



Perinatal Services BC

An agency of the Provincial Health Services Authority

Home Birth Supplies Program

Overview

FINAL

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1. Introduction

The new BC Home Birth Supplies Program (HBSP) will come into effect April 1, 2016. The program is a standardized provincial program for all care providers attending home births to access supplies, medications, sterilization services, and to support accurate and complete data collection for both home and hospital births for the purposes of provincial and regional planning.

Note that this is a brand new program, and while it is comprehensive, adjustments may need to be made over the first year. Feedback is welcome (see **Appendix A for contacts**).

1.1 Program Background

Primary maternity care providers have been subsidizing the cost of medications and supplies required for home births. These costs have generally been higher than the cost of equipment, medications, and supplies obtained through bulk health authority purchasing. In addition, access to the medications required for home birth has been complicated by both pharmacy regulations, which limit health authorities in their provision of medications to independent contractors and the relatively higher cost of accessing medications through community pharmacies. For the majority of care providers who have been attending home births, the onus to ensure proper sterilization of equipment has been left to the individual care provider. As a result, sterilization of equipment used at home births is not standardized across the province and may pose a potential health risk if it doesn't meet provincial sterilization standards.

In 2014, the Midwives Association of BC (MABC) submitted a proposal to the Ministry of Health that outlined these concerns. In January 2015, the Midwifery Master Agreement was signed and stated that the MABC would work together with relevant stakeholders with the goal of establishing a new home birthing supplies, medications, and data collection program.

While these concerns have historically been a midwifery-only issue, the Home Birth Supplies Program will be a program that can be accessed by all care providers attending home births.

1.2 Working Group Members

Perinatal Services BC (PSBC) was asked to lead this initiative and formed a working group in May 2015. With representation from MABC, Ministry of Health, regional health authorities, care providers, and program suppliers, the working group developed a proposal for a Home Birth Supplies Program.

1.3 Purpose of the Program

The purpose of the program is to improve access to the supplies, medications, and reprocessing services that are required for home birth, while integrating home birth services into health authority and provincial planning through an improved data collection process.

1.4 Program Benefits

Program benefits are:

- simplified process to access supplies, medications, equipment, and reprocessing services;
- costs to individual care providers providing home birth services have been greatly reduced;

- cost efficiency of bulk purchases of medications and supplies using the provincial Product Distribution Centre;
- medical grade oxygen, tanks, and refills provided by provincially approved vendors;
- standardized equipment reprocessing through regulated hospital facilities;
- increased awareness and integration of home birth services into the health care system;
- all primary maternity care providers attending home births will have access to the program; and
- timely access to accurate data from home births to support system planning and research.

2. Program Components: Overview

This section and the following section outline each of the individual program components and provide details on:

- how to order supplies and medications;
- the contents of the Hospital Equipment Bundles;
- where to pick up and return Hospital Equipment Bundles for reprocessing;
- where to pick up and return oxygen tanks; and
- how to submit home birth forms to the hospital after a birth.

Under the Home Birth Supplies Program, the provincial Product Distribution Centre (PDC) and local hospitals that provide planned obstetrical services will be responsible for services to care providers attending home births.

2.1 Product Distribution Centre (Online Ordering System)

Care providers will be able to order disposable supplies, reusable equipment, and medications directly from the PDC at no cost to the provider. PDC invoices the health authority directly.

2.2 Hospital Supplies and Services

Each care provider will have one hospital designated as a PRIMARY site. The primary site for a care provider will be the hospital where:

- the care provider has admitting privileges;
- the care provider will obtain and drop off the Hospital Equipment Bundles;
- the Hospital Equipment Bundles will be sterilized;
- pick up and return of oxygen tanks will occur; and
- home birth records are submitted.

2.2.1 Hospital Equipment Bundles

Hospital Equipment Bundles are made up of the metal instruments (birth, umbilical vein catheter [UVC] insertion and suturing tools, as well as episiotomy scissors) that must be sterilized between uses. These bundles will be supplied and reprocessed by individual hospitals according to provincial reprocessing standards. The equipment in the bundles has been purchased specifically for the HBSP, and the equipment is owned by the health authorities. There is no cost to the care provider for Hospital Equipment Bundles or the reprocessing of the equipment in the bundles.

There are four distinct Hospital Equipment Bundles:

1. Birth Bundle;
2. Suturing Bundle;
3. UVC Bundle; and
4. Episiotomy Scissors Package.

2.2.2 Reprocessing Services

Hospital reprocessing departments will be sterilizing Hospital Equipment Bundle contents between uses according to provincial reprocessing and infection control standards.

