

## Risk Assessment

<b>Title</b> (description of the task / activity)	Home Birth Service Provision	<b>Assessment Reference</b>	
		<b>Assessor(s)</b>	Chief Nurse, Deputy Chief Nurse and Director of Midwifery
<b>Department / Ward</b>	Community	<b>Date of initial assessment</b>	28/10/2025
<b>Specialty</b>	Maternity	<b>Last reviewed on</b>	10/03/2026
<b>Site (check all relevant boxes)</b>	GRH <input checked="" type="checkbox"/> CGH <input checked="" type="checkbox"/> Stroud Maternity <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/>	<b>Next review due</b>	30/04/2026

Ref. no.	What are the Hazards?	Who might be harmed and how?	What are we already doing? List the existing controls	Consequence(C)	Likelihood (L)	Risk rating (C x L)	What further action is necessary?
1	<p><b>i) Unable to deliver a 24/7 Home Birth service</b></p> <ul style="list-style-type: none"> <li>Service was only managing to cover 50% of on calls to provide a Home Birth service, not 24/7</li> <li>Frequently no service, even if not formally identified as service suspensions</li> </ul>	<p><b>i) Quality:</b> women and birthing people's choice and experience</p> <ul style="list-style-type: none"> <li>Limiting choice of place of birth and Home Birth as a meaningful option.</li> <li>Often Home Birth supported more in some communities than others who are disproportionately affected.</li> </ul>	Home birth service currently suspended	3	5	15	<ul style="list-style-type: none"> <li>Monitoring of impact on marginalised communities/ and those with additional health needs</li> <li>Health Needs Assessment publication</li> <li>Community Transformation Project</li> </ul>

		<ul style="list-style-type: none"> <li>• Poor experience if Home Birth service is closed without notice.</li> <li>• Risk of increased free births and potential risk of poor outcomes for the woman or birthing person and their baby.</li> </ul>					
2	<p><b>ii) Unable to deliver a 24/7 Home Birth Service</b></p> <ul style="list-style-type: none"> <li>• Not enough experienced Midwives in community to provide home birth service.</li> <li>• limited capacity as stretched over large geographical area.</li> <li>• reports of midwives struggling with size of caseloads and workload.</li> <li>• staff needing to undertake too many on-calls, affecting wellbeing and homelife balance.</li> <li>• escalations of concerns received internally and externally from staff about wellbeing</li> <li>• Community Midwives articulating attending home births across the</li> </ul>	<p><b>ii) Workforce: Staff health and wellbeing</b></p> <ul style="list-style-type: none"> <li>• Stress and wellbeing concerns for staff.</li> <li>• Safety of late night/dark alone travel/isolated areas.</li> <li>• Reporting burnout.</li> <li>• Unable to cover shortfalls in rota.</li> <li>• Stressful for leads trying to cover every day.</li> <li>• Stress for staff attending BBAs.</li> <li>• Lack of robust process for flow to follow for births before arrival (BBAs).</li> <li>• Travel distance to attend</li> </ul>	<ul style="list-style-type: none"> <li>• Community Transformation Project, review geography and caseloads.</li> <li>• Professional Midwifery Advocate (PMA) restorative clinical supervision- limited if no attendance.</li> <li>• Limit on calls pro-rata.</li> <li>• Improvement plan for on calls.</li> <li>• Escalation response, deep dive commenced into issue.</li> <li>• Consideration of directly commissioning a private midwifery provider being led by Executives and NHS England.</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>• Birthrate Plus establishment review</li> <li>• Health Needs Assessment</li> <li>• Risk assessment</li> <li>• Community Transformation Project</li> <li>• Staffing consultation to move staff</li> <li>• Review attendance at BBA</li> </ul>

