

# Standards of Care and Protocols for Practice

(Updated 1997)

A **standard**-that which is established by general consent as a model or example.

A **protocol**-a plan for a course of treatment, or a code of correct conduct.

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### 1. In general

- a. MAWV midwives will attend peer review meetings within the group.
- b. MAWV midwives will keep adequate prenatal, birthing, and postpartum records on a standard form agreed upon by the group.
- c. MAWV midwives will attend a minimum of 50 hours per year of continuing education through workshops, MAWV meetings, class time, and self-instruction.

### 2. Prenatal Care

- a. Before prenatal care begins each family will be informed in writing of the midwife's experience, training, emergency backup, associated risks of home and hospital birth, financial arrangements, and the legal status of midwives in West Virginia. Contraindications to home birth will be communicated, as will expectations of the family and the midwife. MAWV midwives will provide families with whom they work information regarding MAWV standards, protocols, peer review, and contacts for reference.
- b. A medical and obstetrical history from the mother will be obtained which will include a family health and obstetric history (See Appendix A).
- c. Each woman will be encouraged to have regular prenatal visits. The midwife will provide prenatal examinations at least every four weeks until the 36th week of gestation, then once every week until birth. Blood work will be recommended in the first and third trimester. Prenatal care will include everything in Appendix B.

- d. The midwife will continually evaluate the pregnancy for risks. Risk assessment will be based on all lab results (see Appendix B, # 1), complications and complaints that develop, MAWV Risk Factor Guidelines, plus the overall physical and emotional well-being of the mother. The client will be informed of these risks and options will be discussed for appropriate care and/or referral. Client confidentiality will be maintained at all times, including times of midwife consultation.
- e. Each client will be encouraged to exercise regularly during pregnancy and to strive for an optimal level of health. The midwife will provide information on educational resources, books and classes available in the area. The client will be encouraged to attend natural childbirth classes with her partner.
- f. The midwife will provide education concerning nutritional needs during pregnancy and lactation to each client. The midwife will promote healthy eating, make suggestions for dietary adjustments, and keep the client informed of her nutritional status.
- g. The importance of breast feeding to postpartum recovery, mother-child bonding and optimal newborn health will be conveyed to each family by the midwife. The midwife will assist each mother in education about, preparation for, and execution of successful breast-feeding.

### **3. Birth Preparation**

- a. The midwife will inform the family of the signs of labor and when and how the midwife can be contacted. The midwife will be available and reachable 3-4 weeks before the due date or will make specific arrangements for standby coverage or referral.
- b. The midwife will ascertain that the family has all the necessary supplies in a convenient location at least four weeks prior to the due date. The midwife will request the following information be readily available: address and phone number of nearest hospital, phone number of the local EMS(Emergency Medical Service) , phone number for backup provider, insurance coverage, route to the hospital, family address, and clear directions to the family's home.
- c. The midwife will discuss with the family their home birth plan: the people who will be present at the birth, child care arrangements for other siblings, the father's participation, and the midwife's birth procedures. Each family will be encouraged to make up a written plan for an out-of-home birth and hospital transport.
- d. Each midwife will have access to a reliable vehicle.
- e. Each midwife will make at least one visit before labor to the intended place of birth and will know the route both day and night. The intended place of birth will be checked for adequate light, heat, water, and cleanliness. The midwife will strongly recommend that there is a working phone at the place of birth; if not, an alternate dependable means of communication must be available.

### **4. Labor**

- a. Monitoring Labor
  - 1. The midwife will be responsible for monitoring the mother's condition (her temperature, pulse, blood pressure, urine, length and strength of contractions, nutritional status, and progress of labor) and for assessing the physical and emotional environment. Fetal heart tones will be checked as well as the baby's

position and presentation and other signs of fetal well being. The above factors will be monitored and documented throughout labor.

