

# Breath of Life Midwifery Practice Guidelines

## General Responsibilities & Practices

1. Provide care that is consistent with the midwifery model of care.
2. Maintain adequate records and confidentiality.
3. Continuity of care with prenatal, intrapartum, and postpartum transfers.
4. Meet the VA Board of Medicine Regulations.
5. Maintain necessary certifications, licenses, and continuing education requirements.
6. Provide apprenticeship opportunities without compromising quality of care for clients.
7. Maintain that clients are the ultimate decision maker in their birth options.
8. Provide community and educational resources for clients.
9. Promote education and collaboration in the community.
10. Show integrity, compassion, and dependability to all clients, peers, and students.

## Normal Care Practices - Prenatal

### Explanation of Typical Care Practices

Prenatal Care Schedule  
Visits Every 4 Weeks from Week 10-28,  
Bi-weekly Visits from Week 30-36,  
Weekly Visits 36-41 Weeks, Visits  
Every 3-4 Days After 41 Weeks

#### **Every Prenatal Visit**

Obtain Weight  
Urinalysis for Blood, Leuks, Protein,  
Ketones, Glucose, Nitrites, pH, Specific  
Gravity, Urobilinogen, and Bilirubin.  
Fundal Measurement  
Blood Pressure  
Assess for Fetal Movement  
Fetal Heart Tones (10 weeks with  
Doppler 16 weeks with Fetoscope)  
Assess for Fetal Presentation  
Assess for Edema  
Ask About Headaches, Dizziness, and  
Fatigue  
Counseling  
Answer Client Questions  
Schedule Next Appointment

#### **32 Week Visit**

Review Labs/Diet  
How is Childbirth Class Going? Assess  
Needs to Supplement Education  
Give GBS Handout  
Videos/Books  
Assess Baby Position & Need for U/S to  
Confirm. Give Recommendations for  
Breech/Transverse  
Discuss Fears/Expectations  
Need for Books/Videos?  
Birth Supply Checklist  
Perineal Massage Discussion  
Discuss 5W  
Discuss Need for Prenatal Nipple Care  
for Women with Flat/Inverted Nipples

#### **Initial Visit**

Full Exam/Medical History Review  
Discuss Need/Desire for STI Screening  
Informed Consent Document  
Legally Required Handouts  
Send for Initial Labs  
Request Records if Client has Prior Care  
Give Nutritional Handouts  
Discuss Financial Agreement  
Review Supplements  
Give Dietary Journal  
Give Warning Signs Handout  
Discuss AFP and Ultrasound  
Discuss Desire for Physician Backup:  
None, Limited, or Parallel  
Give Emergency Care Plan

#### **28 Week Visit**

Send for 3<sup>rd</sup> Trimester Labs  
Discuss Optimal Fetal Positioning  
Review Preterm Labor & Warning Signs  
If Breech/Transverse Presentation  
Suspected, Begin Exercises to Turn Baby  
Conduct GTT/Alternative Testing/Obtain  
Signed Refusal  
Give Rhogam/Obtain Signed Refusal (if  
Rh-)  
Confirm Plans for Childbirth Classes  
Discuss Labor Support and Doula  
Give Diet Journal  
Recommend Alfalfa  
Discuss Baby Procedures/Testing/Meds  
Vit. K  
Eye Ointment  
Circumcision  
PKU  
Vaccines  
Pediatrician

#### **Second Visit**

Review Test Results  
Review Diet  
Obtain Signed Documents  
Discuss Fitness/Exercise

#### **16 Week Visit**

Discuss Desire for 2<sup>nd</sup> Trimester  
Ultrasound  
Discuss Reading Materials

#### **24 Week Visit**

Childbirth Classes  
Discuss Reading Materials  
Discuss Glucose Test/Give Handout  
Discuss Rhogam/Give Handout, if RH-

#### **36 Week Home Visit**

GBS Test or Signed Refusal  
STI Screening if Needed  
Finalize Birth Plans/Baby Care Plans or  
Refusals  
House Tour  
View Birth Supplies  
Go Over When to Call Midwife/Signs of  
Labor  
Assess Baby Position & Need for U/S to  
Confirm. Give Recommendations for  
Breech/Transverse. Discuss Options for  
Version or Transfer of Care if Baby  
Doesn't Turn.  
Discuss Kick Counts

