Danielle Chambers, Student Midwife

danielle.chambers@midwifery.edu

Midwives provide care during the prenatal period, labor, birth, postpartum, & newborn phase. Midwives are trained professionals with expertise and skills in supporting women to maintain healthy pregnancies and have optimal birth and recovery. Care is individualized to each client's physical, mental, emotional, spiritual, and cultural needs. Midwifery is a woman-centered empowering model of maternity care that is used throughout the world. Midwifery care is provided in accordance with established standards, which promote safe and competent care. These standards are implemented through adherence to MANA's Core Competencies.

Care consists of risk screening to assess and identify conditions, which may deviate from normalcy. In making decisions, the midwife relies on her skills, training, and clinical judgement to make effective, safe decisions for care. This document is a representation of what the midwife may encounter, but does not include all situations. This document does not overwrite the clinical judgement or experience of the midwife and might have variations based on individual care & consulting physicians.

In the state of Hawaii, midwifery is considered 'a-legal', meaning that it is not state regulated and does not follow a set standard of practice guidelines. This offers some flexibility with care but also comes with limitations. This practice does not have malpractice and insurance is not accepted at the time.

STANDARDS, DUTIES, AND GUIDELINES FOR CARE

I. STANDARDS OF CARE:

- To provide quality, personalized, sensitive, and competent care throughout pregnancy, labor, birth, and the postpartum period for women & newborns.
- To maintain continuity of care throughout the childbearing cycle
- Provide care and make decisions based on clinical observation, theoretical knowledge, intuitive assessment, and spiritual awareness for competent decision making regarding care.
- Understand the parameters of "normal" vary widely and recognize that each pregnancy and birth are unique.

- Strive to act consistently in accordance with professional ethics, values, and human rights following national and local professional midwifery organizations.

- Provide guidance and support throughout pregnancy and incorporate medical intervention only when needed.

- Practice is based on a woman-centered approach to care.

- Maintain a safe, healthy, and satisfying childbearing experience with the cooperation of the client.

- Treat birth as a normal part of a woman's life cycle, and to normalize changes presented throughout the childbearing year.

- Uphold the right of the woman/family to informed consent, shared-decision making, and self-determination, within the boundaries of safe care.

- Work as independent midwife, with the ability to provide collaborative care with physicians and specialists when needed.

- Participate in ongoing peer evaluation, local midwifery meetings, debriefs, and community gatherings around birth and health care.

- Consider community standards of care

- Keep all aspects of certifications, licenses, and practice current.

II. DUTIES & RESPONSIBILITIES:

- Shared-Responsibility: Assume responsibility for the management of care and the health of the mother and newborn with shared responsibility from client.

- Confidentiality & Client Records: Client records are confidential and will be utilized throughout care to ensure proper documentation for records, referrals, and collaborative care. This practice is in compliance with HIPAA (Health Insurance Portability and Accountability Act).

- Practice/ Midwifery Disclosure: Disclosure shall be given to each client at initial visit which will include education, background, experience, skill set, certifications/licenses, limitations, services, expectations from midwife and clients, financial agreement, and ethics, values, and core competencies of practice.

- Informed Consent: Informed consents are given throughout care depending on the type of treatment and recommendation. The informed consent should be signed by the client and midwife in regards to declining or accepting treatment.

- Lab Testing: All women shall receive initial required blood tests, unless religious beliefs prohibit them.

- Birth team: Midwife will assist births with a birth assistant or other certified professional midwife.

- On Call from 37 weeks: Midwife will be on call 24/7 starting from 37 weeks 0 days.

- Asepsis: All equipment and tools used shall be sterilized and kept in a good working manner.

III. Prenatal Care

Client shall be seen by the midwife at least once every four weeks until 30 weeks gestation, once every two weeks from 30 to 26 weeks gestation, and weekly after 36 weeks gestation or as need be.

A. Initial Prenatal Visit:

1. Social history
2. Gynecologic & obstetric history
3. Sexual history
4. Family history
5. General health
6. Current Pregnancy (Symptoms, substance use, support, emotions, labs,etc)
7. Physical Exam, to include, but not limited to:
    a. Height
    b. Weight
    c. Blood pressure
    d. Pulse
    e. Breast health
    f. Fundal height
    g. Fetal heart tones
    h. Fetal lie
    i. Presentation
    j. Pelvimetry
8. Estimation of gestational age by physical findings & LMP
9. Assessment of varicosities, edema, and reflexes
10. Assessment of thyroid

11. Assessment of skin, respiratory, genitourinary, neurologic, head & neck, cardiovascular, gastrointestinal, & musculoskeletal
12. Laboratory Tests: Tests that the client will be offered. Other tests might be done based on situation with client consent:
    a. CBC or hemoglobin and hematocrit
    b. Urinalysis
    c. Syphilis serology
    d. Blood group, Rh type, antibody screen
    e. Hepatitis B
    f. Rubella screen
    g. Genetic screening test
    h. Gonorrhea
    i. Chlamydia
    j. HIV
    k. Vitamin D
    l. Thyroid function screening

B. Routine Prenatal Visits:
1. Evaluation of general health
2. Evaluation of emotion, and psychosocial health
3. Nutrition counseling
4. Activity level assessment & recommendations for regular exercise
5. Pregnancy, birth, and postpartum education
6. Physical exam to include, but not limited to:
    a. Blood pressure
    b. Pulse
    c. Weight
    d. Fundal height
    e. Fetal heart tones
    f. Fetal lie
    g. Presentation
    h. Estimation of gestational age
    i. Assessment of varicosities, edema, reflexes
    j. Assessment of current symptoms & providing recommendations are needed
7. Laboratory Tests. These tests will be offered to the clients, but depending on situation, could vary:
    a. CBC or hemoglobin, hematocrit at 28 weeks and/or after 32 weeks
    b. Urinalysis
    c. Glucose Tolerance Test (GTT)
        i. Alternatives available
    d. Group Beta Strep (GBS)
    e. Herpes (HSV 1 and HSV 2)

f. Rh (D) immune globulin information for Rh negative clients

8. Home Visit at 36 weeks gestation with the following assessments:
    a. Home setting
    b. Supplies
    c. Birth kit
    d. Heat supply
    e. Telephone access
    f. Important numbers listed
    g. Transportation
    h. Birth tub
    i. How to prepare for labor
    j. When to call
    k. Birth team meet

IV. Intrapartum Care

During labor, the midwife will monitor, support, and make recommendations during the natural process of labor and birth, prioritizing the well being of mother and baby.

