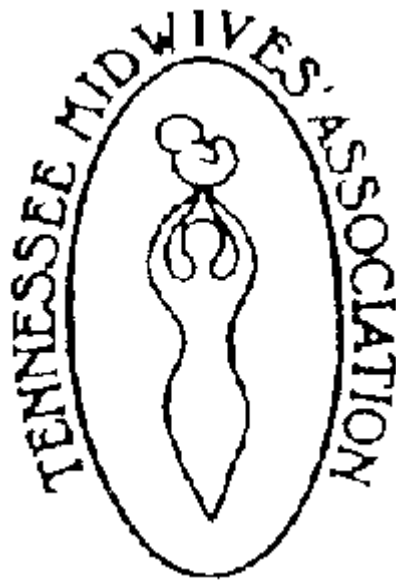


*Tennessee
Midwives'
Association
(TMA)*



*Practice
Guidelines*

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TENNESSEE MIDWIVES' ASSOCIATION (TMA) PRACTICE GUIDELINES
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Midwifery care is the autonomous practice of giving care to women during pregnancy, labor, birth, and the postpartum period, as well as care to the newborn infant. Midwifery care is provided in accordance with established standards, which promote safe and competent care. The Midwife implements these standards through adherence to the *Tennessee Midwives' Association (TMA) Practice Guidelines* and *MANA's Core Competencies*.

Evaluation of the childbearing woman is an on-going process, including risk screening to assess and identify conditions, which may indicate a deviation from normalcy. The identification of those conditions *may* require physician involvement. In making this assessment, a Midwife relies on her/his training, skill, and clinical judgment.

This document is representative and ***not*** an exhaustive list of the conditions that a Midwife may encounter. ***This document is not meant to replace the clinical judgment or experience of the Midwife. There may be variations based on agreements between individual midwives and their consulting physicians.***

I. MIDWIFE AND CLIENT RESPONSIBILITIES AND RIGHTS —

The Informed Choice and Disclosure (ICD) Agreement

The Midwife is required to have on file, a signed statement that each client has read and understood the Midwife's *Informed Choice and Disclosure (ICD)* agreement. The **ICD** should be written or translated in language understandable to the client. There must be a place on the form for the client to attest that she understands the content, by signing her full name. The **ICD** discloses, to a prospective client, information regarding the Midwife's practice. The **ICD** includes information regarding the Midwife's responsibilities and rights as well as the client's responsibilities and rights. Each Midwife may broaden the agreement to include additional information reflecting details of the Midwife's practice.

The **ICD** shares information regarding the responsibilities and rights of the Midwife. It includes information including, but not limited to:

1. philosophy of practice and care;
2. benefits and risks of out-of-hospital birth;
3. training and education;
4. years of experience;
5. participation in Peer Review;
6. information regarding the Midwife's emergency care plan and collaborating or consulting physician(s);
7. care/equipment provided;
8. information regarding a client's right to giving informed consent prior to any procedure and/or administration of any prescribed medication to mother or newborn, risks, benefits, options, and alternatives;
9. acceptance/refusal of Midwife's recommended care. The client's decision to refuse/decline recommended care will be made in writing, signed by the client, and kept in client's records;
10. information regarding client conditions/concerns for which a Midwife may need to consult with a physician, refer client to a physician, and/or transfer client out of Midwife's care to a physician's care;

I. MIDWIFE AND CLIENT RESPONSIBILITIES AND RIGHTS — continued

The Informed Choice and Disclosure (ICD) Agreement, continued

11. Midwife's expectations of the clients' responsibilities and the Midwife's right to discontinue care;
12. legal requirements, i.e. TN mandated newborn screening for inborn errors of metabolism (PKU), eye prophylaxis, reporting of communicable diseases, and registration of birth and death certificates;
13. financial information;
14. Midwife's current legal status;
15. grievance process(es) for client complaints regarding care;
16. Process to access copies of the client's Midwifery records.

The Midwife will give a copy of the **ICD** to the client and keep a copy of the *ICD Agreement Statement* in the client's records.

