Appendix B

CONTRAINDICATIONS FOR HOMEBIRTH

Based upon conditions identified during prenatal care

At any point during the prenatal care, conditions may be identified that show a contraindication (reason you cannot have) for homebirth. Except in emergency situations, a midwife should not assume or continue to share responsibility for prenatal care and/or birth attendance for women with the following conditions:

- Rubella during the first trimester
- Primary outbreak of genital herpes
- Serious mental illness or severe psychological problems
- Persistent pregnancy induced hypertension (PIH) which is defined as
    - ✓ Blood pressure (BP) 140/90 or an increase of 30 mmHg systolic, or 15 mmHg diastolic over normal BP (2 consecutive reading 6 hours apart) or a single, reading greater than or equal to 110 mmHg diastolic
    - ✓ Marked edema of face and hands beyond the limits of normal fluid retention
    - ✓ + 2 or greater pitting edema
    - ✓ Severe, persistent headaches, epigastric pain or visual disturbances
    - ✓ Persistent Proteinuria of + 2 or greater
    - ✓ Hyperflexia
- Convulsions of any kind
- Central placenta previa
- Placental abruption or signs indicative of placental abruption
- Suspected or diagnosed congenital fetal anomaly that may require immediate medical care after birth
- Persistent transverse presentation
- Breech baby on a first time mother
- Indications that the baby has died in utero
- Premature labor (less than 37 weeks)
- Active syphilis, gonorrhea, AIDS, or other sexually transmitted disease at term
- Serious viral/bacterial infection at term (beta-streptococcus, pneumonia, staph)
- Active genital herpes lesions at the onset of labor
- Hemoglobin less than 9 at 36 weeks gestation
- A baby that is small for gestational age (SGA)
- Suspected intrauterine growth retardation (IUGR)
- Multiple gestation with one or more babies presenting other than vertex
- Unresolved fearfulness regarding home birth or midwife care, or otherwise desires transfer of care
- Failure to document adequate prenatal care
    - ✓ Prenatal lab work: Rh antibody screen, rubella titer, VDRL, blood group, blood type and RH factor, hemoglobin, hepatitis screen
    - ✓ Must have initiated prenatal care by the 28th week of gestation and care with the attending midwife by the 35th week gestation
- Any other condition or situation which may preclude the possibility of a healthy birth, and the midwife's discretion

Appendix C
SITUATIONS / CONDITIONS REQUIRING DOCUMENTED MEDICAL CONSULTATION

During the course of midwifery care, conditions may arise that need special expertise. Conditions which require additional help or consultation include:

- Vaginal or urinary tract infection unresolved by self treatment
- Suspected inappropriate gestational size for more than 2 consecutive prenatals
- Suspected intrauterine growth retardation (IUGR)
- Suspected multiple gestation
- Unresolved anemia (HGB 10 or less)
- Severe, protruding varicose veins of the extremities and vulva
- Suspected Malpresentation or abnormal presentation at 36 weeks gestation or later
- Pre-term labor (< 37 weeks)
- Suspected or known post-pregnancy beyond 42 weeks gestation
- The pregnant woman or midwife wishes such care or consultation
- Fetal heart tones (FHT) not heard with fetascope or doptone by 24 weeks or at any later point in the pregnancy
- Abnormal fetal heart tones detected prenatally
- Marked decrease or cessation of fetal movement
- Observed maternal cardiac irregularities
- Kidney infection, shown as fever and shaking chills, low back pain, Hematuria, loss of appetite, nausea and vomiting, cystitis, urinary frequency and Dysuria due to cystitis and/or suprapubic pain
- Gestational diabetes, shown as persistent glucosuria of + 2 or greater and/or indicative history and symptoms
- Abnormal vaginal bleeding before the onset of labor
- Maternal leg pain (suspected phlebitis)
- Mother over the age of 45
- History of IV drug use
- History of genetic problems
- Prolonged rupture of membranes (greater than 24 hours without active labor or 72 hours with active labor or six hours with vaginal exams)
- Temperature of 100.8 or greater for 2 consecutive readings in one hour
- Possible dehydration due to diminished or absent fluid intake and/or frequent vomiting and/or diarrhea and/or ketonuria for more than 4 hours
- Second stage greater than 3 hours (with no descent) on first time mother or 2 hours (with no descent) on subsequent births.
- Indications of infection in the immediate postpartum
- Obvious newborn anomaly
- Newborn cardiac irregularities
- Signs of prematurity, dysmaturity, or postmaturity
- Birth weight of less than 5 pounds
- 2 Vessel umbilical cord
- Jaundice within the first 24 hours
- Infant's failure to urinate or pass meconium within the first 24 hours
- Signs of umbilical infection