2. When the membranes rupture they will be assessed for meconium staining. The mother will be checked for indications of prolapsed cord and monitored for possible infection.
3. During second stage fetal heart tones will be monitored between and during contractions as appropriate.

b. **Aseptic Technique**

1. The midwife will make sure that cleanliness is maintained throughout labor and birth.
2. After rupture of membranes occurs, sterile technique will be used during vaginal exams.
3. Recognizing the intrusiveness of vaginal exams and the risk of infection the midwife will do the least number possible to adequately assess labor progress.
4. All instruments will be sterilized before each birth.
5. Appropriate isolation techniques will be used for contagious disease of anyone attending the birth

**5. Birth**

- a. During the birth process the midwife will maintain the safety of the mother and baby to the best of her ability. The midwife will use whatever equipment, skills, and intuition she deems necessary. The midwife will pay close attention to the birth process, the mother's needs, and her own wellbeing. The midwife will consult with another midwife when she is unsure or confused about a given situation.
- b. Documentation of the events of the birth will be kept by the midwife. This will be recorded either on a standard form or on a form of the midwife's choice that will include, but not be limited to, the following:
  - length of labor stages;
  - repeated recordings of fetal heart tones,
  - maternal pulse and blood pressure,
  - fluid input and output;
  - time of birth;
  - presentation;
  - bloodloss;
  - placenta delivery, position, and condition; and APGAR score.

**6. Postpartum Care**

- a. After the birth the midwife will assess both the mother and baby for well being, using the checklists in Appendices C and D. The midwife will stay with the mother and baby for at least two hours after the birth. Before leaving the midwife will ascertain the stability of the mother and the baby and observe that the baby is nursing well.
- b. Before leaving the midwife will provide the family with information on normal postpartum condition of the mother and baby and on warning signs of complications. (Appendix D.) The midwife will make sure the family knows when and how to contact the appropriate health care provider.
- c. The midwife will provide information, support, and encouragement necessary for the mother, baby, and family to establish breast feeding and bonding. Ongoing breast feeding assistance will be provided as well.

- d. If the mother has Rh negative blood the midwife will advise that a sample of cord blood be taken to a lab and will inform the mother about receiving a Rho gam injection if necessary.
- e. The midwife will facilitate family choices regarding ophthalmic prophylaxis, circumcision and newborn metabolic screenings. The midwife will inform the family of state laws regarding newborn tests and birth registration.
- f. The midwife will stay in close contact with the family by phone and/or visit for a minimum of one week postpartum. The midwife will remain available to the needs of the family for 24 hours until the first postpartum visit.
- g. The midwife will provide regular postpartum visits for at least two weeks postpartum. The mother will be encouraged to have a follow-up exam with the midwife and/or another appropriate health care provider 4-8 weeks after birth.
- h. The client will be informed of any abnormalities the midwife may detect or suspect; the midwife will provide referral information and documentation regarding the suspected abnormalities
- i. When a baby dies in utero or in the neonatal period, the midwife will follow the procedures in Appendix E.

**7. Appendix A: Medical and Obstetrical History**

- a. The family history will include major diseases in first degree relatives, heredity, mental retardation, and genetic disorders including but not limited to the following: Huntington's chorea, sickle cell anemia, Tay Sac's, multiple sclerosis, hemophilia, neural tube defects, Down's Syndrome, trisomies, multiple abortions, club foot, cleft palate, and other malformations. Family history should include any other pertinent information.
- b. The medical history will include the following systems or areas: cardiovascular, endocrine, gastrointestinal, respiratory, gynecological (including date of last Papsmear), past injuries, surgeries, bleeding, blood transfusions, hospitalizations and any other pertinent information.
- c. The obstetrical history will include: previous pregnancies, miscarriages, abortions; premature births; dates of births of other children, sex, and weight; fetal position during previous labors and births; hours of each stage of labor; perineal lacerations and repair; anesthesia, fetal distress, hemorrhage, shoulder dystocia, use of forceps, congenital abnormalities, jaundice, and any other pertinent information. Significant details of previous pregnancies will include but not be limited to: severe nausea and vomiting; anemia; spotting or bleeding; excessive weight gain; protein, ketones or sugar in the urine; high blood pressure; and kidney or bladder infections.
- d. The social history will include: history of rape or sexual abuse, domestic violence; substance use and/or abuse; past or current social/family stress that may impact home birth and parenting; knowledge of community resources (WIC, Medicaid, legal services, etc.); family support; and any other pertinent information.

