Minnesota Council of Certified Professional Midwives (MCCPM)
STANDARDS FOR PRACTICE

1. INTRODUCTION:

Midwives provide care for healthy normal pregnancies. Our philosophy of care centers around the normalcy of pregnancy and birth as physiologic processes and childbirth as a family centered event. The job of the midwife is to assess the wellbeing of the childbearing person and fetus on an ongoing basis, to help the pregnant person give birth in a safe and supportive environment in whatever manner they choose, and to provide ongoing care for the family and neonate. It is also the midwife's responsibility to recognize when an indication arises that falls outside of normal low risk course of care, and to consult or transfer appropriately. For additional information please reference MCCPM Indications for Consultation, Referral, and Transfer of Care in Out of Hospital Midwifery Practice and the Home Birth Summit Transport Guidelines.

2. PRENATAL CARE:

Routine prenatal visits are recommended, at minimum, to be scheduled following the World Health Organization (WHO) guideline for prenatal care. At this writing, the WHO recommends the first prenatal visit to happen in the first 12 weeks' gestation, with subsequent visits taking place at 20, 26, 30, 34, 36, 38 and 40 weeks' gestation. For midwives or families desiring a more frequent visit schedule, they may meet once monthly until 28-32 weeks, biweekly until 36 weeks, and then weekly until delivery. If planning a home birth, at least one prenatal visit should occur at the planned birth location.

Initial Visit
- Orientation to the practice
- Paperwork which may include: informed consent for midwifery care, financial agreement, medical consultation plan, notice of privacy practices
- Obtain health history, including general health, obstetrical, family medical history
- Request previous records of care as necessary
- Laboratory tests are offered which include, but are not limited to: CBC, blood group and type, antibody screen, rubella titer, syphilis serology, hepatitis B, hepatitis C, HIV, UA/UC, Pap, gonorrhea and chlamydia
- Determination of EDD
- A physical exam is performed which may include, but is not limited to: weight, blood pressure, pulse, fetal lie and presentation, fundal hight, fetal heart tones, and edema. A compete physical can be offered to clients who have not recently had a physical.
- Discussion of the following topics: review of warning signs and when to call, instructions of how to reach the midwife, prenatal nutrition, concerns or questions brought by the client

Return Visits
- Physical, nutritional and psychosocial health continues to be assessed throughout pregnancy.
- At each visit a physical exam is performed which includes, but is not limited to: weight, blood pressure, pulse, fetal lie and presentation, fundal hight, fetal heart tones, edema, and pregnant client's report of fetal movement.
- Discussion of pregnancy complaints/discomforts and possible comfort measures
- Evaluation of signs or symptoms that are outside of normal pregnancy complaints/discomforts including plan for follow-up
- Laboratory tests are offered and ordered through a process of shared decision making which include: genetic screening options; mid pregnancy ultrasound; gestational diabetes screening between 24-30 weeks; CBC and antibody screen between 24-30 weeks; group beta strep culture between 35-37 weeks.
- Rhogam is offered for Rh negative clients, as indicated.
- Schedule and provide care for non-routine visits for variations of normal pregnancy
- Various topics of client education are discussed over the course of prenatal care. These may include, but are not limited to: discomforts and remedies, nutrition, vitamins and supplements, exercise, relaxation, childbirth education, pediatric providers, circumcision information, birth supplies for home birth, physical and emotional preparation for labor, preparing older children for birth and adjustment, vitamin k, erythromycin, newborn screening, baby supplies to have on hand, newborn sleeping safety, breastfeeding concerns and supplies, postpartum instructions, perinatal mood disorders and support, using complementary medicine in pregnancy and postpartum, comfort measures and water birth, sexuality, optimal fetal position exercises if indicated, current public health concerns, transfer plan, community resources, and any

other topics or questions brought up by the client.

