CLINICAL PRACTICE GUIDELINE

Midwifery care flowchart

This document should be read in conjunction with the **Disclaimer**

Purpose

 To describe the frequency of visits recommended /care to be provided at each antenatal visit at KEMH

Procedure

	PROCEDURE	ADDITIONAL INFORMATION
1	Triage of referrals	This ensures the woman is offered the most appropriate model of care.
		See Clinical Guidelines
		Exclusion Criteria for Midwifery Group Practice in the Family Birth Centre
		CMP Antenatal Care- Initial Visit
2	The midwife conducts the first antepartum visit establishing and recording key facts regarding the woman's general health and obstetric history, and discussing options of care.	The first point of contact for the pregnant woman with the health team and maternity services should be the midwife. This will assist in the rapid identification of problems and provide criteria for appropriate decisions regarding the model of care the woman is eligible for.
2.1	Where there are no risk factors the woman is informed of and offered care through the:	Women in areas where continuity of caregiver was available valued this option of care. ¹
	 Midwifery Group Practice/Family Birth Centre (MGP/FBC) 	
	 Midwifery Group Practice/Hospital (MGP/Hospital) 	
	Midwives Clinic	
	 Community Midwifery Program (CMP) including Hospital model 	
	O D ('(' (OD)	

General Practitioner (GP) share

PROCEDURE

ADDITIONAL INFORMATION

care

- 2.2 Where problems are identified, these are to be discussed with the clinical obstetrician and plans of care, including the model of care, are documented.
- Women accepted to the MGP/FBC, MGP/Hospital, Midwives Clinic or CMP continue with this model of care until postpartum discharge.

If deviations from normal occur women are to be referred to the FBC GP or Medical team and a plan of care will be made. This may include the midwife continuing care in collaboration with the medical team.

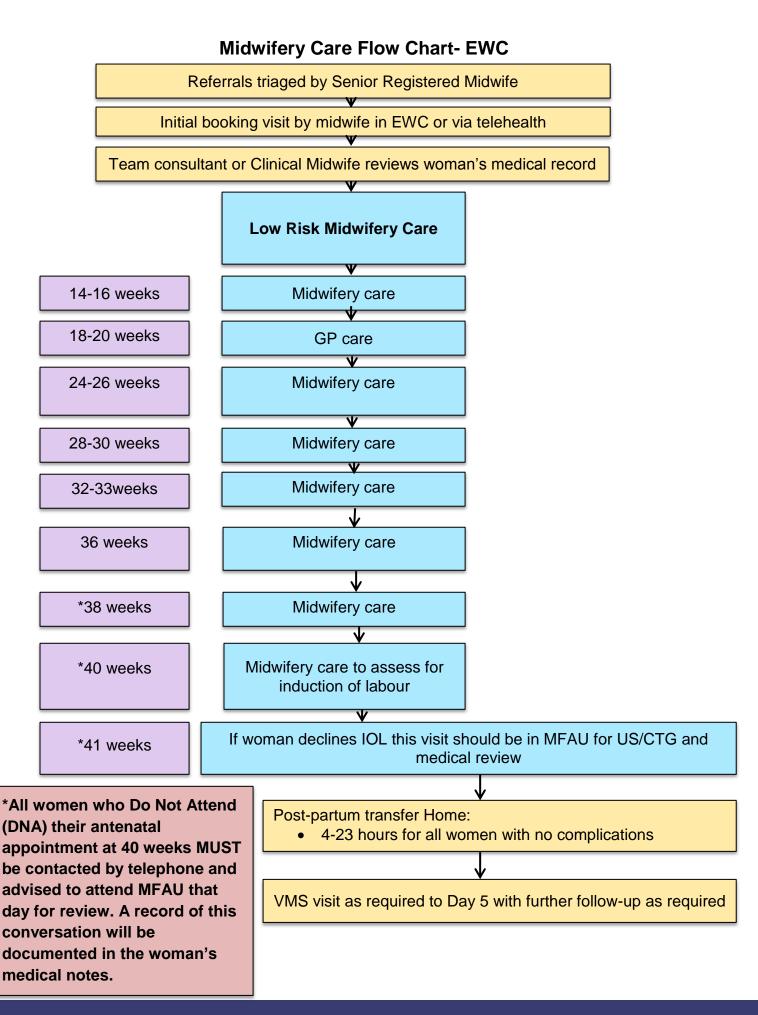
Midwives in consultation with the woman in EWC, may elect to provide shared antenatal care with the woman's GP.

