Increasing the number of births at home and in midwifery led units: *A best practice toolkit*

NHS
London
Strategic Clinical Networks

Aim

To increase the number of eligible women accessing midwifery led settings in London (midwifery led units and home births).

This toolkit has been produced as part of the London Maternity Strategic Clinical Network's strategy to identify areas of good practice for implementation across all maternity units in the capital, ensuring equally good outcomes for all pregnant women and their babies.

This toolkit presents the evidence that midwifery led settings improve maternal outcomes, increases maternal satisfaction and uses resources more effectively. It also reinforces Department of Health policy and national guidance that pregnant women should be offered a wide range of choice of maternity services including choice of where to give birth and information to support the choices available. This should be available to all women including those of social complexity.

The toolkit is intended to cover healthy women with uncomplicated pregnancies entering labour at low risk of developing intrapartum complications[1] ('eligible women').

Background and rationale

The evidence shows that midwife-led settings lead to better outcomes for women at low risk of developing intrapartum complications. The Birthplace in England study was a large cohort study that compared outcomes for births in different settings. The study found that for women at low risk of complications in birth, birth is as safe for babies in freestanding midwifery units (FMUs) or alongside midwifery units (AMUs) as it is in obstetric units, but with a lower rate of intervention and a decreased use of pain relief. It has also been demonstrated that planning to give birth outside an obstetric unit is more cost-effective than planning to give birth in an obstetric unit[1].

Yet, despite all of the evidence associated with midwifery led settings, the proportion of women birthing in midwifery led units has only shown a small increase in recent years. This is in spite of the number of services providing Birth Centre facilities increasing from 16 to 23 in London.

Approximately 45 per cent of women at the end of pregnancy are eligible to access midwifery led settings[3,4], however, the average midwifery led birth rate stands at 15 per cent in London. It ranges from between 1.4 per cent in a unit without a midwifery led unit to 23.9 per cent where there is both an alongside and an associated freestanding midwifery led unit.

The home birth rate has also continued to decline on a year by year basis[5].

A recent maternity services survey of all women's perception of choice in London, found that less than half of women considered that they were offered a choice of giving birth in an alongside or freestanding midwifery unit, whilst only a quarter of women perceived that they were offered a choice of giving birth at home[6].

A further report has also highlighted that women from lower socio-economic groups in the UK report a poorer experience of care during pregnancy, have a higher likelihood of hospital admission, transfer during labour and unplanned caesarean delivery[7].

Increasing midwifery led birth rates and ensuring all women are made aware of this choice at booking has been identified as a priority for maternity services and the Strategic Clinical Network.

London wide definitions

There is variation in how birth place settings are defined. To be able to compare outcome data standardised definitions should be adopted by all units.

Place of birth settings

- ***Alongside midwifery unit (AMU)*** - An NHS clinical location offering care to women with straightforward pregnancies during labour and birth in which midwives take primary professional responsibility for care. During labour and birth diagnostic and treatment medical services, including obstetric, neonatal and anaesthetic care are available, should they be needed, in the same building, or in a separate building on the same site. Transfer will normally be by trolley, bed or wheelchair[8].
- ***Freestanding midwifery unit (FMU)*** - An NHS clinical location offering care to women with straightforward pregnancies during labour and birth in which midwives take primary professional responsibility for care.

General practitioners may also be involved in care. During labour and birth diagnostic and treatment medical services including obstetric, neonatal and anaesthetic care, are not immediately available but are located on a separate site should they be needed. Transfer will normally involve car or ambulance[8].

Normal birth

» ***Normal birth*** - Without induction, without the use of instruments, not by caesarean section and without general, spinal or epidural anaesthetic before or during delivery[9].

Recommendations for action

» In order to meet the choice agenda, ensure your maternity service accommodates an AMU and can facilitate home birth.

» Facilities for midwifery led settings should include a comfortable, clean and safe setting that promotes the wellbeing of women, families and staff, respecting women's needs, preferences and privacy; with a physical environment that supports normal birth[10].

