ANTEPARTUM CARE

ANTEPARTUM CLINIC VISITS

MIDWIFERY CARE

LOW RISK MIDWIFERY CARE

Keywords: Low risk maternity care, low risk antenatal clinic, low risk inclusion criteria

AIM

- To inform clinicians of the low risk midwifery models of care available through King Edward Memorial Hospital (KEMH).
- To provide criteria for provision of low risk midwifery care.

KEY POINTS

1. All medical records must be reviewed by an obstetric consultant following the woman’s initial booking visit.
2. The consultant should document and sign any antenatal management plan for midwifery care on the MR004 ‘Obstetric Special Instructions Sheet’.
3. Low risk women are monitored at all midwifery visits for emerging risk factors, with collaborative care (discussion, consultation and referral) between the midwife, obstetric team and the woman occurring throughout the antenatal period.

BACKGROUND INFORMATION

Midwives are ideally placed to care for low risk women. The World Health Organisation’s (WHO) principles of perinatal care support the de-medicalisation of maternity care for women with a normal pregnancy and birth whilst encouraging the woman’s involvement in care. Low risk midwifery care at KEMH applies the WHO recommendations supporting the appropriate use of technology in an evidence-based, multidisciplinary, holistic, family centred and culturally appropriate setting. Continuous referral and discussion between the woman, midwifery and obstetric teams occurs throughout pregnancy and birth, dependent on identified changes in the woman’s health.

Midwifery continuity of care models, such as Team Midwifery, Midwifery Group Practice and Family Birth Centre models are beneficial to the woman. Having a known carer across the antenatal, intrapartum and postpartum period builds relationships with care providers and has been shown to have a positive impact on perinatal outcomes. A Cochrane review of the literature identified and encouraged midwife-led care for low risk women. Additionally, women reported higher satisfaction levels with continuity of maternity care models.

KEMH provides women with several options of low risk midwifery care including:
- Family Birth Centre (FBC)
- Midwifery Group Practice
- Team midwives’ clinics
- Low risk midwives’ clinics

FAMILY BIRTH CENTRE / MIDWIFERY GROUP PRACTICE

The Family Birth Centre (FBC) offers a homelike environment for women to birth and includes facilities for a water-birth. Women who meet the criteria and choose to birth in the FBC, are allocated to a Midwifery Group Practice midwife and their care is provided predominantly by this midwife with back up from a small number of group practice midwives. If complications arise during the pregnancy and/or birth, continuity of midwifery care will continue in collaboration with other appropriate healthcare professionals.

Clinics are scheduled daily, Monday to Friday.
TEAM MIDWIVES CLINICS
The team midwives offer continuity of midwifery care within the hospital environment. Clinics are scheduled on Monday and Tuesday mornings on ward 4.

LOW RISK MIDWIVES CLINICS
Clinics are scheduled:
- During office hours, Monday and Friday afternoon (limited number of appointments are available)
- Wednesday afternoon and evening
- All day Saturday

Note:
- Wednesday evening and Saturday clinics have no medical staff in attendance therefore women who may require ongoing medical input should not be referred to these clinics.
- Office hour appointments only must be booked for women requiring access to specialised services:
  - Social work
  - Psychological services
  - Interpreting services
  - Women with gestational diabetes who are stable and do not require insulin
  - Women who do not attend the clinic for more than 2 consecutive visits (may require social worker involvement)
  - Women who are involved in or contemplating adoption

For further details, see: Pregnancy Care at KEMH booklet.

WOMEN SUITABLE TO ATTEND THE LOW RISK MIDWIVES CLINICS

<table>
<thead>
<tr>
<th>INCLUSION CRITERIA</th>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All women with no medical and obstetric complications are suitable to attend the low risk midwives clinic. Women may be approved to attend the low risk midwives clinic with medical consultation. Refer to Clinical Guidelines Exclusion criteria to low risk midwives clinic.</td>
</tr>
<tr>
<td>2</td>
<td>Medical Conditions</td>
</tr>
</tbody>
</table>
### INCLUSION CRITERIA

<table>
<thead>
<tr>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>lesions occurs late in pregnancy, the woman needs referral to a medical practitioner. Cat A/B</td>
</tr>
</tbody>
</table>

- History of viral/parasitic infections<sup>3</sup>  
- Maternal age (<14 & >45)<sup>3</sup>  
- Neurological – Bells Palsy<sup>3</sup>  
- UTI – Recurrent<sup>3</sup>  

### 3 Pre-existing Gynaecological Disorders

- Cervical surgery with subsequent term vaginal birth<sup>3</sup>  

### 4 Previous Obstetric History

- Previous post partum haemorrhage due to an episiotomy<sup>10</sup>  
- Previous forceps or vacuum birth<sup>3</sup>  
- Symphysis pubis dysfunction<sup>3</sup>  
- Previous post partum depression<sup>3</sup> *; **  
- Previous manual removal of the placenta<sup>3</sup>  
- Previous GDM<sup>3</sup>  
- Grand multiparity – defined as ≥5 parity<sup>3</sup>  
- Previous macrosomia >4.5kg<sup>3</sup>  
- Previous preterm birth (<35wks)<sup>3</sup>  
- Previous termination of pregnancy (TOP)<sup>3</sup>
<table>
<thead>
<tr>
<th>INCLUSION CRITERIA</th>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous vulval / perineal haematoma requiring surgical treatment</td>
<td>May require consultation with a medical practitioner. Cat A/B.</td>
</tr>
</tbody>
</table>

### Present pregnancy

- **Adoption**
  
  Arranged visits during office hours to provide access to the Social Work Department. Consultation with the medical practitioner required. Cat B.

- Infertility treatment
  
  When no other risk factors are present. May require consultation with a medical practitioner. Cat A/B.

- Sexually transmitted infections
  
  Including Syphilis, Gonorrhoea, Chlamydia, Human Papilloma Virus. Proof of successful treatment required. May require consultation with a medical practitioner. Cat A/B. **Note**: If previously positive for Syphilis, Gonorrhoea or Chlamydia, re-testing is required in the third trimester.

**Category A**: Responsibility for care = Midwife; discuss as needed with medical practitioner.

**Category B**: Responsibility for care = Medical practitioner or midwife within scope of practice, after consultation with a medical practitioner. (After medical approval, may be included in low risk midwifery care).

**Category C**: Responsibility for care = Medical practitioner (Not appropriate for low risk midwifery care).
REFERENCES (STANDARDS)


National Standards – 1 Care provided is guided by current best practice

Legislation - Nil

Related Policies - Nil


RESPONSIBILITY OGCCU

Policy Sponsor Nursing & Midwifery Director OGCCU
Initial Endorsement April 2003
Last Reviewed July 2013
Last Amended August 2014
Review date August 2017

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.