



STANDARDS OF PRACTICE:

We pride ourselves in the following standards and expectations:

- Providing continuity of care for parents & newborns during the perinatal period.
- Facilitating safe and satisfying care.
- Recognizing that childbearing is a family experience.
- Uphold the right of the birthing person and family, to informed consent, autonomy, and self-determination.
- Maintain NRP skills
- Working as an independent midwife and partners, with collaborative efforts in the obstetric community, dialogue with providers of a different scope, and the ability to refer care of clients, with confidence and continuity.
- Continuing education, and updated evidence based practices and protocol, updating protocol annually, and peer review participation.

DUTIES AND RESPONSIBILITIES:

The midwife and care team provide clinical and supportive care to the pregnant woman and family through the childbearing year.

Confidential client records are maintained, documenting all care provided to the client, including referrals to other healthcare providers.

Disclosure statements shall be given to each client and family at the interview appointment.

If a client chooses to decline any offered service, or clinical recommendation, or standard of care, an informed consent or refusal will be signed by the client.

All clients in care shall be offered standard lab testing during pregnancy.

Under most circumstances, home births will be attended with two trained attendants.

ALL clients will have access to backup providers under most circumstances.

All equipment used in practice will be maintained in an aseptic manner and kept in good working order.

Prior to the onset of labor, arrangements are discussed regarding the transport of the mother and/or infant to a hospital.

Birth Certificate paperwork is an included service.

An initial risk assessment is done at the first prenatal, and ongoing risk status is revised as necessary.

GUIDELINES OF PRACTICE:

Normal prenatal care

The midwife's duties for normal prenatal care include:

**All care options and testing are voluntary*

- History
 - Maternal, family, previous pregnancy/obstetric, health, psycho-social
- blood work, including:
 - blood type & factor, antibody screen, rubella, CBC with differential, RPR and HbsAg.
 - Other tests such as various titers, blood sugars, GBS cultures, HIV, TORCH and LYME are available upon request or as indicated.

**Your midwife offers lab services through LABCORP.*

- Pregnant woman/baby vitals
 - Blood pressure, growth assessment, baby's growth, presentation and position, activity and heart tones, assessments of pregnant woman's wellbeing, nutrition, exercise, and psycho-social needs.
 - Routine measurements, weight, and urine dipsticks are NOT part of normal care at Cardinal Birth.
- Following the initial visit, the client is rescheduled at 4-week intervals until 32 weeks, then every 2 weeks until 36 weeks, then weekly until they deliver.
- A home visit at 36/37 weeks will be done specifically to prepare the home and family for a home delivery. Facilities, supplies, adequate heat, availability of a phone & ER numbers posted, transportation, readiness, etc will be discussed, assessed, and prepared.
- A chart is maintained for each woman and includes prenatal care, observations, lab results, records of consultations and referrals, records of L&D and postpartum care and all other pertinent data.
 - This 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,

Issues relevant to a home birth are discussed during prenatals and at the home visit, including signs of labor, when and how to contact your team, partner's participation, sibling preparation and plans for them, meeting others who are invited to be present at the birth, nursing preparation and emergency transport.

Also noted is discussion of the parent's choice of newborn health care provider.

Normal Intrapartum Care

Midwife's duties during labor & delivery:

- Monitoring of the well being of the mother & baby.
 - Initial laboring woman's vitals are taken upon arrival, as soon as the client is ready. They are repeated every 4-6 hours if normal, more often as indicated if not normal
 - Initial FHR assessment will include 2-10 minutes of listening with the doppler to establish a baseline fetal heart rate.
 - Periodic auscultation of FHTs- every hour once labor has been established, more often as labor intensifies, after every two contractions once pushing has begun
 - Vaginal exams at the client's request, or with client's consent if 'indicated'.
 - Regular temperature checks may be included in the laboring person's vitals, and more frequently if membranes are ruptured.

