Clinical Practice Guidelines:
Obstetrics/Queensland publicly funded homebirths

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Queensland publicly funded homebirths

July, 2024

Queensland Health (QH) is committed to providing women with access to a range of safe maternity service models, including the option of a homebirth for women who are assessed to be 'low risk' for pregnancy and birth complications.[1]

The service will be offered by Queensland Hospital and Health Services (HHSs) where it is assessed to be appropriate for the local area. The first HHS to implement the PFHB service in Queensland will be the Sunshine Coast HHS.

While ambulance clinicians will not be directly involved in the delivery of PFHB maternity services, clinicians may be requested to attend a PFHB in the following circumstances:

- Assist and support PFHB midwives during an obstetric or neonatal emergency.
- Attend a woman who has suffered a medical emergency.
- Provide ambulance transport to hospital for the woman and/or the baby as required.

In this Clinical Practice Guideline (CPG), the following topics relating to PFHBs are addressed:

- Definition of PFHB
- Principles of PFHB in Queensland
- Eligibility criteria for a PFHB
- Circumstances that may result in QAS attendance at a PFHB
- Interdisciplinary collaboration when attending a PFHB
- Legal Framework relevant to patient decision-making and PFHB

Definition of a PFHB

A PFHB is a planned event where a woman with a low-risk pregnancy chooses a model of maternity care that supports birthing at home under the care of public hospital midwives.[2]

A PFHB is NOT:

- a birth without a registered midwife ('freebirth')
- an unplanned out-of-hospital birth ('birth before arrival')
- a planned birth at home with care from privately practicing midwives ('private homebirth')
- a planned birth at home without the care of a registered practitioner or maternity care.[2]

Principles of PFHB in Queensland

1. A homebirth program is established where the relevant health service has both the capacity and capability to provide a safe, high quality, and sustainable program.
2. A homebirth program is integrated into the HHSs maternity service and appropriately resourced to provide high quality and safe care.
3. The eligibility of women for a homebirth program is informed by evidence-based clinical guidelines, individualised risk assessments, and capacity and capability of the relevant organisation.
4. A homebirth program is woman-centred, and women are supported to make informed decisions about their own care and the care of their baby.[2]

Eligibility criteria for a PFHB

There are many factors that may be considered when determining the suitability for a PFHB. The safety of the woman and the baby is critical and the assessment of the factors that are relevant to their safety will continue throughout the pregnancy, labour, birth, and postnatal period. Safety factors that may influence decisions regarding suitability include the following:

Locality considerations: The geographical location for the proposed PFHB is a relevant safety consideration. Factors that will most likely be examined include:[2,3]

- Distance to travel from the hospital to the homebirth location (within a defined catchment area).
- Time to travel from hospital to the homebirth location (no more than 30 minutes).
- Availability of skilled midwives in the area.
- Number and type of support services available for transfer to hospital, should it be required.

Clinical considerations: It is important to identify clinical circumstances that may influence a safe outcome for both the woman and baby when a PFHB is planned. Homebirth is a safe choice for women who:[2,4]

- Are aged between 18 and 40 years.
- Have had less than five previous births.
- Have a singleton pregnancy.
- Have a fetus in the cephalic position.
- Have an uncomplicated pregnancy at entry to the PFHB service and remain uncomplicated at commencement of labour.
- Are between 37 and 41 completed weeks gestation.
- Have no pre-existing or occurring medical, surgical, or psychological conditions that may impact the maternal or fetal well-being.

Home environment safety considerations: The environment in which the PFHB is to take place is assessed as safe. Relevant considerations may include:[2,5]

- Has reliable telephone service or access to telephone network.
- Vehicles, including an ambulance vehicle can access the location with ease and be parked near the area where the PFHB will take place.
- Lighting, heating, water, refrigeration, and electricity are present and there is adequate space in the area where the PHHB will take place.
- Home environment is smoke and vapour free.
- There is no illicit drug use in the home and no obvious illegal activity.
- Those present at the location do not pose a risk to the woman or neonate.
- Animals can be secured and are not located in the area where the PFHB will take place.
- Arrangements will be in place to care for dependents.

Circumstances that may result in QAS attendance at a PFHB

QAS clinicians may be requested to attend in circumstances where the woman has suffered an acute medical episode or obstetric emergency, or where transport to hospital is required. Common reasons for an intrapartum or postnatal transfer include:

- Delayed progression in any stage of labour.
- A request for pain relief that is not provided in the PFHB setting.
- Suspected or confirmed fetal distress including meconium-stained liquor.
- Postpartum haemorrhage.
- Retained placenta.

- Perineal trauma that requires assessment and suturing.
- Neonatal distress or where a low APGAR score is recorded.

Interdisciplinary collaboration when attending a PFHB.

When QAS clinicians respond to a request to attend a PFHB, they are to work collaboratively with the attending PFHB midwifes to identify and provide safe and effective care of the woman and/or her baby, and efficient transport if required.

The lead healthcare professional will be determined on a case-by-case basis.

In cases involving an obstetric emergency, the PFHB midwives would assume the lead clinical role and ambulance clinicians would support the midwives to ensure the best possible outcome for the woman and her baby.

Ambulance clinicians would assume the lead clinical role and provide directions for care, in circumstances where the presentation is not specifically related to the pregnancy or birth i.e. a medical emergency; cardiac arrest; or advanced neonatal resuscitation requiring intubation.

In all cases where QAS clinicians are providing ambulance services, clinicians must comply with the relevant QAS Clinical Practice Guidelines, Procedures and Drug Therapy Protocols.

The legal framework – attending at a PFHB

A PFHB program is woman-centred and each woman is to be supported to make informed decisions about their own care, and the care of their baby. This approach is underpinned by a person's right to make decisions regarding health care and ambulance services that are recommended, including the right to refuse treatment and ambulance transport contrary to the advice provided.

When providing ambulance treatment or transport, ambulance clinicians must do so within the following legal framework as it relates to decision-making for treatment and/or ambulance transport for both the woman and baby.

- Adult patient ***with decision-making capacity*** – with the patient's consent or valid refusal.[6]
- Adult patient ***with impaired decision-making capacity*** – with the consent of the patient's substitute decision-maker (guardian, attorney, or statutory health attorney).[7]
- Adult patient ***with impaired decision-making capacity*** in circumstances where the ***treatment is necessary to avert an imminent risk to the life or health*** of the patient – no consent is required.[8]
- Child patient ***(once born)*** – with the parent's consent or valid refusal [9,10] however, the parent's authority must ***'be exercised in the best interests of the child'***.[11]

Refer to CPG: Patient Decision Making in Ambulance Services and CPG: Non-transport Patient decision – refusal of treatment and/or ambulance transport against clinician advice.

For the purposes of the CPG, and subject to the context in which each term appears, the term 'baby' refers to either a fetus or a newborn.