

ADMISSION TO A WAITAHA COMMUNITY BIRTHING UNIT (CBU)

DEFINITION

Midwifery-led community birthing units provide an inpatient primary level maternity service for labour, birth and postnatal care as close to home as possible to enable wāhine/women/people and whānau who do not require hospital level care to have choice about the setting.

BACKGROUND

The following national documents support informed decision-making to ensure equitable access to maternity services and underpin this admission guideline:

Te Whatu Ora, 2023, Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines), Wellington <https://www.tewhatuora.govt.nz/publications/guidelines-for-consultation-with-obstetric-and-related-medical-services-referral-guidelines/>¹³

Manatū Hauora, Maternity Services, Primary Maternity Services Notice 2021. <https://www.health.govt.nz/publication/primary-maternity-services-notice-2021>⁷

Ministry of Health, 2013, DHB-funded Maternity Services Tier Level Two Service Specifications July 2013. <https://www.tewhatuora.govt.nz/our-health-system/nationwide-service-framework-library/about-nationwide-service-specifications/maternity-service-specifications/>⁸

Health and Disability Commission Code of Health and Disability Service Consumer's Rights Regulation, 2023. <https://www.hdc.org.nz/your-rights/the-code-and-your-rights/>⁶

PLANNING BIRTH IN A COMMUNITY BIRTHING UNIT

Women at low risk of developing complications who plan to birth at a primary facility are more likely to have a normal birth and less likely to have morbidity associated with interventions than women who plan birth in a hospital setting, with no increased risk to their baby.^{1,2,3,4,5,10,11}

BOOKING PROCEDURE AND PLANNED STAY IN A CBU

- Booking forms are emailed by the LMC to the facility where birth is planned. Midwife Manager reviews all bookings and plans resources. If more than one CBU considered, need only send to one of the following addresses:
 - Kurawakabookings@cdhb.health.nz
 - Oromairakibookings@cdhb.health.nz
 - Rangiorabookings@cdhb.health.nz
 - Ashburtonbookings@cdhb.health.nz
- Confirmation of CBU booking will now be documented in HCS (click on arrows beside Clinical Documents and Clinical Notes, then click on *Progress Note*). Please review this in case further

information is shared or requested. The CBU Midwife Managers are available to talk through any bookings by phone or in person, including if complications arise after booking.

- Postnatal transfer from CWH is dependent on bed availability at the time and is therefore not able to be booked (*do not* send a booking). The midwife on shift confirms bed following an ISBAR clinical handover to establish suitable for primary care/resources available. Priority is given to care close to home (local unit) to maximise the chance of bed availability for each of the communities they serve.
- Kaimahi Hauora Maori: contact phone number for CWH KHM if requested or concerned: 85503 (phone consult only). For any other community organisations, the whānau may be engaged with for support, Te Puawaitanga/He Waka Tapu for example, include phone contact in the (place of) birth plan.

ENSURING ACCESS TO RESOURCES NOT AVAILABLE IN A CBU THAT MAY HAVE BEEN CONSIDERED A BARRIER TO BIRTH IN THIS SETTING FOR WHĀNAU LIKELY TO REQUIRE THEM

Mental Health: for people with a history of requiring acute MH services during childbearing, contact phone number to be included in place of birth plan so that in the case where there is a concern there is a plan for who to contact, such as Mothers & Babies. In the case of an acute episode, transfer to CWH may be required.

Social Work and other services: for people with a current Social Work Birth Safety Plan, contact phone number included in plan please call Monday to Friday 8-4pm. Any other community organisations the whānau may be engaged with for support such as Te Puawaitanga, phone contact to be included in the plan.

Security: an eProsafe alert *does not* mean that whānau are not able to birth or have their postnatal stay in a CBU. The alert must pose such a risk to security to require planned hospital birth:

- eProsafe alert must be recent (within current pregnancy) and include physical violence to a degree that could pose a risk to whānau in the unit and/or staff.
- Must be related to the primary relationship (not a parent, extended whānau or ex-partner). If not primary relationship but a current risk, may require a security patient watch plan.
- If the person is booked, the Midwife Manager has reviewed with the LMC, signed off (may be by CBU Network if complex), and documented plan on HCS, the decision is not revisited unless another alert has arisen after the date of this plan.

