

SCOPE DEFINITION

Guideline Title: *Publicly funded homebirth*

Scope framework	
Population	<p><i>Which group of people will the guideline be applicable to?</i></p> <p>Women considering/choosing homebirth as an option to birth their baby</p>
Purpose	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify evidence related to:</p> <ul style="list-style-type: none"> • Health pathways to support a safe PFHB service • Consultation, referral and transfer of care when homebirth is planned
Outcome	<p><i>What will be achieved if the guideline is followed? (This is not a statement about measurable changes / not SMART goals)</i></p> <ul style="list-style-type: none"> • Support women to access safe homebirth • Support provision of best practice pregnancy, intrapartum and immediate postpartum care in the home environment
Exclusions	<p><i>What is not included/addressed within the guideline</i></p> <ul style="list-style-type: none"> • Elements specific to Queensland Clinical Guideline (QCG) <i>Standard care</i> • Routine care of the woman and fetus/baby in the antenatal, intrapartum, and postpartum period • Elements of care contained in other QCG guidelines (e.g. normal birth, pain management, neonatal resuscitation, neonatal stabilisation, perineal care, Rh D negative women in pregnancy) • Detailed management of water immersion/birth • Care related to unplanned homebirth, freebirth, babies born before arrival • Workforce requirements (e.g. fatigue management, on-call rostering, competency skills, staff training) • Organisational governance and management for service delivery of a homebirth program including for establishment and review of a program • First Nation birth on country • Consent form/agreements for homebirth services

Clinical questions

Question	Likely Content/Headings/Document Flow
Introduction	<ul style="list-style-type: none"> • Introduction • Clinical standards •
<p>1. What care considerations supports safe homebirth?</p>	<ul style="list-style-type: none"> • Clinical safety <ul style="list-style-type: none"> ○ Clinical assessment • Home environmental safety <ul style="list-style-type: none"> ○ Access (e.g. emergency vehicle access, egress to the home) ○ Personal safety (for woman and clinician) • Cultural and emotional safety <ul style="list-style-type: none"> ○ Psychological safety ○ Cultural safety (e.g. First Nation People, CALD) • Equipment and resource requirements <ul style="list-style-type: none"> ○ Safe storage, handling and transport of oxygen cylinders ○ Prescription, supply and storage of medication ○ Monitoring and emergency equipment ○ Consumables
<p>2. What information and communication supports informed decision-making?</p>	<ul style="list-style-type: none"> • Planning for homebirth with the woman and partner <ul style="list-style-type: none"> ○ Maternal benefits, risks and alternatives ○ Fetal/baby benefits and risks ○ Preparing for birth in the home environment ○ Expectations for support/partner role ○ Possibility of transfer ○ Emergency scenarios and how they will be managed in the homebirth setting
<p>3. What additional assessments and care are recommended for women who are planning a homebirth?</p>	<ul style="list-style-type: none"> • Antenatal • Intrapartum • Early postpartum <ul style="list-style-type: none"> ○ Timeframe for midwives to remain after a homebirth • Postnatal <ul style="list-style-type: none"> ○ Home visiting ○ Newborn assessment
<p>4. What are the indications and mechanisms for escalation of care during planned homebirth</p>	<ul style="list-style-type: none"> • Clinical indications <ul style="list-style-type: none"> ○ Antenatal ○ Intrapartum ○ Postnatal • Communication and collaboration • Escalation process • Transportation • Care when recommended transfer is declined

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- What proportion of women requesting homebirth were accepted for ongoing homebirth planning?
- What proportion of women planning homebirth have a risk assessment documented
 - At 36-weeks
 - At onset of labour?
- What proportion of women planning homebirth were transferred from home to hospital:
 - Prior to birth?
 - During birth?
 - After birth?
- For women transferring into hospital during labour or birth, what was the 'decision to arrival' interval?
- What proportion of women planning homebirth were attended by:
 - The primary midwife known to the woman
 - At least one midwife known to the woman
 - Midwives who were unknown to the woman?
- What proportion of women experienced an uncomplicated homebirth? (e.g. SVB, PPH, Apgar <7 at 5 minute, third degree perineal tears)
- How satisfied were women with their experience with the homebirth program?