MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

POLICY ON HOME BIRTH TRANSPORT

All Nova Scotia Health Authority/IWK sites where midwifery services are offered must have formal arrangements in place for transport of the woman and/or newborn from home birth to hospital when needed. Clear understanding and agreement on team roles and responsibilities, whether the woman delivers at home or in the hospital, supports good risk management. Coordinated planning and clear organization of roles is important to ensure safe and smooth transport to hospital and an effective team response when an urgent or emergent situation occurs at home. This requires a collaborative effort among all health care professionals involved.

The majority of transfers from home or birth centre to hospital are non-urgent and occur in anticipation of a potential complication, well before an emergency develops. The most common reason for transferring to hospital is a need for pain relief and/or augmentation of labour in nulliparous women. In these and other similar non-emergency situations transport to hospital may take place by car. Transport requiring an ambulance occurs in about 2-3% of planned out-of-hospital births. Midwifery education and skills include the management of emergencies in out-of-hospital settings and safe transport of mother and/or baby to hospital.

Procedures for calls from midwives to Emergency Health Services (EHS) should be consistent across the province. These procedures should outline the information that needs to be communicated over the telephone and clearly delineate the roles and responsibilities of midwives and EHS personnel once an ambulance arrives at the home setting.

Timely and appropriate access to the medical skills and technology required upon arrival in the hospital are best assured when staff at the receiving hospital are well informed, prepared and receptive when a transport from home birth occurs. Transport procedures should be planned and developed collaboratively with the appropriate hospital departments and staff (administration, midwifery integration committee, obstetrics, family medicine, neonatology and nursing) as well as EHS services. The plan should identify the hospital personnel responsible for receiving calls from midwives when an emergency transport is initiated, and for the necessary preparations within the hospital.

Transport plans may be set out in any way that clearly identifies the appropriate channels of communication and the roles and responsibilities of the professionals involved in all stages of transporting a women and/or her newborn from home to hospital in an urgent or emergent situation.

Planning for transport should include the following:

Responsibilities of midwife for all home births:

- Forward copies of antenatal records for home birth clients at 24 and 36 weeks gestation to the hospital.
- Ensure that the client has “important numbers” posted by her phone (see sample form)
- Notify the hospital (ward clerk or charge nurse) and EHS when the woman is in active labour.
- Notify EHS and hospital when the planned home birth is complete.

Responsibilities of midwife when emergency transport is required:

- Call EHS and give clear clinical information with the request for assistance. (If the midwife is unable to call EHS, she must direct another person to do so.)
- Initiate the necessary emergency measures in the home setting.
- Call the hospital at the earliest opportunity to inform designated personnel that a transport is underway, and provide the necessary clinical information.
- Remain the primary care provider until care is transferred to the appropriate physician.
- Continue to provide emergency care as required during transport by ambulance, and in hospital until the physician assumes care.
- Continue in supportive care role, providing clinical assistance as appropriate following transfer of care.

Responsibilities of hospital:

- Designate personnel responsible to receive emergency transport calls from midwives.
- Designate personnel responsible for initiating the emergency response, notifying medical and nursing staff, and preparing the necessary space and equipment.

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