DURING ADMISSION

Core and LMC midwives work collegially throughout labour and birth with clear communication and 3-way conversations, ensuring that core midwives are kept aware of relevant clinical information and decision making. This is essential in the Community Birthing Unit setting to facilitate safe outcomes and seamless transfer to hospital, should this be required.

The Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines)¹³ indicate risk factors arising during labour and birth where a consultation with a specialist must be recommended.

OUTCOME MEASURES

This guideline will be assessed using the following criteria:

- Tikanga and Manaakitanga/quality and safety of midwifery care is supported by seeking consumer feedback from women /persons and whānau who use the birthing unit and applying this to guide quality improvement.
- There is a continued review of birthing unit outcomes focusing on specific indicators as agreed by all the Waitaha CBUs and shared with the community via the Maternity Quality & Safety Programme Annual Report.
- The CBU Network retain booking and ISBAR (postnatal handover) forms to audit equity of access to the CBU when hospital birth/stay has been advised (HCS). These forms would usually apply where multiple risk factors exist indicating high risk to the clinical safety of wahine/person or pēpi.

APPENDIX 1: MEDICATION FOR MATERNAL MENTAL HEALTH

There are a number of medications used to treat maternal mental health, including anxiety and depression, which can pose an increased risk to pēpi establishing respirations at birth if used in combination¹² or in higher doses. In this context, the woman/person should be recommended to have a full medical review of her/their mental health and medications, with consideration to the most appropriate place of birth, including the availability of advanced neonatal support onsite.

REFERENCES

1. Bailey, D.J. (2017). Birth outcomes for women using free-standing birth centres in South Auckland, New Zealand. *Birth*, 44, 246-251. <https://doi.org/10.1111/birt.12287>
2. Birthplace in England Collaborative Group. (2011). Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: The Birthplace in England national prospective cohort study. *BMJ*, 343. doi: 10.1136/bmj. d7400
3. Davis, D., Baddock, S., Pairman, S., Hunter, M., Benn, C., Wilson, D., Herbison, P. (2011). Planned place of birth in New Zealand: Does it affect mode of birth and intervention rates among low-risk women? *Birth*, 38(2), 111-119. doi: 10.1111/j.1523-536X.2010. 00458.x
4. Farry, A., McAra-Couper, J., Weldon, M., & Clemons, J. (2019). Comparing perinatal outcomes for healthy pregnant women presenting at primary and tertiary settings in South Auckland: A retrospective cohort study. *New Zealand College of Midwives Journal*, 55, 5-13. <http://doi.org/10.12784/nzcomjnl55.2019.1.5-13>
5. Grigg, C., Tracy, S.K, Tracy, M., Daellenbach, R., Kensington, M., Monk, A., & Schmied, V. (2017). Evaluating maternity units: A prospective cohort study of freestanding midwife-led primary maternity units in New Zealand – clinical outcomes. *BMJ Open* 2017;7: e016288. doi: 10.1136/bmjopen-2017-016288
6. Health and Disability Commission Code of Health and Disability Service Consumer's Rights Regulation 1996
7. Manatū Hauora, Maternity Services, Primary Maternity Services Notice 2021.
8. Ministry of Health, 2013, DHB-funded Maternity Services Tier Level Two Service Specifications July 2013.
9. New Zealand College of Midwives, 2008, Booking Guidelines
10. Overgaard, C., Moller, A., Fenger-Gron, M., Krudsen, L., & Sandall, J. (2011). Freestanding midwifery unit versus obstetric unit: a matched cohort study of outcomes in low-risk women. *BMJ Open*, 2(e000262). doi:10.1136/bmjopen-2011-000262.
11. Scarf, V., Rossiter, C., Vedam., Dahlen, H. G., Ellwood, D., Forster, D., Homer, C. S. (2018). Maternal and perinatal outcomes by planned place of birth among women with low- risk pregnancies in high-income countries: A systematic review and meta-analysis. *Midwifery*, Jul (62), 240-255. doi: 10.1016/j.midw.2018.03.024.
12. Te Whatu Ora Waitaha, 2023, Psychotropic medications for mothers and babies, Specialist Mental Health Service Guideline.
13. Te Whatu Ora, 2023, Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines), Wellington