



**OFFICIAL**

**COMMUNITY MIDWIFERY PROGRAM  
CLINICAL PRACTICE GUIDELINE**

# Departure of the CMP Midwife Following a Home Birth

<b>Scope (Staff):</b>	WNHS Community Midwifery Program (CMP) staff
<b>Scope (Area):</b>	Home birth sites

This document should be read in conjunction with this [Disclaimer](#)

This guideline stipulates the role of a primary and support midwife in the postpartum period, as is required by the Western Australian Department of Health - [MP 0141/20 Public Home Birth Policy \(2024\)](#).

## Aim

To define the postpartum roles and responsibilities of CMP midwives in the period immediately following a home birth. This guides clinicians in assuring maternal and neonatal wellbeing, enabling the timely and safe departure of the CMP midwives from the client's home.

## Principles

- The primary midwife will remain at the home for a **minimum of three hours following birth** to monitor maternal and neonatal observations.
- The support midwife will remain at the home for a **minimum of one hour following the completion of the third stage of labour**.
- **Note:** if a woman births before the arrival of the CMP midwives to the home, the above applies from time of the midwife's arrival to the home.

## Pre-requisites

- The third stage of labour has been completed and the estimated blood volume is  $\leq 600\text{mL}$  per MP 0141/20 [Public Home Birth Policy \(2024\)](#).
- There is a completed [Department of Health Authorisation and Release of a Human Fetus or Placenta form](#) on record.
- When required, perineal repair is complete and haemostasis achieved.

- The woman has voided at least once post birth, per WNHS Clinical Guideline [Bladder Management](#).
- Maternal observations per WNHS Clinical Guideline [Postnatal Care](#) and documented within normal limits on MR285 Postnatal Observations and Response Chart.
  - A full set of observations are to be repeated within 15 minutes prior to the midwife leaving the clients home, to assure of stability at departure.
- Early care of the neonate per WNHS Clinical Guideline [Neonatal Care](#) documented on MR410 Neonatal History.
- Neonatal observations completed per WNHS Clinical Guideline [Neonatal Care](#) and documented within normal limits on MR426 Newborn Observation and Response Chart.
  - Blood Glucose Level (BGL) monitoring of infants at risk of hypoglycaemia per CAHS Clinical Guideline Hypoglycaemia.
  - Neonatal BGL's monitoring can be performed in the community on a BGL machine.
  - CMP staff are to remain in attendance until recommended BGL's are completed and are within normal parameters.
  - Contact NETS WA on 1300 638 792 for advice, for paediatric consult where BGL's <2.6mmol/L, per MR426 Newborn Observation and Response Chart. CMP midwives carry glucose gel 40% for the acute management of neonatal hypoglycaemia; inclusion criteria and monitoring per [Pharmacy Neonatology- Neonatal Glucose Gel 40%](#). Provision of same must be documented on MR811 Neonatal Inpatient Medication Chart per WNHS Policy and Procedure; Pharmacy: [Medication Administration](#).
  - Where BGL monitoring is declined, paediatric consult must be sought prior to midwife departure, a follow-up plan created and documented, and parent/s provided with education about the possible symptoms of hypoglycaemia and management/escalation.
- Where parental consent has been provided (MR216), Phytomenadione (vitamin K) has been administered to the neonate and administration documented on MR811 Neonatal Inpatient Medication Chart. If the parent has elected for oral vitamin K, the prescriber must complete the discharge medication section of MR811 per [WNHS Pharmacy Policy and Procedure Medication Administration](#).

## Postnatal Education

- Ensure the woman and/or supports are provided education on:
  - normal postpartum blood loss, how to rub up a contraction if required and when to call a midwife/ambulance.

- vaginal, labial or perineal care and management of discomfort including on micturition.
- postpartum bladder and bowel care.
- signs and symptoms of infection for the woman and neonate. Refer the woman to the information on signs and symptoms of GBS infection found in [WNHS Pregnancy Birth and Your Baby book](#) (PDF, 11.3MB).
- signs and symptoms of venous thromboembolism (VTE) and encourage mobilisation.
- breastfeeding education to include skin to skin, frequency of feeds, nipple care, principles of supply and demand, positioning and attachment to the breast, nutritive sucking and how to hand express per [WNHS Clinical Guideline Newborn Feeding and Maternal Lactation](#).
  - If the neonate does not feed effectively prior to the midwife leaving, a midwife must contact the mother by 6 hours of birth to determine the feeding status. If at 6 hours after birth the neonate is still not effectively sucking at the breast or taking expressed breast milk, CMP to contact the booking maternity hospital for paediatric review.
- Neonatal care including expected elimination, sleeping and settling, risk of co-sleeping and sudden infant death syndrome (SIDS).
- Documented and discussed plan for postnatal home visits. CMP should arrange their first review within 12 to 24 hours following birth; earlier where clinically indicated.

