

# Conditions Precluding Midwifery Care

[OSDH 310:395-5-6]

(a) The following conditions preclude Midwifery care and the **Client must be transferred** to a physician, CNM, or Clinician upon diagnosis:

- (1) Severe asthma;
- (2) Cyanotic heart disease or presence of a prosthetic valve;
- (3) New York Heart Association class two heart failure;
- (4) History of cardiac surgery with an abnormal echocardiogram;
- (5) Pulmonary Hypertension;
- (6) Hemoglobinopathies; sickle cell disease, thalassemia;
- (7) Chronic hypertension on medication or with renal or heart disease;
- (8) Severe obstructive pulmonary disease;
- (9) Chronic renal disease with a creatinine of greater than 1.5;
- (10) Lupus;
- (11) Marfan syndrome;
- (12) History of intracranial injury (stroke, AV malformation, or aneurisms);
- (13) Prolonged anti-coagulation;
- (14) Type 1 diabetes;
- (15) Severe Polyhydramnios less than 34 weeks;
- (16) Triplets or greater;
- (17) Monoamniotic twins;
- (18) Conjoined twins;
- (19) Placenta accrete;
- (20) Documented placenta previa in the third trimester; the placenta shall not be previa. To determine this, in the case of documented placenta previa or marginal placenta previa in the second trimester, a third trimester ultrasound must show resolution by 36 weeks or the Client must be referred. The Client must obtain an official ultrasound report with images performed by a Registered Diagnostic Medical Sonographer (RDMS) to determine that the location of the placenta is not previa or marginal placenta previa no later 34 weeks.
- (21) Uncontrolled seizure disorder;
- (22) Evidence of placenta abruption;
- (23) Evidence of preeclampsia/eclampsia;
- (24) Active tuberculosis or other serious pulmonary pathology;
- (25) Inadequately treated syphilis;
- (26) Hepatic disorders (cholestasis);
- (27) Uncontrolled endocrine disorders;
- (28) Significant hematological disorders;

- (29) Active cancer;
- (30) Active alcoholism or abuse;
- (31) Active drug addiction or abuse; and
- (32) Positive for HIV antibody.

(b) The following conditions preclude Midwifery care and the Client must be **transferred to a physician, CNM, or Clinician** upon diagnosis **unless the Client obtains a signed consult note from a medically relevant physician and all recommended treatments can be completed in an out of hospital setting.**

- (1) History of seizure disorder;
- (2) History of preterm labor or cervical insufficiency;
- (3) Evidence of shortened cervix;
- (4) Positive for Hepatitis B;
- (5) History of chronic hypertension;
- (6) Isoimmunization;
- (7) History of post-partum hemorrhage with concurrent anemia;
- (8) History of unexplained, recurrent stillbirths or neonatal death;
- (9) Severe psychiatric illness within the last six (6) months as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM);
- (10) Pregnancy that extends beyond 42 weeks 0/7 days gestational age;
- (11) Two or more previous cesarean deliveries unless the Client has also had a successful vaginal delivery since the last cesarean delivery;
- (12) BMI over 50 at onset of pregnancy;
- (13) Type 2 diabetes; and
- (14) History of cardiac surgery with a normal echocardiogram within the last 12 months.

# Required Medical Consultation or Referral, Antepartum and Intrapartum periods

[OSDH 310:395-5-8]

