Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Guideline for the Management of Malpresentation in Labour, HSE Home Birth Service

Document reference number	**HB012**	**Document developed by**	**Sub-group of the Clinical Governance Group for the HSE Home Birth Service, chaired by Ms Janet Murphy**
Revision number	**1**	**Document approved by**	**Clinical Governance Group for the HSE Home Birth Service, chaired by Ms Rosemary Ryan**
Approval date	**December 2016**	**Responsibility for implementation**	**National Implementation Steering Group for the HSE Home Birth Service, chaired by Ms Mary Wynne**
Revision date	**December 2017**	**Responsibility for review and audit**	**Clinical Governance Group for the HSE Home Birth Service**

Table of Contents:

1. Guideline Statement 3
2. Purpose 3
3. Scope 3
4. Legislation, Codes of Practice, Standards and Guidance 3
5. Definition & Background 4
6. Roles and Responsibilities 4
7. Procedure 5
   7.1. Identify known risk factors for malpresentation 5
   7.2. Management of malpresentation 5
   7.3. Documentation 6
   7.4. Postpartum management of the mother 6
   7.5. Neonatal care of baby...7
   7.6. Risk management 7
8. Monitoring and Audit 7
9. Training 7
10. Implementation Plan 7
11. References 8
12. Appendices 8
13. Signature Page 10

1. Guideline Statement

This guideline shall support and guide midwifery practice for the HSE Home Birth Service based on the green top guideline of the Royal College of Obstetricians and Gynaecologists (RCOG 2006), National Institute for Health and Care Excellence (NICE) guidelines and PROMPT (Practical Obstetrical and Multi-Professional Training) training on Malpresentation.

2. Purpose

To standardise and provide guidance to the Self-Employed Community Midwives (SECMs) providing home birth services on behalf of the HSE on the management of malpresentation.

3. Scope

This practice guideline applies to all Self-Employed Community Midwives providing a home birth service on behalf of the HSE.

4. Legislation, Codes of Practice, Standards and Guidance

4.1 Health Acts, 1947 to 2016 and regulations made thereunder
4.2 Nurses and Midwives Act, 2011
4.3 The Scope of Nursing and Midwifery Practice Framework (NMBI 2015)
4.4 The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014)
4.5 Practice Standards for Midwives (NMBI 2015)
4.6 Recording Clinical Practice (NMBI 2015)
4.7 Guidance for Nurses and Midwives on Medication Management (ABA 2007)
4.8 NICE Clinical Guideline 190 – Intrapartum Care: Care of Healthy Women and their Babies during Childbirth (NICE 2014)
4.9 Evidence Based Guidelines for Midwifery Care in Labour (RCM 2008)
4.10 The Irish Maternity Early Warning System (IMEWS) NCEC (DOH 2014)
4.11 Communication (Clinical Handover) in Maternity Services NCEC (DOH 2014)
4.12 Sepsis Management NCEC (DOH 2014)
4.13 HSE Policy and Procedure for Notification of Home Births to the National Ambulance Service (National Ambulance Service HSE 2015)
4.14 Clinical Practice Guideline Cord Prolaspe (HSE & IOG 2015)
4.15 Green-top Guideline No. 12`: Breech Presentation (RCOG 2006)
4.16 Standards and Recommended Practices for Healthcare Records Management (HSE 2011)
4.17 National Consent Policy (HSE 2013)
4.18 Safety Incident Management Policy (HSE 2014)
4.19 National Maternity Strategy 2016-2026 (DOH 2016)
4.20 Policy and Procedure to Support the SECM with the Transfer of Women and/or Babies from Home to Hospital Maternity Services (HSE 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 2016).

5. Definition & Background

5.1 **Malpresentation:** Any position (lie) of the foetus before or during labour that would result in a part other than the vertex of the head appearing first at the birth (Collins Medical Dictionary 2005).

