



**CLINICAL PRACTICE GUIDELINE**

**Exclusion Criteria for Midwifery Group Practice birthing in the Family Birth Centre**

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

**Key Points**

- All clients **at booking** must be considered as low risk.
- For clients booked to MGP 1, 2 and 3. The expectation **from booking** is that they will labour and birth in the Family Birth Centre and be suitable for a 4-6 hour discharge following birth.
- All clients booked to birth at the FBC must acknowledge that should their level of risk change throughout the antenatal period. They may be required to birth in hospital.

**Legend**

X = Exclusion

MR = For medical / obstetric review (chart review).

Age < 16 years	<b>X</b>	Specialist adolescent clinic available at KEMH
Age > 42 years Primip	<b>X</b>	
Age 40-44 years multip	<b>MR</b>	

<b>Anaemia</b> Hb < 90g/L and the cause is unknown	<b>MR</b>	Arrange medical obstetric review at 34 weeks gestation regardless of how the woman is treated or whether she responds to treatment
Asthma (See respiratory)		
Auto immune disorder / disease ( e.g. SLE)	<b>X</b>	Active, major organ involvement, on medication for SLE/ connective tissue disorder
Autoimmune	<b>MR</b>	Inactive, no renal involvement, no hypertension or only skin / joint problems
Blood transfusion refusal	<b>MR</b>	
BMI < 18 or > 35 - pre pregnancy	<b>X</b>	BMI 30-35 See separate weight management process
Cardiac – <ul style="list-style-type: none"> <li>• minor arrhythmias / palpitations murmurs</li> <li>• valve diseases, cardiomyopathy, hypertension, ischaemic heart disease, pulmonary hypertension, implantable devices</li> </ul>	<b>MR</b>  <b>X</b>	
Consultation / referral: women not willing to consent to consultation and referral as part of the ongoing assessment of low risk status	<b>X</b>	
Diabetes : Pre-existing type I or II	<b>X</b>	Specialist clinic is available. Women with gestational diabetes requiring insulin will be managed by one of the obstetric medical teams
Previous GDM requiring insulin	<b>X</b>	
Drug or alcohol dependence / abuse	<b>X</b>	Specialist clinic available
Drug or alcohol dependence / abuse (previous)> 1 year	<b>MR</b>	
Endocrine disorders requiring treatment e.g. Addison's disease, Cushing's disease or other	<b>X</b>	

Endocrine : hypothyroid	<b>MR</b>	
Female Genital Mutilation Type 1 and 2	<b>MR</b>	Type 3 and 4 Exclusion
Gastric band/ sleeve gastrectomy	<b>X</b>	
Genetic / congenital :any condition	<b>MR</b>	
<b>Gynaecological conditions : pre existing</b>		
Cervical amputation	<b>X</b>	
Fibroids	<b>MR</b>	
Myomectomy / hysterotomy	<b>X</b>	
Pelvic deformities(e.g.trauma,symphysis rupture,rachitis) ( <b>FBC</b> )	<b>X</b>	
Pelvic deformities(e.g.trauma,symphysis rupture,rachitis) ( <b>Low risk midwives clinic</b> )	<b>MR</b>	
Pelvic floor reconstruction	<b>X</b>	
Bi/uni cornuate uterus or reproductive tract anomaly	<b>X</b>	
<b>Haematological</b>		
Coagulation disorders	<b>X</b>	
Haemolytic anaemia	<b>X</b>	
Rhesus and other antibodies	<b>X</b>	
Thalassaemia major	<b>X</b>	
Thrombo-embolic disease and past history of DVT	<b>X</b>	
Thrombocytopenia (platelets < 100)	<b>X</b>	
Thrombophilia and antiphospholipid syndrome	<b>X</b>	
<b>Infectious Diseases</b>		
HIV	<b>X</b>	
Syphilis (must be treated)	<b>MR</b>	