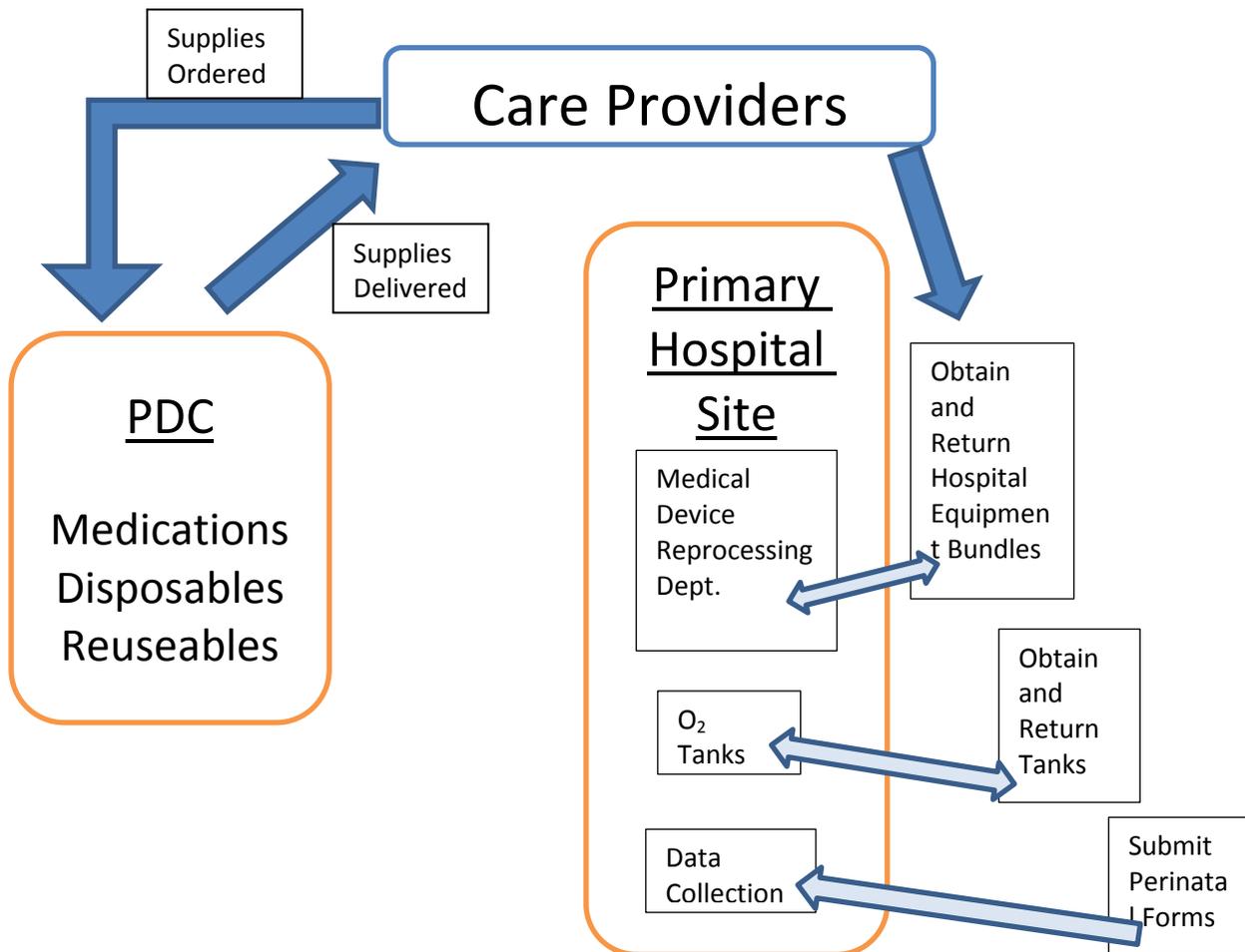
2.2.3 Oxygen Tanks and Refills

Oxygen tanks will be leased from the supplier used by each specific health authority. Tanks will contain medical grade oxygen and will be delivered to individual hospitals. The care provider will be able to pick up and exchange the oxygen tanks at the care provider's primary hospital site. There is no cost to care providers for the tanks or oxygen. Suppliers will maintain, certify, replace, and refill empty tanks once they have been dropped off at the care provider's primary hospital.

2.2.4 Data Collection Services

As an important part of the HBSP, care providers will submit home birth records directly to their primary hospital site rather than to Perinatal Services BC. **Please see section 3.2.5 and Appendix H for more information.**

SCHEMATIC OVERVIEW



3. Program Components: Details

3.1 Product Distribution Centre (PDC)

Situated in Coquitlam, the PDC is a Health Canada licensed full-service inventory management and distribution facility established by the BC Government for use by provincial government ministries, crown corporations, government-funded organizations, and federal and municipal governments. PDC purchases products on behalf of government and distributes to programs within government and the described organizations.

The facility includes a self-contained BC College of Pharmacists regulated dispensing pharmacy and a 50,000 square foot warehouse that mainly supplies health care products, medical services, pharmaceuticals, safety related products, and uniforms.

Major PDC programs include:

- At Home Care Program for the Ministry of Children and Family Development;
- Income Assistance At Home Care Program for the Ministry of Social Development and Social Innovation; and
- BC Ambulance Service of the BC Emergency Health Services.

The PDC ships supplies and medications across the province through a simple online ordering system and will now provide an ordering system that is exclusive to the HBSP.

There is no cost to care providers to order and receive supplies, equipment, or medications through the PDC.

3.1.1 What can be ordered through the PDC?

Supplies and medications ordered from the PDC are intended for care while attending home births. It is asked that care providers do not order supplies, medications, or equipment for use in private offices. Although the orders do not require specific approvals by the health authority or the care provider's primary hospital, the PDC will generate monthly summary invoice reports that will be sent to provider's primary hospital for review and sign off.

- **Disposable Supplies** – Please see **Appendix B for a list of all Disposable Supplies that can be ordered**
Upon reviewing the equipment required for home birth and in light of provincial infection control recommendations, the HBSP will enable access to standardized, disposable, non-reusable bag and mask units for NRP; high quality disposable, fibre optic laryngoscope blades and handles; and disposable, sterile speculums.
- **Reusable Equipment** – Please see **Appendix C for a list of reusable equipment that can be ordered**
Care providers are asked to continue using their existing reusable equipment, as long as the equipment is in good working condition. The intent of the HBSP is not to replace all of the reusable equipment in every provider's home birth kit at one time, but to replace them on a future, as needed basis.

- **Medications** – Please see **Appendix D for a list of all Medications that can be ordered.**

ERGONOVINE and HEMABATE

- Prescriptions Ergonovine and Hemabate must be faxed to the PDC Pharmacy at 604-941-0532 and each prescription must contain the following information:
 1. name of the care provider prescribing the medication;
 2. care provider’s PDC customer number (account number);
 3. that the prescription is for stock use;
 4. care provider’s primary hospital site (for billing purposes);
 5. site location that the medication will be delivered to – this is the delivery shipping address that other orders from the PDC are delivered to;
 6. name of the medication;
 7. strength of the medication;
 8. quantity of the medication required;
 9. date of the prescription;
 10. license/CMBC number of care provider;
 11. MSP number of care provider; and
 12. signature of care provider, which must not be pre-printed on the prescription pad.
- Prescriptions for the Ergonovine and Hemabate will be processed and shipped within 3-5 business days.
- Ergonovine and Hemabate will be shipped via courier in a special Styrofoam container that is designed to maintain cold chain for 48 hours.
- Please ensure that arrangements have made for acceptance of this delivery.
- Once received, these medications should immediately be put into and stored in a fridge at 2-8 degrees Celsius. Temperature fluctuations should be avoided.

