MIDWIFERY CARE

MIDWIFERY CARE FLOWCHART

Keywords: antenatal visits, midwifery antenatal clinics

PURPOSE

- To describe the frequency of visits recommended /care to be provided at each antenatal visit at KEMH

PROCEDURE

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
</table>
| 1 Triage of referrals | This ensures the woman is offered the most appropriate model of care. See Clinical Guidelines, Section B:  
- Low risk midwifery care  
- Low risk midwifery care with medical consultation  
- Exclusion criteria to low risk midwives clinic. |
| 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. | 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. |
| 2.1 Where there are no risk factors the woman is informed of and offered care through the:  
- Family Birth Centre  
- Team Midwives  
- Midwives Clinic  
- General Practitioner (GP) share care | Women in areas where continuity of caregiver was available valued this option of care.¹ |
| 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. | 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 |
| 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. Transfer to an obstetric clinic becomes obligatory once these criteria are no longer met. |
PROCEDURE

Midwives, in consultation with the woman, may elect to provide shared antenatal care with the woman's GP.

4  Additional visits should be provided if women or their health care providers perceive a need or as complications arise.

5  Following transfer home from hospital after the birth, the Visiting Midwifery Service (VMS) visits women daily until the fifth day or longer if required.

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.

ADDITIONAL INFORMATION

See Midwifery Care Flowchart on page 3.

REFERENCES (STANDARDS)


National Standards – 1.3.1 1.7.1,1.8.2
Legislation - Nil

Related Policies – Prolonged Pregnancy; MFAU QRG to Management of Prolonged Pregnancy
Other related documents – Nil

RESPONSIBILITY

Policy Sponsor  Nursing & Midwifery Director OGCCU
Initial Endorsement  November 2002
Last Reviewed  April 2013
Last Amended  April 2014
Review date  March 2017

Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.
All women who Do Not Attend their antenatal appointment at 40 weeks must be contacted by telephone and advised to attend MFAU that day for review. A record of this conversation will be documented in the woman’s medical notes.

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