MIDWIFERY CARE

EXCLUSION CRITERIA TO THE FAMILY BIRTH CENTRE

AIM

- To provide a guide to the health conditions (medical, gynaecological, past obstetric and present pregnancy) that exclude women from birthing in the Family Birth Centre.

BACKGROUND

The Family Birth Centre (FBC) at KEMH provides maternity care in a home-like setting for low risk women. If health conditions arise that place the antenatal woman or her fetus at increased obstetric risk, then consultation and referral for obstetric tertiary care is required. Collaborative networks between maternity care providers enable access to safe efficient health care provision.

KEY POINTS

- If a woman presents at the Family Birth Centre (FBC) with a condition on the exclusion list, a booking visit is done, and then her next antenatal visit is referred to the appropriate obstetric team antenatal clinic.
- Timing of the next appointment depends on the woman’s medical/obstetric condition and gestation. This will be determined after consultation with the FBC obstetric team.
- Care should always be individualised based on each woman’s health history and risks. Additional care and referral may be required. See also clinical guideline Low risk midwives clinic with medical consultation.

In addition to the list on pages 2 -7 women are excluded from this option of care if:

- there is no evidence of antenatal care prior to 22 weeks gestation
- they decline antenatal testing and screening including an anatomy scan and glucose tolerance test (GTT).
- they are a refugee without evidence of a full medical screening
- they will not permit a doppler ultrasound to be used in labour for the purpose of listening to the fetal heart rate
- Any pre-existing condition requiring a postnatal stay of >24hours
## Exclusion Criteria

### Indications at commencement of care

1. **Medical History**
   - **Autoimmune disease**\(^1,6\)  
     - Active, major organ involvement, on medication for SLE/ connective tissue disorder. Cat C.
   - **BMI <18** \(^6\) or **>35**  
     - Low BMI is associated with increased pregnancy risks of preterm birth, SGA fetus & low birth weight.\(^7\)
     - BMI >35 linked to pregnancy complications (stillbirth, congenital malformations, neural tube defects, preterm birth, low birthweight or macrosomia, gestational hypertension, pre-eclampsia, GDM, PPH & major depressive disorders) requiring medical obstetric practitioner care. BMI >30 also linked to increased rate of caesarean birth.\(^7\) Cat C.
   - **Cardiac disease**\(^1,6\)  
     - Arrhythmia/ palpitations/ murmurs recurrent or persistent
     - Valve diseases
     - Cardiomyopathy
     - Hypertension
     - Ischaemic heart disease
     - Pulmonary hypertension
   - **Diabetes**\(^1,6\) - type I or II
     - A specialised Diabetes Clinic is available for women with pre existing diabetes. See Guideline Referrals. Women with gestational diabetes requiring insulin will be managed by one of the obstetric teams.
   - **Drug or alcohol dependence/abuse**\(^6\)
     - The woman is encouraged to attend the Women and Newborn Drug and Alcohol Service (WANDAS) clinic, see guideline Referral to the Women and Newborn Drug and Alcohol Service. If she declines then book to an Obstetric Team clinic.
   - **Endocrine disorders requiring treatment**\(^1\)
     - Hypothyroid on medication
     - Addison’s disease, Cushing’s disease or other requiring treatment. Cat C.
   - **Female genital mutilation** (FGM)\(^8\)
     - FGM associated with increased rates of caesarean birth, PPH, neonatal resuscitation and longer hospital stays.\(^8\)
   - **Gastric band**
     - Women should be counselled on increased risk of band slip in pregnancy.\(^9\) Refer to

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2014 All guidelines should be read in conjunction with the Disclaimer at the beginning of this manual  
Exclusion Criteria to Family Birth Centre Obstetrics and Midwifery Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia
### EXCLUSION CRITERIA

