Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Policy and Procedure to Support the SECM with the Transfer of Women and/or Babies from Home to Hospital Maternity Services

Document reference number	**HB008**	**Document developed by**	**Sub-group of the Clinical Governance Group for the HSE Home Birth Service, chaired by Ms Michelle Waldron**
Revision number	**2**	**Document approved by**	**Clinical Governance Group for the HSE Home Birth Service, chaired by Mr Bill Ebbitt**
Approval date	**January 2018**	**Responsibility for implementation**	**National Implementation Steering Group, HSE Home Birth Service, chaired by Ms Mary Wynne**
Revision date	**January 2020**	**Responsibility for review and audit**	**Clinical Governance Group for the HSE Home Birth Service**

Table of Contents

1. Policy Statement

This policy is provided to support the Self-Employed Community Midwife (SECM) in transferring the care of a woman and/or baby, with the minimum of disruption following diagnosis of a medical or obstetric complication, from the HSE Home Birth Service to an obstetric-led maternity unit/hospital.

2. Purpose

2.1. To support the SECM to transfer the care of a woman and/or baby booked with the Home Birth Service to an obstetric-led unit.
2.2. To ensure the seamless transfer of care of the woman and/or baby in order to support safety for the mother and baby.
2.3. To support the SECM to provide timely, accurate, complete and unambiguous information at the time of handover of care to another relevant clinical professional.

3. Scope

This policy applies to the transfer of a woman and/or baby from home to an obstetric-led maternity unit/hospital.

4. Legislation, Codes of Practice, Standards and Guidance

4.1. Health Acts, 1947 to 2015 and regulations made thereunder
4.2. Nurses and Midwives Act, 2011
4.3. The Code of Professional Conduct and Ethics (NMBI 2014)
4.4. Practice Standards for Midwives (NMBI, 2015)
4.5. The Scope of Nursing and Midwifery Practice Framework (NMBI, 2015)
4.6. NICE Clinical Guideline 190 – Intrapartum Care: care of healthy women and their babies during childbirth (NICE, 2014)
4.7. The Irish Maternity Early Warning System (IMEWS), NCEC (DOH, 2014)
4.8. Communication (Clinical Handover) in Maternity Services National Clinical Guideline No. 5 (DOH, 2014)
4.9. Sepsis Management National Clinical Guideline No. 6 (DOH, 2014)
4.10. HSE Procedure for Notification of Home Births to the National Ambulance Service (HSE, 2015)
4.11. National Maternity Strategy 2016-2026 (DOH 2016)

This list is not exhaustive and reference should be made at all times to the guideline for reference sources or the database of legislation, codes of practice, standards and guidance (Clinical Governance Group for the HSE Home Birth Service 2018).

5. Definitions

5.1. **Transfer** means move from one place to another (Oxford Dictionary) and in this policy it means to move the woman or baby's care from home to a maternity unit/hospital for medical care under a consultant obstetrician.

6. Roles and Responsibilities

6.1. The Director of Primary Care

shall ensure:

6.1.1 The provision of appropriate systems and structures to support the SECM to transfer women and/or babies from home to hospital maternity services.

6.2. The HSE Chief Officer or delegate

shall:

6.2.1 Ensure the implementation of systems and structures to transfer women and/or babies from home to hospital maternity services.

6.2.2 Communicate with the DMO if a case conference or alternate plan of care is required.

6.2.3 Request that the SECM and DMO report any adverse incidents to the National Incident Management System (NIMS) as per HSE Safety Incident Management Policy 2014.

6.3. The Designated Midwifery Officer (DMO)

shall:

6.3.1 Ensure that the appropriate systems and structures are in place to implement this policy and procedure.

6.3.2 Facilitate communication between the maternity hospital healthcare professionals, the SECM, and the woman as appropriate.

6.3.3 Support and communicate with the SECM regarding the clinical handover or transfer of women and babies.

6.3.4 Request that the SECM reports any adverse incidents via the DMO to the National Incident Management System (NIMS) as per HSE Safety Incident Management Policy 2014.

6.3.5 Notify all other key stakeholders if there is a change in care plan for the woman and baby.

6.3.6 Liaise with Ambulance Control as per National Policy for Communication with National Ambulance Service (HSE, 2015).

