



**Standard Operating Procedure for
 Checking and storage of homebirth equipment**

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1.0 Introduction

To outline the process for daily checking of equipment, and individual roles and responsibilities on a day to day to basis.

2.0 Objective

To ensure that all equipment is effective and in good working order to enable a midwife to safely support a woman at a planned homebirth.

3.0 Scope

This standard operating procedure applies to all maternity support workers and midwives who may attend a planned homebirth.

4.0 Main body of the document

4.1 Transferring equipment for a planned homebirth

Two midwives are required to attend a homebirth. They will decide between them who will collect the equipment from the hospital. If acuity allows, staff from the birthing centre will assist moving the equipment to the midwife's car.

4.2 Entonox/Oxygen

At least six Entonox cylinders and two oxygen cylinders are located on the Birthing Centre. All cylinders will be checked daily by a midwife, to ensure they are at least half full. The daily check log is located on the Birthing Centre must be signed.

If the cylinders require filling, contact the on-call Porters on 2691 or 2451 between 6am – 6pm.

4.3 Equipment

A CSSD (central sterile services department) homebirth box containing sterile delivery instruments will be taken to the woman's home when the home birth planning discussion takes place with the community midwife at around 36 weeks

The following equipment should be collected from the Community Midwives' Office and Birthing Centre when attending a homebirth.

- Baby Lifeline home birth bag;
- Gas cylinders and carrying bags - (3 entonox/1 oxygen)
- Suction (should always remain on charge in the unit when being stored) and tubing.
- Fire extinguisher
- Water birth box If needed

A weekly check by a MSW (Maternity Support Worker) will take place to ensure the baby lifeline bags contain the necessary equipment and are in date.



4.4 Returning equipment

Following birth all equipment should be returned to the hospital. It is the responsibility of the midwife returning the equipment to replace any used equipment and arrange for the cylinders to be replaced. If the cylinders require filling, the Porters will be contacted on 2691 or 2451 between 6am – 6pm.

5.0 Roles and responsibilities

Midwives – daily checks and returning of equipment as above.

Maternity Support Workers – weekly checks as above.

6.0 Associated documents and references

None

7.0 Training and resources

None

8.0 Monitoring and audit

Community Team leaders will undertake a spot check on a monthly basis to ensure that the equipment has been checked daily.

9.0 Equality and Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending



policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1
Equality Impact Assessment – required for policy only

Appendix 2
Glossary of terms

MSW – Maternity Support Worker
CSSD - Central sterile services department

Appendix 3 (must always be the last appendix)
Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Maternity Guideline Group	04.03.2021
Women’s Business and Governance Meeting	19.03.2021
CBU 3 Overarching Governance Meeting	28.07.2021



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Procedure
Document title	Standard Operating Procedure for Checking and storage of homebirth equipment
Document author (Job title and team)	Community and Antenatal Day Services Matron Community Team Leaders
New or reviewed document	New
List staff groups/departments consulted with during document development	Lead midwives, consultant obstetricians
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Date of next review (maximum 3 years)	28.07.2024
Key words for search criteria on intranet (max 10 words)	Homebirth, equipment
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Charlotte Cole Designation: Practice Educator Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

<p>Approved by (group/committee): CBU3 Overarching Governance</p> <p>Date approved: 28/07/2021</p> <p>Date Clinical Governance Administrator informed of approval: 09/08/2021</p> <p>Date uploaded to Trust Approved Documents page: 10/08/2021</p>
