OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE

Eligibility criteria for clients birthing at the Family Birth Centre

(Previously called 'Exclusion criteria for Midwifery Group Practice birthing in the Family Birth Centre')

Scope (Staff):	Midwifery Group Practice staff
Scope (Area):	Family Birth Centre, King Edward Memorial Hospital (KEMH)

This document should be read in conjunction with this Disclaimer

Key points

1. All women and their babies must be considered low risk and suitable for midwifery led care **at the time of booking**.
2. An assessment of suitability will be made in reference to the below eligibility criteria.
3. This assessment will deem a woman and her baby suitable to labour/birth at the Family Birth Centre (FBC) and discharge home 4 to 6 hours following birth.
4. The FBC does not provide epidural analgesia and this factor must be considered by clients wishing to birth within the unit.
5. All clients booked to birth at the FBC must acknowledge that should a situation arise which requires the input of other healthcare professionals (by way of consultation/referral) during the antenatal or intrapartum periods, they may be required to birth on KEMH's Labour and Birth Suite (LBS) or Operating Theatre.

Eligibility criteria

This guideline is to be read in conjunction with the Australian College of Midwives (ACM): National Midwifery Guidelines for Consultation and Referral (2021) (external website), the below inclusion and exclusion criteria, and the following WNHS Obstetrics and Gynaecology Directorate guidelines:

- Antenatal Care: Antenatal care schedule and Midwifery care flowchart
- Fetal heart rate monitoring

Inclusion criteria

- Reside within FBC catchment area or can commit to attending the FBC for antenatal and postnatal appointments where the client resides outside of catchment; the FBC does not participate in shared care.
- Maternal age ≥18 years at booking, and <42 years by completion of pregnancy
- Have a pre-pregnancy BMI ≥18 and ≤35
- Have an anatomy ultrasound scan between 17 and 22 weeks gestation
- Agree to have a full set of booking bloods at the commencement of care if not already performed in early pregnancy with their General Practitioner; testing will include a Full Blood Picture, Blood Group and serology screening and will be ordered following counselling and verbal consent.
- In reference to the ACM National Midwifery Guidelines for Consultation and Referral (2021) (external website), MGP midwives will assume care of women who are **level 'A' or 'B'** (Note- 'B' levels require consultation with a medical practitioner, Clinical Midwife Specialist and/or Clinical Midwifery Manager to determine suitability for FBC).

  - **A- Discuss**- Care provided by the midwife
  - **B- Consult**- Consult relevant medical practitioner or other health care provider
  - **C- Refer**- Refer to relevant medical practitioner or other health care provider

- Able to attend for all antenatal appointments per the Midwifery care flowchart guideline.
  - Non-attendance at ≥2 consecutive appointments at the FBC will deem a woman ineligible for the FBC, as the model of care aims to establish and provide a continuity of care relationship between midwives and women.
- For those booking into FBC at a gestation of >24 weeks, there must be evidence of routine antenatal care being provided per Midwifery Care Flowchart guideline.
- Clients must be booked to the FBC by 38 weeks gestation.
- Aware that antenatal assessments will be offered per the Antenatal care schedule guideline, which may result in the place of birth having to deviate.
- All pregnant patients are recommended to have a standard 75g Oral Glucose Tolerance Test (OGTT) or a Fasting Plasma Blood Glucose Level (BGL) between 26 and 28 weeks gestation to screen for Gestational Diabetes Mellitus (GDM). Women with risk factors for GDM will be recommended an additional OGTT at the first opportunity after conception, or where this is not feasible a Fasting BGL and HbA1c.
- Must be suitable for intermittent monitoring during the intrapartum period per the Fetal heart rate monitoring guideline.

Exclusion criteria

In reference to the ACM National Midwifery Guidelines for Consultation and Referral (2021) (external website) where **at the commencement of care** a woman is a level 'C', care will not be assumed by the FBC and referral will be recommended to the woman's local catchment hospital or KEMH depending on clinical indication.