<table>
<thead>
<tr>
<th>Genetic/congenital - any condition&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Obstetric teams for management. Discuss with the FBC medical team. <strong>Cat B.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Haematological&lt;sup&gt;1, 6&lt;/sup&gt;</td>
<td><strong>Cat C.</strong></td>
</tr>
<tr>
<td>- Anaemia - iron deficiency</td>
<td>Haemoglobin &lt; 90gm/L not responding to treatment.&lt;sup&gt;6&lt;/sup&gt;</td>
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<tr>
<td>- Declines/refuses blood products</td>
<td>Due to increased risk of maternal mortality and serious morbidity from obstetric haemorrhage,&lt;sup&gt;10, 11&lt;/sup&gt; management needs to be in a facility where access to surgical PPH treatment is available. <strong>Cat B.</strong></td>
</tr>
<tr>
<td>- Coagulation disorders</td>
<td>Complete MR 295.99 &quot;Refusal to Permit Blood Transfusion&quot;. Order FBP, Iron studies, B12, folate studies, Coagulation studies, U&amp;E’s. Arrange next appointment with medical obstetric team.</td>
</tr>
<tr>
<td>- Haemoglobinopathies</td>
<td></td>
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<tr>
<td>- Haemolytic anaemia</td>
<td></td>
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<tr>
<td>- Rhesus &amp; other antibodies</td>
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<tr>
<td>- Thalassaemia</td>
<td></td>
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<tr>
<td>- Thrombo-embolic process</td>
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<tr>
<td>- Thrombocytopenia</td>
<td>Platelets &lt;100.</td>
</tr>
<tr>
<td>- Thrombophilia &amp; antiphospholipid syndrome</td>
<td>On warfarin, previous obstetric complication or maternal thrombosis.&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>- Infectious Diseases:</td>
<td>Discuss with FBC medical team before accepting. <strong>Cat B.</strong></td>
</tr>
<tr>
<td>- Cytomegalovirus</td>
<td>Discuss with the FBC medical team before accepting. Arrange a FBC medical team antenatal visit at 34 weeks gestation to discuss prophylactic acyclovir and birth management. <strong>Cat B.</strong></td>
</tr>
<tr>
<td>- Genital herpes - primary or active</td>
<td></td>
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<tr>
<td>- Parvo virus infection</td>
<td><strong>Cat B.</strong></td>
</tr>
<tr>
<td>- Rubella</td>
<td><strong>Cat B.</strong></td>
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<tr>
<td>- Toxoplasmosis</td>
<td><strong>Cat B.</strong></td>
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<tr>
<td>- Tuberculosis- active or history of tuberculosis</td>
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<tr>
<td>- Syphilis</td>
<td>Positive serology +/- treatment or primary infection. <strong>Cat B.</strong></td>
</tr>
<tr>
<td>- Varicella/Zoster virus infection</td>
<td>Acute or chronic, refer on to MFM.&lt;sup&gt;6&lt;/sup&gt; <strong>Cat C.</strong></td>
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<tr>
<td>- HIV infection&lt;sup&gt;1, 6, 7&lt;/sup&gt;</td>
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</tr>
<tr>
<td>- Malignant hyperthermia&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Self or family history. The woman should be referred to obstetric teams for birth management plan. <strong>Cat C.</strong></td>
</tr>
<tr>
<td>- Neurological:</td>
<td>Epilepsy medication/treatment or seizure in past 12 months. <strong>Cat B/C.</strong> If medical/obstetric risk factors are present, then not suitable for water birth or water therapy.&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>- Epilepsy – unstable&lt;sup&gt;1, 6&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>- Brain abnormalities</td>
<td></td>
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</tbody>
</table>

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**EXCLUSION CRITERIA**

**ADDITIONAL INFORMATION**

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**Date Issued:** May 2014
**Exclusion Criteria to Family Birth Centre**

**Date Revised:** Obstetrics and Midwifery
**Review Date:** May 2017
**Clinical Guidelines**
**Written by:** OGCCU
**Review Team:** OGCCU
**King Edward Memorial Hospital**
**Perth Western Australia**
EXCLUSION CRITERIA