**8. Appendix B: Prenatal Exams**

- a. The midwife will request that the mother has the following blood work done prenatally: hemoglobin, hematocrit, ABO/Rh type, Rh antibody titers when necessary, rubella titer, gonorrhea and syphilis screening. The midwife will review with her

- client optional testing aswell, including but not limited to, tests for hepatitis, chlamydia, HIV;a CBC; glucose screening at 28 weeks; and AFP.
- b. The midwife will do an initial physical assessment of the mother, take pelvic measurements and check reflexes.
  - c. The midwife will thoroughly question the mother about her present pregnancy, including discussion of any drugs taken, use of tobacco and alcohol, and review the common discomforts of pregnancy. The midwife will do a nutritional assessment and offer nutritional counseling where indicated.
  - d. At each prenatal visit the midwife will compare present weight gain to pre-pregnancy weight; compare size of fundus to gestational age; note blood pressure, pulse, edema, fetal heart tones and fetal position; and perform areagent strip urinalysis which includes protein, ketones and glucose. The midwife will inquire as to the mother's general health and provide appropriate educational counseling and referral to additional community resources when indicated.

## 9. **Appendix C: Postpartum Care**

- a. Immediate postpartum: the midwife will check the mother's general condition, amount of bleeding, location and consistency of the fundus, ability to urinate, and monitor and record vital signs. The perineum will be examined for lacerations and arrangements will be made for any necessary repair. The umbilical cord, placenta and membranes will be inspected for appearance and completeness.
- b. The midwife will monitor the mother for: color and amount of lochia; establishment of lactation, bonding; emotional status, nutritional status; condition of the perineum, kegels, bowel and urinary output; signs of breast or uterine infection; temperature, fundal height, blood pressure, pulse and amount of rest.
- c. The midwife will check the baby for jaundice and ability to nurse; will evaluate the baby's activity level; observe bowel movements and urination, color, respiration, heart rate, temperature and condition of cord. The midwife will perform a newborn exam as outlined in Appendix D.
- d. The midwife will provide each woman with information on nutrition during lactation, postpartum exercise, birth control, child care and parenting.

## 10. **Appendix D: Newborn Care**

- a. The physical exam of the newborn will include the following:
  - check and record vital signs, weight, and temperature
  - measure and record head and chest circumference, length
  - estimate the baby's gestational age
  - head - symmetrical, sutures, fontanelles (normal size, bulging or depressed)
  - eyes - tracking well, discharge, cataracts
  - nose - breathing clearly and through the nostrils
  - heart and lungs - listen for clarity and rhythm
  - ears - cartilage, well-formed, placement on head
  - mouth - intact palate; sucking well; chin, jaw line and mouth well-formed
  - inspect neck, shoulders, collarbones, sternum and skin
  - check for evenly balanced strength in arms and hands
  - check for symmetrical muscle development
  - palpate liver, kidneys and abdomen
  - check for hip displacement, normalcy and strength of legs and feet

- feel for equal bilateral brachial and femoral pulses
- examine genital openings, descended testicles, patent anus
- examine for birth marks and dimples at the end of the spine
- test major reflexes - plantar, palmar, babinsky, moro, rooting, grasp and suck
- observe and note the newborn's overall condition.

**11. Appendix E: Regarding Stillborn Babies and Fetal Death In Utero**

- a. When an infant dies before or after delivery, the midwife will act as an advocate and have the parents accompanied to the hospital if they choose to go. If the parents do not choose to go to the hospital for the death certificate to be signed, the midwife will arrange for a medical examiner to come to the house.
- b. The midwife will make the parents aware of their options regarding photographs, birth certificates, footprints, naming the baby, support during labor, spending time alone with the baby, autopsy, burial, funeral arrangements and any other pertinent information. The midwife will do her utmost to assure that the parents' choices are honored.
- c. The midwife will provide postnatal care/support on a frequent basis during the weeks following the birth and make follow-up visits as needed for several months after the birth.
- d. The midwife will provide the parents with information regarding local support groups and counseling agencies.