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, Leuk, Protein,
Ketones, Glucose, Nitrates, 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 3rd 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 Doulas
Give Diet Journal
Recommend Alfalfa
Discuss Baby Procedures/Testing/Meds
Vit. K
Eye Ointment
Circumcision
PKU
Vaccines
Pediatrician

**16 Week Visit**

Discuss Desire for 2nd 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
(Striping 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

<table>
<thead>
<tr>
<th>STANDARD OF CARE</th>
<th>AVAILABLE AS INDICATED OR DESIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVERY VISIT</strong></td>
<td></td>
</tr>
<tr>
<td>● Obtain Weight</td>
<td>● Ultrasound</td>
</tr>
<tr>
<td>● Basic Urinalysis: testing for indicators of bladder/kidney infection or dysfunction, preeclampsia, gestational diabetes, malnutrition, proper hydration, and liver function.</td>
<td>● Full Access to Laboratory Testing</td>
</tr>
<tr>
<td>● Uterine Measurement</td>
<td>● Non-Stress Testing (measures fetal heart rate in response to movement, reassuring indicator of fetal health)</td>
</tr>
<tr>
<td>● Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>● Fetal Heart Tones: via Doppler or Fetoscope.</td>
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</tr>
<tr>
<td>● External Palpation of Uterine Size/Baby Position/Fluid Levels</td>
<td></td>
</tr>
<tr>
<td>● Assess for Swelling</td>
<td></td>
</tr>
<tr>
<td><strong>1ST TRIMESTER</strong></td>
<td></td>
</tr>
<tr>
<td>● Complete Blood Count: Creates a baseline for your levels of white/red blood cells, hemoglobin, and hematocrit.</td>
<td>● PAP Smear</td>
</tr>
<tr>
<td>● Blood Type &amp; Screen</td>
<td>● Cervical Swabs</td>
</tr>
<tr>
<td>● Rubella Titer</td>
<td>● Nuchal Fold Testing for Anomalies</td>
</tr>
<tr>
<td>● Syphilis, Hep B, &amp; HIV Blood Screening: (Required by Law to Offer these Tests)</td>
<td>● Thyroid Panel</td>
</tr>
<tr>
<td>● STD Screening by Urine, Blood, and/or Vaginal Fluids</td>
<td>● Clotting Disorder Testing</td>
</tr>
<tr>
<td><strong>2ND TRIMESTER</strong></td>
<td>● Genetic Screen for Cystic Fibrosis, Sickle Cell, etc.</td>
</tr>
<tr>
<td>● Repeat Complete Blood Count 26-28 wks</td>
<td>● Ultrasound for Dating/Viability</td>
</tr>
<tr>
<td>● Standard Ultrasound 20-24 wks</td>
<td></td>
</tr>
<tr>
<td><strong>3RD TRIMESTER</strong></td>
<td></td>
</tr>
<tr>
<td>● Repeat Complete Blood Count 34-36wks</td>
<td>● STD Screening</td>
</tr>
<tr>
<td>● Glucose Testing (3 Options)</td>
<td>● Biophysical Profile (ultrasound that measures fetal health)- this is recommended at 7-10 days after due date.</td>
</tr>
<tr>
<td>● GBS Screening (Refusal is Common)</td>
<td>● Cervical Exams (Uncommon)</td>
</tr>
</tbody>
</table>

### 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)

1 Day Visit

Mom:
- Followup Examination
- Needs Evaluation

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

1 Week Visit

Mom:
- Followup Examination
- Needs Evaluation

Baby:
- Weight
- Followup Examination

Birth Certificate Completed
Referral for Newborn Screening

2 Week Visit

Mom:
- Followup Examination
- Needs Evaluation

Baby:
- Weight
- Followup Examination

4 Week Visit

Mom:
- Followup Examination
- Needs Evaluation

Baby:
- Weight
- Followup Examination

6 Week Visit

Mom:
- Followup Examination
- Needs Evaluation
- Family Planning

Baby:
- Weight
- Followup Examination
## Prenatal
- Pre-existing, uncontrolled hypertension consistently >140/90.
- Fetal anomalies requiring care outside of the midwifery scope of practice or incompatible with life.
- Placental Abruption
- Fetal Distress
- Positive for HIV, HBV, HCV (with positive viral load), Syphilis, Gonorrhea, Chlamydia, Active Genital Herpes Lesions.
- Chronic Heart Condition
- Type 1 Diabetes
- Alcohol or Drug Abuse
- Bleeding 2nd or 3rd Trimester
- Placenta Previa at Term or Before w/ Bleeding
- Moderate to Severe Preeclampsia
- Known Blood Clotting Disorder
- Active Cancer
- Ectopic Pregnancy
- Isoimmunization
- Severe Liver Disease
- Severe Renal Disease
- Uterine Ablation
- Dangerous Birth Environment

