

# The Midwife's Practice Guidelines:

## Part I: Routine Care

### **A. The Initial Prenatal Visit**

- The initial prenatal visit includes
  - A thorough medical examination, including breast exam and pelvic exam, if one has not been performed during current pregnancy
  - Determination of dates; through examination and discussion
  - Discussion of laboratory testing recommendations and referrals as necessary
  - Nutritional history and assessment
  - Homeopathic case may be initiated at this time as desired/necessary

### **B. Subsequent Prenatal Visits**

- Routine prenatal visits are scheduled as follows
  - Every 4 weeks until 32 weeks
  - Every 2 weeks until 36 weeks
  - Then weekly until birth occurs
- Routine prenatal visits include:
  - Blood Pressure and other vitals
  - Assessment for normal weight gain
  - Urine screening for protein and glucose (if indicated)
  - Auscultation of fetal heart tones
  - Abdominal palpation for baby's presentation and position and fundal height
  - Discussion of maternal well-being as well as baby's growth and activity
  - Discussion and education of the physiological changes of pregnancy
  - Discussion of maternal nutrition, exercise, and psychosocial well-being
  - Additional labs may be ordered including diabetic screen, group B strep, ms/afp, ect.
  - If unusual conditions arise, a client will be fully educated and informed and documentation of all discussions, treatments and agreements will be made and signed by all parties. I reserve the right to withdraw care at any time if conditions arise which are outside my scope of training or comfort level.

### **C. A Chart is Maintained for Each Woman**

The chart is to be made available upon request and with the client's written or verbal consent to any physician or other health care provider, who is called upon for consultation or referral or in the event of a hospital transport of either mother or baby. The chart includes:

- Any signs, symptoms, discussions of health or any other issues
- Observations, treatments and recommendations or referrals

- Lab testing orders and results
- Detailed recording of the labor, birth and postpartum period
- Any borrowed materials from my lending library
- Payments made and accounting or insurance information (as necessary)

**D. Home Visits**

At least one home visit is made at 36-37 weeks gestation and the following are assessed:

- Facilities
- Supplies
- Adequate heat
- Availability of a phone and ER numbers posted
- Transportation readiness

**E. Normal Intrapartum Care Includes:**

- Monitoring the well-being of mother and baby during labor
- Vital signs are taken upon arrival and every 12 hours thereafter if normal, more frequently if necessary
- Periodic auscultation of fetal heart tones, every hour once labor has been established, more frequently during later stages of labor and at least every 2-3 contractions once pushing has begun
- Vaginal exams to assess cervical dilation, effacement and fetal station will be performed upon request or as necessary, and then only if membranes are intact (as applicable)
- Encouraging and nurturing the mother and interacting with the family
- Assisting the birth
- Managing the birth of the placenta
- Inspecting the placenta, membranes, cord, ect.
- Inspecting the perineum, vagina and if necessary the cervix to ascertain any injury
- Making any repairs necessary
- Provide care for the mother and newborn for at least 2 hours postpartum or until both mother and newborn are fully stable, whichever is longer

**F. Normal Postpartum Care Includes:**

- Visits from either myself or an apprentice at:
  - 24 hours postpartum
  - 3 days postpartum
  - 10 days postpartum
  - 3 weeks postpartum in office
  - 6 weeks postpartum in office

- I recommend that the family have a pediatrician or family practice doctor selected prior to birth to see the newborn within the first 3 days of birth or follow the physician's protocol. Topics to discuss with your child's provider include:
  - Vaccinations
  - Circumcision
  - Breastfeeding
- For the Rh-woman cord blood will be tested at the time of birth. If indicated, a referral for RhOgam administration will be made or the RhOgam may be administered at home with prescription from a physician.
- Normal immediate postpartum care for the mother includes:
  - Assessment of overall maternal well-being
  - Vital signs
  - Assessment of bleeding
  - Evaluation of abdomen, including fundal height and firmness
  - Assessment of bladder/bowel function
  - Perineal exam
  - Facilitation of maternal-infant bonding, family adjustment and breastfeeding initiation
  - Any concerns of the mother
- Normal immediate postpartum care of the newborn includes:
  - Overall newborn well-being
  - Vital signs including color/tone/reflexes
  - APGAR scoring
  - Assessment of infant feeding
  - Assessment of bladder/bowel function
  - Care of the umbilical cord
  - Newborn head to toe physical exam with worksheet for pediatrician
  - Eye prophylaxis
  - Administration of vitamin K (if applicable)
  - Any concerns of the family
- Normal ongoing postpartum care for the mother includes
  - Vital signs
  - Assessment of lochia
  - Abdominal/pelvic palpation to ascertain fundal location and uterine involution
  - Assessment of bladder/bowel function
  - Any concerns of the mother
- Normal ongoing postpartum care of the newborn includes
  - Vital signs, including color/tone/reflexes
  - Assessment of infant feeding
  - Assessment of bladder/bowel function

- Assessment of weight gain
- Concerns of the family
- At the six week visit, we will discuss birth control/family planning and pap test. Other labs can be performed and/or ordered at this time.