OTHER MEDICATIONS REQUIRING PRESCRIPTION

- Prescriptions for other medications can be sent to customer service at fax 604-927-2025 or PDCCustomerSer@gov.bc.ca.
- Each prescription must contain the following information:
 1. care provider’s PDC customer number;
 2. care provider’s name;
 3. license/ CMBC number for care provider;
 4. MSP number of care provider;
 5. PDC code of medication required;
 6. quantity of medication; and
 7. description.

3.1.2 How to order from the PDC

The PDC will set up a unique customer number for each care provider. This unique customer number will be linked to a single primary hospital site for billing. The PDC will send each care provider an email with their customer number, username, and password to use when logging onto the PDC electronic ordering system. It is, therefore, important to have an up-to-date email address for each care provider. There is an online tutorial to help users become familiar with the ordering process.

Note: The “ship to” address that was provided and is linked to the care provider cannot

be changed online. PDC Customer Service will need to be contacted directly (phone or email) to change the “ship to” address. If a change to the “ship to” address is required, this needs to be done PRIOR to submitting an order online. Once contacted directly, the PDC requires 24–48 hours to change the “ship to” address.

Process

1. PDC has created an electronic catalogue and electronic ordering system available online (the “E-shopping Cart”).
2. PDC has set up individual accounts (customer number) for each care provider with shipping address and primary hospital site for billing.
3. Care provider will log on to PDC website at www.pdc.gov.bc.ca/Account/LogOn.
4. The E-shopping Cart is used by the care providers to order Disposables, Medications, and Reuseables.
5. Order is not pre-approved by the health authority or primary hospital site.
6. Order is filled by PDC and shipped to shipping address indicated by care provider.
7. Invoice is sent to primary hospital linked to ordering care provider.
8. PDC will generate summary reports of invoices which are sent to the health authority individual approving the invoices.
9. PDC is notified by HBSP Advisory Committee when items on the catalogue list need to be modified.

3.2 Hospital Supplies and Services

3.2.1 Participating Hospitals

All hospitals that currently provide planned obstetrical services and where midwives hold admitting privileges are currently participating in the HBSP. If there is a hospital where physicians are providing home birth services but midwives are not members of the medical staff, please contact the perinatal lead for the health authority for more information and to participate in the program.

3.2.2 Hospital Equipment Bundles

There are four distinct Hospital Equipment Bundles:

1. Birth Bundle;
2. Suturing Bundle;
3. UVC Bundle; and
4. Episiotomy Scissors Package.

Please see **Appendix E for a list of instruments found in each Hospital Equipment Bundle.**

All equipment in the Hospital Equipment Bundles is owned by the health authority and will be made available on a lending basis for the purposes of the Home Birth Supplies Program. Care providers must return their soiled Hospital Equipment Bundles to their primary hospital site.

Care providers will be supplied with adequate numbers of bundles to cover their home birth requirements.

Hospital Equipment Bundles are packaged by each primary hospital’s reprocessing department and are picked up and dropped off through a process that will be unique to each hospital.

Hospitals will outline the process to be followed for all of the care providers attending home births in their region: where to pick up and drop off Hospital Equipment Bundles and whom to contact with questions.

3.2.3 Reprocessing Services

The Medical Device Reprocessing Departments (MDRD) at each of the primary hospital sites will be sterilizing the equipment from the Hospital Equipment Bundles between uses. Care providers must return their soiled Hospital Equipment Bundles to their primary hospital site where they were originally obtained.

Hospitals will not be expected to provide reprocessing services for care providers' personally owned equipment. Note that no other sterilization services are provided through the HBSP. If care providers and hospitals have a pre-existing arrangement for reprocessing personally owned equipment or equipment owned by a clinic/office, these arrangements must be discussed separately outside of the Home Birth Supplies Program.

Care providers are strongly encouraged to not reprocess their personally owned equipment used during a home birth but to use the equipment in the Hospital Equipment Bundles which is then reprocessed by their primary hospital. Reprocessing of the hospital equipment bundle contents are included in the HBSP to adhere to provincial reprocessing and infection control standards.

Cleaning and disinfecting of personally owned equipment or reusable equipment ordered through the PDC is the responsibility of the individual care provider.

Please see **Appendix F: Recommended Best Practices for Transporting Home Birthing Equipment and Biological Materials**.

3.2.4 Oxygen Tanks and Refills

Oxygen tanks will be supplied on a lending basis by the vendors that supply compressed gases for each health authority and will be picked up and dropped off by providers at their primary hospital site.

The tanks that are provided are standardized size D tanks (i.e. size 3) and will be filled and refilled with medical grade oxygen. Each care provider will have access to two full tanks at any one time and will return tanks to their primary hospital where the tanks will be exchanged by the supplier.

Each hospital will advise its care providers where to pick up and drop off oxygen tanks and how to exchange an empty tank. Most sites will have a specific storage area where tanks for the HBSP will be stored and accessed by care providers, and tanks will be identified as being part of the HBSP.

Note that care providers can use their existing regulators if they are in good working order and fit a size D tank. When a regulator needs to be replaced it can be ordered through the PDC as an item of reusable equipment.

Please see **Appendix G: Frequently Asked Questions** for further information

3.2.5 Data Collection Services

Home birth data will be collected by the care provider's primary hospital site and provided to Perinatal Services BC. Hospitals will now process home birth data in the same way as for births in acute care settings. This is an important part of the HBSP where health authorities will now include home birth data in their routine data collection. This new system will ensure that data for hospitals and home births are integrated in each health authority. It will enable direct and timely information on the number of home births occurring, so that each health authority can efficiently administer the HSBP, continue to improve its operations, and further integrate midwifery services.

