The following guidelines are subject to good clinical judgment and are not an inclusive list. They are provided here to better inform my clients of the type of care they can expect.

Practice Guidelines

ACCESS TO CARE:

The midwife or backup is accessible on a 24 hr basis by phone for labor or emergencies. All non-emergency calls are to be placed during business hours. In the event the client cannot contact the midwife, the client is to leave a complete message, then a text message, and then call the midwife's assistant. If this fails to contact someone and it is an emergency, the client should call 911 or go to the hospital.

LIMITATIONS OF SERVICE: For specific screening criteria see "Risk Assessment" and "Indications for Physician Consultation and Referral".

PRENATAL CARE: My typical care schedule meets and/or exceeds physicians' standards.

1. Pre-conception counseling if desired, optional women's health and gyn exam, pap
2. Nutritional analysis and easy suggestions for healthier diet
3. Prenatal and general health lab work drawn in my office or your home
4. Appointments every 4 weeks until 28 weeks gestation, more often if needed
5. Appointments every 2 weeks from 28 weeks to 34 weeks gestation, RhoGam if needed
6. Appointments every week from 35 weeks gestation to birth
7. Referrals to specialists as indicated, including ultrasound imaging.

ROUTINE INTRAPARTUM HOME BIRTH CARE--STAGES I-IV:

I. Admissions Evaluation:

1. When the client presents in labor, the midwife will perform an evaluation, to include:
   a. Initial onset evaluation, may be by phone
   b. Record stated history of onset of labor
   c. State of the membranes and amniotic fluid
   d. Evaluation of fetal activity and heart rate
   e. Maternal vital signs, intake / output
   f. Optional pelvic exam for effacement, dilation & consistency of the cervix; position, station and presenting part of the baby; condition of the membranes
   g. Lab tests as indicated
   h. Contraction pattern, strength, frequency, and duration
   i. Coping abilities of woman and family
   j. Risk criteria will be continuously applied, and the physician notified in the event of significant deviations from the normal
2. Answer questions / counseling / anticipatory guidance
3. Client will have supplies in birth room, per list supplied by midwife
4. Midwife may choose to leave in early labor until labor is more active
5. Once it is determined that active labor is established, a midwife / assistant will remain in continuous attendance and perform regular periodic monitoring.

II. Labor Management:

1. Fetal Heart Rate auscultated with Doppler or fetoscope as follows:
   a. Latent phase every hour if in the home with awake client
   b. Active phase every 30-60 minutes, or after significant position changes or ROM
   c. Second stage every 5-15 minutes and/or through contractions

   d. More frequent auscultations if any anomalies are present
   e. Check for fetal reactivity to movement or scalp stimulation if decelerations or bradycardia occur, change maternal position and monitor response
2. Maintain maternal hydration and monitor intake of food & fluids and voiding & elimination
3. Aid in coping with labor by coaching and support of mother / partner, which may include: labor tub, showers, baths, ambulation, rest, music, position changes, heat / ice, massage, herbal / homeopathic remedies, acupressure, breathing or hypno-birthing techniques
4. Evaluate labor progress as indicated by maternal signs and symptoms and vaginal exams
5. Monitor vital signs (BP every 2-4 hours, Temp & Pulse every 4 hrs after ROM)
6. Amniotomy -- may be done if clearly indicated and if the following criteria are met:
   a. Vertex is well applied to the cervix at 0 station or preferably lower, not asynclitic
   b. Client is in advanced active labor, (usually no less than 7 cm)
   c. There is a medical or risk-related indication to speed labor, and client agrees
7. Use of heparin lock, IV fluids, oxygen, antibiotics for GBS, etc., only as needed
8. Attend to the emotional needs of the client and family
9. Monitor temperature of water if birth tub is used.

III. Management of Birth: The following procedures may be performed as indicated:

1. If mother's own efforts are not effecting progress then directed pushing instituted
2. Perineal support as needed/desired during spontaneous vaginal delivery
3. Check for nuchal cord, management with emphasis on avoiding any need to cut cord
4. Keep family informed of maternal/fetal well-being and progress
5. Episiotomy only if clearly indicated to ensure health of the baby (highly unlikely)
6. Management of emergency situations such as cord prolapse, shoulder dystocia, etc.

IV. Management of Third and Fourth Stage: The following procedures may be performed as indicated:

1. Facilitate early breast feeding and family bonding
2. Monitor newborn and maternal vital signs, resuscitate or give IV fluids if needed
3. Deliver the placenta
4. Manual removal of placenta &/or exploration of the uterus only in the presence of persistent hemorrhage
5. Estimate blood loss
6. Monitor / manage bleeding by: massage / compression, oxytocic medications, herbs, etc.
7. Inspect placenta for completeness, condition, abnormalities, and number of vessels
8. Facilitate bladder voiding (catheterization if needed)
9. Administer comfort measures: ice pack, clean up, shower, nutrition, fluids, herbs, etc.
10. Repair of episiotomy or lacerations using local anesthetic, if needed
11. Perform newborn exam
12. Pre-prepare placenta for disposal, encapsulation, or lotus birth as desired by client
13. Review postpartum instructions, normal newborn demeanor and care, and expectations
14. The midwife may discharge client from supervised midwifery care after not less than 2 hours postpartum if all criteria are met and mother and baby are healthy and stable.

POSTPARTUM CARE:

1. Home visit for mom and baby between 24 and 72 hours, including RhoGam if indicated
2. Well-baby care; newborn exams, PKU screen, and weight checks for first 6-8 weeks
3. Lactation consulting/referral to facilitate breastfeeding, for as long as you need help
4. Regular visits or office appointments every 2 weeks through your final 6-8 week checkup
5. Fittings in my office for safe and effective non-latex wide-seal diaphragms for birth control
6. Information and referral for other contraception options if desired.