



# HOME BIRTH MIDWIFERY SERVICE

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## GUIDELINES FOR PRACTICE

### DEFINITION OF TERMS

Midwifery management encompasses complete responsibility for the care and management of the essentially normal woman throughout the reproductive cycle. This may incorporate the care of the normal newborn.

Consultation with the referral physician will be made by the midwife for any deviation from normal which is unresponsive to normal therapeutic measures.

Collaborative management applies to any woman who has a medical or obstetrical problem who may remain under midwifery care provided consultation is made with referral from the attending physician. A plan of management must be agreed upon between the midwife, attending physician and women.

Medical management follows consultation with the attending physician whereby the midwife and physician mutually agree that a woman no longer meets the criteria for midwifery care or collaborative management. In these situations, the physician will primarily manage the woman; the midwife may provide supportive care to maintain continuity.

The management process begins with a collection of data and ends with evaluation. All pertinent information is required for a complete evaluation of the women. An accurate identification of the problem or diagnosis must be made based on interpretation of this data. Other potential problems or diagnoses must be anticipated. An evaluation of a woman's need for immediate intervention and/or physician consultation, collaborations or referral must then be made. A comprehensive plan of care will then be developed which is supported by the explanation of a valid rationale underlying the decisions. Direct implementation of the plan of care will then be made efficiently and safely, with an ongoing evaluation of the effectiveness of care.

GUIDELINES FOR MEDICAL CONSULTATION AND REFERRAL  
Consultation will be obtained should there be a deviation from normal.

The medical consultant will:

- provide consultation for clients who develop complications
- accept medical responsibility for hospitalization and/or medical treatment on referral patients
- function as medical consultant/referral physician

The consulting physician is to be available for telephone consultation and/or hospital referral 24 hours a day.

The physician is not asked to attend patients in the home. In addition, any problem that the midwife is not able to manage is criteria for transfer to physician care in a medical facility.

If the mother or infant requires hospitalization, the physician may admit the patient to the hospital.

If the situation requiring hospitalization is of an emergency nature and does not allow time for transfer to one of the hospitals where the consulting physician has privileges, the patient is transported by car or ambulance to the nearest hospital.

A pediatric practitioner will also be available for telephone consultation and/or hospital assistance in regard to the infant.

#### SCOPE OF PRACTICE

Midwifery Management includes:

##### Antepartum

Assessment and management of the low risk mother including:

- Initial exam (history and physical)
- Routine lab work
- Diagnostic testing
- Routine maternal and fetal assessment during the Antepartum period
- Consultation with the referral physician for any deviation from normal

### Intrapartum

- Initial maternal and fetal assessment
- Routine labor monitoring and support
- Consultation with the referral physician for any deviation from normal
- Assisting the birth

### Postpartum

- Assessment and care of mother and newborn
- Consultation for any deviation from normal

## CHARACTERISTICS OF PATIENT SCREENING CRITERIA

In order to be accepted by and to remain a candidate for homebirth the women must be:

- In good general health
- Committed to health promotion and prevention of complications
- An informed, active participant, sharing responsibility in the management plan of her own care
- Be 37 weeks into her pregnancy
- Remain low-risk throughout pregnancy

## ABSOLUTE CONTRAINDICATIONS

Current conditions of medical diseases

- Chronic hypertension requiring management with medication
- Seizure disorder requiring management with medication
- Insulin dependent diabetes mellitus
- Drug addiction
- Rh isoimmunization or positive antibody screen before or during current pregnancy
- Hepatitis B positive status
- HIV positive status
- Multiple gestation
- Age less than 15 years old
- Active genital herpes lesion during labor
- Persistent abnormal presentation during labor
- Medical indication for induction of labor
- Placenta previa at term
- Evidence of chorioamnionitis
- Active TB

The following conditions **may** put the woman outside the limits of midwifery management. These conditions may require consultation with the physician. Classification of high risk status may be made by the midwife at any time during the pregnancy.

#### Medical History

- Cardiovascular disorder
- Neurological disorder
- Endocrine disorder
- Respiratory problems
- Renal disease
- Blood disorder
- Other serious medical problems

#### Gynecological Abnormalities

- Previous operative procedure of the uterus or cervix **except** a Low Transverse Caesarean Section which is documented in the medical record.

#### Past Obstetrical History

- Women with two or more previous premature labors would be co-managed by the physician until 36 weeks
- Previous stillbirth or neonatal loss
- Medical indication for termination in previous pregnancy
- Previous infant with known or suspected genetic, familial, or other congenital disorder

#### Present Pregnancy

- Marked nutritional abnormality
- Abnormal stature or weight
- Development or detection of medical disease during the pregnancy
- Development or detection of mental health disorders during the pregnancy OR Current mental health problems requiring management with medication
- Positive serologic test for syphilis
- Pap smear class III or greater
- Urinary tract infection unresponsive to treatment
- Marked anemia unresponsive to treatment
- Hyperemesis gravidarum
- Suspected trophoblastic disease
- Suspected, threatened, or inevitable abortion
- Pregnancy induced hypertension
- Suspected poly / oligohydramnios

- Thrombo-embolic disease
- Inappropriate growth for gestational age
- Estimated fetal weight less than 5 pounds in labor
- Post dates pregnancy
- Premature rupture of membranes with no labor
- Premature labor (before 37 weeks)
- Decreased fetal movement
- Antepartum fetal death
- Clinical evidence of uterine malformations, abdominal or Adenex masses
- Uterine myomas
- Smoking
- Current carcinoma
- Inadequate prenatal care
- Two or more Caesarean sections
- Maternal request for transfer
- Any woman whose status the midwife does not regard as within her boundaries of safety
- Any other significant condition which exposes the woman or the baby to increased risk