6.3.7 Monitor adherence with this policy and procedure.

6.4. The Self-employed Community Midwife (SECM)

shall:

6.4.1 Ensure that the woman and her partner have read the home birth information letter; and that the application and consent form, agreeing to transfer if necessary, is signed at booking with the SECM.

6.4.2 Ensure that the woman understands the conditions referred to in tables 1 to 6, the eligibility criteria for the HSE Home Birth Service.

6.4.3 Ensure that the woman and her partner are prepared, during pregnancy, for the possibility of transfer of maternity care before, during or after the home birth.

6.4.4 Refer and be guided by the ISBAR Communication Handover tool (Appendix I) when transferring a woman or infant to hospital maternity services.

6.4.5 Ensure the documentation of clinical assessment, findings and conversations.

6.4.6 Ensure that the DMO is contacted and informed of the transfer by email or telephone

6.5. Hospital Midwifery Manager/Consultant Obstetrician/Paediatrician

6.5.1 The midwifery manager on duty shall liaise with the appropriate medical personnel, i.e. obstetric team, paediatric team, SECM and hospital midwives regarding the transfer.

6.5.2 The consultant obstetrician/paediatrician shall assess the woman and/or baby and communicate the outcome of the hospital admission and discharge summary to the SECM in the event of the transfer of care of the mother and/or baby back to the SECM, taking account of eligibility criteria for the HSE Home Birth Service.

6.5.3 The maternity hospital/unit medical staff shall provide a copy of the assessment and outcome to the SECM and DMO in circumstances where the woman does not carry her own maternity record.

6.5.4 The maternity hospital/unit medical staff should communicate with the DMO if/when a review of this policy is required.

7. Procedure

7.1 If a medical or obstetric complication is suspected the SECM should explain the situation to the woman and her birth partners.

7.2 The SECM's assessment, findings and conversations should be documented.

7.3 Depending on the indications for transfer, urgency, time, and distance to a maternity unit/hospital, the SECM will use her/his clinical judgement to decide on the most appropriate mode of transport to use for transfer (Appendix I).

7.4 If emergency transfer is indicated, dial 999 or 112 for an ambulance to transfer the woman and/or her baby as per the HSE procedure for the notification of home births to the National Ambulance Service (HSE 2015).

7.5 The SECM must always be prepared to accompany the mother and/or her baby to the maternity unit/hospital to hand over clinical care.

7.6 The midwifery manager on call in the receiving maternity unit should be phoned and given timely notice using the ISBAR communication tool in order for the unit to prepare the appropriate healthcare personnel for the recommended provision of care.

7.7 The SECM should appraise the woman of the plan of action and document all conversations with personnel involved relating to the transfer.

7.8 The woman and baby should be dressed appropriately and made as comfortable as possible before and during transfer.

7.9 On arrival of the paramedics/advanced paramedics the SECM should use the ISBAR tool (Appendix II) to assist communication.

7.10 The midwife and paramedic/advanced paramedic should assess the clinical situation and together provide appropriate care to the woman/baby, recognising the midwife's expertise in peri-partum care and the paramedic's expertise in pre-hospital emergency care.

7.11 If the clinical situation changes then the roles of the healthcare professionals present should be delegated appropriately.

7.12 The SECM should accompany the woman and baby during transfer so that companionship, communication and ongoing monitoring of mother and/or foetus/baby can be continued as appropriate to the clinical situation.

7.13 The birth companions should accompany the woman if possible and if the woman desires.

7.14 If the woman transfers following birth then the baby should transfer with her, or as appropriate.

7.15 The SECM should provide a comprehensive handover using the ISBAR handover tool (Appendix II) to the receiving clinician, including copies of all relevant documentation.

7.15.1 Date and time of assessment of the woman

7.15.2 Date, time and detail of any telephone call or email sent to third party – for example midwifery manager, consultant obstetrician

7.15.3 Reason for referral and/or transfer

7.15.4 Clinical and environmental findings giving rise for concern

7.15.5 Baseline data recorded and any actions undertaken

7.15.6 Recommendations to accepting clinician

7.15.7 That a clear explanation was given to the woman and her partner

7.15.8 Any other information considered relevant to the referral, for example SECM's contact details and mobile number

7.16 Depending on local arrangements with the maternity unit/hospital involved in the transfer, the SECM may or may not remain with the woman as a support. Clinical care may or may not be provided by the SECM in the maternity unit depending on the agreed roles and responsibilities of the SECM as set out between all parties.

