



Guideline for the Management of an Unplanned Home Birth/ Born Before Arrival (BBA)

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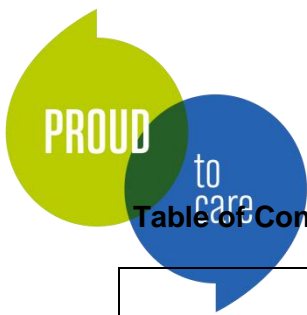


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Section Headings

1.0 Introduction

A BBA (born before arrival) occurs when a woman delivers outside the hospital setting without a health care professional in attendance. This may happen when the woman has a precipitate labour or when the woman delays attendance to the hospital. An unplanned home birth occurs when the woman has called assistance as she is unable to get to the planned birth setting in time.

2.0 Objective

The purpose of this guideline is to ensure early attendance to the Birthing Centre via ambulance in the event of a BBA. It maximises the safety of the woman and the newborn by undertaking a risk assessment and providing midwifery support in the immediate post delivery period if required.

3.0 Scope

This guideline applies to all medical and midwifery staff working on the maternity unit.

4.0 Main body of the document

All unplanned home births are to be managed by Yorkshire Ambulance Service in accordance with the agreed “Load and Go” policy (Appendix 3).

4.1 Barnsley Birthing Centre (BBC) Responsibilities

Information regarding a BBA or impending BBA may be relayed to the BBC by the attending ambulance crew or woman/family.

If the woman/family calls, the BBC staff will:

- Obtain a history from the woman/family i.e. gravida, parity, gestation and identified risks
- Call an ambulance on their behalf whilst providing support to the family on the phone
- Once the ambulance arrives the Load and Go policy must be followed

If the telephone contact to BBC is by the ambulance service, the BBC Staff will:

- Provide additional support via speaker phone for continuous dialogue with the ambulance service
- Encourage the use of the Load and Go Policy to be followed as soon as possible

Community/continuity midwives must not to be asked to attend any unplanned homebirth

4.2 Community Midwives' responsibilities if called to attend BBA when booked for a planned home birth

In the event of a BBA when the woman is booked for a planned homebirth, two community midwives will attend.



5.0 Roles and responsibilities

5.1 Midwives

To provide the best evidence-based care for women in accordance with appropriate guidance.

The midwives on the birthing centre to provide support over the telephone to Yorkshire Ambulance Service (YAS).

6.0 Associated documents and references

NICE (National Institute for Health and Care Excellence) (2014). Intrapartum care for healthy women and babies. Clinical guideline

<https://www.nice.org.uk/guidance/cg190/resources/intrapartum-care-for-healthy-women-and-babies-35109866447557>

NICE (National Institute for Health and Care Excellence) (2008). Routine antenatal care for healthy pregnant women. Clinical guideline. Last updated 2019

<https://www.nice.org.uk/guidance/cg62/resources/routine-antenatal-care-for-healthy-pregnant-women-pdf-254938789573>

NMC (Nursing and Midwifery Council) (2015). The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates.

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

7.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

8.0 Monitoring and audit

Any adverse incidents relating to the management of a BBA will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the governance midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for the management of BBA will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

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.



