

## BIRTH CENTRE GUIDELINE

Reference No.: Operational/10:23/O16

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### 1. Introduction

The Birth Centre provides a comfortable, home-like environment for healthy women entering labour at term with no previous complications during pregnancy or in their medical history. The Birth Centre offers a service for women with straightforward pregnancies who would be eligible to have their babies at home but who choose/prefer to come into hospital.

The Birth Centre offers:

- A welcoming reception area
- Birthing rooms with subtle mood lighting, music facilities and a variety of Bean bags, mattresses and birthing balls
- Four generous sized en-suite rooms, 3 with baths to enable the use of water for pain relief and 1 with a pool. Piped Entonox and oxygen is available in all birth rooms and there is provision for infant resuscitation.
- A kitchen for women and their partners to use and for the serving of light meals.
- A clean utility room for storage of equipment and drugs
- Choice of birth in the Birth Centre will be offered in accordance with current guidelines at booking.

The Birth Centre will provide an environment for training and maintaining midwifery skills in normality. Medical students, student midwives and preceptorship midwives will also work in the area.

### 2. Purpose and Outcomes

To promote a positive birth experience that will increase satisfaction for women and their families by:

- Providing an alternative place of and approach to care during birth for women and their families that extends the range of choice for birth, so that women are encouraged to be active in labour, to use a range of positions for birth and to explore non-pharmacological approaches to working with pain, for example using immersion in water and aromatherapy.

- Enabling midwives to practise in an environment which supports normal labour physiology and to provide training for clinical staff in appropriate techniques to facilitate normal birth.

### 3. **Abbreviations**

<	-	Less than
>	-	More than
BFI	-	Baby Friendly Initiative
EFM	-	Electronic Fetal Monitoring
FHR	-	Fetal Heart rate
LW	-	Labour Ward
MHHR	-	Maternity Hand Held Records
MLC	-	Midwife Led Care
MOC	-	Manager on Call
MSW	-	Maternity Support Worker
NICE	-	National Institute for Clinical Effectiveness
NIPE	-	Newborn and Infant Physical Examination
PAU	-	Pregnancy Assessment Unit
SBAR	-	Situation/Background/Assessment/Recommendation
SCM	-	Senior Clinical Midwife
SROM	-	Spontaneous Rupture of Membranes
StR	-	Specialist Trainee Registrar
UNICEF	-	United Nations Children's Fund
WTE	-	Whole Time Equivalent

### 4. **Documentation**

All documentation will be recorded contemporaneously within the relevant records

- Maternity Hand Held records (MHHR)
- Baby notes
- Lorenzo
- Obstetric notes

### 5. **Admissions to the Birth Centre**

Women may be offered the choice to labour in the birth centre if as follows:

- Admission of women experiencing a normal healthy pregnancy and anticipating a normal birth will reflect the criteria published in the National Institute for Clinical effectiveness (NICE) Intrapartum Care Guideline on recommendations for choosing place of birth (2023).
- Admission of women experiencing conditions that require individual assessment to determine their suitability for the Birth Centre, will be reviewed by the named Obstetric Consultant during pregnancy (with input from the Senior Midwife for the Birth Centre and primary care lead if required).
- Women who present in labour and meet the criteria, may be offered the choice to labour in the birth centre if there is availability. There must be a full Labour risk assessment made on labour ward prior to admission to the Birth Centre including a discussion with the most senior obstetrician present (i.e. consultant or senior registrar) and the woman.

### 6. **Care in Labour**

For clinical guidance see guidelines:

- Labour – Care and risk assessment
- Water for labour and birth
- Other relevant clinical guidelines on KOHA

All Women are advised to call Pregnancy Advisory Unit (PAU) for advice (number can be found on the back of the maternity hand held records (MHHR)). If the woman is >37/40 and is booked for low risk care the call will be transferred to the Birth Centre midwives for triage. A call log will be completed

on Lorenzo and a hard copy filed in the medical notes on admission.

There is always access to a second midwife if clinically indicated during the 2<sup>nd</sup> stage of labour.

### **6.1 Transfer to Labour Ward during the Intrapartum Period**

- See Care in labour guideline (L2) in the event of transfer to LW required
- Transfer should be directly to a labour ward room if one is available
- Patient should be assessed promptly by a senior obstetrician
- SBAR to be between the midwife caring for the woman and the obstetrician
- The labour ward coordinating midwife to be involved
- Where possible continuity of care will be considered
- In the event of an obstetric emergency the emergency call: activate the emergency bell to have immediate management plan to be made by most senior person
- It is not anticipated that CTG assessment or instrumental delivery will be undertaken on the Birth Centre, such cases should be transferred to the Labour Ward.

