



## Guidelines for the Art and Practice of Midwifery

*Shanna Mastrangelo, CPM*

Midwifery care is the autonomous practice of giving care to women during pregnancy, labor, birth, and the postpartum period, as well as care to the newborn infant. This practice provides Midwifery Care in accordance with established standards, which promote safe and competent care. Midwives and birth attendants shall implement these standards through adherence to the National Association of Certified Professional Midwives Standards of Practice [www.nacpm.net](http://www.nacpm.net), the Midwives Alliance of North America Core Competencies [www.mana.org](http://www.mana.org), and these Standards and Guidelines for the Art and Practice of Midwifery.

Evaluation of the childbearing women is an on-going process, including risk screening to assess and identify conditions that may indicate a deviation from normalcy. The identification of those conditions may require physician involvement. In making this assessment, a midwife relies on their own training, skills, intuition, and clinical judgment.

This document is a representative and not an exhaustive list of conditions that a midwife may encounter. This document is not meant to replace clinical judgment or experience of the midwives. There may be variations based on agreements between individual midwives, clients, and their consulting physicians.

### **General Schedule of Care**

During Prenatal Care, the client shall be seen by the midwives at least once every four weeks until approximately 30 weeks' gestation, and once every two weeks thereafter, or as appropriate. At approximately 36 weeks' gestation, the midwives will begin in-home visits to verify the exact location of the home, view the intended birthing space, ensure that all birth supplies are acquired and gathered in an accessible area, and become familiar with your home.

Issues relevant to a home birth are discussed during prenatal visits and at the home visit, including signs of labor, when and how to contact me, father's participation, sibling preparations and plans for them, meeting others who are invited to be present at the birth, nursing preparation and emergency transport plans. Also noted is the parent's choice of newborn health care provider.

During the postpartum period, the midwives will assess maternal and newborn well-being in the client's home at 24-48 hours postpartum and again at 5-7 days postpartum. Birth Certificates and Newborn Metabolic Screenings (PKU tests) will be completed by the midwife at the 5-7 day postpartum visit. A referral will be made for all clients in any other state.

The midwife will remain on call to answer questions, provide on-going breastfeeding support and make referrals to other health care professionals as necessary. The client will schedule a follow up visit with the midwife by 6 weeks postpartum.



## **General Responsibilities**

### **Midwife Responsibilities:**

#### **Prenatal Care**

- Conduct an initial interview to discuss our personal feelings and philosophies about birth and each of our responsibilities
- Determine your candidacy for homebirth
- Provide routine prenatal evaluation: urine analysis, blood pressure, fundal height, position of baby and fetal heartrate and refer for any unusual findings which are out of my scope of practice
- Perform or refer for lab work and review results
- Provide educational resources, suggestions, information and/or appropriate referral for each stage of pregnancy
- Provide support in regards to the mother's physical, mental and/or emotional changes and refer for any serious conditions
- Be available for phone consultation at any time
- Home visit and check of birth supplies and emergency transport plan

#### **Labor and Delivery**

- On-call 24 hrs/day, every day from 37 wks until birth
- Arrange for a back-up care if necessary
- Maintain close communication during early labor and come to your home to check on you and baby if it is warranted
- Arrive at your home once active labor has begun
- Bring all necessary midwifery equipment and any other non-standard supplies
- Monitor labor and provide treatment or recommendations as necessary
- Delivery of baby and immediate postpartum care
- Delivery and inspection of placenta
- Assess 1 and 5 minute Apgar score based on baby's respiration rate, heart rate, muscle tone, color, and facial tone
- Continued monitoring of mother and baby vitals
- Obtaining cord blood sample from umbilical cord if needed to determine Rh factor of infant (for babies of Rh- mothers)
- Clamping and cutting, or burning, of the umbilical cord
- Minimum 2 hr stay after birth or longer if situation calls for continued observation or care
- Provide support for breastfeeding
- Provide initial newborn exam: check general appearance of- posture, color, head molding, peeling, vernix, lanugo, any bruising or other birthmarks, eyes, matching creases, labia, testes, anus, and development of finger and toe nails; record of- weight; measurement of- head circumference, chest circumference and length; auscultation of- respiration rate, heart rate, and lungs; palpation of- fontanelles,



breast cartilage, ear cartilage, abdomen, testes and hip rotations; check reflexes- Palmar, Babinsky, Moro, startle and sucking response; check for three vessels of umbilical cord, apply eye prophylaxis, as required by state (can be formally declined),