	<p>geographical patch is challenging.</p> <ul style="list-style-type: none"> <li>• Birthrate Plus report identified a community deficit of midwives.</li> </ul>	<ul style="list-style-type: none"> <li>• often results in transfer due to hypothermia of neonate.</li> </ul>					
3	<p><b>i) Model of care delivery for home Births no longer suitable due to increasing complexity of the needs and care of women and birthing people and requesting care outside of guidance and birth at home</b></p> <ul style="list-style-type: none"> <li>• Lack of robust guidance to allow for effective management of home birth outside of guidance.</li> <li>• Lack of enhanced care planning skills.</li> <li>• Lack of senior midwifery consultant oversight of planning birth and care outside of guidance at home.</li> <li>• Lack of robust training to appropriately care/ advise/ whilst caring for women and birthing people having a Home Birth and of those choosing to birth at home outside of guidance.</li> </ul>	<p><b>i) Quality:</b> safety of women, birthing people and babies and experience.</p> <ul style="list-style-type: none"> <li>• Limiting choice to request personalised. care that is outside of guidance.</li> <li>• Limiting birth choice options to GRH if no homebirth provision.</li> <li>• Not discussing change of risk appropriately discussed during labour.</li> <li>• Lack of informed decision making if pathway not robust.</li> </ul>	<ul style="list-style-type: none"> <li>• Skills and drills zone training- not mandatory.</li> <li>• Care outside of guidance pathway- not robust.</li> <li>• Regional workstream.</li> </ul>	4	4	16	<p>Guidelines that need strengthening:</p> <ul style="list-style-type: none"> <li>• Out of guidance care.</li> <li>• Born Before Arrival.</li> <li>• Freebirth/ Unassisted Birth.</li> <li>• Intermittent Auscultation.</li> <li>• Management of complex. Community births</li> <li>• Escalation cards.</li> <li>• Urgent review of care outside of guidance pathway and protocols.</li> <li>• Recruit to Consultant Midwife.</li> </ul>

4	<ul style="list-style-type: none"> <li>• <b>ii) Model of care delivery for home Births no longer suitable due to increasing complexity of the needs and care of women and birthing people and those requesting care outside of guidance and birth at home</b></li> <li>• Community Midwives reporting challenge in travelling across the patch to facilitate home births alone.</li> <li>• Community Midwives reporting feeling unprepared to care for complexities and care outside of guidance.</li> <li>• Some Midwives reluctant to attend Home Births, particularly high risk/outside of guidance due to professional vulnerability.</li> <li>• Escalations of concerns received internally and externally.</li> <li>• Lack of robust national guidance supporting care outside of guidance/home birth/BBAs/Unassisted.</li> </ul>	<p><b>ii) Workforce:</b> Staff health and wellbeing</p> <ul style="list-style-type: none"> <li>• Concerns of staff getting to homebirths in time due to large geographical area and lone working.</li> <li>• Concerns of 2<sup>nd</sup> midwife not arriving once active labour diagnosed.</li> <li>• Staff tiredness and long drives.</li> <li>• Staff undertaking on calls after working daytime hours, often during the night</li> <li>• Staff health and wellbeing</li> <li>• Stress/risk to professional codes.</li> </ul>	<ul style="list-style-type: none"> <li>• Professional Midwifery Advocate (PMA) support sessions.</li> <li>• Wellbeing initiatives.</li> <li>• Review of Birth options and care planning review.</li> <li>• No free-standing midwife led unit service for labour in Cheltenham.</li> <li>• Community Matron has recently attended in the night to Home Birth to assist midwives struggling with care outside of guidance home birth.</li> <li>• Review of Datix incident.</li> <li>• Lone worker risk assessments.</li> <li>• Lone worker app.</li> <li>• Changed normal practice so two midwives attend once active labour established.</li> <li>• Born Before Arrival action card.</li> <li>• Digital business continuity plan.</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>• Explore options for pastoral support and clinical restorative supervision with uptake.</li> <li>• Review support structure for home birth and care outside of guidance.</li> <li>• Stress risk assessments for team.</li> <li>• Wellbeing initiatives.</li> <li>• Community Transformation Project.</li> <li>• Lone worker risk assessments expired, require updating.</li> <li>• Datix search for all community related incidents.</li> <li>• Refresh of digital continuity plan.</li> </ul>
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	<ul style="list-style-type: none"> <li>Internal escalation from community midwives around lack of training and guidance provided for care outside of guidance.</li> <li>Digital issues with accessing records.</li> </ul>						
5	<p><b>i) Lack of recent experience and limited exposure of community midwives to intrapartum care/home birth or high risk/ emergency response care</b></p> <ul style="list-style-type: none"> <li>Low numbers of Home Birth approximately 1-4 month.</li> <li>Low number of Stroud Births approximately 7 per month.</li> <li>Lack of upskilling and remaining competent in dealing with homebirth/ intrapartum care and emergency responsiveness.</li> </ul>	<p><b>i) Safety:</b> safety of women, birthing people and babies and experience.</p> <ul style="list-style-type: none"> <li>Limited experience and skill leading to potential safety implications.</li> <li>Skill mix issues on home birth rota.</li> <li>Limited experience and skill leading to potential safety implications.</li> <li>Lack of exposure to variation from the norm and how to adapt.</li> <li>Staff stress and wellbeing concerns.</li> <li>Not all community Midwives have attended community specific training skills zone as not mandated.</li> </ul>	<ul style="list-style-type: none"> <li>Non-mandatory skill zone training specifically for community midwives lead midwives and practice facilitators on call with inexperienced workforce-limited capability.</li> <li>Attendance at Practical Obstetric Multi-Professional Training (PROMPT).</li> </ul>	5	3	15	<ul style="list-style-type: none"> <li>Review on call model for community births</li> <li>Review last home birth attendance for community midwives</li> <li>Review levels of intrapartum experience for community midwives</li> <li>Review skills zone training compliance</li> <li>Undertake Training Needs Analysis (TNA) for community midwives</li> </ul>