### Related legislation and policies

Department of Health Western Australia:

- [Public Home Birth Policy](#)
- Authorisation and Release of a human fetus or placenta

### Related WNHS policies, procedures and guidelines









WNHS Clinical Guidelines: [Obstetrics and Gynaecology](#):

- Bladder Management
- Neonatal Care
- Newborn Feeding and Maternal Lactation
- Inpatient Postnatal Care

CAHS Clinical Guideline: [Hypoglycaemia](#)

## Useful resources (including related forms)

- WNHS [Patient booklets](#): 'Pregnancy Birth and Your Baby book' and 'Breastfeeding and Breast Care'
- [The Breastfeeding Centre of WA](#) including [Video resources](#)

Keywords:	CMP, Community Midwifery Program, leaving mother after birth, home birth		
Document owner:	Community Midwifery Program, Obstetrics and Gynaecology Directorate		
Author / Reviewer:	CMP Clinical Midwifery Manager / Clinical Midwifery Specialist		
Date first issued:	October 2008		
Reviewed dates: (since July 2013)	; July 2013; May 2015; June 2016; April 2020; Oct 2023; May 2025	Next review date:	May 2028
Endorsed by:	Midwifery and Obstetrics Clinical Practice Outcomes Committee	Date:	21/05/2025
NSQHS Standards (v2) applicable:	<div><input checked="" type="checkbox"/>  1: Clinical Governance</div> <div><input checked="" type="checkbox"/>  2: Partnering with Consumers</div> <div><input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection</div> <div><input type="checkbox"/>  4: Medication Safety</div>	<div><input type="checkbox"/>  5: Comprehensive Care</div> <div><input type="checkbox"/>  6: Communicating for Safety</div> <div><input type="checkbox"/>  7: Blood Management</div> <div><input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration</div>	
<b>Printed or personally saved electronic copies of this document are considered uncontrolled.</b> <b>Access the current version from WNHS HealthPoint.</b>			

## Version history

Date	Summary
Prior to June 2016	Archived- contact OGD Guideline Coordinator for previous versions. Note-versions prior to 2015, maintained by CMP. Original titled as: 'Preparation for Leaving Mother and Baby After Birth'.
June 2016	<ul style="list-style-type: none"> <li>• Ensure baseline observations of respiratory rate, pulse, BP, and temperature are within normal limits and recorded 30 minutes and 60 minutes post birth and prior to the midwife leaving the home</li> <li>• Hand expressing (offer a demonstration)</li> <li>• Ensure that all neonatal observations are within normal limits for colour, tone, respiratory rate, heart rate, temperature and positioning in a supine head neutral position enabling a patent airway.</li> <li>• Neonatal observations should be performed as clinically indicated but at a minimum of 30 minutes and 60 minutes after birth and again prior to leaving the house.</li> <li>• The mother must be advised that if her baby does not feed for a period of longer than 6 hours in the first 24 hours she must increase the length of skin to skin time, hand express and give the expressed colostrum via a spoon and contact her midwife.</li> </ul>

## Departure of the CMP Midwife following a Home Birth

April 2020	<ul style="list-style-type: none"> <li>• Reviewed and made more concise</li> <li>• Neonatal observations updated; added reference to NORC</li> </ul>
Oct 2023	<ul style="list-style-type: none"> <li>• Specified that neonatal observations are for minimum 3 hours</li> <li>• Document on relevant Observation and Response Chart</li> <li>• Updated guidance if neonate does not feed effectively, including aligning with WNHS Newborn Feeding guideline- if does not feed effectively by or taking EBM by 6 hours- to assess the need to contact the support hospital for paediatric review</li> </ul>
May 2025	<ul style="list-style-type: none"> <li>• Title changed: from 'CMP Preparation for Leaving After Birth', to 'Departure of the CMP Midwife Following a Home Birth'.</li> <li>• Aim amended to define the roles and responsibilities of the primary and support midwife during the immediate postpartum period, in ensuring that the client is suitable for the midwife to discharge from care, and leave the clients home – as required by the Western Australian Department of Health mandatory Policy - MP 0141/20 - Public Home Birth Policy (2024).</li> <li>• Inclusion of a 'Principles' header: <ul style="list-style-type: none"> <li>○ The primary midwife must remain at the home for a minimum of three hours following birth to monitor maternal and neonatal observations.</li> <li>○ The second midwife must remain at the home for a minimum of one hour following the completion of the third stage of labour.</li> </ul> </li> <li>• 'Prerequisites' section major review and amendment. Includes parameters and action for estimated blood loss. Referral to WNHS clinical guidelines for postnatal Bladder Management, Inpatient Postnatal Care observations, Neonatal care observations, Hypoglycaemia, Medication Administration for Phytomenadione (Vitamin K) management.</li> <li>• Section from previous clinical guideline 'Post birth care of the mother' removed and replaced with 'Postnatal Education'. Includes education on postpartum blood loss, bladder care, perineal care, signs of infection in the woman or neonate, venous thromboembolism, breastfeeding, neonate care including sleeping and sudden infant death syndrome, as well as follow up visit advice.</li> <li>• Removed sections 'Post birth care of the neonate' and 'Feeding'</li> </ul>

This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2025

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

[www.nmhs.health.wa.gov.au](http://www.nmhs.health.wa.gov.au)