**(a) The Licensed Midwife shall make an immediate Referral for any woman who during the antepartum period:**

- (1) Develops edema of the face and hands, severe, persistent headaches, epigastric pain, or visual disturbances concerning for preeclampsia;
- (2) Develops eclampsia;
- (3) Develops a systolic blood pressure of 140 or greater or diastolic blood pressure of 90 or greater on two separate occasions 4 hours apart, or develops a systolic blood pressure over 150 or greater or a diastolic blood pressure of 100 or greater on a single reading;
- (4) Has persistent, frank vaginal bleeding before onset of labor;
- (5) Has rupture of membranes prior to 37 weeks gestation;
- (6) Has marked decrease in or cessation of fetal movement;
- (7) Has polyhydramnios or oligohydramnios;
- (8) Develops gestational diabetes by history or testing, unresponsive to dietary and exercise changes per American Diabetes Association (ADA) guidelines within two (2) weeks of implementing dietary and lifestyle changes;
- (9) Has sexually transmitted infection including but not limited to, HIV, Syphilis, and HSV-1 or HSV-2 with an active infection or prodromal symptoms in the last trimester or at time of delivery; or
- (10) Identifies twins other than di/di.

**(b) The Licensed Midwife shall obtain Medical Consultation for a woman who during the antepartum period:**

- (1) Develops marked glucosuria or proteinuria on two consecutive separate visits;
- (2) Has abnormal vaginal discharge with no signs of improvement with medication;
- (3) Has symptoms of urinary tract infection that does not improve with treatment;
- (4) Has inappropriate gestational size, through physical evaluation or diagnostic examination;
- (5) Has demonstrated anemia by blood test (hematocrit less than 30 percent, hemoglobin under 10) that does not improve with treatment;
- (6) Has demonstrated Thrombocytopenia by blood test (platelets under 150) that does not improve with treatment;
- (7) Has an unexplained fever of equal or greater than 101.0 F or 38.0 C;
- (8) Has hyperemesis;

- (9) Has severe, protruding varicose veins of extremities or vulva with no signs of improvement after treatment;
- (10) Has known structural abnormalities of the reproductive tract which are incompatible with vaginal birth;
- (11) Has an abnormal Pap smear;
- (12) Has sexually transmitted infection including but not limited to, Chlamydia, Gonorrhea, Trichomoniasis, Bacterial Vaginosis, HSV-1, HSV-2, HPV, Condylomata Acuminata;
- (13) Reaches a gestation of 41 weeks, 3 days by dates and examination;
- (14) Hepatitis C; and
- (15) Any other infection requiring treatment or monitoring.

**(c) The Licensed Midwife shall make an immediate Referral for any woman who during the intrapartum period:**

- (1) Goes into labor prior to 37 weeks 0/7 days gestation;
- (2) Develops a systolic blood pressure of 140 or greater or diastolic blood pressure of 90 or greater on two separate occasions 4 hours apart, or develops a systolic blood pressure over 150 or greater or a diastolic blood pressure of 100 or greater on a single reading;
- (3) Develops severe headache, epigastric pain, or visual disturbance concerning for eclampsia;
- (4) Develops a fever over 100.4 0 F or 38 0 C;
- (5) Develops respiratory distress;
- (6) Has persistent baseline or recurrent fetal heart tones below 110 or above 160 beats per minute, or a fetal heart rate that is abnormal and does not improve with attempts to correct;
- (7) Has ruptured membranes and birth has not reached active labor after 18 hours;
- (8) Has unresolving, frank bleeding prior to delivery (other than bloody show);
- (9) Has thick meconium or blood-stained amniotic fluid with non-reassuring fetal heart tones;
- (10) Has a malpresentation incompatible with vaginal delivery;
- (11) Does not progress in effacement, dilation, or station after 4 hours of adequate uterine activity in active labor;
- (12) Does not show continued progress to deliver in second stage labor after adequate pushing effort for 4 hours;
- (13) Does not deliver the placenta within one hour if there is no bleeding and the fundus is firm;
- (14) Has a partially separated placenta during the third stage of labor with bleeding;
- (15) Exhibits signs or symptoms of hypovolemia (low blood volume) and has a blood pressure below 100 systolic if the sustained pulse rate exceeds 100 beats per minute or who is symptomatic;
- (16) Estimated blood loss greater than 500 ml with or after the delivery of the placenta and the mother is symptomatic;
- (17) Has placental fragment or membranes (pieces of the placenta or amniotic sac) retained in the uterus; or
- (18) Desires transfer.