

Births in out of hospital settings

April 2016-March 2017

Maidstone Birth Centre

Crowborough Birthing Centre

Homebirths



1

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Executive Summary

During 2016-17, maternity services at Maidstone and Tunbridge Wells NHS Trust (MTW) have continued to be actively engaged in promoting more choice for women regarding place of birth across the Trust. This is in line with recommendations from the National Maternity Transformation strategy to increase the number of birth in an out of hospital setting, to improve clinical outcomes for women and their families and giving women choice.

In response to these recommendations, Maidstone and Tunbridge Wells NHS Trust took over the management of Crowborough Birth Centre and surrounding community area from East Sussex NHS Trust, from April 2016 to deliver equitable choice of birth options across the Trust and provision of midwifery excellence in out of hospital settings. The popularity of the Birth Centre model is reflected in the 20% increase in the number of births at Maidstone Birth Centre during the last year, a 10% increase in the number of births at Crowborough and a continued homebirth rate of 2.4%. There has subsequently been an increase in the overall numbers of women giving birth in an out of hospital setting during the past year, from 10% in 2015 to 13% in 2016.

Clinical outcomes for women starting labour in out of hospital settings have been excellent and feedback from women and their families using both Birth Centres has been consistently outstanding throughout the year, with results from the Friends and Family test consistently placing the 2 Birth Centres as one of the highest scoring areas for the whole of the Trust. Both Birth Centres have provided care 24 hours a day, seven days a week throughout the year, with no closures or withdrawal of services. There are also safe systems and processes in place to ensure high standards of clinical governance are maintained and any risk issues identified and dealt with.

As well as improving outcomes for women with a straight forward pregnancy, the increase in the number of births in out of settings also has a direct beneficial effect on improving capacity in the main hospital Delivery Suite. This will also enable the maternity services at MTW to accommodate a predicted increase in the population for the next few years

1.1 Background

Midwife led care for low risk women has been shown to improve a range of clinical outcomes, reduce unnecessary medical intervention in labour and increase women's satisfaction with care. A large national study¹ found that for women with a straightforward pregnancy, birth is as safe for babies in a Birth Centre as it is in hospital, with the added benefit of lower intervention and complications, including rates of caesarean and instrumental births, episiotomy and severe perineal trauma.

Since these findings, NICE Guideline for Intrapartum Care² (National Collaborating Centre for Women's and Children's Health 2014) and the National Maternity Review³ recommend that healthy women with straightforward pregnancies should be free to choose the birth setting of their choice and that commissioners and providers should ensure that all four birth settings (home, freestanding midwifery unit (FMU), alongside midwifery unit (AMU) and obstetric unit (OU)) are available to all women. The National Maternity Review has also called for commissioners and providers to increase the provision and geographical spread of midwifery-led options and to consider measures to influence the beliefs and behaviors of health care professionals that appear to make an obstetric unit birth the 'default option' for low risk women whose preferences may be better met in a midwifery-led setting

1.2 The Birth Centres at Maidstone and Tunbridge Wells NHS Trust

1.2.1 Introduction and facilities

- Maidstone Birth Centre is a purpose built, midwifery led unit that opened 6 years ago following reconfiguration of maternity services at MTW.
- Crowborough Birthing Centre was previously under the management of East Sussex NHS Trust until March 2016. Following this date, management and running transferred to MTW from April 2016.

