



**COMMUNITY MIDWIFERY PROGRAM  
PROTOCOL AND PROCEDURE**

# CMP Inclusion criteria at booking: Protocol and procedure

<b>Scope (Staff):</b>	WNHS Community Midwifery Program staff
<b>Scope (Area):</b>	Community Midwifery Program (CMP) areas (e.g. home / hospital)

This document should be read in conjunction with this [Disclaimer](#)

**Note- Compliance with this guideline is mandatory as per MP 0141/20 Public Home Birth Program Policy**

## Aim

To define the CMP inclusion criteria and to provide guidance on the process of assessing a client's suitability for CMP care at booking.

## Eligibility criteria

This protocol should be read in conjunction with:

- Department of Health WA: [MP 0141/20 Public Home Birth Program Policy](#)
- [Australian College of Midwives \(ACM\)](#) (external website): [National Midwifery Guidelines for Consultation and Referral](#) (external website, PDF, 803KB)
- WNHS Obstetrics and Gynaecology Clinical Guideline: [Antenatal Care Schedule](#)

## Inclusion criteria

- As per the WA Health State-wide Policy for Home Birth inclusion/exclusion criteria and care pathways as listed in the [MP 0141/20 Public Home Birth Program Policy](#) and [Standard](#).
- must reside within the geographical boundaries set by the CMP. This includes 50kms north, 50km south and 40kms east of the CBD. The north, south and eastern boundaries are determined in the north by the Great Northern Highway and in the south by the South Western Highway.
- must permanently reside within the CMP geographical boundary by 35 weeks gestation



- must read and sign the Terms of Care (TOC) document found within their CMP Pregnancy Information Record at their booking, 28 week and 36 week appointments. A client who declines to sign the TOC will be excluded from the program or from continuing with the CMP. In this scenario, case management requires extensive involvement of the CMS / CMM, see CMP guideline: [Non-Compliance of Client with the CMP Midwifery Standard of Practice](#). It must be made clear to clients that in a circumstance where best practice recommends birth in hospital, the CMP midwife will support them in hospital and **NOT** attend them in their home environment during the intrapartum period
- consent to a minimum of one anatomy ultrasound scan between 17-22 weeks gestation to exclude fetal anomalies and determine placental location
- consent to one full blood picture and blood group/antibody screen during the pregnancy at 28 – 34 weeks gestation
- must not be currently taking serotonin and norepinephrine reuptake inhibitors (SSRIs / SNRIs)
- has not had a child with a significant neonatal history as determined by a consultant obstetrician and/or paediatrician
- BMI between 18-35 pre-pregnancy
- is ≤ para 5

### **Assessing suitability for CMP care at booking**

1. A thorough history must be taken at the booking interview and any pre-existing medical, gynaecological, neonatal and / or obstetric disorders must be detailed (see WNHS O&G guideline: [Antenatal Care Schedule](#) – Initial Visit)
2. Confirm and document suitable home environment as per [Public Home Birth Program Standard](#).
3. Discuss and document:
  - the need for routine referral to the client's support hospital;
  - the CMP TOC document. Clients must sign three times during their pregnancy (booking, 28 and 36 weeks gestation); and
  - women who decline either of the above will not be accepted onto the program.
4. After identifying any variance from the norm, the midwife must refer to the [MP 0141/20 Public Home Birth Program Policy](#) and the [ACM guideline](#) (external website): [National Midwifery Guidelines for Consultation and Referral](#) (external website, PDF, 803KB), to determine if the client is appropriate for low-risk midwifery care.
5. If a client has any indications at the booking interview which require consultation or referral i.e. category B on [ACM guideline](#) (external website): [National Midwifery Guidelines for Consultation and Referral](#) (external website, PDF, 803KB), the midwife must organise an **early** consultation / referral with the obstetrician at the clients supporting hospital to discuss a plan of care and assess suitability for CMP / low risk care and planned place of birth. If

possible, the client, CMP midwife and doctor should all be present.

Acceptance onto the CMP is dependent on the outcome of this consultation.

