

# ADMISSION TO PRIMARY BIRTHING UNIT

## DEFINITION

Primary Maternity Services are provided to women and their babies for an uncomplicated pregnancy, labour and birth, and postnatal period. Primary Maternity Services are based on Continuity of Care (Maternity Services Tier Level One Service Specification, 2011).

## BACKGROUND

Pregnancy and birth are normal physiological processes for the majority of women. For women with no deviations or complications detected, the option of birthing at a primary birthing unit should be offered and encouraged (NZCOM, 2008). Women who choose to birth at a primary facility are more likely to have a normal birth and they and their baby are less likely to suffer morbidity associated with interventions than women who choose to birth in a hospital setting. (Davis et al 2011, Birthplace England Collaborative Group 2011, Stapleton et al 2013).

The Primary Maternity Service facilitates the provision of services that:

- Are safe and appropriate to the woman's and baby's needs
- Are consistent with standards, evidence-informed guidelines, and best practice
- support and ensure continuity of care that is based on partnership, information, choice and informed consent
- Have effective collegial working relationships between DHB-employed practitioners, practitioners funded under the Primary Maternity Service Notice and other registered health practitioners.

(Maternity Services Tier Level One Service Specification, 2011).

Communication between primary birthing unit midwives and lead maternity carers (LMC) will be open, clear, timely and appropriately documented. (Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines), MoH 2012)

## PROCEDURE

### PROCEDURE FOR BOOKING AT A PRIMARY BIRTH UNITS

The LMC completes **all fields** of the required Maternity Booking Form.

Booking forms are to be sent to the facility as soon as possible following selection of the LMC and the completion of baseline screening investigations, preferably by 20-22 weeks gestation.

On receiving the booking form, the Charge Midwife reviews to confirm suitability for birthing in the primary unit. The information is then entered into Caresys and the booking form kept in an accessible file.

If the woman is suitable to birth at a primary unit, notification is sent from the primary birthing unit to the woman advising that her booking at the primary birthing unit has been confirmed.

If the charge midwife identifies that the woman may not be suitable to birth at a primary unit, a discussion takes place with the LMC who then plans with the woman for an appropriate birthing facility.

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## SUITABILITY FOR BOOKING IN PRIMARY UNIT

The LMC is responsible for antenatal assessment/screening for suitability for booking in a primary unit and discussing this with the woman. Section 88 provides a basis for these assessments (MoH, 2012).

Where the woman meets the consultation referral category, the LMC must recommend a consultation. The outcome of the consultation may indicate that the woman is suitable for birth at a primary facility.

Contraindications for birthing at a primary birthing unit may:

- Be recognisable at booking
- Arise later in pregnancy
- Present during labour or on admission to unit

If contraindications arise the LMC and the woman together re-evaluate the plan for place of birth.

Women must be informed that primary birthing units are midwifery led and have no obstetric doctors or neonatal clinical care on site.

The possibility of transfer during labour and the process for this should be discussed antenatally so that the woman is fully informed. If a transfer is necessary an ambulance will be required. There may be a time delay in obtaining ambulances especially in more rural locations and this must be factored into the decision making regarding timing of transfer.

LMCs must familiarise themselves with the facility including emergency procedures and locations of telephones, equipment and medications.

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## CONTRAINDICATIONS FOR ADMISSION TO PRIMARY BIRTHING UNIT

- LMC has no access agreement
- The woman is less than 37 weeks gestation
- The woman is greater than 42 weeks gestation
- Medical/obstetric complications that would preclude primary care
- Any condition requiring secondary care, please refer to referral guidelines

If a labouring woman presents at a primary birthing unit and there are contraindications for her to birth there, the Core Midwife must contact the LMC and Birthing Suite Midwife Clinical Coordinator and use the ISBAR Communication Tool (see Appendix 1) to communicate the situation.

The LMC consults with the Birthing Suite Clinical Coordinator and primary unit Core Midwife, in the event of a transfer/retrieval or additional midwifery support being required to formulate a plan.

In accordance with the Health and Disability Commission Code of Health and Disability Service Consumer's Rights Regulation 1996, women have the right to be fully informed (Right 6) and give informed consent (Right 7). If a woman declines the recommendation of the LMC for birthing in the secondary/tertiary unit, the LMC must advise the woman of the recommended care and evidence for that care and document in detail in the woman's maternity notes and hospital notes, the discussion, recommendations given, decisions made and the woman's response.