#### **Post-Dates Prenatal Visits**

Discuss Fears/Emotional Hang-ups  
Assess Baby Position  
Discuss Natural Induction Methods (Nipple  
Stim., Intercourse, Herbs/Homeopathics,  
Visualizations) & Interventional Methods  
(Stripping Membranes, Breaking Water,  
Transport).  
NST Weekly at 40 and After  
BPP at 41 Weeks and Every 4 Days After  
or Signed Refusal  
Referral to Physician at 42 Weeks or  
Signed Refusal

# Breath of Life Midwifery Practice Guidelines

## Prenatal Testing Available to Breath of Life Midwifery Clients

	STANDARD OF CARE	AVAILABLE AS INDICATED OR DESIRED
EVERY VISIT	<ul style="list-style-type: none"> <li>● Obtain Weight</li> <li>● Basic Urinalysis: testing for indicators of bladder/kidney infection or dysfunction, preeclampsia, gestational diabetes, malnutrition, proper hydration, and liver function.</li> <li>● Uterine Measurement</li> <li>● Blood Pressure</li> <li>● Fetal Heart Tones: via Doppler or Fetoscope.</li> <li>● External Palpation of Uterine Size/Baby Position/Fluid Levels</li> <li>● Assess for Swelling</li> </ul>	<ul style="list-style-type: none"> <li>● Ultrasound</li> <li>● Full Access to Laboratory Testing</li> <li>● Non-Stress Testing (measures fetal heart rate in response to movement, reassuring indicator of fetal health)</li> </ul>
1 <sup>ST</sup> TRIMESTER	<ul style="list-style-type: none"> <li>● Complete Blood Count: Creates a baseline for your levels of white/red blood cells, hemoglobin, and hematocrit.</li> <li>● Blood Type &amp; Screen</li> <li>● Rubella Titer</li> <li>● Syphilis, Hep B, &amp; HIV Blood Screening: (Required by Law to Offer these Tests)</li> <li>● STD Screening by Urine, Blood, and/or Vaginal Fluids</li> </ul>	<ul style="list-style-type: none"> <li>● PAP Smear</li> <li>● Cervical Swabs</li> <li>● Nuchal Fold Testing for Anomalies</li> <li>● Thyroid Panel</li> <li>● Clotting Disorder Testing</li> <li>● Genetic Screen for Cystic Fibrosis, Sickle Cell, etc.</li> <li>● Ultrasound for Dating/Viability</li> </ul>
2 <sup>ND</sup> TRIMESTER	<ul style="list-style-type: none"> <li>● Repeat Complete Blood Count 26-28 wks</li> <li>● Standard Ultrasound 20-24 wks</li> </ul>	<ul style="list-style-type: none"> <li>● AFP/Triple Screen for Anomalies 15-18 wks.</li> </ul>
3 <sup>RD</sup> TRIMESTER	<ul style="list-style-type: none"> <li>● Repeat Complete Blood Count 34-36wks</li> <li>● Glucose Testing (3 Options)</li> <li>● GBS Screening (Refusal is Common)</li> </ul>	<ul style="list-style-type: none"> <li>● STD Screening</li> <li>● Biophysical Profile (ultrasound that measures fetal health)- this is recommended at 7-10 days after due date.</li> <li>● Cervical Exams (Uncommon)</li> </ul>

## Normal Care Practices - Intrapartum

- Experienced in home labor support
  - Making sure parents are nourished
  - Keeping mom hydrated
  - Encouraging mobility when needed
  - Encouraging rest when needed
  - Verbal encouragement
  - Physical comfort measures
- Early labor phone support and counseling
- Birth room setup
- Intermittent fetal monitoring
  - Every 30-60 minutes in active labor
  - Every half hour to 15 minutes in transition
  - Every 5 to 15 minutes in second stage
- Birth support
- Encouraging mom to push with body's natural urges
- Supporting mom's chosen birth position
- Perineal support
- Encouraging family participation
  - Mom touching baby's head
  - Mom and/or dad catching baby
  - Sibling participation when appropriate

# Breath of Life Midwifery Practice Guidelines

## Normal Care Practices – Postpartum

### Immediate Postpartum

- Baby to mom's naked tummy/chest
- Baby skin to skin, mom and baby covered with warm blankets
- No unnecessary routine newborn procedures
  - Apgars on mom's chest at 1, 5, and sometimes 10 mins
  - Delayed cord clamping/cutting
  - Encouragement of nursing
- Keeping a calm, quiet atmosphere/respecting family time
- Placenta
  - Gentle reminder that birth is not done
  - Encouraging gravity favorable positions
  - Encouraging spontaneous deliver with traction and assistance when necessary
- Checking mom and newborn vitals
- Inspection of perineum and labia for skids/tears
- Newborn Exam at 1 hour
- Breastfeeding assistance
- Providing nourishment and hydration for mom
- Assistance with shower
- Birth clean-up

### Postpartum Appointment Schedule

Phone Consultations at 12hr, 36 hr, 3days, 1 week, 3 Weeks Postpartum.