II. MIDWIFERY RECORD KEEPING —

The Midwife:

- A. documents completely and accurately the client's history, physical exam, laboratory test results, prenatal visits, consultation reports, referrals, labor and birth care, postpartum care/visits, and neonatal evaluations at the time Midwifery services are delivered and when reports are received;
- B. facilitates clients' access to their own records;
- C. maintains the confidentiality of client records
- D. retains records for a minimum of five years;
- E. completes/files all state required reports/certificates in a timely manner

III. PRACTICE PROTOCOLS —

Practice protocols based on *TMA Practice Guidelines* will be available for each potential client to review.

IV. SAFE ENVIRONMENT FOR BIRTH —

The Midwife:

- A. assesses the birth setting for freedom from environmental hazards.
- B. brings own equipment to birth setting.
- C. promptly responds to client's needs.
- D. practices universal precautions established by OSHA (Occupational Safety and Health Administration) guidelines regarding equipment, examinations, and procedures.

V. PRENATAL CARE —

During prenatal care, the client shall be seen by the Midwife or other appropriate health care provider at least once every four weeks until 30 weeks gestation, once every two weeks from 30 until 36 weeks gestation, and weekly after 36 weeks gestation, or as appropriate.

A. Initial Prenatal Visit

1. History/assessment of general health.
2. History/assessment of obstetric status.
3. History/assessment of psychosocial status.
4. Physical Exam to include, but not limited to:
 - a. height;
 - b. weight;
 - c. blood pressure;
 - d. pulse;
 - e. breasts, to include teaching on self exam (may be deferred);
 - f. abdomen, to include fundal height, fetal heart tones, fetal lie, and presentation.
 - g. estimation of gestational age by physical findings; and
 - h. assessment of varicosities, edema and reflexes.
5. Laboratory Tests. The client will be offered the following laboratory tests to include but not limited to:
 - a. hemoglobin and/or hematocrit or CBC;
 - b. gross urinalysis for protein and glucose;
 - c. syphilis serology;
 - d. blood group, Rh type, and antibody screen;
 - e. hepatitis B surface antigen;
 - f. rubella screen;
 - g. genetic screening tests;
 - h. gonorrhea test, if at risk;
 - i. chlamydia test, if at risk;
 - j. HIV test, if at risk.

B. On-going Prenatal Care

1. Assessment of general health.
2. Assessment of psychosocial health.
3. Nutritional counseling.
4. Physical Exam to include, but not limited to:
 - a. blood pressure;
 - b. pulse, optional;
 - c. weight;
 - d. abdomen, to include fundal height, fetal heart tones, fetal lie, and presentation;
 - e. estimation of gestational age by physical findings; and
 - f. assessment of varicosities, edema and reflexes.
5. Laboratory Tests. The client will be offered the following laboratory tests to include by not limited to:
 - a. hemoglobin, hematocrit, or CBC by 28 and/or after 32 weeks;
 - b. gross urinalysis for protein and glucose at each visit;
 - c. Glucose Tolerance Test (GTT), if indicated;
 - d. Group Beta Strep (GBS) culture(s), according to CDC Guidelines;
 - e. Herpes (HSV 1 and/or HSV 2) cultures(s), if indicated;
6. Prophylactic Rhogam information for Rh negative clients, as indicated.

VI. INTRAPARTUM CARE —

During labor, the Midwife shall monitor and support the natural process of labor and birth, assessing mother and baby throughout the birthing process:

1. Assess & monitor fetal well-being. While in attendance, assess FHT:
 - a. 1st Stage of labor: at least once every hour, or as indicated;
 - b. 2nd Stage of labor: at least every 10 minutes, or as indicated;
2. Assess & monitor maternal well-being. While in attendance, assess vital signs at least every 4 hours, or as indicated;
3. Monitor the progress of labor;
4. Monitor membrane status for rupture, relative fluid volume, odor, and color of amniotic fluid;
5. Assist in birth of baby;
6. Inspection of placenta and membranes;
7. Manage any problems in accordance with the guidelines cited elsewhere in this document;
8. Whenever vaginal examinations are performed to assess the progress of labor, they will be kept to a minimum to reduce the risk of infection. Attention will be directed toward aseptic technique. Assess cervical dilatation, effacement, station, and position during each exam and document in client's chart.