6	<p><b>ii) Lack of recent experience and limited exposure of community midwives to intrapartum care/home birth or high risk/ emergency response care</b></p> <ul style="list-style-type: none"> <li>• Staff articulating, they are not skilled or trained in complex care planning or how to manage care outside of guidance.</li> <li>• Feel unsupported should things go wrong.</li> <li>• No consultant midwife oversight within community teams of antenatal or birth plans and planning birth outside of guidance.</li> </ul>	<p><b>ii) Workforce:</b> Staff health and wellbeing</p> <ul style="list-style-type: none"> <li>• Lack of confidence and competence in high risk care.</li> <li>• Risk of lack of situational awareness in homebirths</li> <li>• Stress and poor mental wellbeing of Community Midwives.</li> <li>• Lack of oversight leading to care plans not being as robust as they should be causing anxiety.</li> <li>• Lack of senior clinical midwifery support for community midwives.</li> </ul>	<ul style="list-style-type: none"> <li>• Skills and Drills for community.</li> <li>• Staff wellbeing and staff phycology support.</li> <li>• Reviewing birth options service.</li> </ul>	5	3	15	<ul style="list-style-type: none"> <li>• Training Needs Analysis (TNA) for community Birth</li> <li>• Training Needs Analysis to review: <ul style="list-style-type: none"> <li>• Situational awareness</li> <li>• Skills and Drills</li> <li>• Risk assessments</li> <li>• Care outside of Guidance pathway</li> <li>• Advanced/complex care planning</li> <li>• Hot/cold debrief training</li> <li>• Newborn Advanced Life Support (NALS) and Newborn Life Support (NLS)</li> <li>• High risk/update</li> <li>• Consultant Midwife for personalised care needs to be appointed</li> </ul> </li> </ul>
7	<p>Audits on care delivery at home Births demonstrate poor compliance</p> <ul style="list-style-type: none"> <li>• Intermittent Auscultation (IA) audits (across all low-risk midwifery settings) and Home Births audits show poor compliance</li> </ul>	<p><b>Safety:</b> safety of women, birthing people and babies and experience.</p> <ul style="list-style-type: none"> <li>• No current assurance that they are providing care as per guidelines and assurance of</li> </ul>	<ul style="list-style-type: none"> <li>• Team rapid learning sent out</li> <li>• fetal wellbeing lead developing plan</li> <li>• Community areas having weekly meetings and action log of improvement initiated</li> <li>• Clinical concerns to be addressed</li> </ul>	5	3	15	<ul style="list-style-type: none"> <li>• Back to basics</li> <li>• Bespoke training programme</li> <li>• Ongoing audits</li> <li>• Pulse oximetry probes to allow for Maternal Early Warning Scores (MEWS) monitoring at home</li> </ul>

	<p>with IA and poor documentation &lt;50%</p> <ul style="list-style-type: none"> <li>No robust Maternal Early Warning Score MEWS assessments as no pulse oximetry.</li> <li>No Birmingham Symptom Specific Obstetric Triage System (BSOTs) and Triage Action Cards (TAC) assessment.</li> </ul>	<p>fetal wellbeing during labour</p> <ul style="list-style-type: none"> <li>Potential for patient safety incidents</li> </ul>	<ul style="list-style-type: none"> <li>Two midwives to go out to homebirths for active labour</li> <li>Improvement plan developed</li> </ul>				<ul style="list-style-type: none"> <li>Implementation of BSOTs TAC assessment at home.</li> <li>Engagement with the Digital Team to ensure intermittent auscultation is recorded in Badger.</li> </ul>
8	<p>Reputational risk of suspending services</p> <ul style="list-style-type: none"> <li>Regulatory interest</li> <li>MMSP</li> <li>CQC</li> <li>Regional Chief Midwife</li> <li>Local MPs</li> <li>Local and national Press coverage</li> <li>Workforce concerns</li> </ul>	<ul style="list-style-type: none"> <li>Women's/birthing people's/local community anxiety due to press coverage</li> <li>Staff anxiety due to press coverage</li> </ul>	<p>Speak to key stakeholders for support.</p>	3	3	6	<ul style="list-style-type: none"> <li>Communications plan</li> <li>Discussions with key stakeholders</li> </ul>