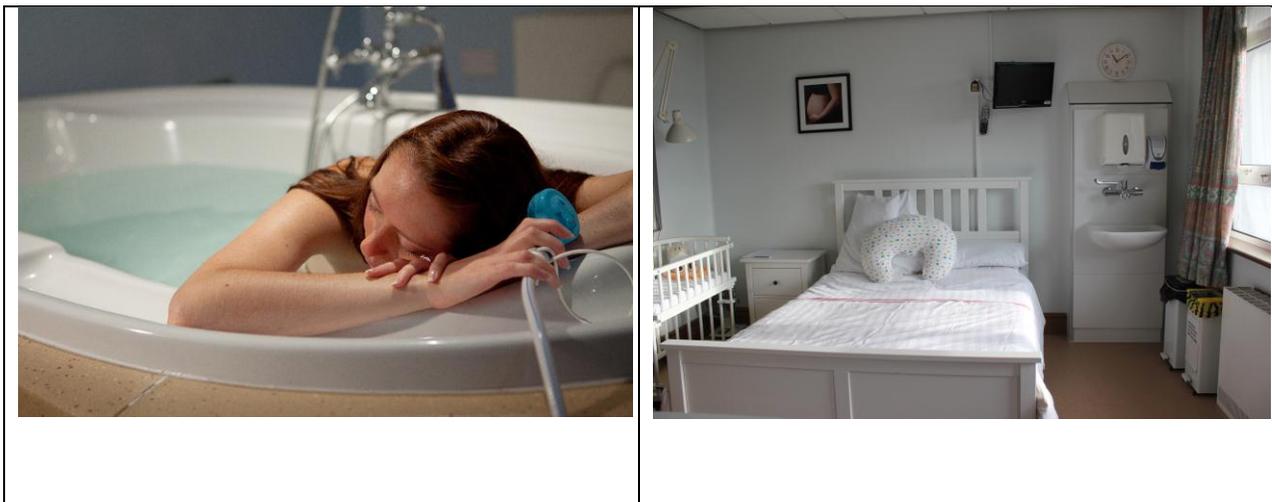
'Truly one of the most beautiful places in the world. We couldn't be more grateful for the care received from these amazing women'

Annabel and Robert

Both Birth Centres meet Department of Health recommendations for providing extra choice for women with an uncomplicated pregnancy, wishing to deliver in a non – medical, homely environment. The Birth Centre staff and user representatives have worked together to provide a homely, and peaceful place, that helps women to feel relaxed and calm so their labour and birth can progress well. Large birth pools, comfortable furniture and normal birth equipment support women in labour and the postnatal rooms have double or twin beds so partners can stay. Women can choose to use complementary or alternative therapies such as aromatherapy, relaxation techniques, TENS and hypnobirthing.



Birthing room and postnatal room at Maidstone Birth Centre



Birthing room and postnatal room at Crowborough Birth Centre

The Birth Centres are open 24 hours a day, 7 days a week and are staffed by a core team of midwives and maternity support workers who work in partnership with local community midwives to provide seamless midwifery care throughout pregnancy, labour and following the birth. Locally based community midwives carry out bookings at the Birth Centres which helps encourage women to consider this as a choice for place of birth early in the pregnancy.

1.2.2 Services for women

In addition to antenatal, intrapartum and postnatal care the following services are provided:

- **Birth Options appointment**

All women with a straightforward pregnancy are offered the opportunity to attend an appointment at around 34 weeks of pregnancy to discuss their options for best place of birth.

- **Tour and information evening**

This is held weekly at both Birth Centres and can be booked by telephoning the relevant Centre (Maidstone or Crowborough). The session also provides information about active labour and birth

“First baby here at the Birth Centre. Amazing care and support before, during and after.”

- **Breast feeding drop in clinic and ad hoc support**

The Birth Centre teams work in partnership with the Infant feeding co-ordinators, Breast Buddy peer supporters, community midwives and local services to provide feeding support for women and their babies. After discharge home, women can access extra help by telephoning either Birth Centre for phone advice or to attend the weekly ‘drop in’ breastfeeding support clinic. Alternatively arrangements can be made for women to attend an ‘ad hoc’ support session.

- **24 hour help line and drop in facility**

Approximately 850 telephone calls from women requesting advice and support are dealt with monthly by each Birth Centre

- **Complementary therapies**

Many of the midwives at the Birth Centres have received extra training to provide a range of complementary or alternative therapies to help women in labour. These include aromatherapy, reflexology, and hypnobirthing. Recently acupuncture and sterile water injections for treatment of severe back pain in labour have been introduced

- **Baby's first medical examination**

There has been significant investment in training midwives at the Birth Centres to undertake the Newborn and Physical Examination (NIPE) course. A baby's first medical examination can now be performed at either of the Birth Centre. This service is also available for women who have given birth at Tunbridge Wells hospital.

- **TENS and Breast pumps**

The Birth Centres provide a scheme for women to loan TENS (Transcutaneous Nerve Stimulation machines) devices to help them cope in labour. A voluntary contribution is requested to cover the cost of the pads, repairs and replacements.