Care providers will submit the following forms directly to their primary hospital site:

- BC Antenatal Record (Parts 1 and 2);
- BC Newborn Record (Parts 1 and 2);
- BC Labour and Birth Summary; and
- BC Labour Partogram.

The home birth records will be used only for data collection purposes and will be archived for two years prior to being destroyed according to hospital guidelines and standards. Existing provincial privacy legislation prevents any care provider, administrator, or hospital staff person from accessing the submitted home birth records for a reason other than data collection purposes into the BC Perinatal Data Registry.

Please see **Appendix H: How to Submit Home Birth Records to Hospitals** for further information.

3.3 Umbilical Vein Catheter (UVC) Insertion Supplies

UVC insertion requires disposable supplies, medications, and equipment that are reprocessed following the procedure. The disposable supplies and medications can be ordered from the PDC. The equipment that will be used for a UVC insertion and reprocessed following use will be contained in the UCV Bundle obtained from the care provider's primary hospital. Providers are advised to continue to create their own UVC insertion kits using the supplies and equipment provided through the HBSP.

Despite months of searching, the HBSP was unable to source a complete, ready-made, disposable kit for UVC insertion procedures.

4. General Program Questions

Can I opt out of this program?

Care providers are not required to participate in the HBSP. However, as of April 1, 2016, midwives will no longer be able to bill MSP Fee Codes 36046 (Medications) and 36047 (Supplies). Care providers are encouraged to participate in the HBSP for obtaining the supplies, medications, equipment, and reprocessing services required for home births.

What happens to midwifery MSP Fee Codes 36046 and 36047 for supplies and medications?

MSP will be sending out a broadcast message regarding these fee codes. The cancellation of these two fee codes as of April 1, 2016 will not impact services delivered up to April 1, as the processing is based on date of service, not the date claims are received. As with all claims, practitioners have up to 90 days from the date of service to submit the claim to MSP/HIBC for payment.

What happens to midwifery fee code 36045 for/as a home birth second attendant?

All other fee codes (besides 36046 and 36047) will continue as part of the midwifery payment schedule.

What is my primary hospital site?

Your primary site was selected based on where you have admitting privileges and which hospital you indicated as your primary site in the survey that was sent out by MABC in January 2016. Further consultations and confirmation of primary site designations were obtained from the midwifery lead or perinatal lead for each site or health authority. Your primary hospital site should be the hospital where the *majority* of your clients who are planning a home birth are registered.

Why do I need a primary hospital site?

Your primary hospital site is the location your orders from the PDC are billed to and processed. You will be required to pick up and drop off your hospital equipment bundles and oxygen tanks at your primary site. Your primary hospital site is also the location that will reprocess the equipment from the hospital equipment bundles and where the perinatal forms from the home birth are submitted.

What is my primary hospital site if I provide locum midwifery services?

All care providers will have a primary hospital site. When you are providing locum services or covering for a midwife, you should be able to use the primary hospital site of the midwife you are covering for.

How do I find out my primary hospital site?

The midwifery lead, maternity manager, or perinatal lead can provide you with this information. In addition, some health authorities will have information packages for you and will provide you with details specific to your site or health authority.

What is my primary hospital site if I have privileges and work at multiple hospitals in the same or more than one health authority?

Care providers will have only ONE primary hospital site, even though they may have admitting privileges at more than one hospital. The HBSP and health authorities took admitting privileges into account when reviewing primary hospital sites for midwives. To account for shifts in clinical

practice locations, continuous review of the primary hospital site will be ongoing by midwifery and perinatal leads.

Care providers' primary hospital site is where the *majority* of their clients who are planning a home birth are registered.

Why was PDC chosen as a supplier for this program?

PDC has been working with PSBC, MABC, BC Pharmacy Directors, and the Ministry of Health for the past few years to create a cost-effective, bulk purchasing system that will allow care providers to access the supplies and equipment as well as medications required for home births. PDC is the most cost-effective and comprehensive option available at this time, and it integrates well with HBSP and health authority invoicing and payment systems. Accessing disposable supplies through the hospitals is not feasible due to logistical and administrative challenges.

Can I order more supplies than expected for the number of home births I attend in a year?

All care providers should order only what they will need for the home births they attend. Please do not stockpile supplies, order supplies for use in the clinic, or order more than reasonably anticipated. Hospitals and/or health authorities may contact care providers directly if there are questions or concerns.

5. List of Appendices

Appendix A: Home Birth Supplies Program Contact Information

Appendix B: List of Disposable Supplies (PDC)

Appendix C: List of Reusable Equipment (PDC)

Appendix D: List of Medications (PDC)

Appendix E: List of Hospital Equipment Bundles

Appendix F: Recommended Best Practices for Transporting Home Birthing Equipment and Biological Materials

Appendix G: Frequently Asked Questions (FAQs)

Appendix H: How to Submit Home Birth Records to Hospitals

Appendix I: Health Authority / Primary Hospital Site-Specific Information

Appendix A: Home Birth Supplies Program Contact Information

HBSP Advisory Committee

The Home Birth Supplies Program Advisory Committee can be contacted through Perinatal Services BC at psbc@phsa.ca.

Health Authorities

For questions regarding your primary hospital site, specific details regarding drop off and pick up of oxygen tanks and hospital equipment bundles, please contact your maternity manager or midwifery lead at your site or the health authority perinatal lead.