Malignant hyperthermia	<b>MR</b>	
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<b>Mental Health issues</b>		
EPDS > 12 EPDS positive Q10 self-harm	<b>MR</b>	For psych referral
Depression on medication Depression requiring admission	<b>MR</b> <b>X</b>	
Schizophrenia/ bipolar	<b>X</b>	
<b>Neurological</b>		
Epilepsy – unstable	<b>X</b>	
Epilepsy – without medications / treatment and no seizures in the last 12 months	<b>MR</b>	
Brain abnormalities	<b>X</b>	
Muscular dystrophy or myotonic dystrophy	<b>X</b>	
Spinal cord abnormalities	<b>X</b>	
Subarachnoid / aneurysms, haemorrhage	<b>X</b>	
AV malformations	<b>X</b>	
Myasthenia gravis	<b>X</b>	
Spinal cord lesions (para or quadriplegic)	<b>X</b>	
Neuromuscular disease	<b>X</b>	

<b>Obstetric History : Previous</b>		
ABO incompatibility	<b>MR</b>	
Asphyxia: fetal Apgars < 7 at 5 minutes	<b>MR</b>	
Cervical incompetence / weakness	<b>X</b>	
Caesarean section	<b>X</b>	
Cholestasis	<b>MR</b>	
Child with congenital and / or hereditary disorder	<b>MR</b>	
Eclampsia / HELLP	<b>X</b>	
Pre-eclampsia	<b>MR</b>	
Fetal growth outside of expected range <ul style="list-style-type: none"> <li>○ IUGR &lt; 10<sup>th</sup> percentile</li> <li>○ Macrosomia</li> </ul>	<b>MR</b>  <b>MR</b>	
Fetal death at term of a normally formed infant	<b>X</b>	
Fetal death in utero <b>unexplained</b> (any gestation)	<b>X</b>	
Fetal death in utero < 37 weeks with a definite non recurrent cause	<b>MR</b>	
Forceps or vacuum assisted birth	<b>MR</b>	
Neonate with confirmed GBS infection on culturing (previous)	<b>MR</b>	
Parity > 5	<b>MR</b>	
Placental abruption(previous)	<b>X</b>	
Postpartum depression	<b>MR</b>	

Postpartum psychosis	X	
Postpartum haemorrhage > 500mL – 1000mL	MR	
Postpartum haemorrhage > 1000ml	X	
Previous preterm birth <35 weeks	MR	
Retained placenta (Manual removal of Placenta)	X	
Shoulder dystocia	X	
Previous third degree tear	MR	
Fourth Degree Tear	X	
Recurrent miscarriages > 3 consecutive	X	
Trophoblastic disease	X	
Other significant event	MR	
Organ transplants	X	

<b>Renal Function Disorder</b>		
Disorder in renal function	X	
Previous kidney surgery	MR	
Past history or kidney / ureteric stones	MR	
Previous or recurrent UTI's or pyelitis	MR	
Pyelonephritis	X	
Acute or chronic renal failure	X	
Glomerular nephritis	X	

<b>Respiratory Disease</b>		
Mild asthma	<b>MR</b>	
Moderate / severe asthma	<b>X</b>	
Current H1N1	<b>X</b>	
Cystic Fibrosis	<b>X</b>	
Severe lung function disorder	<b>X</b>	
Sarcoidosis	<b>X</b>	

<b>Skeletal problems</b>		
Osteogenesis imperfect	<b>X</b>	
Scheuermann's disease	<b>MR</b>	
Scoliosis	<b>MR</b>	
Spondylolisthesis	<b>X</b>	

<b>System / connective tissue problems</b>		
Antiphospholipid syndrome	<b>X</b>	
Marfan's syndrome	<b>X</b>	
Raynaud's disease	<b>X</b>	
Periarteritis nodosa	<b>X</b>	
Rheumatoid arthritis Discoid lupus CREST syndrome	<b>X</b>	Requires treating specialist support