A similar scheme operates for women to loan a breast pump. Women can access this service by telephoning the Birth Centre

- **Hypnobirthing classes**

Classes are held at both Birth Centres once a month. Classes can be booked by telephone.

- **Early Days Information**

Sessions are held weekly at Crowborough Birth centre. The sessions aim to give parents with information and advice to support them in their first few days and weeks following birth

- **Positive birth group**

A support group for pregnant women is facilitated free of charge by an external provider. Sessions are held at Crowborough Birth Centre once a month and provide an opportunity for women to approach the impending birth with more confidence and positivity. Classes can be booked by telephoning Crowborough Birth centre

- **Pregnancy and Baby Yoga classes**

Private classes are held at Crowborough Birth Centre weekly.

1.3 Information for women

As part of the Better Births Pioneering project, NHS West Kent Clinical Commissioning Group, NHS High Weald Lewes Havens Clinical Commissioning Group and Maidstone and Tunbridge

Wells NHS Trust (known as WHAM) have collaborated in the production of an information leaflet which is given to pregnant woman at their initial booking visit. The aim of the leaflet is to ensure that women are aware of all their birth choices and to sign post them where to get further information if needed. The success of the leaflet will be evaluated in due course.

Information about the Birth Centres, including a short film and images of the facilities is available on the Trust maternity website. Information about suitability, arrangements for transfer if problems occur and further information is also available on external websites including *Which?* and *Birth Choice UK*.

All women have a 'birth place assessment' performed at their 34 week antenatal appointment to ensure they are aware of their choices. For women with a straightforward pregnancy this visit will usually be held at the relevant Birth Centre.

Individual cases that do not clearly fit a 'low risk or a 'high risk' category are discussed by the senior team (Silver Star Scheme), to ensure a clear plan, including a decision around place of birth is agreed and then discussed with the individual woman.

The Birth Centres have a Facebook page to help improve communication and information available to women.

1.4 Overview of activity and clinical outcomes for 2016-17

The Birth place in England Study (2011) studied a total of 64,000 women with an uncomplicated pregnancy and found that birth is as safe for babies in a Birth Centre as it is in hospital, with the added benefit of reduced intervention for the mother. This includes lower rates of caesarean, instrumental birth, episiotomy and severe perineal trauma.

The senior team continue to work closely with the Trust informatics department to collect data to facilitate comparison of clinical outcomes with data from the Birth place study. The data also provides further evidence about the safety and effectiveness of this model of care.