## **7. Postnatal Care**

- The Newborn and Infant Physical Examination (NIPE) should be undertaken after 6 hours by an appropriately trained member of staff
- if a trained member of staff is not available an appointment will be made and communicated to the NIPE midwife on duty for the baby for the examination to be completed within 72 hours.
- Transfer home or to the postnatal ward as appropriate approximately 6 hours following the birth.
- Ongoing care will be given by the relevant community midwife team once transferred home.

## **8. Communications**

### Telephones

The Birth Centre coordinator mobile phone number: 07788388448

Birth Centre reception: 89790

### Call bells

All rooms have call bells linked to the Birth Centre reception area.  
Emergency call bells are linked to the main Labour Ward.

### IT systems

The Birth Centre has access to:

- Lorenzo
- iCM for results
- Acuity database to assess workload & dependency

## **9. Staffing Requirements**

The Birth Centre will be:

- led by a senior midwife band 7 and
- staffed by a group of midwives at band 5 and above
- 3 midwives available per shift in the Birth Centre

## **10. Support Services**

Service level agreements are in place for:

- Provision of Laundry. This stock is delivered to the main Labour ward and stock for the Birth Centre will be taken from this.

- Cleaning with ISS (facilities services) 7 days per week plus ad hoc cleaning when necessary.
- Hostess support and the provision of microwave meals with ISS
- Routine and general maintenance with Estates
- All non-stock linen will be laundered locally.

## 11. **Risk Management**

- Where appropriate, midwifery staff will work closely with the Senior Midwife in cases where risk factors have been identified to determine if the woman's referral to the Birth Centre is appropriate. The woman will be fully informed and included in discussions at all stages.
- Women requesting birth centre care outside of recommendations will have a conversation with their named consultant to ensure that a detailed plan is in place and that the risks and benefits have been discussed and documented to enable informed decision making.
- The birth centre staff will monitor and report risk using the Trust's risk reporting system. Governance arrangements for the Birth Centre will be in accordance with the maternity risk strategy.
- Operational issues and performance relating to the Birth Centre will be raised by the senior midwife.

## 12. **Monitoring Compliance and Effectiveness**

Clinical outcome data will be audited including transfer rates. The data will be reviewed and monitored alongside the unit's clinical outcome data.

## 13. **References**

NICE (2023) Intrapartum Care for healthy women and their babies. London: NICE

Royal College of Midwives (2015). Position statement; safe midwife staffing

Birthplace in England, Research Programme Report. National Perinatal Epidemiology Unit (NPEU) November 2011

NICE guideline (NG4) (2015). Safe Midwifery staffing for maternity settings.

**Escalation**

In the event that there are staffing shortages +/- high activity in the Birth centre the Co-ordinator in the Birth Centre should follow the flow chart below to escalate.

**Birth Centre staffing shortages/increased activity**

- Birth Centre co-ordinator to highlight issue to senior clinical midwife LW in the first instance
- Inform Senior Midwife Birth Centre or Maternity Unit Phone holder (08:00-16:00)
- Inform MOC over night (16:00 – 08:00)

Request additional staff member to support activity within unit

**IF NO AVAILABLE STAFF TO SUPPORT BIRTH CENTRE ACTIVITY**

Birth centre Co-ordinator to hand over Assessments of midwife led care (MLC) women to Pregnancy Assessment Unit (PAU) or Labour assessment unit (LAU)

If activity remains high despite the above – re-escalate to SCM / Birth Centre manager or MOC/Maternity unit phone holder who will follow capacity and staffing escalation plan (O12).

**Communication between SCM and Birth Centre team leader is essential in maintaining safe provision of care for all women.**

Senior Midwife Birth Centre:	07887451510
Maternity unit phone holder (MUP):	07917650735
Manager on call (MOC):	07799337679

## Documentation Control

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Version / Amendment	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1	May 2014	Maggie Coombes Low Risk Senior Midwife	New service
	2	March 2018	Jo Ryalls – Senior Midwife Low Risk	Review
	3	October 2023	Jo Ryalls – Senior Midwife Low Risk	Review
<b>Intended Recipients:</b> All staff with responsibility for caring for low risk women in pregnancy, birth & the puerperium				
<b>Dissemination:</b> Cascaded electronically through lead midwives/doctors; Published on Intranet; Article in Business Unit newsletter				
<b>To be read in conjunction with:</b> AN care guidelines (A5); Care in Labour (L2); Waterbirth guidelines (W1); Escalation Policy (O12)				
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