3. INTRAPARTUM AND IMMEDIATE POSTPARTUM CARE:

During active labor, midwives monitor and support the process of labor and birth. Duties of the midwife include, but are not limited to:
- Assessing the progress of labor, which may or may not include performing cervical exams
- Assessing the well-being of both birthing person and baby by
  - Assessing vital signs upon arrival and then every 4 hours, or as indicated
  - Assessing fetal heart tones upon arrival and then every 30-60 minutes during 1st stage, and every 15 minutes during 2nd stage, or as indicated
  - Monitoring status of membranes and fluid color
- Treating GBS colonization, if indicated and desired by the client
- Assisting with labor support, guidance, and comfort measures
- Preparing the environment and supplies for the birth
- Assisting in the birth of the baby and placenta
- Assessing maternal bleeding and fundus
- Administering antihemorrhagic medications, if indicated
- Providing umbilical cord care and collecting cord blood, if indicated
- Inspecting the placenta, membranes, and cord vessels
- Inspecting the perineum, vagina, and if necessary, the cervix
- Assuring that lacerations are repaired, if indicated
- Promoting family bonding
- Noting adequate nutrition, hydration, and ability to void
- Managing any problems or complications that may arise
- Education regarding care and monitoring of postpartum client and newborn
- Remaining with the client and newborn for a minimum of two hours postpartum or until certain that both client and baby are in stabile condition
- Under rare circumstances, scope of practice may include administration of intravenous fluids, amniotomy, episiotomy, and manual removal of the placenta.
- Documenting the above within the client's chart

4. NEWBORN CARE:

The customary scope of care of a newborn by a licensed midwife includes, but is not limited to, clinical assessment, treatment, education, support and referral in the postpartum period as described below.

Immediate newborn care in the home or birth center includes, but is not limited to:
- Neonatal resuscitation per NRP guidelines
- APGAR assessment
- Stabilization and monitoring of the newborn for 2-6 hours postpartum
- Early initiation and facilitation of newborn feeding
- Complete physical examination
- A process of shared decision making around newborn options such as eye prophylaxis, vitamin K, and newborn screening
- Education for parents regarding care and monitoring of the normal newborn

Subsequent newborn care includes, but is not limited to:
- On-call availability for discussion, home or clinic visits to address parental concerns or questions
- A minimum of one home visit between 24-48 hours after birth to evaluate the newborn's heart and respiratory rate, for jaundice, weight loss, adequate feeding and elimination patterns, umbilical healing, and offer newborn screenings through shared decision making.
- At least three additional newborn contacts are recommended on day 3-4, between days 7-14 and six weeks after birth to evaluate the newborn's heart and respiratory rate, for jaundice, weight gain, and adequate feeding and elimination patterns. If newborn has established care with their pediatrician, evaluation may be limited to weight and breastfeeding assessment and visit timing may be adjusted due to pediatrician visit plan.

5. POSTPARTUM CARE:

Routine postnatal contacts are recommended, at minimum, to be scheduled following the World Health Organization (WHO) guideline for postnatal care. At this writing, the WHO recommends a home visit within the first 24-48 hours and at least three additional postnatal contacts are recommended for all clients and newborns, on day 3-4, between days 7–14 after birth, and six weeks after birth. When mutually agreed upon additional postpartum contacts may be scheduled.

Postpartum care may include, but is not limited to: assessing vital signs, emotional health, breast and nipple discomfort and care, fundus and bleeding assessment, perineal healing assessment, elimination habits and concerns, rest and sleep, nutrition and hydration, activity and exercise, sexuality, family planning options, RhoGam administration within 72 hours, if indicated, and any other concerns or questions brought forth by the client.

Laboratory tests in the postpartum period may include, but are not limited to: Pap, and any other laboratory tests indicated or desired.

6. **RECOMMENDED FORMULARY**

- Administration of prophylactic antibiotics to treat GBS in labor
- Anti Hemorrhagics: pitocin, methergin, misoprostol (Cytotec), Tranexamic acid (TXA)
- Epinephrine for anaphylactic shock
- Erythromycin ointment
- IV fluids: normal saline, lactated ringers, and lactated ringer's solution with 5% dextrose
- Local anesthetic
- Oxygen
- Rho(D) immune globulin
- Vitamin K
- Administration of additional medications as appropriately prescribed