MCV | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  |  |   |  | FERRITIN | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |   |   |   |   | ACTION |   |   |   |
| DOES THE MOTHER HAVE A BIRTHING  |  | **NAME** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| PARTNER? |   |   |   |   |   |   |   |
| HAVE CHILDCARE ARRANGEMENTS BEEN CONSIDERED? |   |   |   |
| DISCUSS IMPACT OF CHILDREN BEING HOME ON LABOUR. |  |  |  |   |
|   |   |   |   |   |   |   |   |   |
| IS THERE ACCESS TO A LANDLINE OR MOBILE PHONE COVERAGE? |   |   |
|   |   |   |   |   |   |   |   |   |
| IS THERE GOOD ACCESS TO THE HOME, ADEQUATE PARKING, |   |   |   |
| STAIRS TO BE NEGOTIATED? |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| PLEASE NOTE COMMUNITY MIDWIVES WORK AS A TEAM WITH AN ON CALL ROTA. |  |
| THIS MEANS IT MAY NOT BE YOUR NAMED MIDWIFE THAT ATTENDS IN LABOUR. |  |
| FOR SAFETY REASONS, MIDWIVES MAY NEED TO HAND OVER CARE TO ANOTHER MIDWIFE |
| DURING LABOUR IF THEY HAVE BEEN THERE A LONG TIME. PLEASE NOTE, |  |  |
| STUDENT MIDWIVES ALSO WORK WITHIN THE COMMUNITY TEAMS AND MAY BE PRESENT |
|  |  |  |  |  |  |  |  |  |
| **PLEASE ENSURE THAT REFRESHMENTS ARE AVAILABLE FOR ALL** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Rates of spontaneous vaginal birth, transfer to an obstetric unit and obstetric interventions for each planned place of birth: women having their **first baby** who are at low risk of complications (sources: Birthplace 2011; Blix et al. 2012)

**Number of incidences per 1000 nulliparous women giving birth**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Home** | **Alongside midwifery unit** | **Obstetric unit** |
| Spontaneous vaginal birth | 794\* | 765 | 688\* |
| Transfer to an obstetric unit | 450\* | 402 | 10\*\* |
| Regional analgesia (epidural and/or spinal) \*\*\* | 218\* | 240 | 349\* |
| Episiotomy | 165\* | 216 | 242 |
| Caesarean birth | 80\* | 76 | 121\* |
| Instrumental birth (forceps or ventouse) | 126\* | 159 | 191\* |
| Blood transfusion | 12 | 11 | 16 |

Outcomes for the baby for each planned place of birth: women having their **first baby** who are at low risk of

complications (source: Birthplace 2011)

**Number of babies per 1000 births**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Home** | **Alongside midwifery unit** | **Obstetric unit** |
| Babies without serious medical problems | 991 | 995 | 995 |
| Babies with serious medical problems\* | 9 | 5 | 5 |

\* Figures from [Birthplace 2011](https://www.npeu.ox.ac.uk/birthplace) and [Blix et al. 2012](http://www.sciencedirect.com/science/article/pii/S1877575612000481) (all other figures from Birthplace 2011).

\*\*Estimated transfer rate from an obstetric unit to a different obstetric unit owing to lack of capacity or expertise.

\*\*\* Blix reported epidural analgesia and Birthplace reported spinal or epidural analgesia

Rates of spontaneous vaginal birth, transfer to an obstetric unit and obstetric interventions for each planned place of birth: women who **have had a baby before** who are at low risk of complications (sources: [Birthplace 2011](https://www.npeu.ox.ac.uk/birthplace); [Blix et al. 2012](http://www.sciencedirect.com/science/article/pii/S1877575612000481))

**Number of incidences per 1000 multiparous women giving birth**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Home** | **Alongside midwifery unit** | **Obstetric unit** |
| Spontaneous vaginal birth | 984\* | 967 | 927\* |
| Transfer to obstetric unit | 115\* | 125 | 10\*\* |
| Regional analgesia (epidural and/or spinal)\*\*\* | 28\* | 60 | 121\* |
| Episiotomy | 15\* | 35 | 56\* |
| Caesarean birth | 7\* | 10 | 35\* |
| Instrumental birth (forceps or ventouse) | 9\* | 23 | 38\* |
| Blood transfusion | 4 | 5 | 8 |

\* Figures from [Birthplace 2011](https://www.npeu.ox.ac.uk/birthplace) and [Blix et al. 2012](http://www.sciencedirect.com/science/article/pii/S1877575612000481) (all other figures from Birthplace 2011).

\*\*Estimated transfer rate from an obstetric unit to a different obstetric unit owing to lack of capacity or expertise.

\*\*\* Blix reported epidural analgesia and Birthplace reported spinal or epidural analgesia.

Outcomes for the baby for each planned place of birth: women **who have had a baby before** who are at low risk of complications (source: [Birthplace 2011](https://www.npeu.ox.ac.uk/birthplace))

**Number of babies per 1000 births**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Home** | **Alongside midwifery unit** | **Obstetric unit** |
| Babies without serious medical problems | 997 | 998  | 997 |
| Babies with serious medical problems\* | 3 | 2  | 3 |

|  |
| --- |
|  ENTONOX SUPPLIED UNDER MIDWIVES EXEMPTIONS. |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| I …………………………………………………………………………….... (COMMUNITY MIDWIFE) |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| HAVE SUPPLIED ENTONOX FOR |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| NAME |  |  |  |  |  |  |  |  |
| ADDRESS |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| HOSPITAL NUMBER |  |  |  |  |  |  |
| TELEPHONE NUMBER |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| THIS IS FOR THE PURPOSE OF A HOME BIRTH AND I PROPOSE TO SUPPLY …………….  |
| ED CYLINDERS. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| I ……………………………………………………………………………….. (WOMAN'S SIGNATURE) |  |
| HAVE READ THE INSTRUCTIONS GIVEN IN THE HOME BIRTH CHECKLIST REGARDING  |
| SAFE STORAGE OF ENTONOX. I WILL TAKE FULL RESPONSIBILITY FOR ENSURING THEY  |
| ARE KEPT SAFE. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **FORM TO BE GIVEN TO LAURA WARE (COMMUNITY MANAGER) BEFORE CYLINDERS**  |
| **ARE DISPENSED.** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| DATE ………………………………………………………….. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Cylinders collected | ………………………………………………… |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Cylinders Returned …………………………………………………. |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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| **Storage of Entonox cylinders at home prior to homebirth**1. **Cylinders should be handled carefully. They must not be knocked violently or thrown.**
2. **Cylinders should not be lifted by the caps or valves.**
3. **Smoking and naked flames must not be used where an Entonox cylinder is stored, or in use. For example open fires, candles and gas hobs.**
4. **Cylinders should not be exposed to freezing temperatures.**
5. **Cylinder containing oxygen/nitrous oxide gas should be stored horizontally in a warm environment between 10°C and 35°C**
6. **Cylinders must be stored out of the way of small children. Cylinders are heavy and will hurt if dropped.**
7. **Do not allow the cylinder valve to get wet.**
8. **The Entonox tubing and regulator will be brought separately by the attending midwife.**

**If the above instructions are not followed, then, under Trust Health and Safety Guidelines the cylinder will be removed.****Women’s signature: Date:****Midwives signature: Date:** |  |  |  |  |  |  |  |  |