



General Midwifery Practice Guidelines

- Initial Prenatal Visits
- Schedule of Care
- Medication Use
- Intravenous (IV) Fluids
- Adult Cardiopulmonary Resuscitation (CPR)
- Prenatal & Postpartum Labwork
- Fetal Heart Rate (FHR) Monitoring
- Fetal Heart Rate (FHR) Distress
- Identifying & Reporting Abuse and Domestic Violence
- Consultation & Transfer of Care
- Emergency Hospital Transport



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Initial Prenatal Visits

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, its importance in midwifery care, and includes any pertinent definitions that may need to be cited for terms used in your guideline. This is typically 1-2 paragraphs.

Initiating Midwifery Care

Here you write how clients will contact you, how they get scheduled for consults or initial visits, and the criteria for them establishing care: do they need to have a consultation and you mutually agree to care? Do they just need to fill out an intake form? What is the procedure for how people come into care?

Criteria for Midwifery Care

What criteria do clients need to meet to be taken into care? What constitutes a low risk client appropriate for care with your practice? If you live in a regulated state, what does your state's medical board/regulating body say? If not regulated, what are the community standards of care in your region of service? What if you identify risk factors during the initial interview or arising during the course of care?

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Initial Appointment Protocol

Here you write under what gets covered in an initial appointment. Consider: Health history? Assessment for appropriateness with midwifery care? Labwork and ultrasound? Provide payment info and personal disclosure? As per HIPAA, do you need to give them your privacy policy and have them sign an acknowledgement of Privacy Policy? What forms do they need to sign to enter care with you? Etc.



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Schedule of Care

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. This is typically 1-2 paragraphs.

Typical Schedule of Midwifery Care

Here you write the typical outline of how often and at what approx weeks gestation you conduct prenatal and postpartum visits, and outline the informed choice discussions, screenings, tests, or procedures that are being performed at those times.

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Exceptions to Schedule

Here you write how you might adjust the schedule as needed for clients (global pandemic, clients out of town, you're at a birth, etc.)



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Medication Use

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. This is typically 1-2 paragraphs.

Medications stocked for Practice

List all the medications you will carry in midwifery practice. Consider cross-referencing what you are permitted to carry in your state, if applicable. Next to each medication - indicate what it will be used for. Be sure to include medications for clients & newborns.

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Stocking & Handling

Here you write how you will stock medications (overall parameters for minimum stock? medication shortages?), and how medications are handled (are meds ever sent home with clients? Are they stored in refrigerator?)

Documenting Medication Administration

Here you write how you document medications given to clients & newborns.

Allergic Reactions

Here you write step by step what you will do if a client has an allergic reaction to a medication, including how you check for contraindications and allergic reactions before administering the medication, midwifery management of allergic reactions, and how you would seek urgent or non-urgent consult or transfer of care with a physician (and/or transport to hospital).



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Intravenous (IV) Fluids

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. This is typically 1-2 paragraphs.

IV Fluids used in Practice

Solutions you plan to carry and administer in professional practice (NaCl? Lactated Ringers? D5W?)

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Indications for use of IV Fluids

Here you write how you, as a midwife, will identify the need for IV Fluids - what prompts their use?

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Midwifery Management

Here you write step by step what you will do to place an IV safely as well as administer IV fluids safely.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Adult Cardiopulmonary Resuscitation (CPR)

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Qualifications of Birth Attendants

Here you list whether (or not) birth attendants in your future practice (midwives, students, assistants, etc.) need to have current NRP certification, equivalent training, etc.

Risk Factors

What typically causes respiratory distress or need for CPR in an adult - who is this more likely to happen to?

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[Identifying/Diagnosing]

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed the need for CPR intervention.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician (and/or transport to hospital. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Prenatal & Postpartum Labwork

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

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Prenatal & Postpartum Labwork Offered in Midwifery Care

- List test, optimum gestation to do the test
- List test, optimum gestation to do the test
- List test, optimum gestation to do the test
- List test, optimum gestation to do the test - add as many as you need

Midwifery Management

Here you write if you will draw lab work yourself, or refer out for lab work. Consider including if you have a plan for managing clients who opt-out of lab work in your practice. Are any pieces of lab work mandatory?

Identifying abnormal lab values

Here you write how you, as a midwife, will identify abnormal lab values.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Fetal Heart Rate (FHR) Monitoring

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Prenatal FHR Monitoring

Here you write how you, as a midwife, will monitor FHR in the prenatal period. Which tools do you use/offer? How often do you assess (okay to reference your Schedule of Care Practice Guidelines). Include any specifics about FHR monitoring in postdates pregnancy.

Labor FHR Monitoring

Here you write how you, as a midwife, will monitor FHR in the prenatal period. Which tools do you use/offer? How often do you assess in the First Stage? Second Stage? How long do you listen for?

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Consider including when you hear no FHR, and when you hear FHR Distress (can reference your Fetal Heart Rate Distress Practice Guideline). Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedures for how to facilitate this consult/transfer-of-care.