» Facilities should include space for furnishing and equipment commensurate with the promotion of normal birth[10].

» The environment must protect and promote women's privacy and dignity, respecting their human rights and facilities should be provided to maintain adequate nutrition and hydration in labour. Sufficient pools should be made available for use in labour and or birth[10].

AMU and FMU staffing considerations

» It is recommended that safe staffing levels of midwives and support staff are ring fenced to prevent unit closure. These should be maintained, reviewed and audited annually[10].

» Staffing establishments should be able to ensure that women have one to one care in labour[10].

» One whole time equivalent (WTE) consultant midwife for every 1:900 normal births[11] is recommended, and the consultant midwife provides leadership.

» Each unit has an appropriate skill mix that supports MLU activities. As a minimum, midwives (bands 6 and 7) should have levels of experience that are relevant to autonomous practice and decision making; maternity support workers with relevant training and an administrator[10].

Guidelines must be evidence based and include

» All women should be given evidence based information and advice about all available settings (home, freestanding midwifery unit, alongside midwifery unit or obstetric unit) when she is deciding where to have her baby, so that she is able to make a fully informed decision. This includes information about outcomes, risks, benefits and consequences for the different settings[1].

» Use the following principles when discussing risks and benefits with the woman:
- Personalise the risks and benefits as far as possible.
- Use absolute risk rather than relative risk (for example, the risk of an event increases from one in 1000 to two in 1000).
- Use natural frequency (for example, one in 10).
- Be consistent in the use of data.
- Include both positive and negative framing.
- Be aware that people interpret terms such as 'rare' in different ways; use numerical data if possible.
- Consider using a mixture of numerical formats[2].

» Give the woman the following information, including local statistics, about all local birth settings:
- Access to midwives and medical staff.
- Access to birthing pools, active birth equipment, entonox, other drugs and epidural analgesia.
- The likelihood of being transferred to an obstetric unit, the reasons why this might happen and the time it may take[1].

» Advise eligible multiparous women that planning to give birth at home or in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit[1].

» Advise eligible nulliparous women that planning to give birth in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of

interventions is lower and the outcome for the baby is no different compared with an obstetric unit. Explain that if they plan birth at home there is a small increase in the risk of an adverse outcome for the baby[1].

» Ensure that there are robust protocols in place for transfer of care between settings.

» Each unit should implement criteria from the NICE clinical guideline[1] for access to a midwifery led setting and should follow a standardised pathway for women at low risk of developing intrapartum complications (midwifery led units and home births).

» There must also be a clear pathway for women who are not eligible for AMU or FMU settings but wish to receive midwifery led care in those environments.

Referral pathways

Pathways should be defined for the following scenarios:

» Referrals directly from general practice to midwifery led units.
» For women who choose to self refer to midwives.

Auditable standards

Each maternity service should audit birth outcomes. The aim is to develop a London wide dashboard to compare outcomes, share expertise from centres of excellence and to improve equality within London maternity services.

Each unit as a minimum should audit against the following standards:

» Percentage of women offered evidence based written information (including outcomes, risks, benefits and consequences for the different settings) about planning place of birth.

» Percentage of women offered the choice of planning birth at home or in a midwifery unit.

» London Quality Standards for maternity services[11].

» The number of women receiving intrapartum care and the number of births in each setting.

» The number of primips utilising AMUs and FMUs.

» The number of transfers including the:
- Reason.
- Speed of transfer and whether this met local standards.
- Reasons for non-transfer when clinically indicated.

» The number and length of time that the AMU and FMU are closed and the home birth service is suspended.

» Percentage of unexpected admissions to NICU.

» Percentage of water births.

Appendices

Further resources to support this toolkit are available in the appendices and include:

» *Appendix 1* - Midwifery led pathway for eligible women accessing midwifery led settings.
» *Appendix 2*- Decision tree for place of birth - for midwives to use to help to provide women with information during birth place discussions.

