

**Name**

**Date of birth**

**Address**

**Estimated Due Date**

**UR number if known**

## **HOME BIRTH ELIGIBILITY CHECKLIST**

**Joan Kirner Sunshine requirements- please tick if you meet or are prepared to meet these requirements.**

- Live within 30mins of Joan Kirner Sunshine Hospital, (calculated using WAZE app. set @ 12 midday)
- A referral needs to be obtained and sent by your GP to Joan Kirner Hospital requesting that you have your maternity care provided here ( fax to Women's clinic 90552125)
- You are required to have current Ambulance Victoria Membership
- Aged between 18-42
- Morphology Ultrasound Scan at 20-22 weeks
- Gestational diabetes screening test at 22-24 weeks to test for gestational diabetes.
- Obstetrician Collaborative appointment 34-36 weeks (midwife attends with you)
  
- When indicated a willingness from you to follow recommended investigations- throughout your pregnancy, birth and after birth- for example; Ultrasounds, postdates monitoring, transfer to hospital etc.
- I am aware that the eligibility criteria is upheld to ensure the overall safety of myself, baby and the homebirth programme and am agreeable to transfer to hospital based care if this is indicated. (You'll continue to be cared for by your primary Midwife in MGP)

I have read the Homebirth information package

### **Current Pregnancy**

- I am Pregnant with one baby
- I am healthy and well
- My BMI is less than 35

**Any Medical conditions**      **Yes**      **No**

**Please specify** \_\_\_\_\_

I am currently booked with an MGP midwife      **Yes**      **No**

**Name of MGP Midwife** \_\_\_\_\_

**Pregnancy History** (Please circle)

First Pregnancy    **YES**    **NO** Please answer questions below

What number Pregnancy \_\_\_\_ How many babies have you had \_\_\_\_

Previous Caesarean Section      **YES**      **NO**

Previous Post-Partum Haemorrhage (heavy bleeding following birth)      **YES**      **NO**

Previous complications with pregnancy, birth or following birth for yourself or baby      **YES**      **NO**

Please specify \_\_\_\_\_

**Environment**

I have someone available to stay with me following birth for at least 24 hrs      **YES**      **NO**

I have a landline or good mobile coverage      **YES**      **NO**

*Your pregnancy needs to remain normal to birth at home, this will be constantly assessed by our skilled midwives throughout your pregnancy journey. You need to be at least 37 weeks and not greater than 42 weeks to birth at home.*

*Please note if you develop Gestational Diabetes this does not automatically exclude you from having a homebirth, if well controlled then Homebirth can still be an option for you.*

*If the above requests are acceptable to you we can continue to arrange your care with the homebirth team. Once this form is completed and returned we will be in touch.*

Please send this completed form and any specific questions or to discuss alternative models of care to [homebirth@wh.org.au](mailto:homebirth@wh.org.au)