7.17 In the event of care of the woman and/or baby being transferred back to the SECM, details of the hospital admission and discharge summary should be provided by the maternity unit to the SECM.

7.18 If clinical care is not transferred back to the SECM, the SECM is not indemnified by the Clinical Indemnity Scheme to provide care/clinical advice to the woman, unless an alternative care plan has been arranged.

7.19 If the woman indicates to the SECM at any stage in her care that she wishes to be transferred to a maternity unit, the SECM should respect the woman's wishes and assist in making arrangements for transfer.

7.20 The SECM should exercise her/his professional judgement as to the advisability of transfer of care if the woman's labour is at such an advanced stage as to possibly make transfer unsafe. This should be explained to the woman and documented in the woman's notes (Practice Standards for Midwives (NMBI, 2015))

8. Monitoring and Audit

8.1. Monitoring of compliance with this policy shall be undertaken by the DMO or other appropriate healthcare personnel.

8.2. Audit of compliance with this policy shall be undertaken by the SECM, DMO or other appointed HSE healthcare professionals.

9. Training

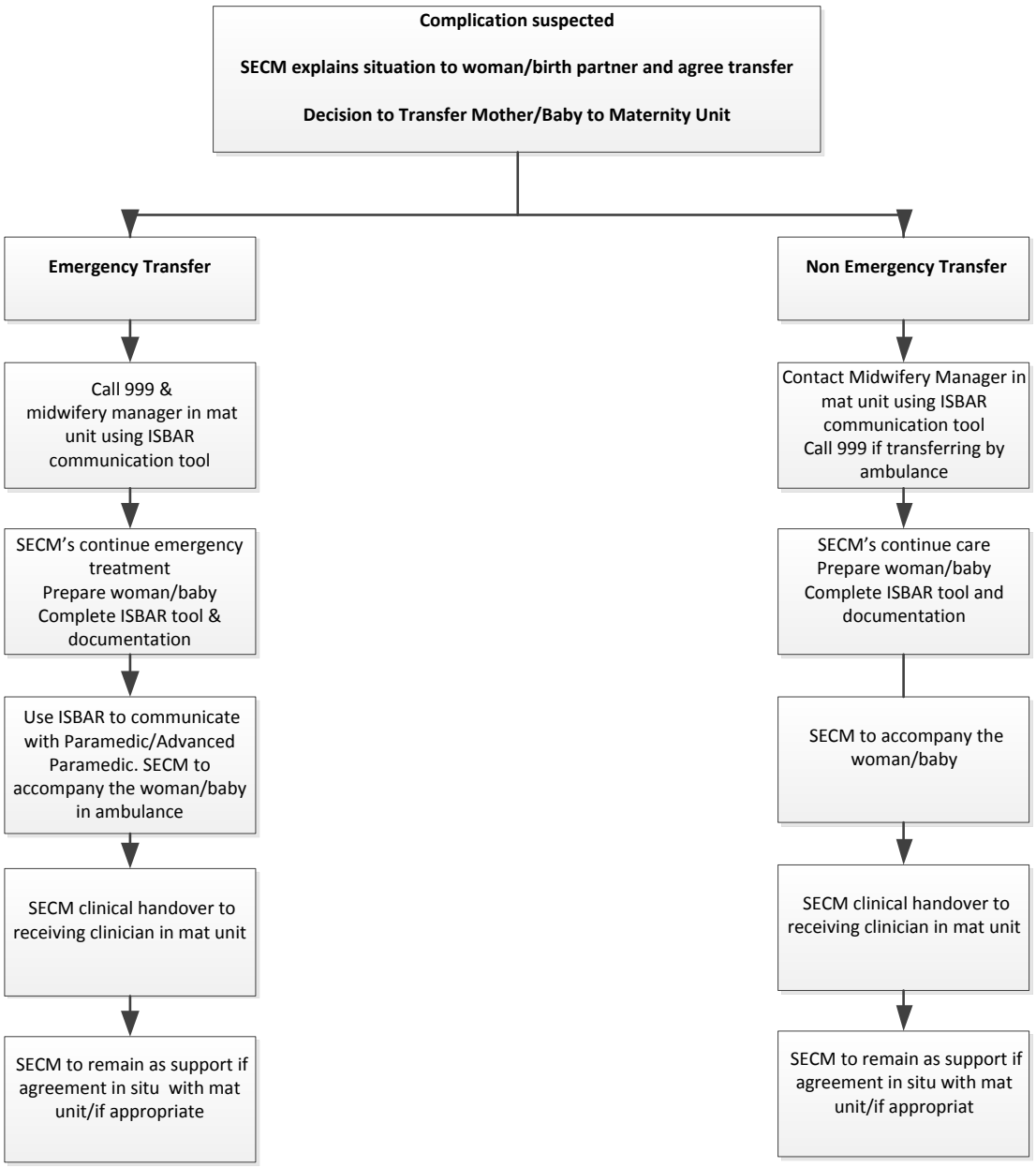
The SECM shall ensure that she/he has sourced appropriate education and training to support compliance and the implementation of this policy.