VII. POSTPARTAL CARE —

After the birth of the baby, the Midwife shall assess, monitor, and support the mother during the immediate postpartum period until the mother is in stable condition and during the on-going postpartum period.

A. Immediate Postpartal Care

1. Overall maternal well-being;
2. Bleeding;
3. Vital signs;
4. Abdomen, including fundal height and firmness;
5. Bowel/bladder function;
6. Perineal exam and assessment;
7. Suture 1st or 2nd degree laceration(s)/episiotomy, as indicated;
8. Facilitation of maternal-infant bonding and family adjustment;
9. Concerns of the mother.

B. On-going Postpartal Care

1. Overall maternal well-being;
2. Bleeding;
3. Abdomen, including fundal height and firmness;
4. Bowel/bladder function;
5. Perineal exam and assessment, as indicated;
6. Facilitation of maternal-infant bonding and family adjustment
7. Concerns of the mother.

VIII. NEWBORN CARE —

After the birth of the baby, the Midwife shall assess, monitor, and support the baby during the immediate postpartum period until the baby is in stable condition, and during the on-going postpartum period.

A. Immediate Newborn Care

1. Overall newborn well-being;
2. Vital signs;
3. Color;
4. Tone/Reflexes;
5. APGAR scores at 1 and 5 minutes, and at 10 minutes when indicated;

6. Temperature;
7. Feeding;
8. Bowel/bladder function;
9. Clamping/cutting of umbilical cord;
10. Newborn physical exam, including weight and measurements;
11. Eye prophylaxis;
12. Administration of Vitamin K, orally or intramuscularly;
13. Concerns of the family.

B. Ongoing Newborn Care

1. Vital signs, including color and temperature;
2. Tone/Reflexes;
3. Feeding;
4. Bowel/bladder function;
5. Weight gain;
6. Newborn screening (PKU);
7. Concerns of family.

IX. PHYSICIAN CONSULTATION AND REFERRAL —

The Midwife shall consult with a physician whenever there are significant deviations (including abnormal laboratory results, during a client's pregnancy and birth, and/or with the newborn. If a referral to a physician is needed, the Midwife will remain in consultation with the physician until resolution of the concern. It is appropriate for the Midwife to maintain care of her client to the greatest degree possible, in accordance with the client's wishes, remaining present through the birth, if possible.

The following conditions require physician consultation and **may** require physician referral and/or transfer of care.

1. Pre-existing Conditions — include but are not limited to:
 - a. cardiac disease;
 - b. active tuberculosis;
 - c. asthma, if severe or uncontrolled by medication;
 - d. renal disease;
 - e. hepatic disorders;
 - f. endocrine disorders;
 - g. significant hematological disorders;
 - h. neurologic disorders;
 - i. essential hypertension;
 - j. active cancer;
 - k. diabetes mellitus;
 - l. history of newborn with positive Group Beta Strep (GBS);
 - m. previous Cesarean section with classical incision;
 - n. three or more previous Cesarean sections;
 - o. previous Cesarean section within one year of current EDD;
 - p. current alcoholism or abuse;
 - q. current drug addiction or abuse;
 - r. current severe psychiatric illness;
 - s. isoimmunization;
 - t. positive for HIV antibody.

2. Prenatal Conditions — include but are not limited to:
 - a. labor before the completion of the 36th week of gestation;
 - b. lie other than vertex at term;
 - c. multiple gestations;
 - d. significant vaginal bleeding;
 - e. gestational Diabetes Mellitus, uncontrolled by diet;
 - f. severe anemia, not responsive to treatment;
 - g. evidence of pre-eclampsia;
 - h. consistent size/dates discrepancy;
 - i. deep vein thrombosis (DVT);
 - j. known fetal anomalies or conditions affected by site of birth, with an infant compatible with life;
 - k. threatened or spontaneous abortion after 12 weeks;
 - l. abnormal ultrasound findings;
 - m. isoimmunization;
 - n. documented placental anomaly or previa;
 - o. documented low lying placenta in woman with history of Cesarean section;
 - p. post-maturity pregnancy (>42 completed weeks);
 - q. positive HIV antibody test.

