Cork Collaboration on Home Births ‘Work in progress’

Home Birth Community & Hospital Team

Home Birth Service Background
- Pilot Scheme 2001/Evaluation 2003
- Domiciliary Birth report 2004
- INO withdrew SECM Insurance 2008
- National Implementation Group introduced the National Home Birth Scheme & MOU

Memorandum of Understanding
The purpose of the Memorandum of Understanding (MOU) is to formalise arrangements between the HSE and the Self employed community midwife (SECM) relating to the provision of community home birth services to eligible expectant mothers wishing to avail of such a service.

All self employed midwives, under the terms of the MOU are insured by the HSE through the Clinical Indemnity Scheme once the practice within the terms of the MOU.

What is it all about?
The Community Home Birth Service is a defined structured service based on best practice provided free of charge to low risk women who have made an informed choice to have a home birth.

Six experienced midwives practice in a community setting and have notified their intention to practice to the HSE.

Who can avail of this service?
- It is a National Service albeit geographically dependant on an SECM working in that area.
- Women who have no history of medical or surgical problems or previous pregnancy complications that might affect their pregnancy.
- A documented list of inclusion/exclusion criteria is available from DMO
**ANTE NATAL CARE**

The initial discussion & booking will take place with the Community Midwife and booked using the National Maternity Hospital Chart

Liaison Consultant
at the Home Birth Clinic

Ongoing shared care
SECM & GP

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**Labour and Birth**

- Attendance at home as soon as in established labour.
- Midwifery led care based on safe and best practice.
- Individual support in the familiar surroundings of your own home.
- 2nd Midwife at birth.

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**Post Natal Care**

- Continued support of mother, baby and family for up to 14 days following the birth.

- Discharged to Public Health Nursing services who will give ongoing information, advice & support.

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**Recent progress**

- SECM can stay with women in hospital if they transfer during labour.
- SECM care can be arranged for women who become ineligible for home birth service.
- Feedback from over 30 women who had to transfer but had their SECM present for the birth has been extremely positive.

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**The Future**

- Integration and communication to continue to improve
- Designated Midwifery Officers in each HSE region to standardise and develop the service nationwide
Mary qualified as a midwife in England in 1984, returned to Cork in 1994 and set up her own practice as a Midwife.

She has been specialising in assisting mothers to birth their babies at home for almost twenty years.

**Setting Up Practice In 1990’s**
- Team midwife in the UK
- Private Midwife in Ireland
- Grant
- SHB & Community Midwives

**SECM Service Today**
- DMO Support
- Ambulance Control Liaison
- Second Midwife
- CIS 2008
- Integrated with local Maternity Hospital 2010
- Clinics with SECM, Consultant & DMO
SECM Service Today

SECM book women with National Chart
SECM facilitate hospital birth 2012
Early Transfer Home
Communication
Respect
Smooth, Safe, Quality Service

CUMH Cois Tí Services

Cois Tí (translated as near home) is Cork University Maternity Hospital’s approach towards transforming our outpatients services, bringing antenatal and gynaecology services to the community.

Five centers which cover a wide geographical area.
- Integrated, accessible, comprehensive community based maternity service.
- Woman centred – choice, continuity and control.
- Evidence based practice.

Clinical Guideline/ Pathway

- Avoid a ‘them and us’ culture.
  ‘We need to stop blaming individuals and put greater effort into making our systems of care safer and better’ Australian Commission on Safety and Quality in Healthcare,2007
- Facilitate consultation and integration
- Give confidence and choice to care providers, women and their families

Communicating with Public Health Nursing & Community Midwives

- Birth, discharge and bloodspot notification letters via PIMs.
- Formal meeting every second month to update each other regarding changes/ new guidelines.
- Work together to improve communication and to ease the transition from hospital to community of the new mother and baby

Self Employed Community Midwives

- Monthly session in OPD CUMH with Prof Louise Kenny.
- Guideline developed to transfer a woman in labour from the care of the SECM to CUMH.
Guideline/ Pathway

- MDT Approach; Midwives from CUMH and SECM’s, Consultant Obstetricians and Neonatologists and Practice Development.
- Developed a pathway for the non emergency and emergency antenatal transfer and the emergency transfer of a baby following birth.

Current Maternity Service CUMH

- Perceived lack of choice for the 9000 women delivering in our unit.
- Women attending the Home Birth service often do so as it is the only other option for intrapartum care.
- This and the recent publication of the Birthplace England report has stimulated local discussion and this proposal.

Domino Pilot CUMH

- Starting in January 2014 the CUMH will provide a Domino birth service to a radius of 5 miles from the CUMH.
- AMU- Alongside Midwifery Unit. This is a co located unit within the same building as an obstetric unit such as CUMH for low risk women where midwives are the lead professionals.

Advantages of Domino Care In an AMU

- continuity of care
- facilitate a ‘home-from home’ birth with the back up of the services of an obstetric unit
- provide an early return from hospital

NMPDU Grant

- Funding approved –Nursing and Midwifery Innovation Initiative funding 2013.
- Lead midwife manager for Domino in the Delivery Unit. This midwife would be the lead in evidence based clinical practice and supervise and support the Domino midwives in the Delivery Unit in this initiative.
- Midwife sonographer (20 hrs /week) anatomy scans.

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