Homebirth is safe for women with normal risk pregnancies. The National Institute for Health and Care Excellence (NICE) suggests that there is a higher likelihood of a normal birth, with less intervention, among women who plan to give birth at home.

Eligibility criteria for The Homebirth Service apply. This is to provide you and your baby with the opportunity to achieve the best possible outcome.

Please see below for a list of exclusion criteria for **The Homebirth Service**. These criteria are based on the most up to date evidence guidelines from NICE. This is not an exhaustive list and is for guidance only.

If you are unsure if you are eligible, please email a member of our administration team at **commw1@nmh.ie** or call 01 6373177 and they will be happy to advise you. An individualised assessment with The Domino Midwifery Team can be arranged if needed.

**Please note:** If you are not eligible for The Homebirth Service, we also offer The Domino Service for normal risk women on the supportive care pathway for which you may be eligible. This service is delivered by the same team of Midwives as our Homebirth Service. Please see our public care page for a full list of your maternity care options.

Criteria	Example of exclusion
Age	<ul> <li>If this is your first baby and are below 18yrs or over 40yrs at booking</li> <li>If you have had a baby before and are over 43yrs at booking</li> </ul>
ВМІ	<ul> <li>If your BMI is less than 18.5 or greater than 35</li> <li>If you have had bariatric surgery in the past</li> </ul>
Parity	• If this is your 5th baby (or you have more than 5 babies)
Current Pregnancy	<ul> <li>If you have become pregnant through the use of assisted reproductive technology (ART) e.g. IVF, IUI (if you have been prescribed the medication Clomid in isolation you are not excluded)</li> <li>If your baby has an anomaly</li> <li>If you have a multiple pregnancy</li> <li>If you have placenta praevia (afterbirth is partially or completely blocking the neck of the womb)</li> <li>If you have Rhesus disease</li> </ul>
Previous Pregnancy Complications	<ul> <li>If you have had an unexplained stillbirth/ neonatal death or previous death related to intrapartum difficulty or a baby with a congenital anomaly</li> <li>If you have had a previous baby with neonatal encephalopathy (HIE) (brain damage)</li> <li>If you have had a baby less than 34 weeks born by normal vaginal delivery</li> <li>If you have had a previous full term baby weighing less than 2.5kg (5lbs 5oz)</li> <li>If you have had a baby weighing greater than 4.5kgs (9lbs 9oz)</li> <li>If you have had caesarean section</li> <li>If you have had severe preeclampsia requiring preterm birth/eclampsia /HELLP syndrome (complications with blood pressure in a previous pregnancy)</li> <li>If you have had a uterine rupture (a tear in the womb)</li> <li>If you have had a previous 4th degree perineal tear or a 3rd degree perineal tear with continence problems</li> </ul>

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## ELIGIBILITY CRITERIA FOR BOOKING WITH THE HOMEBIRTH SERVICE

Criteria	Example of exclusion
Previous Pregnancy Complications (continued)	<ul> <li>If you have had a Primary Postpartum Haemorrhage (PPH) (large bleed at or following delivery) requiring additional treatment or a blood transfusion</li> <li>If you have had previous haemolytic anaemia</li> <li>If you have had Rhesus disease or significant blood group antibodies</li> </ul>
Cardiovascular (heart)	
Hypertensive (blood pressure)	<ul> <li>If you have any heart disease or blood pressure problems</li> </ul>
Haematological (blood) Thromboembolic Disorders (clots) Platelet & Bleeding Disorders Haemoglobinopathies (blood disorder affecting the red blood cells)	<ul> <li>If your iron count (Hb) at booking is less than 9g/dl</li> <li>If your Hb (iron) is under 10.5g/dl your homebirth will be cancelled until the level of 10.5g/dl or greater is reached</li> <li>If you have experienced a Deep Vein Thrombosis DVT (clot) or a Pulmonary Embolism (PE) (clot in the lung)</li> <li>If your platelets (part of your blood needed for clotting) drop below 150 x 10<sup>9</sup>/L but remain above 100 x 10<sup>9</sup>/L you may have a homebirth if your coagulation (clotting) screen is normal</li> <li>If you have irregular antibodies in your blood which carry a risk of haemolytic disease of the newborn (blood problem for the baby e.g. Rhesus disease)</li> <li>If you have a haemoglobinopathy (blood disorder affecting the red blood</li> </ul>
	cells) e.g. sickle cell disease, beta thalassaemia
Surgical History	<ul> <li>If you have had uterine (womb) surgery e.g. Myomectomy (fibroid removed from your womb), previous caesarean section; hysteroscopic resection of polyp/fibroid (a form of incisionless surgery done by passing a scope through the vagina and neck of the womb)</li> <li>If you have had major abdominal surgery e.g. gastric surgery/bypass, lapbanding</li> <li>If you have had 2 surgeries to the cervix (neck of the womb) e.g. Cone biopsy &amp; Lletz</li> <li>If you have had neurological surgery, certain eye surgery, anaesthetic difficulties, female genital mutilation</li> </ul>
Endocrine	<ul> <li>If you have type 1 or type 2 diabetes or develop Gestational Diabetes during this pregnancy</li> <li>If you have hyperthyroidism</li> </ul>
Gastro – intestinal (GI)	If you have Crohn's disease or Ulcerative colitis and are on medication
Psychiatric	<ul> <li>If you have a mental health condition requiring current inpatient care and/or requiring specialist care</li> </ul>
Neurological	<ul> <li>If you have Epilepsy, Myasthenia Gravis (MG), Previous Cerebrovascular Accident (CVA) (Stroke)</li> </ul>
Immune	<ul> <li>If you have an autoimmune disease e.g.</li> <li>Rheumatoid arthritis</li> <li>Systemic Lupus Erythematosus (SLE)/(Lupus)</li> <li>Inflammatory Bowel Disease (IBD)</li> <li>Multiple Sclerosis (MS)</li> <li>Guillain-Barre syndrome</li> <li>Chronic inflammatory demyelinating polyneuropathy</li> </ul>

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## ELIGIBILITY CRITERIA FOR BOOKING WITH THE HOMEBIRTH SERVICE

Criteria	Example of exclusion
Social	<ul> <li>If you misuse substances e.g. drugs, alcohol</li> <li>If you lack social support or experience domestic violence and require additional hospital based support</li> </ul>
Infections	<ul> <li>If you have infective Hepatitis B or Hepatitis C</li> <li>If you are HIV Positive</li> <li>If you have Syphilis</li> <li>If you are receiving treatment for Toxoplasmosis</li> </ul>
Renal (kidney disease)	• If you have renal disease that requires the supervision of a renal specialist
Liver	• If you have liver disease that requires the supervision of a liver specialist
Respiratory	If you have Cystic Fibrosis

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