Practice Directive

Midwives - Planned Out of Hospital Birth

Prince Edward Island College of Nursing and Midwifery

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The Prince Edward Island College of Nursing and Midwifery (PEICNM) defines a out of hospital (OOH) birth as a birth conducted by a registered midwife (RM) and occurring in a location where other specialized medical care (obstetrical, paediatric, surgical, and/or anesthetic skills) is not provided on site. These specialized medical services are available at either the Prince County Hospital or Queen Elizabeth Hospital. The most common location for an OOH birth is in the client's home.

Evidence indicates that a planned OOH birth is a safe option for low risk/well-screened clients when the birth is attended by a RM and a qualified second birth attendant and having the appropriate emergency medical equipment available.

Client Evaluation

The RM must assess each client's health history and clinical presentation to determine if an OOH birth is a safe option. Client evaluation for the appropriateness of OOH birth is a complex process involving:

- Informed choice
- Skilled interviewing and history taking
- Prenatal, intrapartum and postpartum observations and measurements
- Opportunities for the client to alter identified risk factors
- The RM's clinical judgement
- Ongoing RM-client communication

Contraindications

Certain contraindications exist to a planned OOH birth. These include:

- Multiple gestation
- Breech presentation or other types of non-vertex presentation
- Preterm labour prior to 37 weeks of pregnancy
- Documented evidence of change in fetal status in a post term pregnancy or more than 42 weeks

Clients with the following conditions are carefully reviewed and may or may not be advised to give birth in a hospital with specialist services depending on the specific and overall clinical and/or psychosocial profile:

- Previous obstetric history of complications requiring specialist care likely to reoccur in this pregnancy (for example, severe postpartum hemorrhage, retained placenta)
- Substance misuse disorder and/or exposure to teratogens
- Clients with a high BMI
- VBAC
- Previous stillbirth or fetal anomaly

- Client requesting care outside the standards of practice
- Any other condition of concern to the RM or client

Other considerations for the RM when working with the client is to determine if an OOH birth is a safe option are:

- The distance and time required to access specialized care
- Access to telephone service
- Weather conditions
- Availability of emergency support systems
- Family supports
- Condition of the client's birth environment
- Other psycho-social factors

Preparation

In preparation for an OOH birth, the RM will ensure that the following are completed:

- Arrange for a second birth attendant in accordance with the Midwives Regulations and the Standards of Practice for Registered Midwives
- Follow all Health PEI Midwifery Program policies related to communication with the nearest hospital and emergency medical services

The discussion about choice of birth location should be initiated early in the pregnancy and continue throughout the course of care. The RM must understand the unique circumstances of the client including any clinical and non-clinical factors. The RM must ensure that the client understands any associated risks and works in partnership with the client to create a safe plan of care if complications were to arise. The discussion with the client should include the following:

- Any perinatal complications that may arise and how the outcome may be affected by the place of birth. The discussion must include placental abruption/antepartum haemorrhage, postpartum haemorrhage, shoulder dystocia, cord prolapse, undiagnosed twins, undiagnosed breech/malpresentation, meconium-stained fluid, neonatal resuscitation and intubation, abnormal fetal heart rate, abnormal maternal or newborn vitals, uterine rupture, and anaphylaxis.
- The effect that transport time to the nearest hospital with obstetrical services may have on the birth outcome.
- A delay in receiving specialist care could contribute to a poor outcome for mother and baby including severe disease, disability, or death.
- Consideration of how the client and their support system may react to a change in the birth plan, an emergency, or a bad outcome.

The client may change their decision about the place of birth at any time.

RMs who attend OOH births are responsible for having the necessary equipment, supplies and medications that may be required during labour, birth, and the post-partum period. The RM is responsible to adhere to all program policies related to equipment and medications for OOH births.

Equipment Required

Midwives who attend out of hospital births are responsible for having well-maintained equipment, supplies and medications that may be required during labour, birth and the post-partum period.

Emergency Birth Kit

Any time a midwife is in attendance with a pregnant client carrying a fetus of viable age, they shall have access to an emergency birth kit regardless of planned place of birth. The birth kit will include:

- 2 forceps
- 1 pair of scissors (capable of cutting an episiotomy)
- 1 cord clamp
- Gauze
- Oxytocin
- Syringe and needle
- Alcohol swabs
- Bulb suction
- Sterile gloves
- Reflective heat blanket

Essential equipment and supplies for a planned out of hospital birth

- Fetal surveillance equipment
  - Fetoscope
  - Waterproof Doppler and gel
- Maternal surveillance equipment
  - Sphygmomanometer with varying cuff sizes
  - Stethoscope
  - Time-keeping device
  - Thermometer
  - Urinalysis supplies
  - Sterile and non-sterile examination gloves
  - Sterile lubricant
- Instrument for artificial rupture of membranes
- Supplies for bladder catheterization
- One pair of scissors for cutting episiotomy
- Equipment, supplies and instruments for suturing, including mosquito forceps

Ring forceps
Equipment and supplies for IV insertion and IM injections
Supplies for collecting blood samples
Container for disposing of sharp supplies
Oxygen masks and tubing for mother and newborn
Equipment for cutting cord (2 haemostats, cord clamp/bander, scissors)
Equipment and supplies for newborn resuscitation as per current NRP guidelines (oxygen blender not required), including:

- Resuscitation bag and mask
- Oxygen saturation monitor
- Portable suction equipment compatible with intubation
- Intubation equipment
- Umbilical vein catheterization supplies

Source for keeping infant warm (example, heating pad)
Equipment and supplies for newborn assessment and treatment

- Measuring tape
- Thermometer
- Pediatric stethoscope
- Infant scale
- Glucometer -- Optional

Forms for documentation/health record

Essential medications

Oxytocics
Neonatal ophthalmic prophylaxis
Antibiotics for Group B Strep treatment
Vitamin K
Epinephrine for adult and newborn
Antihistamine for anaphylactic reactions
Oxygen: a minimum of two tanks with enough oxygen to allow for transport to the nearest hospital
Drugs for neonatal resuscitation as per NRP guidelines appropriate for OOH births
Intravenous solutions
Local anaesthetics