- Bleeding in excess of normal lochial flow
- Sub involution
- Failure of laceration / episiotomy site to heal properly with signs of infection or breakdown
- Signs of serious postpartum depression or psychosis

Appendix E

SITUATIONS AND/OR CONDITIONS REQUIRING IMMEDIATE HOSPITAL TRANSPORT

- Cardiac arrest
- Eclampsia / maternal convulsions
- Signs of severe fetal distress:
    - ✓ Has persistent or recurrent FHTs significantly above or below the baseline, or
    - ✓ Late or irregular decelerations which do not resolve with change in maternal position, or
    - ✓ Abnormally slow return to baseline after contractions
    - ✓ FHTs below 100
    - ✓ Absence of FHTs and/or
    - ✓ Movement indicative of the possibility of intrauterine death unless the expected birth time is less / shorter than the projected transport time
- Moderate to heavy meconium staining and deviations in FHTs indicative of possible fetal distress and/or there exists a situation that could contribute to fetal distress such as:
    - ✓ post-dates
    - ✓ prolonged rupture of membranes, or
    - ✓ borderline prematurity, if the expected birth time is greater / longer than the projected transport time
- Cord prolapse
- Infection: shown as a temperature above 100.8, shaking, chills, elevated pulse
- Foul smelling amniotic fluid
- Maternal respiratory distress: shown by
    - ✓ Marked tachycardia
    - ✓ Dyspnea, and
    - ✓ Cyanosis
- Signs and symptoms of pre-eclampsia
- Unforeseen multiple birth, unless the expected birth time is less / shorter than projected transport time
- Unforeseen breech presentation, unless the expected birth time is less / shorter than projected transport time
- Transverse lie
- Excessive painless vaginal bleeding
- Signs and symptoms of placental abruption:
    - ✓ Concealed and/or visible hemorrhaging
    - ✓ persistent uterine pain
    - ✓ passing of placental fragments,
    - ✓ maternal shock
- Uncontrollable hemorrhage or blood loss greater than 750cc with or after the birth of the placenta with signs of impending shock

- Maternal shock:

    - ✓ lowered blood pressure
    - ✓ elevated pulse
    - ✓ Rapid and shallow respirations
    - ✓ Cold and clammy skin, loss of consciousness
    - ✓ Pale
    - ✓ Cyanotic
    - ✓ Weak or dizzy
    - ✓ Feeling of impending doom
- Suspected meconium aspiration
- Birthing woman desires transport for herself and/or her new born
- Does not birth the placenta within 2 hours (if there is no bleeding and the fundus is firm)
- Retained placental fragments
- Mother unable to void within 6 hours after the time of birth
- Apnea
- Apgar score of 7 or less at 5 minutes and not improving
- Irregular respiratory efforts
    - ✓ Persistent grunting
    - ✓ Retractions or
    - ✓ Nasal flaring
- Abnormal color: persistent pale, cyanotic or gray color
- Abnormal cry: weak or high pitched
- Tremors, hyperactivity, or seizures
- Generalized edema
- Obvious or suspected birth injury
- Cannot maintain body temperature
- Lethargy or inability to feed well
- Projectile vomiting
- Temperature of 100.8 or higher
- Persistent uterine atony
- Signs or symptoms of postpartum shock
    - ✓ Significant change in blood pressure
    - ✓ Pulse 20 points above baseline
    - ✓ Pale or cyanotic
    - ✓ Weak or dizzy
- Maternal respiratory distress
- Signs of postpartum pre-eclampsia
- Chest pain or cardiac irregularities
- Uterine prolapse
- Laceration requiring medical attention

Every effort must be made to transport in good condition. The midwife will accompany the mother and/or newborn to the hospital if hospitalization is necessary. If possible, the midwife should remain with the mother and/or newborn to ascertain outcome and provide continuity of care.