- **Overall numbers of births**

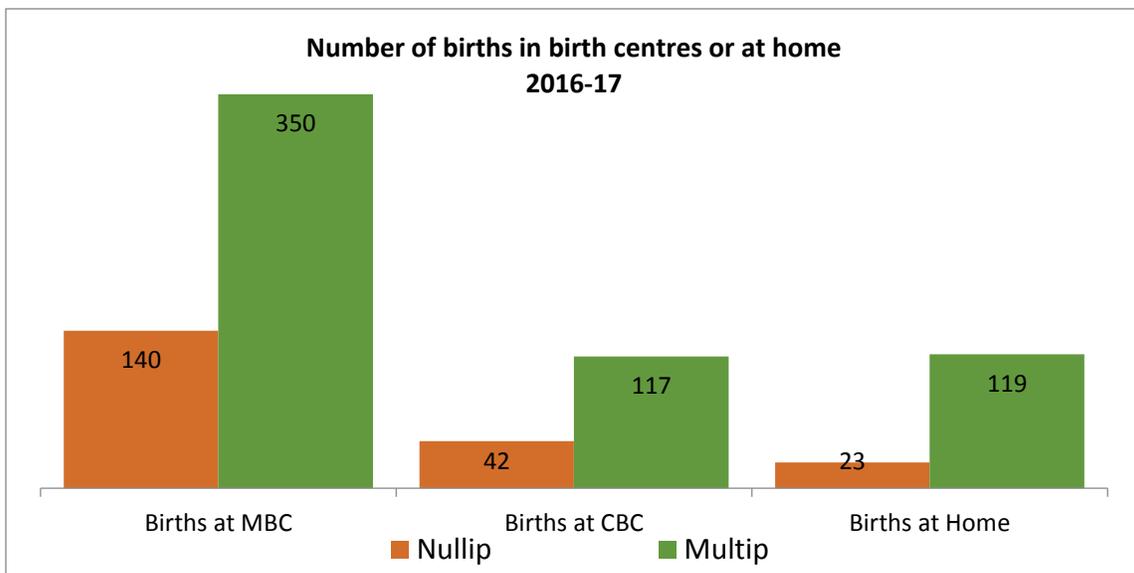
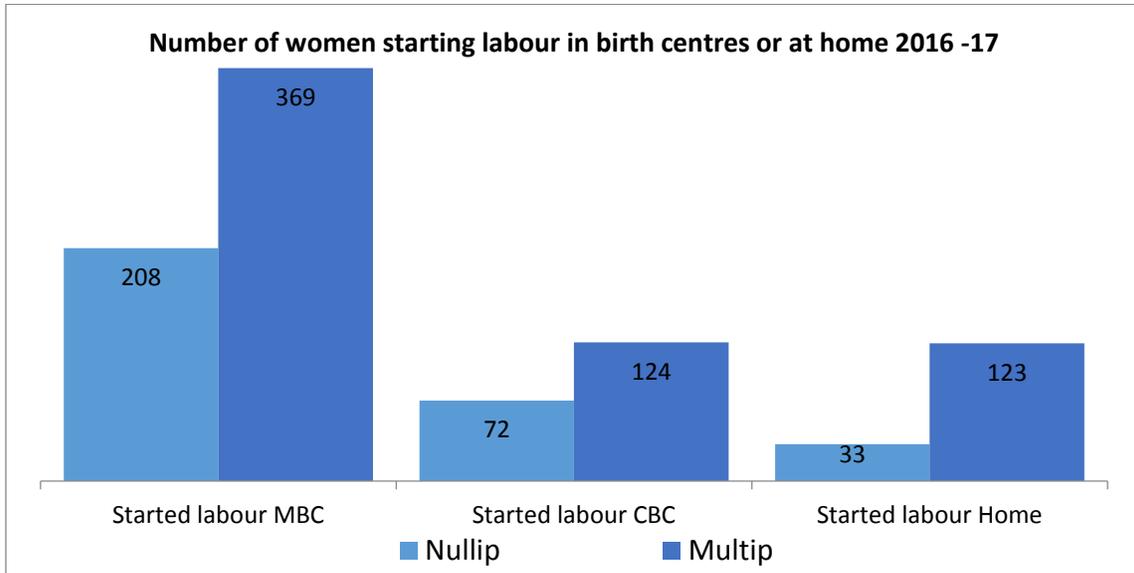
During 2016-2017, there were 490 births at Maidstone Birth Centre, an overall increase of 20% since the previous year. This is the highest number of births achieved in one year since opening of the Centre and also one of the highest number of births seen in a 'stand alone' Birth centre in the UK. It equates to 8.2% of all babies born at Maidstone and Tunbridge Wells NHS Trust during this period. Nearly one third of women giving birth at the Centre were first time mothers.



'Exceptional care as I came to expect after also having my first son here'

Chris and Warren

Crowborough Birth Centre has also seen a 10% increase in births since being taken over by MTW in April 2016. During the last year there were 159 births compared to 145 in the preceding year and it is encouraging that there has also been a significant increase (45%) in the number of first time mothers choosing to give birth at Crowborough. It is anticipated that numbers of births at Crowborough will continue to rise during the year ahead, especially as confidence grows locally that the Birth Centre will remain open at all times.



- **Use of water for labour and birth**

It is well documented that using a birth pool helps women cope with pain in first stage of labour and significantly increases satisfaction with the birth experience⁵

The vast majority (79%) of women giving birth at both Birth Centres during 2016-17 opted to have a water birth. Figures from Maidstone also report that 90% of women used the birth pool at some point in their labour.

'Thank you! Our second baby at MB. Wonderful water birth, magical experience'

- **Perineal trauma**

Figures for perineal trauma at both Birth Centres are excellent for 2016-17. Overall episiotomy rates were only 0.6%. The incidence of severe perineal trauma was less than 1%.