6. **NB:** A category C condition requires transfer for secondary or tertiary care by a medical practitioner and will not be accepted for CMP care.
7. Should the obstetrician and/or specialist physician deem the CMP model as unsuitable based upon medical / gynaecological / neonatal/obstetric risk factors identified at booking, the woman will not be accepted onto the CMP
8. The woman's care will be appropriately transferred to that of the obstetrician/specialist unless written agreement is obtained to confirm that the client can remain on the CMP as a 'medical domino'. In this case the antenatal care will be shared between the CMP and supporting maternity unit obstetrician and the place of birth is the hospital. The obstetrician remains the primary carer. The CMP Clinical Midwifery Specialist (CMS) must be informed of plan of care.
9. Should the client be unsuitable for a place on the CMP, the midwife must clearly explain the reasons for non-acceptance to the client and the PHR must be completed. A letter confirming non-acceptance is to be sent to the client and her GP, and referral to an appropriate health care provider must be initiated. The CMP CMS must be informed of the above change in plan of care.

### Ongoing antenatal care

- As per WNHS guideline: [Antenatal Care Schedule](#): Subsequent visits
- Should any deviations arise during the pregnancy as per the [MP 0141/20 Public Home Birth Program Policy](#) and the [ACM guideline](#) (external website): [National Midwifery Guidelines for Consultation and Referral](#) (external website, PDF, 803KB), consultation / referral with the obstetrician at the clients supporting hospital to discuss a plan of care and assess suitability for CMP / low risk care and planned place of birth must occur. If possible, the client, CMP midwife and doctor should all be present
- Discuss and recommend all routine screening tests in pregnancy and provide information as per the [WNHS Pregnancy, Birth and Your Baby Book \(PDF 8.03MB\)](#). Client to sign informed choice agreement form in CMP MR 07.

### CMP at the Family Birth Centre (FBC)

- Women requesting to join CMP and birth at the FBC must meet the inclusion / exclusion criteria for FBC care as per WNHS Clinical Guideline, Obstetrics and Gynaecology: [Exclusion Criteria for Midwifery Group Practice Birthing in the FBC](#)
- Women will be accepted as per availability of places
- The woman's intended place of birth is the FBC. If an intrapartum home assessment/home birth is desired the midwife should follow the criteria and process for home birth

## Related legislation and policies

Department of Health Western Australia: [MP 0141/20 Public Home Birth Program Policy](#)

## Related WNHS policies, procedures and guidelines

WNHS Obstetrics and Gynaecology Clinical Guideline:

- [Antenatal Care Schedule](#)

CMP guideline:









- [Non-compliance of Client with the CMP Midwifery Standard of Practice.](#)

## Useful resources (including related forms)

- [ACM National Midwifery Guidelines for Consultation and Referral](#) (external website)
- [WNHS Pregnancy, Birth and Your Baby Book \(PDF 8.03MB\)](#)

### Forms:

Informed choice agreement form in CMP MR 07

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## Version history

Date	Summary
Prior to Mar 2015	Archived- contact CMP Clinical Midwifery Specialist / Manager for versions prior to 2015.
Mar 2015	CMP guidelines moved within WNHS. Reviewed. Titled as CMP 'Inclusion Criteria and Booking Process for the CMP'
June 2016	Revised- new guideline (note- separate risk model guideline created). Titled as CMP 'Inclusion Criteria for Home Birth, Maternal Choice Domino Care and Kalamunda Birthing Rooms'.
Sept 2019	<ul style="list-style-type: none"> <li>• Routine review. Titled as 'CMP Inclusion Criteria at Booking: Protocol and Procedure' and inclusion criteria amended.</li> <li>• If unsuitable for CMP, the letter on non-acceptance is also sent to the woman's GP.</li> <li>• New sections added for assessing suitability and ongoing antenatal care- read guideline.</li> </ul>
Oct 2020	Minor amendment- Added statement that compliance is mandatory as per new MP 0141/20
Dec 2020	Minor amendment- Hyperlinks fixed
July 2021	Added to inclusion criteria- BMI between 18-35 pre pregnancy
Oct 2022	<ul style="list-style-type: none"> <li>• Removed reference to maternal choice domino and CMP risk model</li> <li>• Added must not be currently taking SSRIs/SNRIs to inclusion criteria</li> </ul>

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