



ANTENATAL CARE INCLUSION CRITERIA FOR THE CMP RISK MODEL

Background

There are some situations whereby low risk pregnant women can join the CMP who have an identified intrapartum risk factor (as listed below).

Acceptance of these women onto the CMP with an intrapartum risk factor is multi-factorial and must involve a collaborative approach between the midwife, midwifery consultant and obstetrician. Clients with known intrapartum risk factors accepted onto the CMP program will receive antenatal and postnatal care in the community with the CMP midwives and MUST birth in KEMH.

The midwife must NOT attend the woman at home in early labour and must direct her to KEMH where the midwife will meet her

NB: For these clients follow the KEMH [Antenatal](#) and [Intrapartum](#) guidelines. Do Not refer to CMP guidelines or standard protocols.

Inclusion criteria and pre-requisites for the CMP Risk Model;

A woman requesting a place on the CMP risk model must meet the following criteria at booking;

- Is over the age of 18 at booking
- Has the capacity to give informed consent.
- Has received regular antenatal care, with a health professional beginning in the first trimester in line with recognised guidelines
- Has a singleton pregnancy
- Does not have any condition affecting either mother or baby that has [developed during pregnancy](#) and increased the level of risk whereby midwifery care within the community is no longer considered to be a safe option.
- consents to a minimum of one anatomy ultrasound scan at 20 weeks gestation and one full blood picture and blood group/antibody screen during the pregnancy at 28 – 34 weeks gestation
- Has a pre-pregnancy BMI ≥ 18 and ≤ 35
- Does not have any current social determinants of health such as domestic violence, alcohol and/or drug dependency of the woman and/or family member

CMP Risk Model

A woman with the following risk factors may be considered for a place on the CMP Risk Model at booking;

- Previous caesarean section (VBAC) (non-catchment accepted) See KEMH Clinical Guideline [Vaginal Birth after Caesarean Section – Antenatal Preparation](#)
- Previous PPH in excess of 1000mL
- Previous shoulder dystocia
- Previous retained placenta
- Previous perinatal death at term of a normally formed infant



- Grand Multiparous (6 or more births)

Consideration will be given on an individual basis and in consultation/agreement with the obstetrician and CMC/CMM.

VBAC clients and clients with a previous perinatal death accepted for this model of care will require an appointment with the medical team at EWC (KEMH) at 24 and 34 weeks gestation. See KEMH Clinical Guideline [Exclusion for Midwifery Led care at KEMH](#)
All other clients will only require a 34 weeks appointment for an individual plan of care to be developed for labour and birth unless otherwise indicated. If not birthed – a further appointment will be required between 40-41 weeks.

Geographical Boundaries

All women **OTHER** than the women booked for VBAC must reside within the geographical boundaries set by KEMH (there is no catchment area for VBAC)

REFERENCES / STANDARDS	
National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice 12 Provision of Care	
Legislation - Nil	
Related Guidelines / Policies	
Other related documents – Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP Midwifery Standard of Practice	
National Institute for Health and Care Excellence (NICE) Antenatal Care for Uncomplicated Pregnancies, March 20082008	
RESPONSIBILITY	
Policy Sponsor	Nursing & Midwifery Director OGCCU
Initial Endorsement	May 2016
Last Reviewed	
Last Amended	
Review date	May 2019

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