

1 ANTEPARTUM CARE

1.1 ANTEPARTUM CLINIC VISITS

Date Issued: November 2002
Date Revised: December 2009
Review Date: December 2012
Authorised by: OGCCU
Review Team: OGCCU

1.1.2.4 Midwifery Care Flow Chart
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

1.2.2 MIDWIFERY CARE

1.1.2.4 MIDWIFERY CARE FLOW CHART

PROCEDURE	ADDITIONAL INFORMATION
1 Triage of referrals	This ensures the woman is offered the most appropriate model of care.
2 The midwife conducts the first antepartum visit establishing and recording key facts regarding the woman's general health and obstetric history, and discussing options of care.	See Clinical Guidelines, Section B: <ul style="list-style-type: none"> 1.1.2.1 Low risk midwifery care 1.1.2.2 Low risk midwifery care with medical consultation 1.1.2.3 Exclusion criteria to low risk midwives clinic.
2.1 Where there are no risk factors the woman is informed of and offered care through the: <ul style="list-style-type: none"> Family Birth Centre Team Midwives Midwives Clinic General Practitioner (GP) share care 	The first point of contact for the pregnant woman with the health team and maternity services should be the midwife. This will assist in the rapid identification of problems and provide criteria for appropriate decisions regarding the model of care the woman is eligible for.
2.2 Where problems are identified, these are to be discussed with the clinical obstetrician and plans of care, including the model of care, are documented.	Women in areas where continuity of caregiver was available valued this option of care. ¹ This ensures the woman's care is tailored to her specific needs. In addition to continuity of caregiver, women value time spent personalising each encounter in antenatal care. ²

PROCEDURE	ADDITIONAL INFORMATION
<p>3 Women referred to the FBC, Midwives Clinic or Team Midwifery continues with this model of care until postpartum discharge, provided they continue to meet the inclusion criteria for that model.</p> <p>Transfer to an obstetric clinic becomes obligatory once these criteria are no longer met.</p> <p>Midwives, in consultation with the woman, may elect to provide shared antenatal care with the woman's GP.</p>	
<p>4 Additional visits should be provided if women or their health care providers perceive a need or as complications arise.</p>	See flowchart on page 3.
<p>5 Following transfer home from hospital after the birth, the Visiting Midwifery Service (VMS) visits women daily until the fifth day or no longer if required.</p> <p>Where the midwife is not satisfied with the woman's progress at home, referral to the woman's GP or KEMH Emergency Centre is made.</p>	

REFERENCES

- Hundley V, Ryan M. Are women's expectations and preferences for intrapartum care affected by the model of care on offer? **BJOG**. 2004;111(6):550-60.
- Davey MA, Brown S, Bruinsma F. What is it about antenatal continuity of caregiver that matters to women? **Birth**. 2005;32(4):267-71.

MIDWIFERY CARE FLOW CHART