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Fetal Heart Rate (FHR) Distress

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying FHR Distress

Here you write how you, as a midwife, will identify the condition. Include signs and definitions, differentiating parental pulse and infant heart rate, and anything else you find relevant. What heart rate concerns you, for what length of time? What pattern may you hear that concerns you? This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed FHR Distress. What are your steps towards resolution?

Consult & Transfer of Care

Here you write under what conditions you would seek urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Identifying & Reporting Abuse and Domestic Violence

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. Be sure to include a range of types of abuse, as indicated in your module. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Abuse

Here you write how you, as a midwife, will identify clients who may be experiencing various forms of abuse. This can be paragraphs, or a list.

Supporting Clients Who Are In Abusive Environments

Here you write ways you will support clients in abusive environments. Consider including counseling for clients of safety plans, safety plans for yourself in home visits and birth environment, and counseling around newborn safety.

Consult & Community Resources

Here you write under what conditions you would seek urgent or non-urgent consult or community resources for client safety. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.

Reporting Abuse

Here you write under what conditions you would be obligated to report abuse, and to whom (“mandatory reporting”). Include reference to how you disclose this obligation to clients.



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Consultation and Transfer of Care

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Conditions that Require Consult or Transfer of Care

Add as long as you need to this list. Be sure to consider pregnancy, first stage, second stage, third stage, postpartum, and newborn indications.

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Procedure: Facilitating Consultation

Here you write how you, as a midwife, will consult with specialists as needed. Consider including different types of specialists (lactation, pediatrician, OB, holistic practitioners, etc.). How do you consult? What records do you send? Do you consult directly (phone call, written?) or does the client go for an appointment for their own consult? Are referral forms indicated?

Procedure: Transfer of Care

Here you write how you, as a midwife, will transfer care to alternate prenatal/labor professionals (CPM, CNM, OB,

other). How do you ensure official transfer of care? How will you transfer client records? Discuss your Informed Choice procedures with clients.



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Emergency Hospital Transport

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Conditions that Require Urgent Hospital Transport

Add as long as you need to this list. Be sure to consider pregnancy, first stage, second stage, third stage, postpartum, and newborn indications.

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Procedure: Contacting 911 Dispatch

Here you write step by step what you will do when you need to call 911: what you relay and how you ensure they can reach you ASAP.

Procedure: Communicating Client's Situation with Receiving Responders

Here you write step by step what you will do when you need to communicate the client's situation to First Responders as well as to the receiving RN/OB/Pediatrician at hospital.

Procedure: Accompanying Clients to Hospital

Here you write step by step what you will do when you need to accompany a client to the hospital. How will you communicate this need to EMS and ride in the ambulance with the client?

Procedure: Ensuring Timely Reception of Client Records

Here you write step by step what you will do to ensure client records are received by the hospital you're transporting to.



Prenatal Practice Guidelines

- ABO & Rh Blood Typing and Management
- Prenatal Anemia & Management
- Human Immunodeficiency Virus (HIV)
- Gestational Diabetes Mellitus (GDM)
- GBS screening & Management
- Intrahepatic Cholestasis of Pregnancy
- Prenatal Genetic Screening
- Caring for Clients with Known Fetal Anomalies
- Perinatal Substance Use & Abuse
- Spontaneous Abortion (Miscarriage)
- Ectopic Pregnancy
- Multiple Pregnancy (Twins & Higher Order Multiples)
- Antepartum & Intrapartum Hemorrhage
- Placental Abnormalities
- Urinary Tract Infection (UTI)
- Hypertension
- Pre-Eclampsia
- Uterine Size/Dates Discrepancies
- Postdates Pregnancy



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ABO & Rh Blood Typing and Management

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. This is typically 1-2 paragraphs.

Screening for ABO & Rh factor

Here you write how you, as a midwife, will screen for ABO Blood Types and Rh factor. Be sure to reference screening clients and partners, especially in respect the Rh negative blood types. If applicable in your area, reference fetal Rh typing.

Midwifery Management of Rh Negative Clients

Here you write step by step what you will do when you identify clients with Rh negative blood. How and when will you offer Rhogam? What does your informed choice look like? When might you revisit the conversation? Postpartum, will you screen the newborn? How?

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Prenatal Anemia & Management

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs. What is the risk to the pregnancy/postpartum if someone is anemic?

Risk Factors : Who is More Likely to Be Anemic?

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[Identifying/Diagnosing]

Here you write how you, as a midwife, will identify the condition. Include specific lab values and combinations that diagnose different types of anemia. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition. Be sure to include your advice to improve anemia, when you'll re-screen, and how/if you refer for infusions.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Human Immunodeficiency Virus (HIV)

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying/Diagnosing

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, diagnostic bloodwork, and anything else you find relevant. Consider including your counseling of clients who test positive for HIV in pregnancy. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition. If it is out of your practice's scope (or out of scope for all midwives in your area) to care for clients with HIV, you can skip this section. If you will care for clients with HIV under specific conditions, enumerate those conditions specifically. If you will care for select HIV+ clients, write out your management plan for monitoring the condition in pregnancy.

