|  | Professional Practice | Saskatchewan <br> College of <br> Midwive s |
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| Section: | Section: IV | Page 1 of 2 |

## INTRODUCTION

The Saskatchewan College of Midwives (SCM) defines an out of hospital (OOH) birth as a labour and birth attended by registered midwives and occurring in a location where other specialized medical care (obstetrical, paediatric, surgical and anaesthetic care) is not provided on site. Such sites may include homes, birth centres, community health centres and some hospitals.

The registered midwife shall obtain the best available and most reliable documentation regarding mitigating factors with respect to the client's previous deliveries.

## CLIENT EVALUATIONS

Client evaluation for the appropriateness of OOH birth is a complex process involving:

- Informed choice
- Skilled interviewing
- Prenatal and intrapartum assessments
- The midwife's professional skills, knowledge and judgement
- Ongoing midwife-client communication
- Review of the SCM policy on Case Review, Consultation and Transfer of Care.


## CONSIDERATIONS THAT MAY AFFECT CHOICE OF BIRTHPLACE

- Distance and time required to access specialized care
- Availability of second attendant
- Weather conditions
- Availability of emergency support systems
- Client supports
- Condition of the client's birth environment
- Other psycho-social factors


## CONTRAINDICATIONS

Certain contraindications exist when planning an out of hospital birth. These include but are not limited to:

- Multiple gestation
- Non-vertex presentation
- Preterm labour prior to 37 weeks of pregnancy
- Documented evidence of change in fetal status in a post term pregnancy of more than 42 weeks
- Planned OOH TOLAC is contraindicated in some cases in accordance with the SCM policy on Vaginal Birth After Cesarean (VBAC)
Section: Professional Practice Section Number: IV Page 2 of 2

Subject: Planned Out of Hospital Birth

## PREPARATION

## In preparation for an OOH birth, the midwife will ensure that the following are completed:

- Arrange for a second registered midwife or a qualified second attendant, in accordance with the SCM Midwifery Standards of Practice.
- Initiate and document discussion with the client regarding choice of birthplace and continue throughout the course of care. This discussion must include:
- The client's unique circumstances including relevant clinical and non-clinical factors.
- Current information regarding local hospital's obstetrical capacity and resources available at the time of birth.
- Perinatal complications that may arise and how the outcome may be affected by place of birth.
- The effect that transport time may have on the birth outcome.


## Essential equipment and supplies for a planned out of hospital birth:

Midwives who attend out of hospital births are responsible for having well-maintained equipment, supplies and medications that may be required during labour, birth and/or the postpartum period.