- Coaching the laboring person through active labor and birth.
- Assisting only as necessary in the delivery. Parents are encouraged to catch.
- Examining and assessing the newborn, including a complete newborn exam and pulse oximetry.
- Managing any third stage bleeding using herbs, medications, and manual management such as bimanual compression and uterine massage.
- Inspecting the placenta, membranes and cord vessels.
- Inspecting the perineum, vagina, after delivery.
- Assessing and treating lacerations with natural remedy, clip, glue, or suturing, or referring for care.
- Testing the newborn blood via the placenta, or heel stick, in RH- and type O clients.
- Provide vital care and postpartum assessments of health, safety, feeding, warmth, transition, for the mother and infant, for at least 2 hours postpartum or until the mother's and infant's conditions are stable, whichever is longer.

Intrapartum Conditions Requiring Consultation and/or Transport, and Responsibilities During Transport

During labor or postpartum the following conditions will require hospital transport.

1. Signs of preeclampsia
2. Fever over 100.4 degrees
3. PROM accompanied by diminished maternal or fetal well being
4. Evidence of fetal distress as indicated by fetal heart rate unless birth is imminent.
5. Abnormal amount of bleeding before delivery.
6. Significant meconium-stained fluid with birth not imminent.
7. Prolonged labor accompanied by potential or actual diminished maternal or fetal well-being.
8. Signs of maternal shock.
9. Severe maternal hemorrhage.
10. Retained placenta or parts.
11. Unexplained pain.
12. Prolonged 2nd stage with no progress.
13. Maternal desire.

In the event that the client is transferred to a hospital, records will be faxed in advance of transfer. If time/situation permits, a phone call to the Labor and Delivery Unit will be made in advance, and records faxed instantly or brought to the hospital.

Normal Postpartum Care

Immediate (2-4 hours after birth) postpartum care includes:

- Mother's health and well being assessments
 - Bleeding
 - Fundus (uterine involution)
 - Signs/symptoms of retained placenta or membranes
 - Blood pressure and pulse
 - Temp
 - Nursing
 - Ambulating
 - Urinating
 - Sleep situation
 - Food
 - Postpartum care plan
- Baby's health and well being assessments
 - Complete newborn exam
 - Feeding
 - Cord care
 - Heart/Breathing/Transition

Day 2 visit

Responsibilities include ascertaining that the mother's lochia is normal, fundus is firm, no signs & symptoms of infection, baby is successfully breastfeeding, and that mother is getting adequate rest and support; both mom and baby are voiding without difficulty; and that the baby is stable, alert, breathing normally, that the heart sounds normal and that the heart rate is normal, that the cord is healing properly and that the weight loss/gain is normal, and that there are no signs of infection. Rhogam for RH- mothers of RH+ babies.

CCH screening for the newborn. (Critical Congenital Heart Screening)

PKU (heel stick) is offered within the first week.

I do not currently offer the hearing screening.

I recommend that the family have a pediatrician, family practice doctor or another provider chosen for newborn care.

For the Rh- woman, cord blood can be tested at birth, or use an ELDON card for typing, and get a type and Rh factor. If indicated, administer or refer for administration, the Rhogam within 72 hrs- 3 days

2- week and 6-week postpartum visit includes:

Health assessments of mother and baby, referrals as necessary, and feeding support.

Postpartum conditions potentially requiring consultation, referral or transport as indicated.

- Newborn problems:

1. Apgar score of less than 7 at 10 minutes.
2. Baby with obvious anomaly.
3. Respirations with grunting, retractions, nasal flaring and tachypnea.
4. Cardiac irregularities.
5. Persistent pale, cyanotic or gray color.
6. Jaundice within 24 hours of birth.
7. Abnormal cry
8. Signs of prematurity or postmaturity.
9. Absence of passage of meconium or urination during the first 24 hours.
10. Lethargy or poor feeding.
11. Any other conditions which the parents or I have questions about.

- Maternal Problems:

1. A laceration beyond the ability of the midwife to treat
2. Persistent uterine atony.
3. Excessive bleeding.
4. Inability to void within 12 hours of birth.
5. Fever greater than 100.4.
6. Foul smelling lochia.
7. Failure of tears to heal properly.
8. Pelvic, leg or chest pain.
9. Signs of postpartum shock.
10. Insufficient involution

Please electronically sign and date to confirm you have read and understood the guidelines for practice:

