



**COMMUNITY MIDWIFERY PROGRAM
CLINICAL PRACTICE GUIDELINE**

CMP Inclusion criteria at booking: Protocol and procedure

Scope (Staff):	WNHS Community Midwifery Program staff
Scope (Area):	Community Midwifery Program areas (e.g. home / hospital)

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

Note- Compliance with this guideline is mandatory as per MP 0141/20 Public Home Birth Program Policy

Aim

To define the Community Midwifery Program (CMP) inclusion criteria and to provide guidance on the process of assessing a client's suitability for CMP care at booking.

Eligibility criteria

This protocol should be read in conjunction with the:

- Department of Health WA: [MP 0141/20 Public Home Birth Program Policy](#)
- ACM: [ACM National Midwifery Guidelines for Consultation and Referral \(external website\)](#)
- KEMH Obstetrics & Gynaecology Clinical Guideline: [Antenatal Care Schedule](#)

For CMP Risk Model - to be read in conjunction with [CMP Inclusion Criteria for Risk Model guideline](#).

Inclusion criteria

- As per WA Health State-wide Policy for Home Birth inclusion/exclusion criteria and care pathways as listed in the [MP 0141/20 Public Home Birth Program Policy](#) and [Standard](#)
- is ≤ para 5
- must reside within the geographical boundaries set by the CMP. This includes 50kms North, 50km South of the CBD and 40kms East. The north, south and eastern boundary is determined in the north by the Great Northern Highway and in the south by the South Western Highway.



- must permanently reside within the CMP geographical boundary by 35 weeks gestation
- consent to a minimum of one anatomy ultrasound scan between 17-22 weeks gestation to exclude fetal anomalies and determine placental location
- consent to one full blood picture and blood group/antibody screen during the pregnancy at 28 –34 weeks gestation.
- must read and sign the Terms of Care document at booking, 28 weeks gestation and 36 weeks gestation. A client who declines to sign the Terms of Care document will be excluded from entering onto the program or continuing with the CMP. In this scenario, case management requires extensive involvement of the CMS/CMM, see CMP guideline: [Non-compliance of Client with the CMP Midwifery Standard of Practice](#). It must be made clear to clients that in a circumstance where best practice recommends birth in hospital, the CMP midwife will support them in hospital and **NOT** attend them in their home environment during the intrapartum period
- has not had a child with a significant neonatal history as determined by a consultant obstetrician and/or paediatrician
- BMI between 18-35 Pre Pregnancy

Assessing suitability for CMP care at booking

1. A thorough history must be taken at the booking interview and any pre-existing medical, gynaecological, neonatal or obstetric disorders must be detailed (see KEMH O&G guideline: [Antenatal Care Schedule](#)– initial visit)
2. Confirm and document suitable home environment as per [MP 0141/20 Public Home Birth Program Policy](#)
3. Discuss and document:
 - The need for routine referral to the clients nearest support hospital
 - The CMP Terms of Care (TOC) document. Client must sign 3 times during her pregnancy (booking, 28 and 36 weeks gestation)
 - Women who decline either of the above will not be accepted onto the program
4. After identifying any variance from the norm, the midwife must refer to the [MP 0141/20 Public Home Birth Program Policy](#) and the [ACM National Midwifery Guidelines for Consultation and Referral](#), to determine if the client is appropriate for low risk midwifery care
5. If a client has any indications at the booking interview which require consultation or referral i.e. category B on the [ACM National Midwifery Guidelines for Consultation and Referral](#), the midwife must organise an **early** consultation/referral with the obstetrician at the clients supporting hospital to discuss a plan of care and assess suitability for CMP/low risk care and planned place of birth. If possible the client, midwife and doctor should all be present. Acceptance onto the CMP is dependent on the outcome of this consultation

6. Should the obstetrician and/or a specialist physician deem the CMP model as unsuitable based upon medical/obstetric/neonatal risk factors identified at booking, the women will not be accepted onto the CMP
7. **NB:** A category C condition requires transfer for secondary or tertiary care by a medical practitioner and will not be accepted for CMP care (with exception as per [CMP Inclusion Criteria for Risk Model guideline](#))
8. The woman's care will be appropriately transferred to that of the obstetrician/specialist unless written agreement is obtained to confirm that the client can remain on the CMP as a 'medical domino'. In this case the antenatal care will be shared between the CMP and supporting maternity unit obstetrician and the place of birth is the hospital. The obstetrician remains the primary carer. The CMP Clinical Midwifery Specialist (CMS) must be informed of plan of care
9. Should the client be unsuitable for a place on the CMP, the midwife must clearly explain the reasons for non-acceptance to the client and the PHR must be completed. A letter confirming non-acceptance is to be sent to the client and her GP and referral to appropriate health care providers must be initiated. The CMP CMS must be informed of the above change in plan of care

Ongoing antenatal care

- As per KEMH guideline: [Antenatal Care Schedule](#): Subsequent visits
- Should any deviations arise during the pregnancy as per the [MP 0141/20 Public Home Birth Program Policy](#) and the [ACM National Midwifery Guidelines for Consultation and Referral](#) (external webpage). Consultation / referral with the obstetrician at the clients supporting hospital to discuss a plan of care and assess suitability for CMP/low risk care and planned place of birth must occur. If possible the client, midwife and doctor should all be present
- Discuss and recommend all routine screening tests in pregnancy and provide information as per the [KEMH Pregnancy, Birth and your Baby Book \(PDF 7.5MB\)](#). Client to sign informed choice agreement form in CMP MR 07.

CMP hospital birth (maternal choice domino)

- Women requesting to join the CMP and birth in a supporting hospital must meet the inclusion criteria as set out above
- Women will be accepted as per availability of spaces

CMP at the Family Birth Centre

- Women requesting to join CMP and birth at the FBC must meet the inclusion/exclusion criteria for FBC care as per KEMH Clinical Guideline, O&G: [Exclusion Criteria for Midwifery Group Practice Birthing in the Family Birth Centre](#)
- Women will be accepted as per availability of places

- The woman's intended place of birth is the FBC. If an intrapartum home assessment/home birth is desired the midwife should follow the criteria and process for home birth

Related legislation and policies

Department of Health Western Australia: [MP 0141/20 Public Home Birth Program Policy](#)

Related WNHS policies, procedures and guidelines

KEMH Obstetrics & Gynaecology Clinical Guideline:

- [Antenatal Care Schedule](#)









CMP guidelines:

- [CMP Inclusion Criteria for Risk Model guideline](#)
- [Non-compliance of Client with the CMP Midwifery Standard of Practice.](#)

Useful resources (including related forms)

[ACM National Midwifery Guidelines for Consultation and Referral](#) (external website)

Forms: Informed choice agreement form in CMP MR 07

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