IX. PHYSICIAN CONSULTATION AND REFERRAL — continued

3. Intrapartal Conditions — *It should be noted that because of time urgency during certain intrapartal situations, it may be necessary to institute emergency interventions while waiting for physician consultation.* These conditions include but are not limited to:
 - a. persistent and/or severe fetal distress;
 - b. abnormal bleeding;
 - c. thick meconium-stained fluid with birth not imminent;
 - d. significant rise in blood pressure above woman's baseline with or without proteinuria;
 - e. maternal fever > 100.4 degrees Fahrenheit, unresponsive to treatment;
 - f. transverse lie;
 - g. primary genital herpes outbreak;
 - h. prolapsed cord;
 - i. client's desire for pain medication.
4. Postpartum Conditions — *It should be noted that because of time urgency during certain postpartal situations, it may be necessary to institute emergency interventions while waiting for physician consultation.* These conditions include but are not limited to:
 - a. seizure;
 - b. significant hemorrhage, not responsive to treatment;
 - c. adherent or retained placenta;
 - d. sustained maternal vital sign instability;
 - e. uterine prolapse;
 - f. uterine inversion;
 - g. repair of laceration(s)/episiotomy, which is beyond Midwife's level of expertise;
 - h. anaphylaxis.
5. Neonatal Conditions — *It should be noted that because of time urgency during certain postpartal situations, it may be necessary to institute emergency interventions while waiting for physical consultation.* These conditions include but are not limited to:

- a. Apgar score less than 7 at five minutes of age, without significant improvement at 10 minutes;
- b. persistent respiratory distress;
- c. persistent cardiac irregularities;
- d. central cyanosis or pallor;
- e. prolonged temperature instability or fever >100.4 degrees Fahrenheit, unresponsive to treatment;
- f. significant clinical evidence of glycemic instability;
- g. evidence of seizure;
- h. birth weight <2300 grams;
- i. significant clinical evidence of prematurity;
- j. significant jaundice or jaundice prior to 24 hours;
- k. loss of >10% of birth weight/failure to thrive;
- l. major apparent congenital anomalies;
- m. significant birth injury.

X. ADMINISTRATION OF PRESCRIBED MEDICATIONS —

Upon the administration of any prescribed medication(s), the Midwife shall document in the client's chart the type of prescribed medication(s) administered, name of prescribed medication, expiration date, lot number, dosage, method of administration, site, date, time, and the prescribed medication's effect.

Administration of Physician Prescribed Medications by a Midwife:

1. Rh Immune Globulin;
2. Oxygen;
3. Pitocin and Methergine, orally or intramuscularly, postpartally (as described under section **XI. Emergency Care**, below);
4. Local anesthetic for perineal repair;
5. Prophylactic ophthalmic medication for newborn;
6. Vitamin K, orally or intramuscularly, for newborn;
7. Other medications, as prescribed by a physician.

XI. EMERGENCY CARE —

The following procedures may be performed by the Midwife, *only in an emergency situation in which the health and safety of the mother or newborn are determined to be at risk.*

Medications listed will be prescribed by a physician:

1. Cardiopulmonary resuscitation of the mother or newborn with a bag and mask;
2. Administration of oxygen;
3. Episiotomy;
4. Administration of Pitocin or Methergine to control postpartum bleeding;
5. Manual exploration of the uterus for placenta to control severe bleeding.

XII. PROHIBITIONS IN THE PRACTICE OF MIDWIFERY —

A. Medications

The Midwife shall not administer any prescribed medications or injections of any kind, except as indicated in section **X. Administration of Prescribed Medications.**

1. The use of synthetic prostaglandin compounds (Cervidil, Prepidil, or Cytotec) *is not sanctioned for out-of-hospital use, even when prescribed by a physician.*

2. Intrapartum use of oxytocics, such as Pitocin and Methergine, *is prohibited through all routes of administration.*

B. Surgical Procedures

The Midwife shall not perform any operative procedures or surgical repairs other than:

1. artificial rupture of membranes (AROM);
2. perform and repair episiotomy;
3. perineal/vaginal repair;
4. clamping and cutting of the newborn's umbilical cord.

