

# Scope of Practice

	INITIAL VISIT	PRENATAL	LABOUR	POSTPARTUM	NEWBORN
DISCUSSION	<p>Adverse socio-economic conditions Obesity &lt;17 years, &gt;40 years Smoking Poor nutrition Last DOB to EDD &lt; 12 months Known fibroids Known uterine malformations HISTORY</p> <ul style="list-style-type: none"> <li>▪ Miscarriage &gt;14wks</li> <li>▪ 5+ previous births</li> <li>▪ Preterm birth</li> <li>▪ Infant&lt;2500g, &gt;4500g</li> <li>▪ PIH</li> <li>▪ Essential hypertension</li> <li>▪ ONE cesarean section</li> <li>▪ Antepartum hemorrhage</li> <li>▪ Postpartum hemorrhage</li> <li>▪ Serious psychological problems</li> </ul>	<p>Breech @ 36wks No care before 28wks Uncertain due date</p>	<p>No prenatal care</p>	<p>X</p>	<p>Feeding problems</p>
CONSULT	<p>Age &lt;14 years Rubella during first trimester Significant use of drugs, alcohol, other substances Current medical conditions Significant medical illness HISTORY</p> <ul style="list-style-type: none"> <li>▪ Repeated SAB</li> <li>▪ &gt;1 late miscarriage/preterm birth</li> <li>▪ &gt;1 infant &lt;2500g</li> <li>▪ neonatal mortality or stillbirth</li> <li>▪ Cervical cerclage or incompetent cervix</li> <li>▪ Myomectomy or hysterotomy</li> <li>▪ &gt;1 Cesarean</li> <li>▪ Eclampsia</li> <li>▪ PPH requiring transfusion</li> </ul> <p>FAMILY HISTORY</p> <ul style="list-style-type: none"> <li>▪ Genetic disorders</li> <li>▪ Hereditary disease</li> <li>▪ Significant congenital anomalies</li> </ul>	<p>Medical conditions arising Suspected/diagnosed fetal anomaly Repeated vaginal bleeding other than transient spotting STD Inappropriate uterine growth Gestational hypertension Oligohydramnios Polyhydramnios Twins Placenta previa without bleeding Anemia (unresponsive to therapy) Isoimmunization Hemoglobinopathies Blood dyscrasia Breech @ 37+wks &gt;42wks Serious psychological problems</p>	<p>Breech presentation Twins Labor 34-37wks Suspected placental abruption or previa Prolonged rupture of membranes Unengaged head in active labor in primigravida Prolonged active phase Prolonged second stage Thick/particulate meconium Retained placenta Third or fourth degree tear</p>	<p>Serious psychological problems Temp &gt;38C on more than one occasion Persistent hypertension Breast infection unresponsive to therapy Uterine infection Signs of urinary tract infection Wound infection</p>	<p>Suspicion/significant risk of neonatal infection Abnormal findings on physical exam Persistent cyanosis, pallor or jitteriness Birthweight&lt;2,500 g Abnormal heart rate or pattern Persistent abnormal respiratory rate/pattern Temp &lt;36°C unresponsive to therapy Temp &gt;37.9°C unresponsive to therapy Excessive moulding and cephalohematoma Excessive bruising, abrasions, unusual pigmentation or lesions 34 to 37 weeks gestational age Persistent poor suck/hypotonia/abnormal cry Vomiting or diarrhea Birth injury requiring investigation Umbilical cord &lt;3 vessels Congenital abnormalities (e.g. cleft lip or palate, congenital dislocation of hip, ambiguous genitalia) Jaundice in first 24 hours Failure to pass urine or meconium in 1st 24hrs Suspected pathological jaundice after 24hrs Infection of umbilical stump site Significant weight loss (&gt;10% of body weight) Failure to thrive Failure to regain birth weight in 3 weeks</p>
TRANSFER	<p>Current serious medical conditions (e.g. cardiac or renal disease with failure, insulin dependent diabetes)</p>	<p>Serious medical conditions arising Cardiac or renal disease with failure Insulin dependent diabetes PIH with proteinuria Eclampsia Multiples other than twins Symptomatic placental abruption</p>	<p>Abnormal presentation other than breech Multiples other than twins Labor &lt;34wks Active genital herpes Temp &gt;38C on more than one occasion Severe hypertension PIH with proteinuria Eclampsia Uterine rupture Abnormal fetal heart rate unresponsive to therapy Prolapsed cord Placental abruption and/or previa Hemorrhage unresponsive to therapy Uterine inversion</p>	<p>Hemorrhage unresponsive to therapy Postpartum eclampsia Uterine prolapse Thrombophlebitis Thromboembolism</p>	<p>Apgar &lt;7 at 10mins Suspected seizure activity Significant congenital anomaly requiring immediate medical intervention Temperature instability</p>

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	With/To	Expected Result
<b>DISCUSSION</b>	Other midwives providing care	Care likely maintained by midwives
<b>CONSULT</b>	Appropriate specialist, depending on presenting issue: GP, OB, Pediatrician, Perinatologist, Lactation consultant, Psychologist, etc.	Care may be maintained by midwives, or may be transferred to doctor
<b>TRANSFER</b>	Doctor	Care will likely stay with doctor