10. Implementation Plan

The Clinical Governance Group for the HSE Home Birth Service developed this document, which has been approved for implementation by the National Implementation Steering Group for the HSE Home Birth Service. This document will be piloted for a year from the approval date. It will be disseminated by the Designated Midwifery Officers to relevant healthcare personnel and to all Self-Employed Community Midwives who provide home birth services on behalf of the HSE.

11. Appendices:

Appendix I: Algorithm for transfer to maternity unit/hospital



Appendix II Based on ISBAR³ Handover Tool

Identify & Situation	I am *(name)* SECM and I am *(location)* with (p*atient's name)* and I am calling because I need to transfer (*woman's name)* into the hospital, as she is *(give details of problem here*)	Date..... Time.....
Background	Patient's name is … details of issue… gestation… present situation… and any relevant medical history…	
Assessment	Your assessment here… I have examined ……. and found .....*(details)* Observations etc. here (examples below) T P R B/P FH FM AVPU Pain score Urine output Contractions Dilatation	
Recommendations	I need to..... (*action or assistance... what do you need... what you need done to assist you)* *(Recommendation, Risk and Readback)*	
Ask the receiver of the information to repeat the information back to you and ensure understanding		

Signature of midwife:.....

Second midwife.....

Guidance on completion of tool

- Complete the documentation prior to placing the call so that you can give a succinct and comprehensive handover with the relevant information to include full assessment of condition, situation and observations.
- Ensure you are clear in your instructions of where you are, who you are, the woman's name and the reason for the referral.
- Give the relevant background information to include history of medication, pregnancy and any other relevant medical history.
- Your assessment of the patient's current condition.
- Your recommendations for the immediate transfer and care of the woman and her baby if the baby is delivered.
- Record all information on the handover document and either complete a duplicate or record the information in the woman's records. The handover tool should be retained in the woman's chart with all the other documentation once care is completed.

Confidentiality

- It is essential that all information pertaining to the patient is recorded in their clinical record only and nowhere else.
- It is the responsibility of the SECM to ensure confidentiality at all times.

12. Membership of Working Group

The Clinical Governance Group (CGG) for the HSE Home Birth Service commissioned a Sub-Group (members below) to develop this document which was then reviewed by the Quality Assurance Sub Group (members below). A final draft was produced by the CGG members and recommended for approval to the National Implementation Steering Group for Home Births (NISG). Following a 12 month pilot of this document, the NISG have approved its revision and implementation.

Sub-Group Members:
Ms Michelle Waldron, Designated Midwifery Officer HSE DNE (Sub-group chair)
Ms Sue Ryan Designated Midwifery Officer HSE South
Mr Bill Ebbitt Primary Care Manager, HSE
Dr John Bermingham, Consultant Obstetrician, WRH

Quality Assurance Sub-Group:
Dr Karen Robinson, Risk Advisor Clinical Indemnity Scheme (CIS) (Sub-group chair)
Ms Brigid Doherty, Patient Focus
Ms Virginia Pye, National Lead for Public Health Nursing (ONMSD)
Dr Edwina Dunne, Assistant National Director, Quality & Patient Safety (QPS)

13. Signature Page

I have read, understand and agree to adhere to the attached:

_____

Print Name	Signature	Area of Work	Date