

PLANNING PLACE OF BIRTH

This guideline predominantly relates to women with a straightforward singleton pregnancy ⁽¹⁾ at the point of labour ⁽²⁾. It is important to note that at each point of maternity care, all women should be assessed to ensure that they are receiving care from the most appropriate professional; that is, continue with midwife-led care (MLC), transfer to consultant-led care or transfer back to MLC ⁽³⁾; in particular, women who have been referred for investigation(s) or treatment which has been resolved. *If there is any uncertainty, multidisciplinary discussion is necessary, with appropriate documentation.* Further clarification with regard to place of birth can be facilitated by a senior midwife or supervisor of midwives.

The following boxes provide specific criteria for planning birth within MLUs, **Green box** criteria relating to FMU and AMU ⁽⁴⁾ and **Blue box** criteria relating to AMU only.

Planned Birth in any MLU (FMU & AMU) for women with the following:

1. Maternal Age ≥ 16 years and ≤ 40 years
2. BMI **at booking** ≥ 18 kg/m² and ≤ 35 kg/m² ⁽⁵⁾
3. Last recorded Hb ≥ 100 g/L
4. No more than 4 previous births
5. Assisted conception with Clomifene or similar
6. SROM ≤ 24 hrs and no sign of infection
7. Women on Tier 1 of the SEHSCT Integrated Perinatal Mental Health Care Pathway^(6a)
8. Threatened miscarriage, now resolved
9. Threatened preterm labour, now resolved
10. Suspected low lying placenta, now resolved
11. Medical condition that is not impacting on the pregnancy or the woman's health
12. Women who have required social services input and there is no related impact on the pregnancy or the woman's health
13. Previous congenital abnormality, with no evidence of reoccurrence
14. Non-significant (light) meconium in the absence of any other risk ^(6b)
15. Uncomplicated third degree tear
16. Serum antibodies of no clinical significance
17. Women who have had previous cervical treatment, now term

Planned Birth in AMU only for women with the following:

1. Maternal age < 16 years or > 40 years^(6c)
2. BMI **at booking** ≥ 35 kg/m² and ≤ 40 kg/m² with good mobility
3. Last recorded Hb > 85 g/L ^(6d)
4. No more than 5 previous births ^(6e)
5. IVF Pregnancy at term (excluding ovum donation and maternal age > 40 years)
6. SROM > 24 hrs, in established labour and no sign of infection
7. Women on Tier 2 of the SEHSCT Integrated Perinatal Mental Health Care Pathway, following individual assessment ^(6f)
8. Previous PPH, not requiring blood transfusion or surgical intervention
9. Previous extensive vaginal, cervical, or third degree perineal trauma following individual assessment
10. Prostaglandin induction resulting in the onset of labour ^(6g)
11. Group B Streptococcus positive in this pregnancy with no signs of infection ^(6h)

Notes relating to Planning Place of Birth

- (1) Straightforward singleton pregnancy, is one in which the woman does not have any pre-existing condition impacting on her pregnancy, a recurrent complication of pregnancy or a complication in this pregnancy which would require on-going consultant input, has reached 37 weeks gestation and \leq Term +15.
- (2) The Northern Ireland Normal Labour and Birth Care Pathway provides an evidence-based framework for normal labour and birth.
- (3) It is the responsibility of the professional undertaking the assessment to document in the maternity care record the reasons for change of lead-maternity care professional.
- (4) FMU – Freestanding Midwife-led Unit, AMU – Alongside Midwife-led Unit (i.e. adjacent to consultant-led Unit).
- (5) Women with BMI 16–18 kg/m² require medical review to assess suitability of birthing in MLU.

Additional supporting midwifery practice recommendations

- (6a) South Eastern Health and Social Care Trust (SEHSCT, 2013) Integrated Perinatal Mental Health Care Pathway Northern Ireland
'Tier 1 - Women with mild depressive illness, anxiety, adjustment disorders and other more minor mental illnesses associated with Pregnancy or the Postnatal Period are unlikely to require referral to Psychiatric Services. In general, they can be managed within the Primary Care Team, by their own GP, Health Visitors and Practice Based Counsellors if required. Social factors should always be considered and social support offered. Most of these women will not require medication' (p. 3).

- (6b) Definition of Significant Meconium: *'Dark green or black amniotic fluid that is thick or tenacious or any meconium-stained amniotic fluid containing lumps of meconium'* (NICE Intrapartum Care Guideline, p. 32 www.nice.org.uk/guidance/cg190/)
- (6c) Women who are aged >40 years and ≤43 years and wish to give birth in an AMU should be no more than 40 weeks gestation. Primigravid women who are >40 years of age and women who are 44 years and older also require individual assessment with a consultant obstetrician. In the case of a pregnant teenager who is under 16 requiring intravenous fluids in labour, the paediatric fluid protocol must be followed, and care transferred to a consultant-led unit.
- (6d) A woman presenting with last recorded Hb <100g/L requires a repeat FBC at point of admission. If rechecked Hb is <100g/L, secure IV access, take blood and send to laboratory for Group and Hold. Then follow the Northern Ireland Normal Labour and Birth Care Pathway for active management of third stage.
- (6e) A woman with more than 5 previous births should normally have IV access secured (on admission), blood taken and sent to laboratory for Group and Hold and follow the Northern Ireland Normal Labour and Birth Care Pathway for active management of third stage.
- (6f) South Eastern Health and Social Care Trust (SEHSCT, 2013) Integrated Perinatal Mental Health Care Pathway Northern Ireland.
'Tier 2 – These are women with more significant illness who may require medication as well as some form of psychological intervention. In [some Trusts] women may be referred to antenatal perinatal mental health clinic. However, some women may be managed by their own GP, Midwife/ Health Visitor. If a significant illness develops and if GPs have concerns about prescribing in Pregnancy or in the postnatal period, they should be referred to Mental Health Services via the Mental Health Assessment Centre. The referral will then be seen as a priority, triaged and forwarded to the relevant Team depending on a [woman's] past mental health history, current mental health service input and severity of illness. At this level most of the referrals will be assessed by the



Assessment Centre Staff, which can include assessment by a Psychiatrist if it is deemed appropriate. Medication may be started or a brief focused psychological intervention may be offered. In this event those women who are within Midwife-Led services will be referred to a Consultant Obstetrician due to the medical management needed of their mental health condition' (p.3).

(6g) A woman who has gone into labour following induction with either 1 Propess[®] or up to 2 Prostin[®] only.

(6h) Women with Group B Streptococcus positive in current pregnancy require intravenous antibiotics in labour as per NICE Guideline cg 149 '*Antibiotics for early-onset neonatal infection: Antibiotics for the prevention and treatment of early-onset neonatal infection*' (NICE, 2012) <https://www.nice.org.uk/guidance/cg149/>. In the absence of a midwife prescriber, the doctor on call should be consulted to prescribe antibiotics as per guideline.

In Utero Transfer

When transferring a woman and/or baby from MLU to a consultant-led unit, document the evidence, rationale and collaborative communication held with colleagues. In addition, complete the Regional In Utero Transfer Proforma – MLU Version January 2016; document the time of decision, time of transfer and measures taken in the event of delay.