- **Mode of birth**

Comparison of data from *the Birth place in England Study* for 'low risk' first time mothers clearly demonstrates the advantages of starting labour in an out of hospital setting, rather than in hospital. It found that for women giving birth in hospital, only 61% would expect to have a normal delivery vs 82% in a stand alone Birth Centre; 16% would require a caesarean birth and 23% an instrumental birth. For multiparous women NICE indicate that 'low risk' women giving birth in a hospital setting would expect to have a 4 fold increase in caesarean and 3 fold increase in instrumental birth

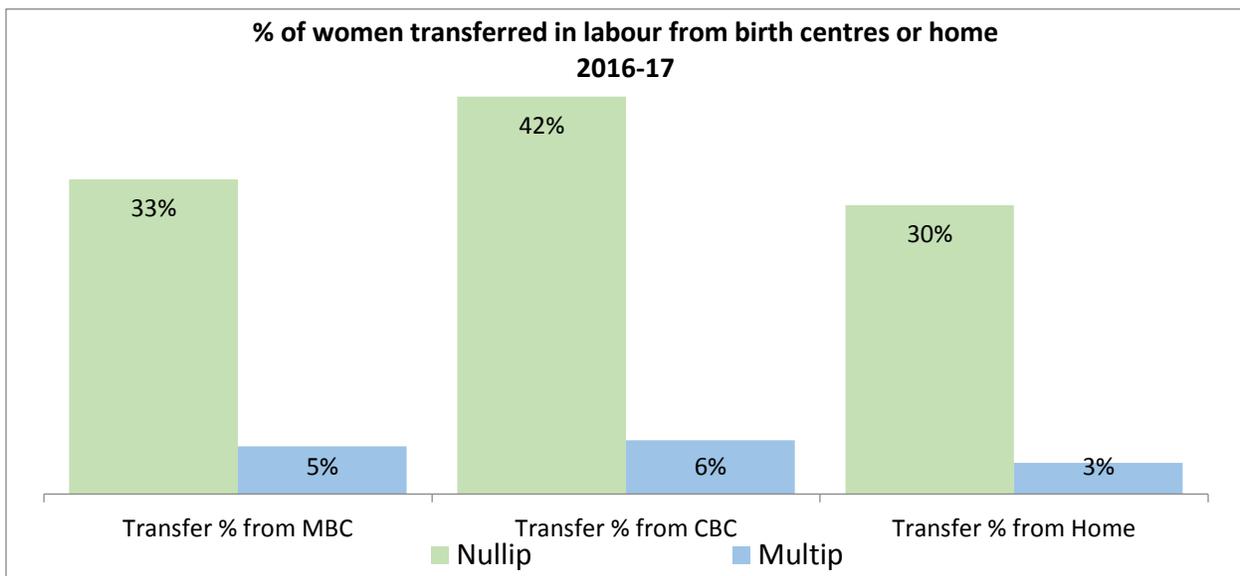
Normal birth rates at Maidstone Birth Centre have been consistently excellent since it opened in 2011, however this year has seen even more improvement. The normal delivery rate for women starting labour at Maidstone Birth Centre was 78% for nulliparous women (first time mothers) and 97.5% for multiparous (second time mothers). Caesarean section rates were extremely low at 4% and 0.5% respectively.

For women starting labour at Crowborough Birth centre 72% of nulliparous women (first time mothers) had a normal birth, 7% had a caesarean. Outstanding rates were achieved for multiparous women (second time mothers) with a 99% vaginal birth rate and 0% caesarean.

1.5 Transfers

Intrapartum

If a problem occurs in labour, it may be necessary for a woman to be transferred to hospital accompanied by their midwife. The most common reasons for transfer are slow progress in labour or detection of meconium stained liquor. The Birth place study reported that 36.5% of women having their first baby would require transfer in labour and 9.4% of women having their second or subsequent baby.



The overall intrapartum transfer rates for women starting their labour at Maidstone Birth Centre were the lowest seen since the Centre opened six years ago at 15%.

33% of women first time mothers were transferred and just 5% of mothers with second or subsequent birth.

The overall transfer rates for second time mothers at Crowborough were similar to Maidstone (5.6%), however higher for first time mothers (42%). It should however be noted that this rate was significantly reduced from the previous year (54%-42%), indicating that a further reduction may occur once more births are taking place at Crowborough and staff confidence is increased.

'We had to deliver at hospital but were over the moon to come back here afterwards. The staff care and attention was incredible.'