Product Distribution Centre (PDC)

If you have questions about your order, please contact the Customer Service:

Phone: 604-927-2000
Fax: 604-927-2025
Email: PDCCustomerSer@gov.bc.ca

Product Distribution Centre
2370 United Blvd
Coquitlam, BC V3K 6A3

Appendix B: List of Disposable Supplies (PDC)

List of Disposable Supplies: Order through PDC website	Total to Order	Date Ordered	Ordered By
Order for Care Provider: _____ (do not submit this worksheet to PDC – for draft purposes only)			
18g x 1.5 needles - Safety needle			
2-0 vicryl rapide suture			
22g x 1" needles – safety needle			
25g x 1.5" safety needle			
27g x 5/8 " safety needle			
3 way stop cock (require 2 per UVC kit)			
Nanoclave extension (require 2) replaces 2 stop cock			
Rapid Fill Connector (aka luer lock -to-luer lock)			
3-0 Silk Suture			
3-0 vicryl rapide cutting suture			
3-0 vicryl rapide tapered suture			
4.0 vicryl rapide suture			
Adson Dressing Forceps (without teeth)			
Adult non-rebreathing mask			
Alcohol swabs - medium size			
Amnio Test Nitrazine Yellow Swab			
Applicator - Swabstick - 2% Chlorhexidine swab			
BD Insyte™ Autoguard™ Shielded IV Catheter w Wings			
BD Insyte™ Autoguard™ Shielded IV Catheter w Wings			
Blood collection tubes - lavender top			
Blue Pads, medium - large size			
Blunt filled needles 18g x 1.5 " (with filter)			
C02 Detector			
Catheter Kit (non-latex) without catheter			
Catheter: Foley (non-latex) 12F			
Catheter: Single Use (non-foley, non-latex) 12F			
Disposable Amniotic Membrane Perforator			
Extension Set - Luer Lock			
Feeding tube 8 Fr (Med-Rx enteral safe)			
Oral 20mL syringe (Med-Rx Enteral safe)			
Infant Resuscitation Bag & Mask unit with built in manometer and PEEP valve, with mask and tubing			
IV Fluid administration tubing & connectors secondary			
IV Fluid administration tubing primary line			
Laryngeal Mask Airway for infant (size 1)			
Laryngoscope Blade Size 0 Miller Blade (fibre optic & disposable)			
Laryngoscope Blade Size 1 Miller Blade (fibre optic & disposable)			

List of Disposable Supplies: Order through PDC website	Total to Order	Date Ordered	Ordered By
Slim Pediatric Laryngoscope Handle (fibre optic & disposable)			
Maternity mesh underwear			
Meconium Suction Device (Kurtiss 3.0mm)			
Neobar full term size skin safe			
NonSterile gloves non-latex assorted sizes			
Oxygen tubing			
Pediatric mask w tubing			
Peribottle			
Plastic container for placenta			
Safety scalpel with #11 blade			
Small sharps Containers			
Sterile Drape 18" x 26"			
Sterile Gauze 4"x4" individual packets			
Sterile Lubricant, individual packets			
Sterile paired gloves, latex-free/ powder-free, assorted sizes			
Speculum - STERILE Medium size			
Suction Catheters - 10Fr. No thumb control			
Suture Removal Kit CE - to find			
Syringe no needle: 10ml			
Syringe no needle: 1ml			
Syringe no needle: 3ml			
Syringe with needle: 10ml + 18g needle x 1.5"			
Syringe with needle: 1ml + 27g needle x 5/8"			
Syringe with needle: 3ml + 18g needle x 1.5"			
Syringe with needle: 5ml + 18g needle x 1.5"			
Tape for IV setup: roll			
Tegaderm IV Dressing			
Umbilical clamp			
Umbilical Cord clamp cutter			
Umbilical tie tape			
Umbilical vein catheter 5Fr - radiographic			
Uncuffed Endotracheal Tube and Stylet Set 3.0mm			
Uncuffed Endotracheal Tube and Stylet Set 3.5mm			
Urinary Drainage Bag: Sterile, non-latex			
Urine Chem Strips			
Vacutainer Holder			
Vacutainer Needles			
X-ray detectable lap. sponges (5/package)			
Disposable thermometer covers for reusable thermometer			
Disposable probes for Pulse Oximeter			

Appendix C: List of Reusable Equipment (PDC)

List of Reusable Equipment: Order through PDC website	Total to Order	Date Ordered	Ordered By
Order for Care Provider: _____ (do not submit this worksheet to PDC – for draft purposes only)			
Headlamp			
Sphygmomanometer			
BP cuff – Adult Large			
BP cuff – Adult Regular			
Stethoscope – Adult (Littman)			
Thermometer (covers on disposables list)			
Fetoscope			
Heating Pad			
Device to blend room air with oxygen (pending)			
Doppler - Waterproof Huntleigh			
Portable Suction Unit: Laerdal 300ml			
Pulse Oximeter: Newborn (probes on disposables list)			
Regulator to fit Size D (aka Size 3) O2 tank			
Stethoscope – Infant 3M Littmann Classic II			

Appendix D: List of Medications & Solutions (PDC)

List of Medications: Order through PDC website	Total to Order	Date Ordered	Ordered By
Order for Care Provider: _____ (do not submit this worksheet to PDC – for draft purposes only)			
10 ml syringe prefilled with 0.9% NaCl			
Benadryl IM: 50mg			
Benadryl PO tabs: 50mg			
Cefazolin - 1mg or 2mg vials			
Clindamycin IV Soluble: 900mg			
Epinephrine : 1:10000 infant			
Epinephrine 1:1000 adult			
Ergonovine IM: 0.25mg per mL in a 1mL vial COLD STORAGE REQUIRED			
Erythromycin Ointment: Individual Use Tube			
Gravol IM: 50mg			
Gravol PO tabs: 50mg			
Hemabate IM: 0.25mg = 250mcg COLD STORAGE REQUIRED			
Misoprostol tabs: 200mcg			
NaCl 0.9% IV Fluid 1000ml			
NaCl 0.9% IV Fluid 100ml			
NaCl 0.9% IV Fluid 50ml			
Nitroglycerine SL Spray			
Oxytocin IM: 10 unit vials			
Penicillin G IV Soluble: 5 million units			
Small bottle of Hibitane			
Sterile H2O IM: 10ml vials			
Vitamin K IM: 1mg/.5mL CE			
Xylo / Lidocaine HCl Sterile w/o preservative IM 10ml			