C. Instrumental Delivery

The Midwife shall not use forceps and/or vacuum extraction to assist the birth of the baby.

MANA Core Competencies for Basic Midwifery Practice

Approved by MANA Board 10/3/94

Adopted by TMA, 01/22/01

I. Guiding Principles of Practice:

The midwife provides care according to the following principles:

- A. Midwives work in partnership with women and their chosen support community throughout the caregiving relationship.
- B. Midwives respect the dignity, rights, and the ability of the women they serve to act responsibly throughout the caregiving relationship.
- C. Midwives work as autonomous practitioners, collaborating with other health and social service providers when necessary
- D. Midwives understand that physical, emotional, psycho-social and spiritual factors synergistically comprise the health of individuals and affect the childbearing process.
- E. Midwives understand that female physiology and childbearing are normal processes, and work to optimize the well-being of mothers and their developing babies as the foundation of caregiving.
- F. Midwives understand that the childbearing experience is primarily a personal, social and community event.
- G. Midwives recognize that a woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself.
- H. Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own well-being.
- I. Midwives strive to insure vaginal birth and provide guidance and support when appropriate to facilitate the spontaneous process of pregnancy, labor, and birth, utilizing medical intervention only as necessary.
- J. Midwives synthesize clinical observations, theoretical knowledge, intuitive assessment and spiritual awareness as components of a competent decision making process.
- K. Midwives value continuity of care throughout the childbearing cycle and strive to maintain continuous care within realistic limits.
- L. Midwives understand that the parameters of "normal" vary widely and recognize that each pregnancy and birth are unique.

II. General Knowledge and Skills:

The midwife provides care incorporating certain concepts, skills, and knowledge from a variety of health and social sciences, including, but not limited to:

- A. Communication, counseling, and teaching skills.
- B. Human anatomy and physiology relevant to childbearing.
- C. Community standards of care for women and their developing infants during the childbearing cycle, including midwifery and bio-technical medical standards and the rationale for and limitations of such standards.
- D. Health and social resources in her community.
- E. Significance of and methods for documentation of care through the childbearing cycle.
- F. Informed decision making.

II. General Knowledge and Skills, continued:

- G. The principles and appropriate application of clean and aseptic technique and universal precautions.
- H. Human sexuality, including indication of common problems and indications for counseling.
- I. Ethical considerations relevant to reproductive health.
- J. The grieving process.
- K. Knowledge of cultural variations.
- L. Knowledge of common medical terms.
- M. The ability to develop, implement and evaluate an individualized plan for midwifery care.
- N. Woman-centered care, including the relationship between the mother, infant, and their larger support community.
- O. Knowledge and application of various health care modalities as they apply to the childbearing cycle.

III. Care During Pregnancy:

The midwife provides health care, support, and information to women throughout pregnancy. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. Identification, evaluation, and support of maternal and fetal well-being throughout the process of pregnancy.
- B. Education and counseling for the childbearing cycle.
- C. Preexisting conditions in a woman's health history which are likely to influence her well-being when she becomes pregnant.
- D. Nutritional requirements of pregnant women and methods of nutritional assessment and counseling.
- E. Changes in emotional, psycho-social and sexual variations that may occur during pregnancy.
- F. Environmental and occupational hazards for pregnant women.
- G. Methods of diagnosing pregnancy.
- H. Basic understanding of genetic factors which may indicate the need for counseling, testing, or referral.
- I. Basic understanding of the growth and development of the unborn baby.
- J. Indications for, risks, and benefits of bio-technical screening methods and diagnostic tests used during pregnancy.
- K. Anatomy, physiology, and evaluation of the soft and bony structures of the pelvis.
- L. Palpation skills for evaluation of the fetus and uterus.
- M. The causes, assessment and treatment of the common discomforts of pregnancy.
- N. Identification of, implications of, and appropriate treatment for various infections, disease conditions and other problems which may affect pregnancy.
- O. Special needs of the Rh- woman.