Claire and Will

Neonatal Transfers

There were 8 neonatal transfers to the Neonatal unit (NNU) from the Birth Centres (5 from Maidstone, 3 from Crowborough.) however none of these required active resuscitation during transfer. Only 2 required Neonatal Unit admission. 3 babies required transitional care on the postnatal ward only.

Postnatal Transfers

There were 13 postnatal transfers from Maidstone and 12 from Crowborough. Most common reasons were postpartum haemorrhage (9), retained placenta (8).

1.6 Feedback from women

Feedback from women who have been cared for at the Birth Centres has been consistently outstanding throughout the year. The popularity is largely due to women who have given birth sharing their experiences within the local community, which in turn increases other women's confidence in choosing this model of care.

Women are encouraged to complete the Trust's Friends and Family questionnaire prior to postnatal discharge and the return rate for these is high (75%). Results demonstrate high levels of satisfaction which consistently places the Birth Centres as one of the highest scoring clinical areas within the Trust as a whole. Average scores for quality of care are 4.98 out of 5 and 0% percentage of people NOT likely to recommend the Birth Centre to family or friends.

Women are also asked to complete a survey about the care received to enable the staff to have detailed feedback and to identify any areas that could be improved. Scores have consistently averaged above 98% for the whole 5 year period and monthly results are displayed in the Birth Centre Reception area so they are visible to women, their families and visitors.

Many women write about their experience in the Birth Centre 'Visitor's books' which can subsequently be viewed by women considering one of the Birth Centres for possible place of birth. Comments throughout the years have been consistently outstanding. They have also been very positive for women who were transferred to Tunbridge Wells for a complication detected in labour and subsequently returned for their postnatal care.

'You not only made Mila's entrance into the world an incredible experience for both Charlie & I, but made the following 2 nights and 2 days extra special helping us learn how to be the best little family we can be in a beautiful setting'.

'We will be forever grateful to all of you - for everything!'

'I had my last 2 at Crowborough and they were perfect births. You are treated like a princess and as though you are the most special person ever. The staff are second to none and I absolutely loved it. If I have another one I'll be going there without a doubt. Thank you xx'

1.7 Learning Environment

Student midwives are allocated to the Birth Centres during their midwifery training which enables them to gain valuable experience in midwifery led care. There are also other learning opportunities for medical students, student nurses, midwifery students training at external universities requiring elective placements and occasionally paramedics requiring clinical or observational experience. Evaluations and feedback from students demonstrate that excellent learning opportunities are being provided for all professional groups and opportunities for improvement are highlighted.

Opportunities for staff learning and development are encouraged at the Birth Centres. Many of the midwives and maternity support workers have undertaken additional education and training to widen their scope of practice and improve the quality of services available for women.

'My 2 week placement at the Birth Centre has given me back enthusiasm and passion for being a midwife'

Student midwife

1.8 Clinical Governance

Women who attend the Birth Centres have been appropriately assessed as 'low risk' during their pregnancy. Any unplanned births with risk factors present are transferred to hospital, unless the birth is imminent. Staff are trained to deal with unexpected emergencies and practice their skills regularly.

All transfers are reviewed to ensure high standards of care are maintained at all times. Senior staff communicate regularly with staff from South East Coast Ambulance service (SECAMB) to ensure that a safe and smooth process for transferring women in labour is maintained.

1.9 Research and Innovation

A range of complementary therapies have been introduced to the Birth Centres following appropriate training of midwives, including aromatherapy, hypnobirthing, acupuncture,

reflexology and Sterile water injections for treating severe back pain in labour. This provides greater choice for women in relation to provision of coping strategies for labour and birth.

1.10 National influence

During recent years there have been encouraging signs, including media reports, that more people are aware of the benefits of the Birth Centre model for 'low risk' women and their families. The Birth Centre teams at Maidstone and Crowborough have contributed to this agenda on a national and international basis by the following activities:

- In partnership with the Trust Communications department, staff continue to work with the media to promote the Birth Centre model of care. During the year this has included several press releases and also an interview on Radio Kent
- Work experience placements and elective placements have been given to midwives from across the UK. These placements have been highly evaluated. The Birth Centres have also hosted international visitors interested in midwifery led care from Canada and Uganda in partnership with the Royal College of Midwives .
- The Birth Centres play a lead role in supporting midwifery led care in other Trusts by chairing the South East Birth Centre Forum. Guidelines and information are frequently shared with other units regionally and nationally.
- In 2015, a new therapy to treat severe back pain in labour with sterile water injections was pioneered at Maidstone Birth Centre following review of research evidence that women would find this helpful. A year later it was introduced across the Trust. In 2016 the project was presented as a Poster presentation at the Royal College of Midwives national conference. It was also the subject of a webinar that attracted an audience from countries throughout the world.
- Maidstone Birth Centre was a finalist for the Scottish MaMa Maternity awards in 2016-17, demonstrating that the reputation of the Birth Centre is widespread throughout the UK.
- A celebration of 5 years of Maternity services at MTW was held in November 2016, with both Birth Centres hosting a visit from Baroness Cumberlege , Chair of the National Maternity review. During her visit, the Baroness talked to mothers and staff and said she was extremely impressed with the quality of care provided for women in both Centres.



Baroness Cumberlege meeting mothers and babies at the Birth Centres November 2016

2.0 Homebirths at MTW

2.1 Background

NICE guidelines and the Maternity Review state that homebirth is especially suitable for women having their second or subsequent baby because the rate of medical intervention is lower and the outcome for the baby is no different compared with birth in hospital. They also state that first time mothers may choose to give birth at home, however they should be told that there is a small increase in the risk of an adverse outcome for the baby than if born in hospital (9 per 1000 births vs 5 per 100 births)

During the past year 2016-17, there were 142 homebirths which equates to around 2.4% of all births across the Trust and the same as rates seen nationally. This figure demonstrates a high level of support for women choosing to give birth at home or in a midwife led centre.

2.2 Arranging a homebirth

Community Midwifery services are divided into different areas and teams (Maidstone, Leeds, Malling, Sevenoaks and Edenbridge, Paddock Wood and Hawkhurst, Tonbridge, Tunbridge wells and Crowborough) who provide antenatal, postnatal and intrapartum care (for women requesting a homebirth) Individual community midwives provide continuity of care for women in the community and cover for homebirths 24 hours a day, 7 days a week.

Place of birth is discussed with women initially at booking and then formally reviewed at the 34 week antenatal visit.

2.3 Clinical Outcomes

There were 142 births at home during 2016-17, comprising 23 women with their first baby and 119 women with their second or subsequent pregnancy.

The overall clinical outcomes were excellent with 97% of women starting labour at home having a normal birth and just 3% requiring an instrumental birth.

- For women with their first baby 85% had a normal birth and 15% had an instrumental birth. There were no caesarean births.
- For women having their second or subsequent baby there was a 100% normal birth rate.

2.4 Transfer outcomes

Transfer rates for homebirths were 30% for first time mothers and just 3% for second time. The main reasons for transfer were slow progress in labour and meconium stained liquor.

There were a significant number of postnatal transfers (15), seven of these were for postpartum haemorrhage. A similar rise in the incidence of postpartum haemorrhage was also seen across the whole service following the introduction of a different oxytocic for management of 3rd stage of labour. (as recommended by recent NICE guidelines). This change has now been reversed.

There were 6 neonatal transfers, however 3 of these were for observation only.

3.0 Vision for the next 5 years

Over the past five years the Birth Centre and Community teams have worked in partnership with the entire maternity service, user representatives and stakeholders to develop a service that is safe, effective and woman focussed. During the next year the team will work towards implementing the recommendations set out in the 2016 Maternity review, ensuring that local women have a real choice about location of birth.

The Birth Centre teams at Maidstone and Crowborough will continue to work together to promote the birth centre model of care and clinical advantages for women with an uncomplicated pregnancy giving birth in this setting. The aim is to further increase the number of women choosing to give birth in an out of hospital setting, especially at Crowborough. This will also impact positively on improving capacity in the main hospital Delivery Suite. This will also enable the maternity services at MTW to accommodate a predicted increase in the population for the next few years

They will continue to provide high standards of evidence based care and be active in promoting research, innovation and good practice initiatives.