References

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Further reading

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» Department of Health, NHS Choice Framework 2014-2015, 2014. www.gov.uk/government/publications/nhs-choice-framework

» Freestanding midwifery units, Busting the Myths, RCM, 2011. www.rcm.org.uk/clinical-practice-and-guidance/position-statements2

» NICE Quality Standard 22, Antenatal Care, NICE2012, www.nice.org.uk/guidance/QS22

» NICE Public Health Guidance 110: Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors, NICE, 2010. www.nice.org.uk/guidance/cg110

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» Staffing Standard in Midwifery Services Position Statement, RCM, 2009. www.rcm.org.uk/college/standards-and-practice/position-statements/

» Which?, Birth choice. www.which.co.uk/birth-choice.

Appendix 1

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Midwifery led pathway for eligible women
"Make every contact count-discuss place of birth"

Direct referral/GP referral

Booked by 10 weeks (NICE ANC) Allocate named midwife

All women risk assessed according to NICE (2014) criteria

Women meeting criteria advised to plan birth at home/free standing or alongside MLU
(see Primips / Multips advice below)

Individual or group discussion exploring birth place options and information to support informed choice.
Tools to promote informed choice to include

- **Decision aid**
- **www.which.co.uk/birth-choice**
- **NICE information for the public leaflet (NICEQS22)**

Continuous risk assessment at each subsequent contact
Offer active birth workshop to all women meeting criteria
Tour of facilities and birth equipment

PRIMIPS: Home assessment in labour
Advise free standing or alongside MLU

MULTIPS: Free standing or alongside MLU or home birth for all women who meet criteria

-Risk assessment throughout labour
-1:1 care in labour
-Midwife to accompany on transfer
-Encourage to use water

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Monthly audit of maternal and neonatal outcomes to include both maternal and neonatal transfers and mode of birth
A study by Dodwell et al 2014 found that 46% of women in labour across London could have planned to give birth either at home, freestanding or alongside MLU

Appendix 2

Outcomes for women/babies planning to give birth at home, in an alongside midwifery led unit (AMU) or a Freestanding midwifery unit (FMU) compared to birth in an obstetric unit

AMUs / FMUs

Benefits (all women)

More likely to have a normal birth.
AMU 76% of women
FMU 83% of women
OU 58% of women
Emergency caesarean section
AMU 4.4%of women
FMU 3.5% of women
OU 11% of women
More than 50% reduction in need for Instrumental Delivery

Use a working with pain approach

Families can be involved
Partners can stay
En-suite rooms available
More mothers successfully breast feed

Greater opportunity to be mobile in labour
Reduced need to have drugs to speed your labour up

Birth pools available (women who use water for labour and birth are less likely to need an epidural)

Considerations

If more specialist help is required you would need transfer to the nearest labour ward.

Transfer rates for

First time mothers in an AMU 40% and in a FMU 36%
Women having their 2nd or subsequent baby in an AMU 12% and in a FMU 9%

Epidural for pain relief not available would require transfer to nearest labour ward

Pros

Women are more likely to have a normal birth (88% of women)

Uses a working with pain approach

Greater opportunity to be mobile in labour
Reduced need to have drugs to speed your labour up

Families can be involved
More mothers successfully breastfeed

Women giving birth at home are at lower risk of needing a caesarean section (3%)

Cons

If doctors are required would need transfer to the nearest labour ward:
First time mothers 45%
Women having their 2nd or subsequent baby 12%

Epidural for pain relief not available would require transfer to nearest labour ward

Facilities such as birth pools not available unless hired for use

Babies born at home to first time mothers are at slightly increased risk of complications compared to other birth settings

Decision tree discussed Yes □ No □
Date ……..
Place of Birth FMU □ AMU □ Home □

Midwife …… Comments ……
Revisited at 36/40 □ Date …….. Confirm Choice □

Appendix 2 should be used alongside the NICE Intrapartum Care clinical guideline, Appendix L, Place of Birth – Decision Aid: www.nice.org.uk/guidance/cg190/evidence/cg190-intrapartum-care-appendices2

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