- Refer for any unusual findings.
- Provide assistance with shower and restroom visit
- Provide a clean and comfortable made bed
- Cleanup of soiled laundry and trash
- Review of postpartum instructions

#### Emergency Transport

- Assess the need for mother and/or baby transport
- Recommend transport for non-emergency situations
- Recommend transport for emergency situations
- Assess for self or EMT transport
- Call 911 and transfer care to an EMT crew if you refuse to transport
- Accompany to hospital and provide details of progress to medical personnel if circumstances allow
- Relinquish primary care to on-call physician

#### Postpartum Care

- Next day home visit to you and baby
- 3-5 day home visit and newborn blood screening
- Provide lactation help and/or referral

#### **Parent Responsibilities:**

##### Prenatal Care

- Maintain a healthy diet and lifestyle
- Attend routine schedule of prenatal visits
- Make scheduled payments on time
- Except in the event of an emergency or during the on-call period between 37wk of pregnancy and 2 weeks postpartum, will contact the midwife during regular office hours, and/or will leave a detailed message with questions or concerns for the midwife to respond to during office hours.
- Accept responsibility for making decisions about your care and the care of your baby
- Research information to make informed decisions about all routine prenatal testing
- Study suggested readings/videos or attend a childbirth class to improve your knowledge of the birth process
- Ask questions
- Provide honest feedback to me about your condition
- Accept any suggestion for referral
- Provide honest feedback of your needs or any problems in our relationship
- Arrange for labor support (doula) and/or childcare during labor
- Secure all birth supplies and keep in a safe and accessible place by 36th wk home visit



- Have emergency transport bags, contacts and plan ready by 36th wk home visit
- Have nutritious snacks and beverages available for everyone attending birth
- Prepare and freeze nutritious meals for immediate and convenient availability to mother
- Research and choose a Pediatric Care Provider; and if giving birth in the State of Maryland, provide contact information for Health Care Provider to the midwife to notify them when a) birth is imminent and b) within 72 hours of birth that the baby has been born (in accordance with Maryland Law)
- Prepare your home for your birth and ensure that a tidy and sanitary space is available for the midwife to set up, and for EMS to access the area with a stretcher in the event of an emergency.

#### Labor and delivery

- Call with any early signs of labor such as regular contractions, rupture of membranes, leaking fluids or bloody show
- Call for labor support and/or childcare support
- Keep house reasonably tidy and supplies together in accessible location and ensure that EMS can access the birth area with a stretcher in the event of an emergency.
- Provide adequate food and beverage
- Provide a comfortable place for midwife to rest (couch or sofa with pillow and blanket)

#### Emergency Transport

- Have emergency transport bags and plan ready and available
- Accept suggestions for transport for mother and/or baby at any time

#### Postpartum Care

- Contact me with any concern for mom or baby
- Provide an environment for mom and baby to rest and recovery from birth
- Have friends, family or professional care available to help with household responsibilities
- Have nutritious high iron foods available for mom
- Make an appointment with pediatrician within first few weeks of birth
- Have baby seen immediately for any unusual concerns or findings
- Enjoy your new baby!!