References

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- 2 National Institute of Health and Clinical Excellence (NICE). (2014) *Intrapartum Guideline*. Available at : www.nice.org.uk
- 3 NHS ENGLAND. (2016) *Better Births, Improving outcomes of maternity services in England*. Available at: <https://www.england.nhs.uk>
- 4 Redshaw M, Henderson J, Safety delivered: survey of women's experience of maternity care, National Perinatal Epidemiology Unit, University of Oxford, Feb 2011, p13.
- 5 Cochrane Review. (2012) *Immersion in water in labour and birth*. Available at: www.cochrane.org

Maidstone Birth Centre
Maternity outcomes April 2016-March 2017

Number of Births in Birth Centre	490
Nulliparous	140
Multiparous	350
Water birth	386 (79%)
Water used for established labour	442 (90%)
Physiological management of 3rd stage	58 (12%)
Active management	88%
Episiotomy	3 (0.6%)
Number of women starting labour in Birth centre	577
Nulliparous	208
Multiparous	369
Intrapartum transfers	87 (15%)
Nulliparous	68 (33%)
Multiparous	19 (5.1%)
Overall clinical outcomes n=577	
SVD	90.6%
Instrumental	7.4%
C section	1.9%
Breech (undiagnosed)	
Nulliparous n=208	
SVD	163 (78%)
Instrumental	36 (17%)
Caesarean section	9 (4%)
Multiparous n=369	
SVD	360 (97.5%)
Instrumental	7 (1.8%)
Caesarean section	2 (0.5%)
Most common reason for labour transfers	
Meconium	14
Slow progress in labour	23
Postnatal transfers 13	
PPH x 4	4 (0.8%)
Retained Placenta x 7	7 (1.4%)
3 rd degree tear x 4	4 (0.8%)
Neonatal transfers	3 (0.6%)
Type and length of stay	
• NNU 1 Transitional care x 5 days	
• NNU 1 Transitional care x 2 days	
• Transitional care x 3 (gave birth at T Wells)	
Breastfeeding initiation	80%

**Crowborough Birth centre
Maternity outcomes April 2016-March 2017**

Number of Births in Birth Centre	159
Nulliparous	42
Multiparous	117
Water birth	126
Physiological management of 3rd stage	45%
Active management	50%
Episiotomy	(0.6%)
Number of women starting labour in Birth centre	196
Nulliparous	72
Multiparous	124
Intrapartum transfers	37
Nulliparous	30 (42%)
Multiparous	7 (5.6%)
Overall clinical outcomes n=196	
SVD	175 (89%)
Instrumental	15 (7.6%)
C section	5 (2.5%)
Breech (undiagnosed)	
Nulliparous n=72	
SVD	52 (72%)
Instrumental	15 (21%)
Caesarean section	5 (7%)
Multiparous n=124	
SVD	123 (99%)
Instrumental	0
Caesarean section	0
Breech	1 (1%)
Most common reason for labour transfers	
Meconium	4
Slow progress in labour	8
Postnatal transfers n=12	
PPH x 5	
Retained Placenta x 1	
3 rd degree tear x 2	
Neonatal transfers	3 (0.6%)
Type and length of stay	
Breastfeeding initiation	80%

**Planned Homebirths Maidstone and Tunbridge wells NHS Trust
Maternity outcomes April 2016 - March 2017**

Number of Planned Homebirths	142
Nulliparous	23
Multiparous	119
Water birth	25
Number of women starting labour at home	156
Nulliparous	33
Multiparous	123
Intrapartum transfers n=156	14 (9%)
Nulliparous	10 (30%)
Multiparous	4 (3%)
Overall clinical outcomes n = 156	174
SVD	169 (97%)
Instrumental	5 (3%)
C section	0
Nulliparous n=33	
SVD	28 (85%)
Instrumental	5 (15%)
Caesarean section	0
Multiparous n=123	
SVD	123 (100%)
Instrumental	0
Caesarean section	0
Reason for labour transfers: Nulliparous n = 6	
Meconium x 2	
Slow progress in labour x 3	
Fetal concern x 1	
Reason for labour transfers: Multiparous n = 4	
Meconium x 2	
Intrapartum haemorrhage x 1	
Maternal concerns x 1	
Postnatal transfers n=15	7
PPH x 7	
Retained placenta x 4	
Perineal repair (2 nd degree) x 3	
Other	
Neonatal transfers n= 6	7 (2, 5)
RDS x 2	
For withdrawal observations x 3	
Umbilical bleed x 1	