## Intrapartum
- Labor Prior to 36 Weeks
- Dangerous Birth Environment
- PROM >72 hrs or before w/ signs of infection.
- Fever >100.4
- Uterine Rupture
- Placental Abruption
- Fetal Distress
- Cord Prolapse
- Shock

## Postpartum
- Shock
- Uncontrolled PPH
- Retained Placenta >2hrs or with Excessive Bleeding
- Postpartum Psychosis

## Neonatal
- Neonatal Fever
- Resuscitation Requiring Chest Compressions
- Undiagnosed Anomalies Requiring Immediate Care
- Worsening Respiratory Distress
- Abnormal Metabolic Screening

## 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

<table>
<thead>
<tr>
<th>Consultation/Transfer Required</th>
<th>Strong Encouragement for Consultation or Transfer w/ Signed Informed Choice Document if Refused</th>
<th>Risk/Benefits Reviewed, Signed Consent Form if Indicated by Law, and Possibly Peer Review</th>
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<tr>
<td><strong>Prenatal</strong></td>
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</tr>
<tr>
<td>• Pre-existing, uncontrolled hypertension consistently &gt;140/90.</td>
<td>• Multiple Gestations</td>
<td>• Client refusal of suggested testing.</td>
</tr>
<tr>
<td>• Fetal anomalies requiring care outside of the midwifery scope of practice or incompatible with life.</td>
<td>• Failure of Fetal Wellness Testing</td>
<td>• Gestational diabetes</td>
</tr>
<tr>
<td>• Placental Abruption</td>
<td>• Situations outside my personal experience and knowledge as a midwife.</td>
<td>• GBS</td>
</tr>
<tr>
<td>• Fetal Distress</td>
<td>• IUGR</td>
<td>• Polyhydramnios</td>
</tr>
<tr>
<td>• Positive for HIV, HBV, HCV (with positive viral load), Syphilis, Gonorrhea, Chlamydia, Active Genital Herpes Lesions.</td>
<td>• Type 2 Diabetes</td>
<td>• Oligohydramnios</td>
</tr>
<tr>
<td>• Chronic Heart Condition</td>
<td>• Tobacco Use</td>
<td>• 1st Trimester Miscarriage</td>
</tr>
<tr>
<td>• Type 1 Diabetes</td>
<td>• Drug Use</td>
<td>• Hypothyroidism</td>
</tr>
<tr>
<td>• Alcohol or Drug Abuse</td>
<td>• Anemia &lt;10</td>
<td>• PCOS, Insulin Resistance</td>
</tr>
<tr>
<td>• Bleeding 2nd or 3rd Trimester</td>
<td>• Bleeding Beyond 14wks</td>
<td>• Anemia &lt;11Hgb</td>
</tr>
<tr>
<td>• Placenta Previa at Term or Before w/ Bleeding</td>
<td>• Postdates Pregnancy &gt; 42 weeks w/ Non-Reassuring Fetal Testing</td>
<td>• VBAC (1 or 2 Low Transverse)</td>
</tr>
<tr>
<td>• Moderate to Severe Preeclampsia</td>
<td>• Vaginal Birth After 3+ C/S</td>
<td>• Postdates Pregnancy &gt; 42 weeks w/ Reassuring Fetal Testing</td>
</tr>
<tr>
<td>• Active Cancer</td>
<td>• Vaginal Birth After T/J Incision</td>
<td>• BMI &gt;30</td>
</tr>
<tr>
<td>• Ectopic Pregnancy</td>
<td>• Mild Preeclampsia</td>
<td>• Vascular Issues</td>
</tr>
<tr>
<td>• Isoimmunization</td>
<td>• Known Blood Clotting Disorder</td>
<td>• Previous Birth Complications</td>
</tr>
<tr>
<td>• Severe Liver Disease</td>
<td>• Seizure Disorder w/ Meds</td>
