

California College of Midwives
State chapter ~ American College of Community Midwives

Section One

Professional Relationships & Responsibilities

Note: The following categories are general definitions of professional relationships and responsibilities between midwives and other healthcare practitioners. They are independent from the topic of physician supervision as mandated by the LMPA.

∞ Consultation is the process by which a midwife, who maintains primary management responsibility for the woman's care, seeks the advice of another health care professional or member of the health care team. These discussions may occur in person, by electronic communication or by telephone and may include other professional midwives as well as physicians and specialists in other healthcare discipline.

Consultation or informal peer review with another Midwife: When significant concern about the well being of mother and/or baby arises from an identified risk, variation or deviation from norm or a potential complication, the midwife shall, if possible, initiate a discussion with another experienced midwife or a physician familiar with home-based birth services in order to discuss the relevant options and plan care appropriately.

Some of these situations are encountered frequently by midwives and lend themselves to peer-group decisions made *a priori* by the professional midwives who regularly attend a geographical peer review (or other experienced midwives and/or physicians who regularly confer with one another, either by phone or in person). These specific recommendations should be memorialized in writing in the peer review attendance log, a journal or other form of documentation. Whenever peer group or experienced midwife's recommendations apply to a specific circumstance, the primary care Midwife need not consult again unless there are additional factors. Peer review discussions resulting in specific decisions or actions should be documented in the client's chart.

Collaboration is the process in which a midwife and a health care practitioner of a different profession jointly manage the care of a woman or newborn who needs joint care, such as one who has become medically complicated. The scope of collaboration may encompass the physical care of the client, including delivery by the midwife, according to a mutually agreed-upon plan of care. If a physician must assume a dominant role in the care of the client due to increased risk status, the midwife may continue to participate in physical care, counseling, guidance, teaching, and support. Effective communication between the midwife and the health care professional is essential to ongoing collaborative management.

Referral is the process by which a midwife directs the client to a health care professional who has current obstetric or pediatric knowledge and is either a physician licensed in the United States; or working in association with a licensed physician. The client and the physician (or associate) shall determine whether subsequent care shall be provided by the physician or associate, the midwife, or through collaboration between the physician or associate and midwife. The client may

elect not to accept a referral or a physician or associate's advice, and if such is documented in writing, the midwife may continue to care for the client according to his/her own policies and protocols.

Transfer is the process by which a midwife relinquishes care of the client for pregnancy, labor, delivery, or postpartum care or care of the newborn to another health care professional who has current obstetric or pediatric knowledge and is either a physician licensed in the United States, or working in association with a licensed physician.

If a client elects not to accept a transfer, the midwife shall terminate the midwife-client relationship. If the transfer recommendation occurs during labor, delivery, or the immediate postpartum period and the client refuses transfer, the midwife shall call 911 and provide further care as indicated by the situation. If the midwife is unable to transfer to a health care professional, the client will be transferred to the nearest appropriate health care facility. The midwife shall attempt to contact the facility and continue to provide care as indicated by the situation.

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Examples / Topics for "curb side consult" with a Second Experienced Midwife:

Initial History and Physical Assessment

- * history of psychological problems previous to this pregnancy
- * documented single previous low-segment Cesarean section
- * history of essential or pregnancy-induced hypertension previous to this pregnancy

Antepartal Care

- * no prenatal care before 28 weeks gestation
- * presentation other than cephalic at 34 weeks
- * unusual circumstances - social, physical, economic or mental health, etc.

Labor and Delivery

- * no prenatal care
- * primipara in early active labor with fetal head not in pelvis
- * poor or unsupportive social circumstances

Postnatal (Infant ~ immediate and extended care)

- * feeding problems
- * excessive molding or cephalohaematoma
- * minor respiratory irregularities /Transient Tachypnea of the Newborn (TTN)
- * risk of neonatal infection

Also see "[Guideline for Postnatal Management](#)" following mild to moderate stress during domiciliary birth.