Indications at the commencement of care The following list indications **present at the commencement of care** that are outside of the scope of the FBC. Therefore, these are treated as **ADDITIONAL** level 'C'.
6.1 Medical conditions
6.1.5 Drug dependence or misuse Illicit or prescribed drug dependency (within the last 12 months)
6.1.7 Gastro-intestinal and hepatobiliary Gastric sleeve
6.1.9 Haematological Previous history of deep vein thrombosis (DVT) or pulmonary embolism
6.1.10 Infectious diseases Listeriosis
6.1.15 History of pre-existing psychological or perinatal mental health concerns ADHD on medication Bipolar I disorder Schizophrenia Illnesses requiring ongoing antipsychotic medication
6.1.17 Respiratory disease Asthma poorly controlled (hospital admission within last 12 months)
6.2 Pre-existing gynaecological disorders
6.2.3 Fibroids (Cervical; Multiple >2; Submucosal; >4cm in size)
6.2.4 Intrauterine contraceptive device (IUD) in situ
6.3 Antenatal
6.3.1 ABO-incompatibility (requiring treatment)
6.3.6 Endocrine Gestational diabetes – uncontrolled +/- medication
6.3.10 Hypertension Chronic hypertension
6.3.12 Placenta (abruption, accreta, increta, percreta, previous manual removal)
6.4 Intrapartum
6.4.1 Caesarean section
6.4.7 Shoulder dystocia

Clinical indications developed or identified during the antepartum period The following table lists **clinical indications developed or identified during the antepartum period** that are outside of the scope of the FBC and thus are treated as **ADDITIONAL** level 'C'.
7 Current pregnancy – antepartum indications
7.1.1 Cardiac Palpitations – prolonged, symptomatic or associated with significant symptoms
7.1.6 Endocrine Pre-existing endocrine disorder (including Addison's disease, Cushing's disease)
7.1.9 Fibroids (as per 6.2.3 above)
7.1.10 Gastro-intestinal and hepatobiliary Acute hepatitis or jaundice Inflammatory bowel disease
7.1.11 Haematological Coagulation disorders
7.1.14 Hypertension Chronic hypertension <20 weeks
7.1.15 Infectious disease Cytomegalovirus – recurrent infection HIV infection – irrespective of viral load Listeriosis – acquired in first or second trimester Rubella – recurrent infection Syphilis Toxoplasmosis – acute infection in second or third trimester Tuberculosis - active Zika virus
7.1.18 Malpresentation/non cephalic presentation at full term Breech presentation – maternal choice to attempt vaginal birth Brow, face or shoulder presentation
7.1.23 Post-term or post-dates pregnancy (≥42 completed weeks (42^{+0}) or 294 days)
7.1.24 Preterm labour and/or birth
7.1.25 Preterm prelabour rupture of membranes
7.1.32 Trophoblastic disease

Note: Sections 7.1.18 – 7.1.25 in the table above relate to indications which impact on place of birth; level 'C' in these instances do not exclude a woman from continuing care through the FBC model of care but require a **change in the place of birth** from FBC to KEMH LBS.

Clinical indications during the intrapartum period
The following table lists **clinical indications during the intrapartum period** that are outside of the scope of a midwife to facilitate labour/birth at the FBC and thus are treated as **ADDITIONAL** level 'C', **requiring delivery on/transfer to KEMH's LBS**.
8 Current pregnancy – intrapartum indications
8.1.3 Breech presentation
8.1.10 Haemorrhage **Postpartum haemorrhage** EBL >1000ml and/or symptomatic
8.1.11 Hypertension
8.1.14 Meconium stained liquor
8.1.17 Fetal monitoring Abnormal features
8.1.18 Induction of labour
8.1.21 Newborn (post birth) Resuscitation indicated Cord avulsion Hypoglycaemia Meconium aspiration Respiratory distress Transient tachypnoea
8.1.22 Oxytocin infusion
8.1.23 Preterm labour
8.1.26 Retained placenta

Note: An ARM on a non-labouring woman must be performed on LBS. If the woman progresses into labour after the ARM, senior medical review and clearance needs to be sought prior to transfer to the FBC.