IV. Care During Labor, Birth, and Immediately Thereafter:

The midwife provides health care, support, and information to women throughout labor, birth, and the hours immediately thereafter. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. The normal process of labor and birth.
- B. Parameters and methods for evaluating maternal and fetal well-being during labor, birth, and immediately thereafter, including relevant historical data.
- C. Assessment of the birthing environment, assuring that it is clean, safe and supportive, and that appropriate equipment and supplies are on hand.
- D. Emotional responses and their impact during labor, birth, and immediately thereafter.
- E. Comfort and support measures during labor, birth, and immediately thereafter.
- F. Fetal and maternal anatomy and their interactions as relevant to assessing fetal position and the progress of labor.
- G. Techniques to assist and support the spontaneous vaginal birth of the baby and placenta.
- H. Fluid and nutritional requirements during labor, birth, and immediately thereafter.
- I. Assessment of and support for maternal rest and sleep as appropriate during the process of labor, birth, and immediately thereafter.
- J. Causes of, evaluation of, and appropriate treatment for variations which occur during the course of labor, birth, and immediately thereafter.
- K. Emergency measures and transport for critical problems arising during labor, birth, or immediately thereafter.
- L. Understanding of and appropriate support for the newborn's transition during the first minutes and hours following birth.
- M. Familiarity with current bio-technical interventions and technologies which may be commonly used in a medical setting.
- N. Evaluation and care of the perineum and surrounding tissues.

V. Postpartum Care:

The midwife provides health care, support, and information to women throughout the postpartum period. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes but is not limited to the following:

- A. Anatomy and physiology of the mother during the postpartum period.
- B. Lactation support and appropriate breast care including evaluation of, identification of, and treatments for problems with nursing.
- C. Parameters and methods for evaluating and promoting maternal well-being during the postpartum period.
- D. Causes of, evaluation of, and treatment for maternal discomforts during the postpartum period.
- E. Emotional, psycho-social, and sexual variations during the postpartum period.
- F. Maternal nutritional requirements during the postpartum period including methods of nutritional evaluation and counseling.
- G. Causes of, evaluation of, and treatments for problems arising during the postpartum period.
- H. Support, information, and referral for family planning methods as the individual woman desires.

VI. Newborn Care:

The entry-level midwife provides health care to the newborn during the postpartum period and support and information to parents regarding newborn care. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. Anatomy, physiology, and support of the newborn's adjustment during the first days and weeks of life.

- B. Parameters and methods for evaluating newborn wellness including relevant historical data and gestational age.
- C. Nutritional needs of the newborn.
- D. Community standards and state laws regarding indications for, administration of, and the risks and benefits of prophylactic bio-technical treatments and screening tests commonly used during the neonatal period.
- E. Causes of, assessment of, appropriate treatment, and emergency measures for neonatal problems and abnormalities.

VII. Professional, Legal and Other Aspects:

The entry-level midwife assumes responsibility for practicing in accord with the principles outlined in this document. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. MANA's documents concerning the art and practice of Midwifery.
- B. The purpose and goal of MANA and local (state or provincial) midwifery associations.
- C. The principles of data collection as relevant to midwifery practice.
- D. Laws governing the practice of midwifery in her local jurisdiction.
- E. Various sites, styles, and modes of practice within the larger midwifery community.
- F. A basic understanding of maternal/child health care delivery systems in her local jurisdiction.
- G. Awareness of the need for midwives to share their knowledge and experience.

VIII. Woman Care & Family Planning:

Depending upon education and training, the entry-level midwife may provide family planning and well-woman care. The practicing midwife may also choose to meet the following core competencies with additional training. In either case, the midwife provides care, support, and information to women regarding their overall reproductive health, using a foundation of knowledge and/or skill which includes the following:

- A. Understanding of the normal life cycle of women.
- B. Evaluation of the woman's well-being including relevant historical data.
- C. Causes of, evaluation of, and treatments for problems associated with the female reproductive system and breasts.
- D. Information on, provision of, or referral for various methods on contraception.
- E. Issues involved in decision-making regarding unwanted pregnancies and resources for counseling and referral.

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