

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

Section 3 F

Minimum Practice Requirements – ANTEPARTUM REFERRAL

~ to define and clarify minimum practice requirements for the safe care of women and infants in regard to **ANTEPARTUM PHYSICIAN CONSULTATION, REFERRAL & TRANSFER OF CARE**

☞ The Midwife shall consult with a physician and/or another professional midwife whenever there are significant deviations (including abnormal laboratory results), during a client's pregnancy. If a referral to a physician is needed, the Midwife will, if possible, remain in consultation with the physician until resolution of the concern. It is appropriate for the Midwife to maintain care of her client to the greatest degree possible, in accordance with the client's wishes, remaining present through the remainder of the pregnancy and birth, if possible.

A. The following conditions require physician consultation or client referral and may require transfer of care. A referral for immediate medical care does not preclude the possibility of a domiciliary labor and birth if, following the referral, the client does not have any of the conditions set out in this section.

1. Antepartal Conditions include but are not limited to:

Maternal

- a. positive HIV antibody test
- b. threatened or spontaneous abortion after 14 weeks
- c. significant vaginal bleeding
- d. persistent vomiting with dehydration
- e. symptoms of malnutrition or anorexia
- f. protracted weight loss or failure to gain weight
- g. gestational diabetes, uncontrolled by diet
- h. severe anemia, not responsive to treatment
- i. severe or persistent headache
- j. evidence of PIH or pre-eclampsia (2 BP readings >> than 140/90, 6 hours apart)
- k. deep vein thrombosis (DVT)
- l. symptoms of urinary tract infection (UTI)
- m. signs/symptoms of infection, fever of 100.6 F. for longer than 24 hours
- n. genital herpes outbreak
- o. isoimmunization, positive antibody titer for Rh-negative mother
- p. documented placental anomaly or previa
- q. documented low lying placenta in woman with history of previous cesarean
- r. preterm labor (before the completion of the 37th week of gestation)

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- s. premature rupture of membranes (before 37 completed weeks of pregnancy)
- t. prolonged rupture of membranes -- 48 hours without onset of active labor (see criteria & protocols for ROM greater than 18 hours in mother whose GBS status is unknown or positive)
- u. post-mature pregnancy with non-reactive NST or abnormal biophysical profile

Fetal

- a. lie other than vertex at term
- b. multiple gestation
- c. fetal anomalies compatible with life *and* affected by site of birth
- d. marked decrease in fetal movement, abnormal FHTs, non-reassuring NST
- e. marked or severe poly- or oligo-hyramnios (too much or too little amniotic fluid)
- f. consistent size/dates discrepancy or intrauterine growth restriction (IUGR)
- g. abnormal ultrasound finding