Appendix E: List of Hospital Equipment Bundles

List of Hospital Equipment Bundles: - Pick up bundles at Primary Hospital Site - Drop off soiled bundles at Primary Hospital Site	Number of Bundles Needed per Care Provider	Date Bundle Picked Up	Date Bundle Returned
Worksheet for Care Provider: _____ (do not submit this worksheet to reprocessing department)			
One Birth Bundle Contains: Hemostats (2) Scissors (1)	2		
One Suturing Bundle Contains: Dressing Forceps (1) Tissue Forceps (1) Sponge Forceps (1) Scissors (1) Needle Holder (1)	2		
One UVC Bundle Contains: Tissue Forceps (1) Scissors Mosquito Forceps (1) Probe (1) Needle Holder (1)	1		
Episiotomy Scissors (1) (as a separate package)	1		

Appendix F: Recommended Best Practices for Transporting Home Birthing Equipment and Biological Materials

March 2016

Written by the Provincial Reprocessing Working Group for the Home Birth Supplies Program

Purpose: To summarize recommended best practices for transporting equipment and biological material associated with home births in British Columbia.

Background

- The functionality and sterility of home birth equipment cannot be maintained unless appropriate precautions are taken during transport.
- Soiled medical equipment, unsecured sharps, and biological matter are significant occupational health and safety hazards that must be appropriately managed.
- In 1994, the Government of Canada passed the *Transportation of Dangerous Goods Act* (the Act) to regulate the transportation of dangerous goods. The Act sets requirements for documentation, containment, worker training, and other topics relating to the transport of dangerous goods. **Please note:**
 - a) Medical waste is included under the Act in Section 2.36.1 of the Regulations.
 - b) Section 5.16.2 of the Regulations (<https://www.tc.gc.ca/eng/tdg/clear-part5-300.htm#sec516.2>) states, "A person must not handle, offer for transport or transport dangerous goods that are UN3291, (BIO) MEDICAL WASTE, N.O.S. of Class 6.2, Infectious Substances, unless the dangerous goods are in a Type 1C means of containment that is in compliance with CGSB-43.125".
 - c) A "Type 1C means of containment" is defined by Transport Canada (<https://www.tc.gc.ca/eng/tdg/moc-infectious-type1c-295.html>) as a container consisting of:
 - a UN11G intermediate bulk container tested to a Packing Group I or II performance level;
 - a UN1G fibre drum with a leak-tight liner tested to a Packing Group I or II performance level;
 - a plastic film bag in a leak-tight, rigid, plastic outer packaging; or
 - a plastic film bag in a fibreboard box.
- In 1996, the Government of British Columbia passed the *Transport of Dangerous Goods Act*. Section 5 of the Act states that a person must not handle or transport dangerous goods unless:
 - a) all applicable prescribed safety requirements are complied with; and
 - b) all containers, packaging, [and] road vehicles [...] comply with the applicable prescribed safety standards and display the applicable prescribed safety marks.
- In 2007 (and again in 2011), the BC Ministry of Health issued the document *Best Practice Guidelines for Cleaning, Disinfection, and Sterilization of Critical and Semi-critical Medical Devices in BC Health Authorities (The Guidelines)* as provincial policy.
- The Guidelines describe the safe handling, monitoring, assessment, transportation and cleaning/disinfection/sterilization of re-useable medical devices.

Best Practices

The Guidelines include best practices relevant to the transportation of biological matter and home birth equipment.

Please note: Health authorities may also have local policies or clinical practices with additional requirements that must be followed.

1. Prior to Use

- a) Prior to opening, packages and/or containers used for the storage of reprocessed medical device shall be checked to ensure that tamper-proofing mechanisms have not been compromised.
- b) Prior to opening, the reprocessed medical device package shall be reviewed for the following:
 - i) Integrity of the package (e.g., clean, dry and intact);
 - ii) Change of *external* chemical indicator; and
 - iii) Expiry date, if applicable.
- c) After opening, the reprocessed medical device package shall be reviewed for the following:
 - i) Change of *internal* chemical indicator;
 - ii) Presence of moisture or watermarks within the package;
 - iii) Filter alignment in rigid containers, where applicable; and
 - iv) Presence of foreign debris.

2. Immediately After Use

- a) "Critical" and "semi-critical" medical devices¹ owned by clients/patients cannot be reprocessed safely as sterilization and/or high-level disinfection cannot be achieved in the home environment. Therefore, critical and semi-critical medical devices shall remain single use in the home and disposed of after use.
- b) Disposable sharps such as needles and blades shall be removed from the medical device and disposed of by the user in an appropriate sharps container at the point of use.
- c) Reusable devices that are sharp or that incorporate sharp components shall be segregated to prevent injury to personnel handling and reprocessing these devices.
- d) Immediately after use, medical devices shall be cleaned of gross soil by rinsing with water. Do not use saline for this purpose. **Please note: Removal of gross soil by rinsing is a mandatory step that must be completed every time.**
- e) Devices shall be sorted and contained after gross soil removal is complete.
- f) Placentas must not be transported in the same containers as soiled instruments.

3. Device Transportation

- a) Soiled devices shall be transported in compliance with Federal and Provincial legislation for the transportation of dangerous goods.
- b) Soiled medical devices shall be handled in a manner that reduces the risk of exposure and/or injury to personnel and clients/patients/residents, or contamination of environmental surfaces:

¹ In Spaulding's classification system, a "critical" medical device is a device that enters normally sterile tissue or the vascular system or through which blood flows. Such devices should be sterilized, which is defined as the destruction of all microbial life. A "semi-critical" medical device that comes in contact with non-intact skin or mucous membranes but ordinarily does not penetrate them (e.g., respiratory therapy equipment; transrectal probes; specula). Reprocessing semi-critical devices involves meticulous cleaning followed by, at a minimum, high-level disinfection.