An LMC cannot refuse to attend a woman. If a woman declines transfer in active labour, the LMC should remain in attendance.

In this situation, the LMC should:

- Provide care within professional standards
- Provide care to the best of their ability
- Attempt to access appropriate resources and/or personnel to provide any needed care (dependent on the woman's consent)
- Clearly document all discussions and actions
- Debrief with clinical colleagues after the event with appropriate support (MoH, 2012)

## PRIMARY UNIT CORE MIDWIVES RESPONSIBILITIES WHEN LMC NOT IN ATTENDANCE

The Core Midwife:

- Provides urgent antenatal assessment and care as clinically required
- Notifies the LMC of the woman's arrival at the Facility (although it is expected that the woman will contact the LMC directly)
- Provides care according to the woman's needs until the LMC arrives

## AUDIT

This guideline will be audited against the following criteria:

- Completeness of the booking form
- Gestation at the time the form was submitted
- Suitability for booking in primary birthing unit

## REFERENCES

1. 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:d7400 (<http://www.bmj.com/content/343/bmj.d7400>)
2. Davis D, Baddock S, Pairman S et al 2011 Planned place of birth in New Zealand: does it affect mode of birth and intervention rates among low-risk women? *Birth* 38:2, 1-9.
3. Health and Disability Commission Code of Health and Disability Service Consumer's Rights Regulation 1996
4. Maternity Services, Primary Maternity Services Notice 2007
5. Ministry of Health, 2011, DHB-funded Maternity Services, Tier Level One Service Specifications July 2011
6. Ministry of Health, 2012, Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines), Wellington
7. Ministry of Health, 2013, DHB-funded Maternity Services Tier Level Two Service Specifications July 2013
8. New Zealand College of Midwives, 2008, Booking Guidelines
9. Stapleton SR, Osborne C, Illuzzi J. 2013 Outcomes of care in birth centres: demonstration of a durable model of care. *Journal of Women's Health* 58:3-14
10. Women and Children's Health, Access Agreement, CDHB

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Admission to Primary Birthing Unit  
Maternity Guidelines  
Christchurch Women's Hospital  
Christchurch New Zealand

## APPENDIX 1

### Canterbury

District Health Board

Te Poari Hauora o Waitaha

Women's & Children's Health  
Obstetric/Neonatal

Name: .....

NHI: .....DOB: .....

(or attach label)

## COMMUNICATION TOOL: Obstetric/Neonatal

<b>I</b>	<b>IDENTITY</b>	Your Name: ..... Designation: ..... Location: .....
		Consulting With: ..... Designation: ..... Location: .....
<b>S</b>	<b>SITUATION</b>	<b>The reason I am calling is:</b> ..... ..... ..... .....
		Level of Urgency: ..... Early Warning Score (EWS): .....
<b>B</b>	<b>BACKGROUND</b>	<b>The relevant history is:</b> (incl. patient details, tests, examinations and treatment) Gravida: ..... Para: ..... Gestation: ..... Previous Caesarean: .....
		Antenatal: ..... Labour: ..... Delivery: ..... Postnatal: ..... Baby: ..... Treatment Given: .....
<b>A</b>	<b>ASSESSMENT</b>	<b>My assessment is:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Baby Vital Signs: BP..... Pulse..... Resps..... Temp..... O <sub>2</sub> Sats..... Blood Loss: ..... Pain: ..... Medication: ..... Birth Weight: ..... Apgars: ..... Colour: ..... Feeding: ..... Blood Sugar: ..... Other: .....
		<b>Other Information</b> <b>What I want is:</b> ..... <b>Response:</b> ..... Date: ...../...../..... Time: ..... Signature: .....
<b>R</b>	<b>REQUEST RECOMMENDATIONS</b>	This form has been faxed to: <input type="checkbox"/> Birthing Suite – External (03) 364 4717, Internal 85717 <input type="checkbox"/> Neonatal Unit – External (03) 364 4883, Internal 85883
		LMC: ..... LMC Advised: <input type="checkbox"/> Yes, Time: ..... <input type="checkbox"/> No

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