#### **G. Surgical Procedures**

The midwife shall not perform any operative procedures or surgical repairs other than:

- AROM (artificial rupture of membranes) when necessary
- Perform and repair an episiotomy
- Perineal and vaginal laceration repair
- Clamping and cutting of the umbilical cord

#### **H. Emergency Care**

The following procedures may be performed by the midwife, in emergency situations in which the health and safety of the mother or newborn are determined to be at risk:

- Cardiopulmonary resuscitation with a bag and mask
- Episiotomy and resultant repair
- Manual exploration of the uterus for placental issues or to control bleeding

### **Part II: Conditions which Require Consultation, Referral or Transport as Indicated**

#### **A. Prenatal Consultation/Referral**

The following are some prenatal conditions that require consultation and/or referral

- Active Syphilis, Gonorrhea or Chlamydia
- Unresolved signs of PIH
- Vaginitis with doesn't respond to alternative or OTC treatments
- UTI which doesn't respond to alternative or OTC treatments
- Anemia which doesn't respond to alternative or OTC treatments
- Signs or symptoms of diabetes
- Significant third trimester bleeding
- ROM prior to 37 weeks
- History of genetic abnormalities
- Prior obstetrical problems which could cause uterine or pelvic damage
- Poly or oligo-hydroamnios
- Size for dates discrepancies
- Indications that the fetus has died in utero
- Fetal well-being concerns
- Labor prior to 37 weeks
- Gestation past the end of the 42<sup>nd</sup> week
- Fever over 100.5 degrees for longer than 24 hours
- Initial herpes outbreak during pregnancy

- Signs or symptoms of placental issues
- Fetus with anomalies which will require immediate care

**B. *Regarding Variations of Normal Birth***

- Midwives recognize certain risks involved with some obstetric situations including breech birth and multiple gestation pregnancies. I recognize these conditions as variations of normal birth that may include certain risks. It is my practice to counsel clients in these situations regarding the risk factors for both mother and baby. Clients are then encouraged to make informed and responsible decisions in conjunction with the council of the entire health care team, while upholding and preserving the rights to informed consent and choice as to the birth environment and care provider that will best meet their needs.
- If unusual conditions arise, a client will be fully educated and informed and documentation of all discussions, treatments and agreements will be made and signed by all parties. I reserve the right to withdraw care at any time if conditions arise which are outside my scope of training or comfort level.

**C. *Intrapartum Conditions Requiring Consultation and/or Transport and Responsibilities During A Transport***

- Signs of preeclampsia
- Fever of over 100.4 degrees
- Rupture of membranes accompanied by diminished maternal or fetal well-being
- Evidence of fetal distress as indicated by fetal heart rate unless birth is imminent
- Abnormal amount of bleeding before birth
- Significant meconium stained fluid with birth not imminent
- Prolonged labor accompanied by potential or actual diminished maternal or fetal well-being
- Signs of maternal shock
- Unusually long second stage with no significant progress
- Maternal desire

**D. *Postpartum Conditions Requiring Consultation, Referral or Transport as Indicated***

- Newborn Problems
  - APGAR scores less than 7 at 10 minutes
  - Baby with obvious anomaly
  - Respirations with grunting retractions, nasal flaring and/or abnormal tachypnea
  - Cardiac irregularities
  - Persistent pale, cyanotic or gray color
  - Jaundice within 24 hours of birth
  - Significant evidence of glycemic instability
  - Fever greater than 100.4 degrees
  - Evidence of seizure

- Weight less than 2300 grams or 5 lbs.
- Significant evidence of prematurity
- Abnormal cry
- Absence of passage of meconium or urination during the first 24 hours
- Lethargy or poor feeding
- Significant birth injury
- Any other questionable condition or situation
- Maternal Problems
  - Any laceration beyond my ability to repair
  - Persistent uterine atony or insufficient involution
  - Excessive bleeding
  - Inability to void within 12 hours after birth
  - Fever greater than 100.4
  - Foul smelling lochia
  - Failure to episiotomy or tear to heal properly
  - Pelvic, leg or chest pain
  - Abnormal vital signs or signs of postpartum shock
  - Prolapse of pelvic organs