- Muscular dystrophy or Myotonic dystrophy
- Spinal cord abnormalities
- Subarachnoid/aneurysms, haemorrhage
- AV malformations
- Myasthenia gravis
- Spinal cord lesions (para or quadriplegic)

- Neuromuscular disease
- Psychiatric disorders
  - Including:
    - Schizophrenia
    - Bipolar
    - Depression on medication
    - Anxiety on medication
    - History of puerperal psychosis

- Renal function disorder
  - Acute or chronic renal failure
  - Disorder in renal function
  - Glomerulonephritis
  - Previous kidney surgery
  - Pyelonephritis
  - Renal transplants
  - Pyelitis
  - Urinary tract infections (UTIs)-recurrent

- Organ transplants
- Respiratory Disease
  - Moderate/ severe asthma
  - Severe lung function disorder
  - Current H1N1
  - Sarcoidosis
- Sexual abuse

ADDITIONAL INFORMATION

Self or family history. **Cat C.**

Severe, unstable or extensive psychiatric disorders requiring medical supervision.

Puerperal psychosis may occur with 25% of postnatal women with bipolar I disorder or schizoaffective disorder.4

Planning by the medical team and the woman is required to assess treatment risks/benefits and reduce maternal morbidity.15, 16

**Cat C.** Refer to **Childbirth and Mental Illness (CAMI) Clinic.**

Renal impairment with or without dialysis1. **Cat C.** Women with a past history of kidney / ureteric stones must be reviewed by a medical officer and the appropriateness of continuing care in the FBC documented in the medical notes.

**Cat B.**

Untreated asymptomatic bacteriuria can lead to UTIs (cystitis & pyelonephritis) with risk of low birth weight and preterm birth.17-19

Treatments include antibiotics,17 close monitoring,18 and non-pharmacological18 methods. May be suitable for FBC after medical review. **Cat A/B.**

**Cat C.**

Oral steroids within past 12 months & maintenance therapy.1

Can worsen during pregnancy.1

Exclude any trauma that could affect mode of birth. Provide referral, risk assessment and increased psychological monitoring antenatally to minimise posttraumatic stress

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Exclusion Criteria to Family Birth Centre Obstetrics and Midwifery
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EXCLUSION CRITERIA | ADDITIONAL INFORMATION
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- **Skeletal problems**
  - Osteogenesis Imperfecta
  - Scheuermann’s disease
  - Scoliosis
  - Spondylolisthesis
- **System/Connective Tissue**
  - Anti-phospholipid syndrome
  - Marfan’s syndrome
  - Raynaud’s disease
  - Periarteritis nodosa
  - Scleroderma, Rheumatoid Arthritis
  - Systemic Lupus Erythematosus (SLE)

And retraumatisation during childbirth. May cause severe pain in labour. Cat B/C.

2. **Pre-Existing Gynaecological Conditions**

- **Cervical amputation**

  Associated with increase in obstetric complications, such as malpresentation, caesarean birth, preterm birth, hysterectomy and PPH. FBC medical review for pregnancy management/ counselling. Cat B.

- **Fibroids**

  Such as trauma, symphysis rupture, rachitis.

- **Myomectomy / hysterotomy**

  Colpo-suspension after prolapse; fistula/ previous rupture. Cat B/C.

- **Pelvic deformities**

- **Pelvic floor reconstruction**

3. **Past Obstetric History**

- **ABO-incompatibility**

  Defined as an Apgar score < 7 at 5 minutes.

- **Presence of clinically significant maternal antibodies**

  Such as Rhesus, Kell, Duffy, Kidd. (Other maternal antibodies may be included as directed by the Transfusion Laboratory) Cat C.

- **Asphyxia, fetal (unless cleared for Family Birth Centre by a consultant obstetrician)**

- **Autoimmune thrombocytopenia**

  Including cervical suturing / previous cervical tear. Caesarean to be offered. Cat C.

- **Cervical incompetence/ weakness**

  Specialised midwifery led **Next Birth After Caesarean (NBAC) clinic** available if appropriate, with senior obstetric review at 24 & 36 weeks.
EXCLUSION CRITERIA

- **Eclampsia/Pre-eclampsia**<sup>1, 6</sup>  
  Cat C.