#### Physician Consultation and Referral

The Midwives shall inform the client whenever there are significant deviations (including abnormal laboratory results), during a client's pregnancy and birth, and/or with the newborn that may necessitate consultation with a physician. If a referral to a physician is needed, the Midwives will remain in consultation with the physician until resolution of the concern. It is appropriate for the midwife to maintain care of her client to the greatest degree possible, in accordance with the client's wishes, remaining present through the



birth, if possible. The following conditions require physician consultation and may require physician referral and/or transfer of care:

Pre-existing conditions:

- Cardiac disease
  - Active tuberculosis
  - Asthma, if severe or uncontrolled by medication
  - Diabetes
  - Hepatic disorders
  - Epilepsy
  - Significant hematological disorders
  - Essential hypertension
  - Active cancer
  - Diabetes mellitus
  - History of newborn with positive Group Beta Strep (GBS)
  - Three or more previous cesarean sections
  - Previous cesarean sections within one year of current EDD
  - Current alcoholism or abuse
  - Current severe psychiatric illness
  - Positive for HIV antibody
- \* Maryland Law prohibits Certified Professional Midwives (known in Maryland as Licensed Direct Entry Midwives [LDEM] from attending planned home births for clients with babies with a non-cephalic presentation after 36 weeks (breech birth), multiples births (twins), or births for women with previous cesarean sections (VBAC- Vaginal Birth After Cesarean)**

Prenatal conditions:

- Labor before the completion of the 36<sup>th</sup> week of gestation
- Significant vaginal bleeding
- Severe anemia, not responsive to treatment
- Resting blood pressure > 140/90
- Consistent gross size/dates discrepancy
- Deep vein thrombosis (DVT)
- Known fetal anomalies or conditions affected by site of birth, with an infant compatible with life
- Threatened or spontaneous abortion after 14 weeks
- Abnormal ultrasound findings
- Documented placental anomaly or previa
- Documented low-lying placenta in woman with history of cesarean section
- Positive HIV antibody test

Intrapartum conditions:

- Persistent and/or severe fetal distress
- Abnormal bleeding
- Thick meconium-stained fluid with birth not imminent



- Significant rise in blood pressure above a woman's baseline with or without proteinuria
- Maternal fever > 100.4 degrees Fahrenheit
- Previously undetected lie other than vertex
- Previously undetected multiple gestation
- Primary genital herpes outbreak
- Prolapsed cord
- Client's desire for pain medication

Postpartum conditions:

- Seizure
- Significant hemorrhage, not responsive to treatment
- Adherent or retained placenta
- Sustained maternal vital sign instability
- Uterine prolapse
- Uterine inversion
- Repair of laceration which is beyond the midwife's level of expertise (3<sup>rd</sup>, 4<sup>th</sup> degree lacerations)
- Anaphylaxis

Neonatal Conditions:

- Apgar score of less than 7 at five minutes of age, without significant improvement at 10 minutes
- Persistent respiratory distress
- Persistent cardiac irregularities
- Central cyanosis or pallor
- Prolonged temperature instability or fever > 100.4 degrees Fahrenheit, unresponsive to treatment
- Significant clinical evidence of glycemic instability
- Evidence of seizure
- Birth weight <2300 grams
- Significant clinical evidence of prematurity
- Significant jaundice or jaundice prior to 24 hours
- Loss of >10% of birth weight/failure to thrive
- Major apparent congenital anomalies
- Significant birth injury

## Emergency Care

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

- Cardiopulmonary resuscitation of the mother or newborn with a bag and mask
- Manual exploration of the uterus for placenta to control severe bleeding



### **Prohibitions in the Practice of Midwifery**

Certified Professional Midwives (Direct Entry Midwives) are currently prohibited from administering controlled substances including anti-hemorrhagic pharmaceuticals in the State of Virginia.

The midwife shall not use forceps and/or vacuum extraction to assist the birth of the baby.

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

- Artificial rupture of membranes (AROM)
- Perform and repair episiotomy
- Perineal/vaginal repair (1<sup>st</sup> and 2<sup>nd</sup> degree)
- Clamping and cutting of the newborn's umbilical cord