Terms and definitions are also outlined in the Quality and Risk Taxonomy Governance Group Report on Glossary of Quality and Risk Terms and Definitions (HSE 2009).

6. Roles and Responsibilities

6.1. The Director of Primary Care:

The Director of Primary Care shall ensure

6.1.1 The provision of appropriate systems and structures to support the SECM to provide emergency midwifery care for women and their families availing of the HSE Home Birth Service.

6.2. The HSE Chief Officer (CO):

The HSE CO shall

6.2.1 Ensure the implementation of systems and structures for the SECM to provide emergency midwifery care for women and their families availing of the HSE Home Birth Service.

6.2.2 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)

The DMO shall:

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

6.3.2 Ensure that the SECMs have submitted up-to-date certificates in PROMPT or obstetric emergency skills training

6.3.3 Ensure that the SECM receives this guideline and records same.

6.3.4 Ensure that completed incident forms are received from the SECM and forwarded to the National Incident Management System (NIMS) as per HSE Safety Incident Management Policy 2014.

6.4. The Self-employed Community Midwife (SECM)

The SECM shall:

6.4.1 Ensure competence in managing obstetric emergencies and have up-to-date PROMPT or obstetric emergency skills training.

6.4.2 Identify and highlight risk factors at booking history.

6.4.3 Refer to consultant obstetrician if any risk factor is suspected.

6.4.4 Ensure that he/she has the equipment required for obstetric emergencies.

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

6.4.6 Ensure that he/she has a second SECM in attendance at the birth.

6.4.7 Liaise with Ambulance Control as per National Policy for communication with National Ambulance Service (HSE 2015) and Transfer Policy, HSE Home Birth Service (HSE 2016)
6.4.8 Report any adverse incidents via the DMO to the National Incident Management System (NIMS) as per HSE Safety Incident Management Policy 2014.
6.4.9 Sign that he/she has read, understood and shall comply with this guideline.

7. Procedure

7.1. Identify known risk factors for malpresentation

7.1.1. When risk factors are identified in the antenatal period they must be documented in the healthcare record and the woman must be referred for obstetric review in accordance with Policy to Support Self-employed Community Midwives to Assess the Eligibility and Suitability of Women for Inclusion/Exclusion for Planned Home Birth with the HSE Home Birth Service (HSE 2016).

7.2. Management of malpresentation

7.2.1. Recognising malpresentation and timely referral and transfer in the antenatal period to a maternity hospital/unit for assessment and/or delivery.
7.2.2. If malpresentation is diagnosed during labour then the mother should be transferred without delay to a maternity unit.
7.2.3. If breech presentation or any malpresentation is diagnosed following assessment then the SECM should call an ambulance and transfer the woman to the nearest maternity unit/hospital ASAP (refer to Transfer Policy for the HSE Home Birth Service, HSE 2016).
7.2.4. A team approach is essential for a successful outcome; do not attempt to manage the situation on one's own – this would be only as a last resort.
7.2.5. The second SECM could call for assistance:
a) Call an ambulance to attend immediately
b) Alert the receiving maternity unit of the emergency and the anticipated need for senior midwives, obstetrician, anaesthetist, paediatrician and neonatal team.
7.2.6. The SECM is to be mindful of surroundings at home once a diagnosis of malpresentation is made:
a) Pool
b) Bath
c) Floor
d) Bed
e) Birthing stool
7.2.7. Explain to the woman and her birthing partner the need for their co-operation, the reason for transfer and the reason for changing maternal position if necessary.

7.2.8. Cord presentation and/or cord prolapse: refer to the Clinical Practice Guideline Cord Prolapse (HSE and IOG 2015) **(Appendix I).**

7.2.9. In the case of an imminent breech birth, all SECMs will have undertaken drills and skills training in the management of undiagnosed breech in labour through obstetric emergency training.

7.2.10. Prepare the receiving maternity unit/hospital clinicians for the transfer using the ISBAR communication tool **(Appendix II)**, Transfer Policy HSE Home Birth Service (HSE 2016)

7.2.11. If the baby is born before arrival at the maternity unity/hospital, an active third stage of labour is essential to reduce the risk of a post-partum haemorrhage.

7.2.12. The baby should be examined for injury by a neonatal paediatrician.

7.3. Documentation

7.3.1. Write clear, comprehensive, contemporaneous notes describing:

a) Antenatal/intrapartum risk factors.
b) Time of delivery of the baby's body and head, as appropriate.
c) Time of emergency call alert
d) Personnel involved and time of arrival in the maternity/delivery unit.
e) Manoeuvres carried out, timing and sequence, and person who carried out the procedures.
f) Condition of the baby at birth, including Apgar score and resuscitation required.
g) Condition of mother following delivery including vaginal/perineal tears/episiotomy and estimated blood loss.
h) Complete documentation.
i) Complete clinical incident form and send to DMO.

7.4. Postpartum management of the mother

7.4.1. If not in a maternity unit/hospital or ambulance personnel are not already in attendance, await ambulance arrival and arrange for transfer of mother and baby to an obstetric-led maternity unit for obstetric and paediatric review. Prepare to remain in attendance with mother and baby on transfer.

7.4.2. Monitor mother's vital signs and document on IMEWS.

7.4.3. Promote skin-to-skin contact between mother and baby if possible.

7.4.4. Anticipate/manage postpartum haemorrhage by active management of the third stage of labour.

7.4.5. Please refer to guideline on Management of Postpartum Haemorrhage.

7.4.6. This can be a very traumatic experience so careful inspection of the perineum is required to determine vaginal tears or perineal tears.

7.4.7. Ensure that adequate pain relief is provided.

7.4.8. Debriefing and psychological care for mother and partner can be arranged as this may have been a traumatic experience.
7.4.9. A physiotherapy appointment may be offered to assess the mother's pelvic floor.
7.4.10. A follow-up appointment may be offered as appropriate.

7.5. Neonatal care of baby

7.5.1. If not in a maternity unit/hospital, immediate resuscitation measures may be required at delivery as per Neonatal Resuscitation Programme.
7.5.2. Document all care given to baby.
7.5.3. Keep baby warm.
7.5.4. Monitor vital signs before, during and after transfer to maternity unit/hospital.
7.5.5. Put baby to the breast, as appropriate.
7.5.6. Hospital paediatric follow-up will be required for neurological development.

7.6. Risk management

7.6.1. SECMs must be aware of existing risk factors, and in the event of malpresentation occurring the SECM must arrange for immediate transfer to the maternity unit/hospital.
7.6.2. Malpresentation can occur in any delivery; SECMs must always be alert to the possibility of this complication.
7.6.3. In the absence of reliable predictive signs of malpresentation, SECMs should keep updated in emergency drills including the management of breech and cord presentation/prolaspe.

8. Monitoring and Audit

8.1 Monitoring of compliance with this policy shall be undertaken by the DMO.
8.2 Audit of compliance with this policy shall be undertaken by HSE professionals.

9. Training

The SECM shall ensure that she/he has sourced appropriate education and training to support 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 one 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. References

- Collins Medical Dictionary 2005

12. Appendices

Appendix I: Clinical Practice Guideline: Cord Prolaspe (HSE and IOG 2015). Available on HSE Website.

http://www.hse.ie/eng/about/Who/clinical/natclinprog/obsandgynaeprogramme/guidelines/guidelines/cordprolapse.pdf

Appendix II ISBAR$_3$ Handover Tool (Communication Clinical Handover in Maternity Services NCEC (DOH 2014))

Identify & Situation	I am *(name)* SECM and I am *(location)* with (*patient'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 the clinical record only and nowhere else.
- It is the responsibility of the SECM to ensure that confidentially is maintained at all times.

13. Signature Page

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

Print Name	Signature	Area of Work	Date