Visits at 12-36hr, 5-10 Days, 10-14 Days, 4 Wks., and 6 Wks.

Additional Visits for Breastfeeding Issues or Newborn Weight Checks are Common

#### Every Visit

Counseling about:

- Nutrition/Hydration
- Rest
- Breastfeeding
- Normal Newborn Care

Assessment of:

- Maternal Wellbeing Physical & Emotional
- Newborn Wellbeing
- Latch
- Oral Vit. K (if desired)

#### 2 Week Visit

Mom:

- Followup Examination
- Needs Evaluation

Baby:

- Weight
- Followup Examination

#### 1 Day Visit

Mom:

- Followup Examination
- Needs Evaluation

Baby:

- Weight
- Followup Examination
- Respiratory Evaluation
- Pulse Oximetry for Heart Screen

#### 4 Week Visit

Mom:

- Followup Examination
- Needs Evaluation

Baby:

- Weight
- Followup Examination

#### 1 Week Visit

Mom:

- Followup Examination
- Needs Evaluation

Baby:

- Weight
- Followup Examination

Birth Certificate Completed

Referral for Newborn Screening

#### 6 Week Visit

Mom:

- Followup Examination
- Needs Evaluation
- Family Planning

Baby:

- Weight
- Followup Examination

# Breath of Life Midwifery Practice Guidelines

## Homebirth Candidacy Screening & Informed Consent & Choice

Consultation/Transfer Required	Strong Encouragement for Consultation or Transfer w/ Signed Informed Choice Document if Refused	Risk/Benefits Reviewed, Signed Consent Form if Indicated by Law, and Possibly Peer Review
<p><b>Prenatal</b></p> <ul style="list-style-type: none"> <li>● Pre-existing, uncontrolled hypertension consistently &gt;140/90.</li> <li>● Fetal anomalies requiring care outside of the midwifery scope of practice or incompatible with life.</li> <li>● Placental Abruption</li> <li>● Fetal Distress</li> <li>● Positive for HIV, HBV, HCV (with positive viral load), Syphilis, Gonorrhea, Chlamydia, Active Genital Herpes Lesions.</li> <li>● Chronic Heart Condition</li> <li>● Type 1 Diabetes</li> <li>● Alcohol or Drug Abuse</li> <li>● Bleeding 2nd or 3rd Trimester</li> <li>● Placenta Previa at Term or Before w/ Bleeding</li> <li>● Moderate to Severe Preeclampsia</li> <li>● Active Cancer</li> <li>● Ectopic Pregnancy</li> <li>● Isoimmunization</li> <li>● Severe Liver Disease</li> <li>● Severe Renal Disease</li> <li>● Uterine Ablation</li> <li>● Dangerous Birth Environment</li> </ul> <p><b>Intrapartum</b></p> <ul style="list-style-type: none"> <li>● Labor Prior to 36 Weeks</li> <li>● Dangerous Birth Environment</li> <li>● PROM &gt;72 hrs or before w/ signs of infection.</li> <li>● Fever &gt;100.4</li> <li>● Uterine Rupture</li> <li>● Placental Abruption</li> <li>● Fetal Distress</li> <li>● Cord Prolapse</li> <li>● Shock</li> </ul> <p><b>Postpartum</b></p> <ul style="list-style-type: none"> <li>● Shock</li> <li>● Uncontrolled PPH</li> <li>● Retained Placenta &gt;2hrs or with Excessive Bleeding</li> <li>● Postpartum Psychosis</li> </ul> <p><b>Neonatal</b></p> <ul style="list-style-type: none"> <li>● Neonatal Fever</li> <li>● Resuscitation Requiring Chest Compressions</li> <li>● Undiagnosed Anomalies Requiring Immediate Care</li> <li>● Worsening Respiratory Distress</li> <li>● Abnormal Metabolic Screening</li> </ul>	<p><b>Prenatal</b></p> <ul style="list-style-type: none"> <li>● Multiple Gestations</li> <li>● Failure of Fetal Wellness Testing</li> <li>● Situations outside my personal experience and knowledge as a midwife.