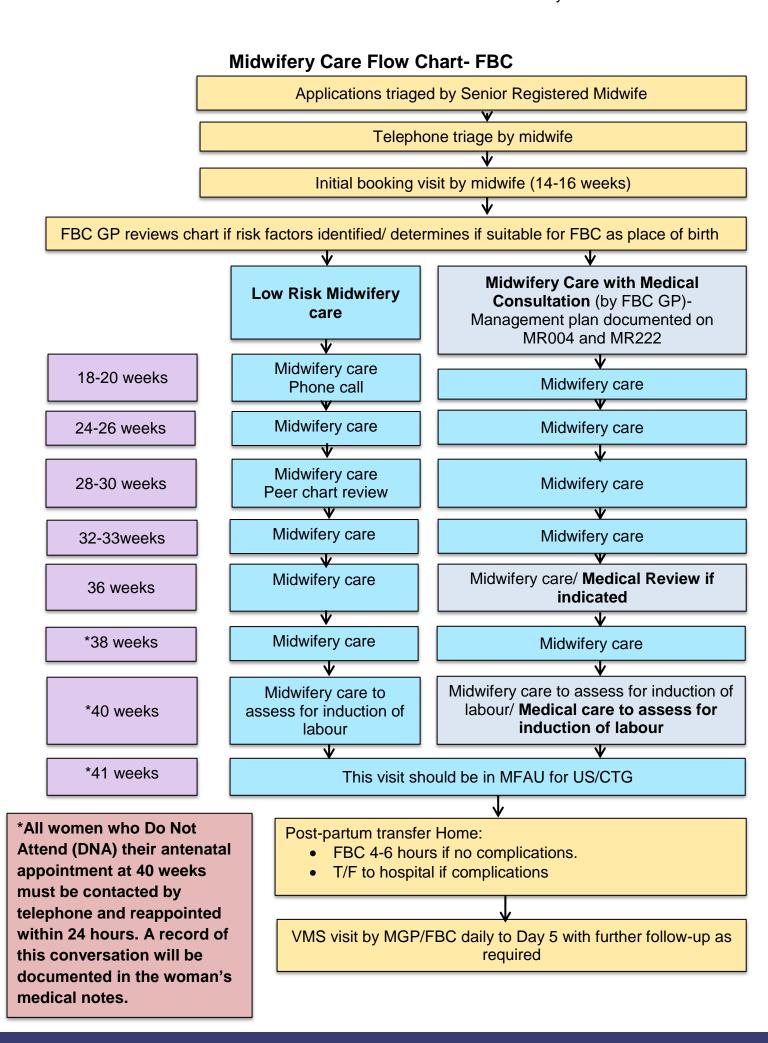
- 4 Additional visits should be provided if women or their health care providers perceive a need or as complications arise.
- 5 Following transfer home from hospital after the birth, the Visiting Midwifery Service (VMS) visits women daily until the fifth day or longer if required.

 Where the midwife is not satisfied with the woman's progress at home, referral to the woman's GP or KEMH Emergency Centre is made.

This ensures the woman's care is tailored to her specific needs. In addition to continuity of caregiver, women value time spent personalising each encounter in antenatal care.²

See Midwifery Care Flowchart on next page.





References and resources

- 1. Hundley V, Ryan M. Are women's expectations and preferences for intrapartum care affected by the model of care on offer? **BJOG**. 2004;111(6):550-60.
- 2. Davey MA, Brown S, Bruinsma F. What is it about antenatal continuity of caregiver that matters to women? **Birth**. 2005;32(4):267-71
- 3. Australian College of Midwives. **National Midwifery Guidelines for Consultation and Referral.** Canberra: Kimberly-Clark Australia Pty. Limited; 2013. 3rd:[Available from: https://www.midwives.org.au/resources/national-midwifery-guidelines-consultation-and-referral-3rd-edition-issue-2-0.

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines:

Community Midwifery Program (CMP): <u>CMP Antenatal Care- Initial Visit</u> Obstetrics & Gynaecology:

- Exclusion Criteria for Midwifery Group Practice in the Family Birth Centre
- <u>Pregnancy Beyond 41 weeks: Management of</u> and Pregnancy Beyond 41 weeks gestation: Midwifery Assessment

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