During labor the following will be done:

1. Monitoring of maternal wellbeing
    a. Vitals: Blood pressure, pulse, every 4 hours and temperature every 2 hours
    b. Signs of dehydration, exhaustion, infection, abnormalities, etc
2. Monitoring of fetal wellbeing:
    a. Fetal heart tones every 30 minutes in first stage of labor
    b. Fetal heart tones every 15 minutes, or as indicated
3. Monitor progress of labor:
    a. Dilation, station, effacement
    b. Fetal position, presentation, lie
    c. Fetal heart tones
    d. Rupture of membranes, fluid volume, odor, amniotic fluid color
    e. Meconium
4. Assist in birth of baby
5. Assess, manage, and maintain a safe birth through providing recommendations, medications, transport when needed

V. Postpartum Care:

Immediately after birth, the midwife will assess and monitor the normalcy of the postpartum period for mother and newborn.

A. Immediate Postpartum Care
    1. Maternal well being:
        a. Vitals: Blood pressure, pulse, temperature
        b. Bleeding
        c. Firmness and height of fundus

d. Bowel/bladder function
e. Perineal tears
f. Suturing

2. Newborn well being:
    a. Vitals: heart rate, respirations, temperature, pulse oximetry
    b. APGAR scores
    c. Newborn exam
    d. Vitamin K
3. Maternal infant bonding (skin to skin)
4. Breastfeeding
5. Rhogam if needed
6. Cord sampling if needed

B. On-going postpartum Care:

1. Maternal well being
    a. Vitals: Blood pressure, pulse, temperature
    b. Bleeding
    c. Firmness and height of fundus
    d. Bowel/bladder function
    e. Perineal tears
    f. Suturing

VI. Newborn Care:

After the birth, the midwife will assess, and monitor the well being of the newborn until stable.

A. Immediate Newborn Care:

1. Newborn well being:
    a. Vitals: heart rate, respirations, temperature, pulse oximetry
    b. APGAR scores
    c. Color
    d. Tone/ Reflexes
    e. Bowel/bladder function
    f. Clamping/cutting of umbilical cord
    g. Breastfeeding
    h. Newborn exam
    i. Administration of Vitamin K

B. Ongoing Newborn Care

1. Newborn well being:
2. Vitals: heart rate, respirations, temperature, pulse oximetry
3. Color
4. Tone/ Reflexes
5. Bowel/bladder function

6. Breastfeeding
7. Newborn screening (PKU)

VII. Postpartum Conditions Requiring Consultation, Referral or Transport

A. Newborn:
   a. APGAR of less than 7 at 10 minutes
   b. Respiratory distress (Grunting, retractions, nasal flaring, tachypnea)
   c. Anomalies
   d. Pale, cyanotic color with no sign of proper coloration
   e. Jaundice within 24 hours after birth
   f. Prematurity or postmaturity
   g. No bowels or urination during the first 24 hours
   h. Consistent lethargy
   i. Poor feeding
   j. Among other conditions

B. Maternal:
   a. Severe laceration
   b. Postpartum hemorrhage
   c. Uterine atony
   d. Placenta abruption, previa, etc.
   e. Inability to void within 12 hours of birth
   f. Retained placenta
   g. Fever
   h. Failure of laceration to heal
   i. Pelvic, leg or chest pain
   j. Postpartum shock
   k. Insufficient involution

VIII. Scope of Practice Limitations

A. Certain conditions during pregnancy, labor, birth, and postpartum will be out of scope of practice and will require collaborative care or transfer of care. Certain conditions out of scope of practice include:
   a. Preterm birth (Before 37 weeks)
   b. Transverse lie at term
   c. Footling breech at term
   d. Excessive bleeding
   e. Gestational diabetes uncontrolled
   f. Severe anemia
   g. Preeclampsia
   h. Deep vein thrombosis
   i. Fetal anomalies that will make pregnancy high risk
   j. Abnormal ultrasound findings
   k. Isoimmunization, sensitization

l. Placental anomaly
m. Low lying placenta in woman with history of cesarean section
n. Post term pregnancy (After 42 weeks gestation)
o. Positive HIV antibody test
p. Fetal distress
q. Thick meconium
r. Primary genital herpes outbreak
s. Prolapsed cord
t. Client's need for medication
u. Seizure
v. Retained placenta
w. Maternal vital instability
x. Uterine prolapse, uterine inversion
y. Severe lacerations
z. Anaphylaxis
aa. Among others not mentioned

B. Clients will be referred to specialists when needed

IX. Equipment Accessibility in Midwifery Care

A. Oxygen tank
B. Neonatal resuscitation equipment
C. Pitocin
D. Herbs, homeopathics
E. Vitamin K
F. Methergine
G. Rh Immune Globulin

As midwives, we can not perform cesarean sections, carry induction medications, analgesia, epidurals, or any other medication not in scope of practice. Midwives are not able to prescribe medication, or write certain referrals due to lack of state regulation.