</li> <li>● IUGR</li> <li>● Type 2 Diabetes</li> <li>● Tobacco Use</li> <li>● Drug Use</li> <li>● Anemia &lt;10</li> <li>● Bleeding Beyond 14wks</li> <li>● Postdates Pregnancy &gt; 42 weeks w/ Non-Reassuring Fetal Testing</li> <li>● Vaginal Birth After 3+ C/S</li> <li>● Vaginal Birth After T/J Incision</li> <li>● Mild Preeclampsia</li> <li>● Known Blood Clotting Disorder</li> <li>● Seizure Disorder w/ Meds</li> <li>● Mild/Moderate Liver Disease</li> <li>● Mild/Moderate Renal Disease</li> <li>● Uncontrolled Hyperthyroidism</li> <li>● Persistent Fetal Cardiac Arrhythmia</li> <li>● IUFD &gt;14wks</li> <li>● Active Domestic Violence</li> </ul> <p><b>Intrapartum</b></p> <ul style="list-style-type: none"> <li>● Breech, Face, or Brow Presentation - EMS will be called in 2nd Stage.</li> <li>● Situations outside my personal experience and knowledge as a midwife.</li> <li>● Onset of Labor 36w0d-36w6d</li> <li>● PROM (&gt;48hrs)</li> </ul> <p><b>Postpartum</b></p> <ul style="list-style-type: none"> <li>● Retained Placenta &gt;1hr</li> <li>● Fainting</li> <li>● Tachycardia</li> <li>● Postpartum Depression Not Managed w/ Support Measures</li> <li>● ≥Moderate 2nd Degree Tearing</li> </ul> <p><b>Neonatal</b></p> <ul style="list-style-type: none"> <li>● Severe Neonatal Jaundice</li> <li>● Hip Dislocation</li> <li>● Transient Tachypnea &gt;2hrs PP or w/ Additional S/S of RDS.</li> <li>● Cephalohematoma</li> <li>● Abnormal Findings on Newborn Examination or Well Checks</li> <li>● Failure to Thrive</li> </ul>	<p><b>Prenatal</b></p> <ul style="list-style-type: none"> <li>● Client refusal of suggested testing.</li> <li>● Gestational diabetes</li> <li>● GBS</li> <li>● Polyhydramnios</li> <li>● Oligohydramnios</li> <li>● 1st Trimester Miscarriage</li> <li>● Hypothyroidism</li> <li>● PCOS, Insulin Resistance</li> <li>● Anemia &lt;11Hgb</li> <li>● VBAC (1 or 2 Low Transverse)</li> <li>● Postdates Pregnancy &gt; 42 weeks w/ Reassuring Fetal Testing</li> <li>● BMI &gt;30</li> <li>● Vascular Issues</li> <li>● Previous Birth Complications</li> <li>● Macrosomia</li> <li>● Small for Gestational Age</li> <li>● Mental Health Disorders</li> <li>● Breech or Transverse &gt;34 Weeks</li> <li>● Asthma</li> <li>● Severe Abuse Hx</li> <li>● PTSD</li> <li>● Meconium Staining</li> </ul> <p><b>Intrapartum</b></p> <ul style="list-style-type: none"> <li>● PROM (&gt;24hrs)</li> <li>● Dehydration</li> <li>● Maternal Exhaustion</li> <li>● Prolonged Active Labor &gt;24hrs</li> <li>● Prolonged 2nd Stage &gt;3hrs</li> <li>● Cervical Edema</li> </ul> <p><b>Postpartum</b></p> <ul style="list-style-type: none"> <li>● Mild PPH</li> <li>● Mild Postpartum Depression</li> <li>● 1st/Minor 2nd Degree Tears</li> </ul> <p><b>Neonatal</b></p> <ul style="list-style-type: none"> <li>● Eye and Vit K Prophylaxis</li> <li>● Vaccinations</li> <li>● Hearing Screening</li> <li>● Metabolic Screening</li> <li>● Tongue Tie</li> <li>● Slow Weight Gain</li> <li>● Nursing Difficulties</li> <li>● Colic/Reflux</li> </ul>