- i) Contaminated devices shall be transported in covered, fully enclosed, puncture-resistant containers that prevent spill of liquids. Lids must fit tightly to ensure contaminated contents do not leak or spill.
- ii) Contaminated devices shall be transported to a designated decontamination area as soon as possible after use.
- iii) On-site transport for contaminated devices shall follow designated routes to avoid high-traffic and patient-care areas.
- iv) All carts and containers containing contaminated devices shall be so identified (i.e., labelled with a biohazard sign).
- v) Containers shall be decontaminated after each use by the Medical Device Reprocessing Department.
- vi) Sterile and soiled devices shall not be transported within the same container due to the risk of cross-contamination.

4. Device Drop-Off

- a) All contaminated devices shall be dropped off at the Medical Device Reprocessing Department with sufficient time to allow for cleaning and turnaround of the devices.

Appendix G: Frequently Asked Questions (FAQs)

1. Product Distribution Centre (PDC) Orders

What is the limit for each order?

Care providers should keep in mind the estimated number of home births that they are likely to attend until their next order and carefully estimate the amount of supplies and medications they anticipate using.

HBSP will be funded, managed, and monitored by health authorities for the hospitals and care providers in each region as well as by the HBSP Advisory Committee. As the program is new, the initial volume of orders has been estimated, and it will take some time to determine an accurate overview of supply and demand. We anticipate that amendments will be required as the program evolves and ask that providers remain as fiscally responsible as they have been when ordering supplies in the past.

Health authority administrators will review invoices submitted through the HBSP along with the number of home births attended each year by individual care providers. *Please do not stockpile supplies, order supplies for use in the clinic, or order more than reasonably anticipated.*

How often can orders be placed?

There is no minimum time requirement between placing orders. Providers will ideally order more than one item at a time while keeping in mind the actual and environmental costs of shipping multiple orders.

Can clinics place group orders for more than one provider?

Clinics with more than one provider who all have the same primary hospital site may coordinate and place a group order with PDC. If a clinic has midwives with different primary hospital sites, separate orders will need to be placed to ensure that the invoice is sent to the appropriate hospital site.

Who ships and delivers orders?

PDC works with a number of approved couriers (large and small local companies) that vary by region. Delivery is available across the province, including rural and remote communities.

How long does shipping take?

It takes 3-5 business days for supplies and unrefrigerated medications. Medications requiring a cold chain are shipped within 24-48 hours.

What if there is a problem with the ordering or shipping process?

Contact PDC Customer Service at 604 927-2000 or PDCCustomerSer@gov.bc.ca.

What if a required item is not on the list?

Contact the HBSP Advisory Committee through Perinatal Services BC at psbc@phsa.ca with a list of items that appear to be missing from the lists. The Advisory Committee will review these items on a regular basis. While the current lists are as comprehensive as possible and have been reviewed by midwives, suppliers, health authorities, and hospitals in consultation with the CMBC guidelines, items may be added as provincial or regional standards changes or if they have been inadvertently omitted. Individual requests for personal preference items cannot be accommodated.

What if a piece of reusable equipment ordered from the PDC breaks?

The care provider needs to contact the manufacturer directly to determine if there is a warranty. The PDC would be able to provide manufacturer contact information.

Can expired medications be returned to the PDC? If not, how should they be disposed of safely?

By planning ahead and not stock piling medications, the likelihood of medication expiry is reduced. If medications do expire, the medications can be disposed of by PDC. A drug disposal kit can be ordered from PDC.

2. Hospital Supplies and Services

When and where will Hospital Equipment Bundles and oxygen tanks be available for pick up?

Hospitals will advise care providers of the timeline and process for picking up these items.

Can I sterilize the equipment from the Hospital Equipment Bundles myself?

All equipment owned by the hospital must be sterilized by the hospital and cannot be reprocessed at your clinical office.

In the past, I have used my own personally owned equipment, and it was sterilized at the hospital and then returned to me. Can I continue to drop off my personally owned equipment for sterilization?

Hospitals are not expected to provide reprocessing services for care providers' personally owned equipment. Note that no other sterilization services are provided through the HBSP. If care providers and hospitals have a pre-existing arrangement for reprocessing personally owned equipment (i.e. office equipment), these arrangements must be discussed separately from the Home Birth Supplies Program.

I want to use my own equipment but would like to replace items that have worn out or are broken. Can I order new equipment for my own personal set?

If the piece of equipment is on the Reusable list, it can be ordered from PDC. If the piece of equipment is in one of the Hospital Equipment Bundles, then you will be required to use and return the equipment in the Hospital Equipment Bundle as the hospital is not able to break up the bundles.

What will providers do with personally owned equipment that is now in the Hospital Equipment Bundles?

Care providers can choose to keep their personally owned instruments or may sell them to midwives in another jurisdiction. Donating to the UBC Midwifery Program may be an option, or donating to a program that supports developing nations. There is no obligation that care providers sell or donate the equipment that is personally owned. Please be reminded that facilities are not responsible for reprocessing personally owned equipment.

What will providers do with existing oxygen tanks?

If providers personally own their oxygen tanks, they can dispose, sell, or donate them as they wish. If care providers currently lease or rent their oxygen tanks, they may wish to make arrangements to cancel the lease as the cost of privately leasing or renting an oxygen tank is not covered by HBSP.

What if a piece of equipment in a hospital bundle breaks?

Please advise the primary site program lead and the reprocessing department when the bundle is returned.

Where should sharps containers be disposed of?

Until further notice, continue to dispose of your sharps container as you have in the past.

3. Data Collection

Should I continue to submit rosters to the College of Midwives of BC (CMBC)?

Yes. CMBC works in collaboration with PSBC to gather and collect data related to midwifery, including the birth rosters. Monthly birth rosters are due to the CMBC by the 15th of the following month. Please direct any questions regarding birth rosters to the College at 604-742-2230 or information@cmbc.bc.ca.

Can home birth records be dropped off in the Medical Device Reprocessing Department or the Labour Delivery Room?

No.

Where do I submit home birth records, and what procedures do I need to follow?

Each health authority has developed submission processes for home birth records. Please refer to the table in Appendix H for a list of contacts for further details.

Why do we need to transition to submitting home birth records to health authorities?