- **Fetal growth disturbance**<sup>6</sup>
  - IUGR/ SGA
  - Macrosomia

- **Placenta accreta**<sup>1, 6</sup>  
  Cat C.

- **Psychological disturbance**<sup>1, 6, 13</sup>
  - Postpartum depression<sup>1</sup>
  - Postpartum psychosis<sup>1</sup>

- **Postpartum haemorrhage** (PPH)
  - 2 Previous PPH > 500mL<sup>1, 6</sup>
  - Requiring treatment / transfusion<sup>1</sup>. Previous PPH increases risk of future PPH.<sup>26-28</sup>
  - Delay in transport/receiving appropriate treatment impacts on obstetric outcomes<sup>29</sup>. Active third stage management can reduce the risk of PPH.<sup>30</sup>

  May be suitable for FBC after medical review.  
  Cat B/C.

- **Previous eclampsia or HELLP syndrome**<sup>1, 6</sup>  
  Cat C.

- **Previous pre-eclampsia**<sup>1, 6</sup>  
  Severe. If history of mild pre-eclampsia, to discuss with FBC medical team before accepting.  
  Cat B.

- **Previous retained placenta**

- **Previous shoulder dystocia**

- **Previous third and fourth degree perineal trauma**<sup>1, 6</sup>  
  With no or poor function recovery, or has not been followed up in the gynaecology clinic post birth. Caesarean birth may be advised if previous major sphincter trauma.<sup>31, 32</sup> If functional recovery, may be suitable after FBC medical review.  
  Cat B/C.

- **Recurrent miscarriages**<sup>7</sup> >3 consecutive  
  Offer investigation<sup>21</sup> and refer to medical team for further management.

- **Rhesus Isoimmunisation**<sup>1, 6</sup>  
  May be suitable with FBC medical review.  
  Cat B/C.

- **Trophoblastic disease**<sup>1, 6</sup>  
  Hydatidiform mole or vesicular mole within previous 12 months.<sup>1</sup>  
  Cat C.

- **Other significant obstetric event**<sup>1</sup>  
  Dependent on individual circumstances. May be suitable after medical review.  
  Cat A/B/C.

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ADDITIONAL INFORMATION

- Dependent on circumstances- early FBC medical review and plan. IUGR has increased risk of perinatal morbidity & mortality.<sup>23, 24</sup>
- Previous serious disturbance.<sup>1</sup>  
  Cat B/C.
- Individualised to patient. May be suitable for low risk midwifery care with medical review.  
  Cat A/B/C.
- As risk of postnatal recurrence is 25-57%, preventative treatments could improve outcomes.<sup>25</sup> Refer, with the woman’s consent, to Department of Psychological Medicine.  
  Cat C.
- Requiring treatment / transfusion<sup>1</sup>. Previous PPH increases risk of future PPH.<sup>26-28</sup>
- Delay in transport/receiving appropriate treatment impacts on obstetric outcomes<sup>29</sup>. Active third stage management can reduce the risk of PPH.<sup>30</sup>
- May be suitable for FBC after medical review.  
  Cat B/C.
Indications discovered at subsequent visits / developed during pregnancy

4. Present Pregnancy

- Adolescent pregnancy <16 years
  - Specialised Adolescent clinic available. >17 years in consultation with FBC medical team.

- Antepartum haemorrhage (APH)
  - Refer to obstetric teams if after medical consultation is considered inappropriate to remain under FBC care.

- Blood group incompatibility
  - Cat C.

- Cervical weakness
  - Dilation <37 weeks & / or cervical procedure. Cat C.

- Cervical cytology abnormalities
  - Assessment and follow up with medical team required. If no current management plan has been formulated discuss with FBC medical team immediately. May be suitable for FBC after medical review. Cat B/C.

- Cholestasis
  - May be suitable with FBC medical review. Cat B/C.