The following table lists **social indications** that are outside of the scope of the FBC and thus are treated as additional level 'C'.

10 Social indications
10.1.2 Current or previous child protection concerns
10.1.9 Incarceration
10.1.18 Other identified vulnerabilities Surrogacy

Reference

1. National Midwifery Guidelines for Consultation and Referral. 2021. 4th edition. Available from https://midwives.org.au/common/Uploaded files/ ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf

Related WNHS policies, procedures and guidelines

WNHS Clinical Guidelines Obstetrics and Gynaecology:

- Anaemia and Iron Deficiency
- Antenatal Care: Antenatal Care Schedule
- Decreased Fetal Movements
- Diabetes
- Fundal Height: Measuring with a Tape Measure
- MGP (Hospital Based): Inclusion and Exclusion Criteria
- Preterm birth guidelines: Preterm Birth Prevention; Preterm Labour

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Version history

Version number	Date	Summary
	Prior to Aug 2013	Archived- contact OGD Guideline Coordinator for previous versions. Related content found within B1.1.2.(1-6).
1	Aug 2013	First version. Known as B1.1.2.5 'Exclusion Criteria to the Family Birth Centre'.
2	May 2014	• Formatting and template changes, hyperlinks updated • BMI, hypothyroid, parity conditions changed. GTT more details added.
3	Oct 2015	• BMI now pre pregnancy. • Women who are on low dose SSRI / SNRI's may labour and birth in the FBC. A paediatric RMO or above must be present for the birth. • Women requesting birth at the FBC who are taking higher dose SSRI's/ SNRI's or multiple psychotropic medications must be referred to psychological medicine for discussion of the risks and management options. • A woman with a low lying placenta that is < 25mm from cervical os must be managed in Labour and Birth Suite. • A woman with a low lying placenta that is more than 30mm from the cervical os may birth at FBC but must have active third stage management. These women are not suitable for expectant management.
4	Feb 2016	• Content merged into B1.1.2.6 'Exclusion Criteria for Low Risk Midwifery Led Care at KEMH'. Previously individual related guidelines now incorporated into one document.
5	Nov 2016	• Title changed to 'Exclusion Criteria for Midwifery Group Practice Birthing in the Family Birth Centre'. • Major review- updated throughout. Clinicians to familiarise themselves with the entire document.
6	May 2017	• Fibroids or previous preterm birth < 35 weeks- for Medical review • EPDS comment added- for Psychology referral
7	Sept 2017	• Minor amendment (05.09.2017) - formatting / template
8	Mar 2020	• If criteria indicates 'MR', acceptance or exclusion is at the discretion of the FBC Medical Officer after evaluation of the woman's individual situation and care needs • Criteria updated for- medical history (inflammatory bowel disease, endocrine disorders, FGM, cancer, genetic disorders, pelvic deformities, trophoblastic disease); present pregnancy (anaemia, cervical changes, malpresentation at term, fetal anomaly, placental abnormalities)

9	May 2021	• Criteria updated for Coeliac disease, Hashimoto's, previous retained placenta, anaemia, Hb in second trimester, cholestasis, FDIU, GDM requiring insulin, GTT not completed, preeclampsia. • For pre-existing fibroids see FBC Process Manual Fibroid Flow Chart
10	July 2021	• Surrogacy criteria added
11	Apr 2023	• Title changed to 'Eligibility criteria for low risk women birthing at the Family Birth Centre' • Added inclusion criteria • Reviewed along with updated ACM Consultation and Referral guidelines • Format changed: Links to the ACM Consultation and Referral guidelines rather than repeating full list, and then only lists additional exclusion criteria where there is a site-based difference relating to birthing at the FBC site.
11.1	21/04/2023	• Minor amendment- corrected 'FBC' to 'MGP' in one location
11.2	Aug 2023	• Minor amendment- clarified that inclusion age <42 years refers to maternal age at completion of pregnancy
11.3	Nov 2024	• Updated broken links

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