<td>• Macrosomia</td>
</tr>
<tr>
<td>• Severe Renal Disease</td>
<td>• Mild/Moderate Liver Disease</td>
<td>• Small for Gestational Age</td>
</tr>
<tr>
<td>• Uterine Ablation</td>
<td>• Mild/Moderate Renal Disease</td>
<td>• Mental Health Disorders</td>
</tr>
<tr>
<td>• Dangerous Birth Environment</td>
<td>• Uncontrolled Hyperthyroidism</td>
<td>• Breech or Transverse &gt;34 Weeks</td>
</tr>
<tr>
<td><strong>Intrapartum</strong></td>
<td>• Persistent Fetal Cardiac Arrhythmia</td>
<td>• Asthma</td>
</tr>
<tr>
<td>• Labor Prior to 36 Weeks</td>
<td>• IUFD &gt;14wks</td>
<td>• Severe Abuse Hx</td>
</tr>
<tr>
<td>• Dangerous Birth Environment</td>
<td>• Active Domestic Violence</td>
<td>• PTSD</td>
</tr>
<tr>
<td>• PROM &gt;72 hrs or before w/ signs of infection.</td>
<td>• Breech, Face, or Brow Presentation - EMS will be called in 2nd Stage.</td>
<td>• Meconium Staining</td>
</tr>
<tr>
<td>• Fever &gt;100.4</td>
<td>• Situations outside my personal experience and knowledge as a midwife.</td>
<td><strong>Intrapartum</strong></td>
</tr>
<tr>
<td>• Uterine Rupture</td>
<td>• Onset of Labor 36w0d-36w6d</td>
<td>• PROM (&gt;48hrs)</td>
</tr>
<tr>
<td>• Placental Abruption</td>
<td>• PROM (&gt;24hrs)</td>
<td><strong>Postpartum</strong></td>
</tr>
<tr>
<td>• Fetal Distress</td>
<td>• Retained Placenta &gt;1hr</td>
<td>• Mild PPH</td>
</tr>
<tr>
<td>• Cord Prolapse</td>
<td>• Fainting</td>
<td>• Mild Postpartum Depression</td>
</tr>
<tr>
<td>• Shock</td>
<td>• Tachycardia</td>
<td>• 1st/Minor 2nd Degree Tears</td>
</tr>
<tr>
<td><strong>Postpartum</strong></td>
<td>• Postpartum Depression Not Managed w/ Support Measures</td>
<td><strong>Neonatal</strong></td>
</tr>
<tr>
<td>• Shock</td>
<td>• &gt;Moderate 2nd Degree Tearing</td>
<td>• Eye and Vit K Prophylaxis</td>
</tr>
<tr>
<td>• Uncontrolled PPH</td>
<td>• Retained Placenta &gt;1hr</td>
<td>• Vaccinations</td>
</tr>
<tr>
<td>• Retained Placenta &gt;2hrs or with Excessive Bleeding</td>
<td>• Fainting</td>
<td>• Hearing Screening</td>
</tr>
<tr>
<td>• Postpartum Psychosis</td>
<td>• Tachycardia</td>
<td>• Metabolic Screening</td>
</tr>
<tr>
<td><strong>Neonatal</strong></td>
<td>• Postpartum Depression Not Managed w/ Support Measures</td>
<td>• Tongue Tie</td>
</tr>
<tr>
<td>• Neonatal Fever</td>
<td>• &gt;Moderate 2nd Degree Tearing</td>
<td>• Slow Weight Gain</td>
</tr>
<tr>
<td>• Resuscitation Requiring Chest Compressions</td>
<td>• Transient Tachypnea &gt;2hrs PP or w/ Additional S/S of RDS.</td>
<td>• Nursing Difficulties</td>
</tr>
<tr>
<td>• Undiagnosed Anomalies Requiring Immediate Care</td>
<td>• Cephalohematoma</td>
<td>• Colic/Reflux</td>
</tr>
<tr>
<td>• Worsening Respiratory Distress</td>
<td>• Abnormal Findings on Newborn Examination or Well Checks</td>
<td></td>
</tr>
<tr>
<td>• Abnormal Metabolic Screening</td>
<td>• Failure to Thrive</td>
<td></td>
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</table>