- Decline antenatal screening tests
  - Anatomy scan
  - Glucose tolerance test (GTT) – Refer to the hospital medical team

- Ectopic pregnancy
  - Cat C.

- Endocrine
  - Addison’s/ Cushing’s disease
  - Or other endocrine disorder requiring treatment. Cat C.
EXCLUSION CRITERIA

- **Gestational Diabetes Mellitus (GDM)**
- Fetal anomaly suspected
- Fetal death in utero
- Fetal growth disturbance
  - IUGR/ SGA
  - Macrosomia
- Hypertension (HTN)
  - Any with Proteinuria
  - Chronic HTN
  - Pre-eclampsia or Eclampsia
- Infectious disease
  - Genital Herpes
  - HIV infection
- Tuberculosis- active
- Varicella/ Zoster virus
- In vitro fertilisation (IVF)
- Malignant disease
- Mal-presentation at term

ADDITIONAL INFORMATION

- Specialist Diabetes Clinic available; see **Guideline 3.1.2 Referrals**. Cat C.
- Congenital abnormality (structural or chromosomal). Dependent on anomaly. May be suitable after FBC medical review. Cat A/B/C.
- Cat C.
- Dependent on circumstances- early FBC medical review and plan.
- IUGR has increased risk of perinatal morbidity & mortality & Apgar <7. 
- Macrosomia associated with increased rates of caesarean birth, shoulder dystocia, neonatal resuscitation, neonatal intensive care admission and Apgar <7.
- Cat C.
- > 1+ Cat C.
- HTN present <20/40. Cat C.
- BP >140/90 and/or rise of >30/15mmHg from booking BP, with any:
  - Proteinuria
  - Platelets <150x10/9/l
  - Abnormal renal or liver function
  - Imminent eclampsia
- Late in pregnancy- active lesions. Cat C.
- Refer to MFM, where the woman can be counselled on interventions to reduce the risk of mother to child transmission. Cat C.
- Infection in pregnancy. Cat C.
- Increased rate of preterm birth and neonatal intensive care admission. Risks associated with infertility (e.g. advanced age, obesity, hormonal treatments) and psychological function need consideration. May be suitable after FBC medical review.
- Non-cephalic presentation (breech/transverse/oblique/unstable lie). Breech - refer for medical review & ECV at 35/40 if suitable. Cat C.
EXCLUSION CRITERIA

- Multiple pregnancy\(^1,^6\)
- Placental abnormalities\(^1,^6\)

**ADDITIONAL INFORMATION**

Cat C.

- Placenta praevia/abruption/ accreta/ vasapraevia. Cat C. Not suitable for FBC care. Low lying placenta that is >2cm from cervical os may be considered for vaginal birth in a hospital setting where emergency transfusion is available.\(^53,^54\) If placenta <4cm from os, then at increased risk of PPH regardless of birth method.\(^55\)

- Preterm labour (threatened) or birth\(^1,^6\)
- Preterm rupture of membranes\(^1,^6\)

Cat C.

- Psychological health issue\(^7\)
  - EPDS >12\(^1\)
  - Positive to Q10 self harm\(^1\)
  - H/o attempted suicide or self harm
  - Or longer postnatal stay is recommended.

May be suitable for FBC after medical review. Cat B/C.

- Recurrent UTI’s in pregnancy

Treatment includes antibiotics and close monitoring with follow up urine culture. May be suitable for FBC after medical review. Cat A/B.

- Renal function disorder- Pyelitis\(^1\)
- Surgery during pregnancy\(^1\)
- Thrombosis\(^1\)

Cat C.

- Physical, psychological or behavioural circumstances that present, where the midwife, providing antenatal care, believes that the FBC is not a suitable environment for the woman to birth.

In this case, a decision will be made about the woman’s suitability in conjunction with the Midwifery Manager and the FBC medical team.

**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


6. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. **C-Obs 30: Maternal suitability for models of care, and indications for referral within and between models of care.** RANZCOG. 2012.


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