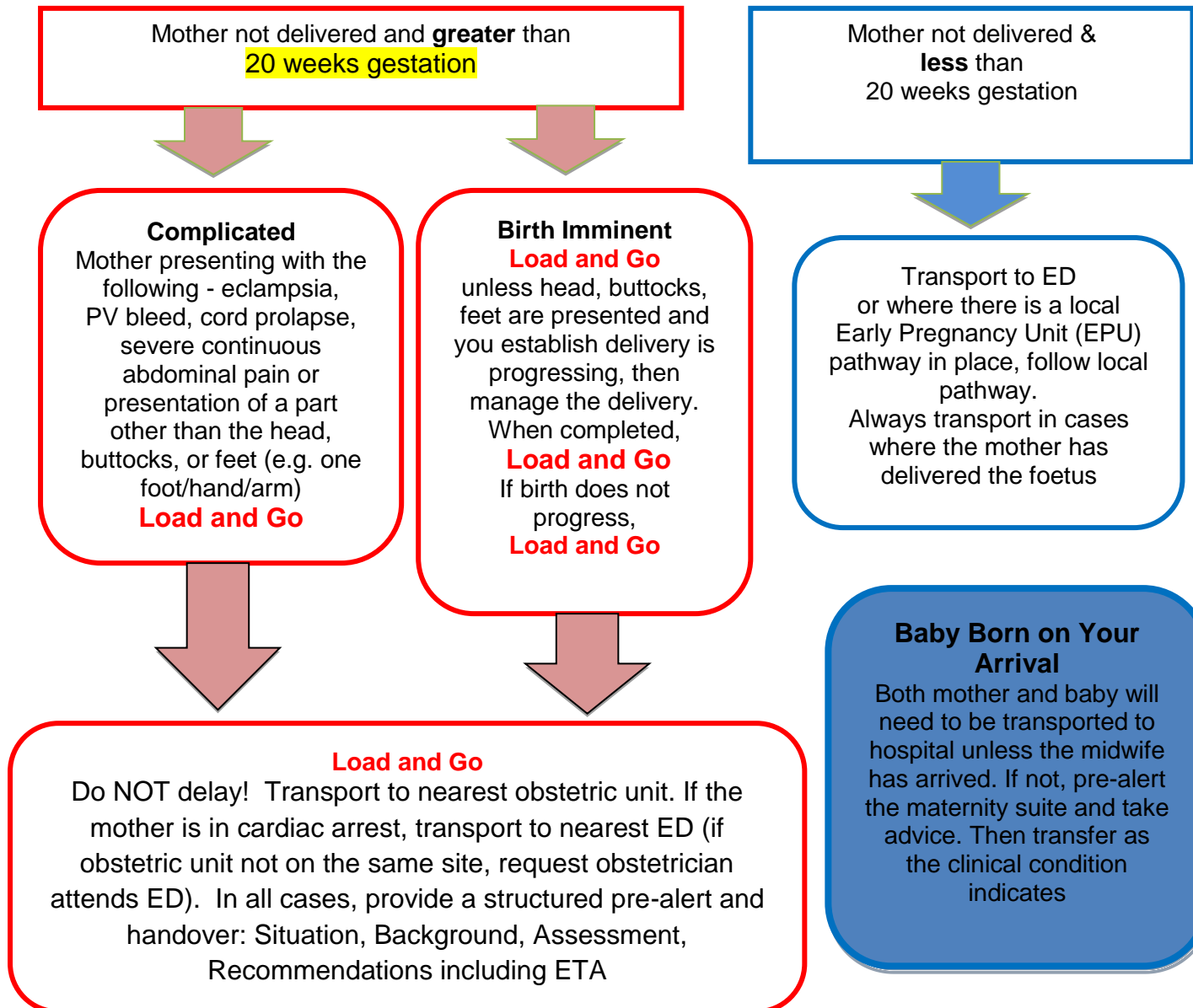
Appendix 1
Equality Impact Assessment – required for policy only

Appendix 2
Glossary of terms

BBA	Born before arrival
BBC	Barnsley Birthing Centre
EPR	Electronic Patient Record

YAS Maternity Care Pathway - Yorkshire and the Humber

The following guidelines aim to support YAS clinicians when attending maternity cases in the community. Following recent changes, access to community midwife support is now limited in some areas of Yorkshire and therefore not consistently reliable. Follow JRCALC and YAS guidelines when caring for mother and baby pre and post-delivery.



Telephone numbers of all maternity units

South Yorkshire

Jessop, Sheffield 0114 226 1035
Chesterfield 01246 512499
Bassetlaw 01909 502232
Barnsley 01226 432249
Doncaster 01302 553165
Rotherham 01709 424491

West Yorkshire

Airedale 01535 292402
Dewsbury 01924 816161
Pinderfields 01924 541662
LGI 0113 292 7445
Bradford 01274 364514
St James's 0113 206 9103

North Yorkshire

York 01904 726004
Scarborough 01723 342124
Harrogate 01423 553184
James Cook 01642 854833/
01642 854881
Calderdale 01422 222111

East Yorkshire

Hull Royal Infirmary 01482 604433



Appendix 5
Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	10/11/2020
Reviewed at Women's Business and Governance meeting	18/12/2020
Approved by CBU 3 Overarching Governance Meeting	26/05/2021
Approved at Medicines Management Committee (if document relates to medicines)	N/A



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)	Guideline
Document title	Guideline for the Management of an Unplanned Home Birth/ Born Before Arrival (BBA)
Document author (Job title and team)	Lead midwife for community services/ Matron for Community Midwifery and Antenatal Day Services
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	Consultant obstetricians, lead midwives, senior midwives
Approval recommended by (meeting and dates):	Reviewed by Maternity Guideline Group 10/11/2020 Reviewed at Women's Business and Governance meeting 18/12/2020 Approved by CBU 3 Overarching Governance Meeting 26/05/2021
Date of next review (maximum 3 years)	26/05/2024
Key words for search criteria on intranet (max 10 words)	BBA, Born before arrival, unplanned home birth
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 Governance</p> <p>Date approved: 26/05/2024</p> <p>Date Clinical Governance Administrator informed of approval: 03/06/2021</p> <p>Date uploaded to Trust Approved Documents page: 08/06/2021</p>