<b>Present Pregnancy</b>		
<b>Anaemia during pregnancy</b> Hb < 110g/L (1 <sup>st</sup> and 3 <sup>rd</sup> trimester) Hb < 105g/L (2 <sup>nd</sup> trimester)	<b>MR</b>	Follow the KEMH anaemia guideline
Hb < 100g/L at term	<b>X</b>	
Antepartum haemorrhage	<b>MR</b>	
Blood group incompatibility	<b>X</b>	
Cervical weakness : dilatation < 37 weeks and / or cervical procedure	<b>X</b>	
Cervical shortening on anatomy scan (25mm on progesterone)	<b>MR</b>	
Cervical cytology abnormalities	<b>MR</b>	
Cholestasis	<b>MR</b>	
Endocrine : Addison's / Cushing's or any other endocrine disorder requiring treatment	<b>X</b>	
Fetal anomaly	<b>MR</b>	
Fetal Death in utero	<b>MR</b>	
Fetal growth disturbance		



Below 10 <sup>th</sup> centile	<b>MR</b>	
Equal to or greater than 97 <sup>th</sup> centile		
Fibroids	<b>MR</b>	
GDM requiring insulin	<b>MR</b>	Care to remain with MGP in conjunction with the Nurse practitioner Diabetes clinic and must birth in hospital
GDM not requiring insulin	<b>MR</b>	
Hypothyroidism	<b>MR</b>	
Hyperthyroidism	<b>MR</b>	
Graves (current)	<b>X</b>	
Graves (previous)	<b>MR</b>	
<b>Hypertension</b>		
With proteinuria > 1	<b>X</b>	
Chronic hypertension < 20 weeks gestation	<b>X</b>	
Pre-eclampsia	<b>MR</b>	Needs to birth in the main hospital
Eclampsia	<b>X</b>	


<b>Infectious Disease</b>		
Genital herpes late in pregnancy active lesions	<b>MR</b>	
HIV Infection	<b>X</b>	
Tuberculosis active	<b>X</b>	
Varicella / zoster virus	<b>MR</b>	
STI's	<b>MR</b>	
Parvo virus	<b>MR</b>	
Listeriosis	<b>X</b>	
Rubella	<b>X</b>	

In vitro fertilisation	<b>MR</b>	
Malignant disease arising in pregnancy	<b>MR</b>	
Mal presentation at term	<b>MR</b>	
Multiple pregnancy	<b>X</b>	
No antenatal care prior to 24 weeks gestation	<b>X</b>	
No anomaly USS at 20/40	<b>X</b>	
Non attending of antenatal visits (> 2 occasions)	<b>MR</b>	Exclude at this point if no reason for DNA
Placental abnormalities: praevia/abruption/accreta	<b>MR</b>	

Placenta low lying. <b>Must state 'low lying' on 20 week report</b>	<b>MR</b>	If low lying at 20/40 - Rescan at 32/40 If at 32/40 placenta $\leq$ 30mm from the os repeat the scan at 37/40. If placenta is $>$ 30mm away from the os at this scan the woman can birth in the FBC. If placenta is $<$ 30mm the woman must birth in hospital
Post term birth ( $\geq$ 42 weeks gestation)	<b>MR</b>	Must birth in the main hospital with monitoring
Preterm labour $<$ 37 weeks	<b>MR</b>	Must birth in the main hospital
Preterm rupture of membranes	<b>MR</b>	Must birth in the main hospital
Recurrent UTI's during the pregnancy	<b>MR</b>	
Reduced fetal movements	<b>MR</b>	Must birth in the main hospital.
Renal function - pyelitis	<b>MR</b>	
Surgery during pregnancy	<b>MR</b>	
Thrombosis	<b>X</b>	
Thrombocytopenia in pregnancy – platelets $<$ 90	<b>X</b>	

## Reference

1. National Midwifery Guidelines for Consultation and Referral.2013.3<sup>rd</sup> edition

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