This is an important part of HBSP where health authorities will now include home birth data in their routine data collection. This new system will ensure that data for hospitals and home births are integrated in each health authority. It will enable direct and timely information on the number of home births occurring, so that each health authority can efficiently administer HSBP, continue to improve its operations, and further integrate midwifery services.

If a home birth results in a hospital transfer, do I need to submit my home birth forms?

Yes. As per usual practice, relevant clinical information accompanies the patient to the hospital during any transfer. Please note that the home birth data collection process is separately managed from the transfer admission. Thus, if the birth was completed at home before the mother and baby are transferred to a hospital, please also submit a second copy of the Antenatal Record Parts 1 and 2, Labour and Birth Summary, Newborn Records Parts 1 and 2, and Labour Partogram to your primary hospital site as documented in Appendix H.

Why should the Labour Partogram form be submitted with the Antenatal 1 and 2, Labour & Birth Summary, and Newborn 1 and 2 forms for home births?

The Labour Partogram is a provincially standardized clinical form and its completion is applicable during all home and hospital deliveries. It provides necessary perinatal information for the BC Perinatal Data Registry and is part of the suite of provincial perinatal forms.

How are the privacy and the confidentiality of the Labour Partogram form maintained?

The Labour Partogram, along with all other perinatal forms for home births, will be stored securely and separately from all inpatient and outpatient hospital records. Provincial privacy legislation protects these documents from unauthorized access and usage.

How long are home birth records retained and stored in the hospital?

All home birth records will be archived for two years before being destroyed according to hospital guidelines and standards.

How will home birth records be used?

Home birth records will be used only for data collection into the BC Perinatal Data Registry. Once the records have been processed for data collection purposes, they will be securely retained and stored separately from the hospital's inpatient and outpatient hospital charts.

How will the data be used and by whom?

The data will be used by health authorities for reporting, planning and budgeting; standardization of care; and evaluation of services. In addition, investigators, students, and clinicians regularly access data from the BC Perinatal Data Registry for research and statistical purposes under the Freedom of Information and Protection of Privacy Act (FIPPA). PSBC uses the data in its regular and special reports. One PSBC surveillance report will focus on midwife-involved deliveries—both those at home and in the hospital. This report will provide information important to stakeholders such as midwives, the College of Midwives of BC, the Midwives Association of BC, health authorities, and the Ministry of Health to monitor trends and outcomes of women in midwifery care. The BC Perinatal Data Registry does not collect or identify care providers other than the care provider type.

Appendix H: How to Submit Home Birth Records to Primary Hospital Sites

Each health authority will identify a set of processes for submitting home birth records. There may be site-specific differences for submitting records within a health authority. Contact your primary hospital site with any questions regarding home birth record submissions.

1. Communicate with the primary contact (refer to the table below) in your health authority for instructions **BEFORE** submitting your home birth records for the first time.
2. Submit home birth records to your primary hospital site for all deliveries occurring ON and AFTER April 1, 2016.
3. At the end of every month, whether you are faxing, couriering, or dropping off your home birth records, submit the following perinatal forms for every home birth:
 - BC Antenatal Record (Parts 1 and 2)
 - BC Newborn Record (Parts 1 and 2)
 - BC Labour and Birth Summary
 - BC Labour Partogram
4. Along with the forms, include a home birth cover sheet (see example below) for each client. Please include the following information on the home birth cover sheet:
 - Name of the primary midwife who attended the delivery/birth
 - Name of midwife's primary hospital site
 - Name of the woman and the newborn (if known)
5. Complete the addressograph portion (top right-hand corner) on every perinatal form for all home birth deliveries. Ensure the following information is on every perinatal form:
 - Patient's name
 - Address and postal code
 - Date of birth
 - Personal Health Number

6. Primary Hospital Site Contact List for each Health Authority

Health Authority	Primary Hospital Site	Contact	Phone Number
PHSA	BC Women's	Brenda Chamish Brian Dai	604-875-2704
Vancouver Coastal Health	Lions Gate Powell River Squamish Sechelt (St.Mary's)	Kali Sangha Patricia Parkes	604-984-3826
	Richmond	Larisa Meshrin Shuping Xu	604-278-9711 Ext 4186
	St. Paul's	Susan Fee Anhong Ma	604-682-2344 Ext 62028
Fraser Health	All FHA hospitals	Caylie Gibb Kimberley Troncoso	604-585-5666 Local 778637
Island Health	Victoria General and Southern Island hospitals	Caroline Clarke	250-727-4344
	Central and Northern Island hospitals	Angie Kinrade	250-737-2000 Local 44230
Northern Health	All NHA hospitals	Melanie Baker	250-565-2205
Interior Health	Creston Valley Elk Valley	Gail Thompson	250-428-3834
	East Kootenay Regional Golden District Invermere District	Shannon Croston Amanda Cayer	250-489-6429
	Vernon Jubilee	Mona Scholes Fawn Myndzak	250-558-1200 Ext 1586
	Kelowna General	Mary Pepper-Smith	250-862-4300
	Penticton Regional	Lisa Ronan	250-492-4000
	Kootenay Boundary Arrow Lakes	Leanne Palmer	250-364-5169
	Kootenay Lake	Janice Hall Carolyn Stefani	250-354-2315
	Royal Inland Nicola Valley 100 Mile House Queen Victoria Lillooet District Dr. Helmcken	Ashley Larose	250-314-2523

HOME BIRTH RECORDS SUBMISSION

Client Cover Sheet

Please create a cover sheet for each Client and submit together with the client's perinatal forms to your designated HIM Coding site.

(Check records included in package)

_____ Antenatal Record (Parts 1 & 2)

_____ Newborn Record (Parts 1 & 2)

_____ Labour and Birth Summary

_____ Labour Partogram

Date: [Type in Date]

Midwife's Name: [Type in Name]

Midwife's Primary Hospital Site: [Type in Site Name]

Client Name: [Type in Client's name]

Appendix I: Health Authority or Primary Hospital Site Specific Information

This space is intended for health authorities to provide health authority or site specific information.