Lactation Counseling

Here you write about your counseling of HIV+ clients and their infant feeding plans. If it is out of your practice's scope (or out of scope for all midwives in your area) to care for clients with HIV, you can skip this section.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Gestational Diabetes Mellitus (GDM)

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Diagnosing GDM

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, screening offerings/options, diagnostic bloodwork and anything else you find relevant. This can be paragraphs, or a list. Be sure to include your chosen diagnostic bloodwork criteria (what lab values identify GDM?).

Midwifery Management: Nutrition & Movement Counseling

Here you write step by step how you will recommend clients with GDM care for themselves with nutrition and movement.

Midwifery Management: Blood Sugar Monitoring

Here you write how you will advise clients to monitor their blood sugar with GDM. How often are you asking them to check? By what means? What lab values are acceptable, and which are concerning? Include how you identify when

blood sugars are consistently elevated and a client may benefit from Insulin.

Midwifery Management: Other Recommendations

Here you write any other prenatal or labor recommendations you may have for clients with GDM (growth ultrasounds? Antenatal hand expression of colostrum? Monitoring in labor or postpartum for parent or baby?). If you have no other recommendations, you can skip this section.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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GBS Screening & Management

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Screening for GBS

Here you write how you, as a midwife, will offer screening options for GBS for clients. Be sure to include swabs as well as what you will do if GBS is detected in urine throughout pregnancy.

Informed Choice re: IAP Treatment for GBS

Here you write what you include in your informed choice discussion with clients regarding treatment with intrapartum antibiotic prophylaxis (IAP), including universal treatment, risk-factor treatment, and declining treatment. Be sure to include if any other conditions (PROM, etc.) change your advice for clients. Include which antibiotics you would administer, and what alternatives you can access if there is an allergy to certain antibiotics.

Intrapartum Antibiotic Prophylaxis (IAP)

Here you write how, when, and on what schedule you will administer IAP in labor to clients

Infant Monitoring for Parents who are GBS+

Here you write your monitoring plan for infants whose parents were GBS positive - including parents who received adequate antibiotic prophylaxis, and those who received inadequate prophylaxis and/or declined prophylaxis.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Intrahepatic Cholestasis of Pregnancy

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying & Diagnosing

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, diagnostic bloodwork, and anything else you find relevant. This can be paragraphs, or a list. Write what CONFIRMS the diagnosis.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Prenatal Genetic Screening

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors for Genetic Anomalies

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Informed Choice

Here you write the key points of your informed choice discussion round whether clients want genetic screening or not.

Genetic Screening Options

Here you write the options for genetic screening in your practice & area. Be sure to include:

- 1) Test Name
- 2) Gestational Ages appropriate for this Test
- 3) What this test involves (bloodwork? Ultrasound? other?)
- 4) Accuracy of this test
- 5) What this test is actually screening for
- 6) Where this test can be accessed

You will likely list multiple test options in your area.

Midwifery Management of Positive Genetic Screening

Include how you (or the genetic screening company, or MFM) will approach counseling if there's a positive finding on a genetic screen. What followup testing is offered? What prenatal care options do they now have?

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Caring for Clients with Known Fetal Anomalies

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

Most fetal anomalies are random genetic developments, and have no predictive factor. However, there are a few risk factors for developing fetal anomalies.

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Identifying Fetal Anomalies

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, diagnostic bloodwork and ultrasound, and anything else you find relevant. This can be paragraphs, or a list. Consider referrals to genetic counseling/MFM.

Midwifery Management : Non-Lethal Fetal Anomalies

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Midwifery Management : Lethal Fetal Anomalies + Planned Stillbirth

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Perinatal Substance Use & Abuse

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. Consider carefully what substances you are including in this discussion (Alcohol? Certain drugs? Prescription drugs? Marijuana? Caffeine? You can select what is relevant to your practice, but be explicit about what you're talking about.) This is typically 1-2 paragraphs.

Risk Factors

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Risks to the Fetus & Pregnant Person

Here you write what negative side effects might be experienced by a fetus or pregnant person with substance abuse.

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Identifying Substance Use & Abuse in Clients

Here you write how you, as a midwife, will identify likely cases of substance use and abuse in pregnancy, labor, and postpartum. Include signs and symptoms, if you offer/require any lab screening, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you suspect, or have confirmed, substance use & abuse in a client. How do you discuss it? Do you report it somewhere? What conditions can keep someone in midwifery care,

and when is it a risk-out?

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Spontaneous Abortion (Miscarriage)

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Miscarriage

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, diagnostic bloodwork and ultrasound, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.

Postpartum Support and Fertility Counseling

Here you write what types of aftercare you will extend to clients who have experienced miscarriage and how you may offer counseling for future fertility considerations.



Practice Guidelines Worksheet

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Ectopic Pregnancy

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Ectopic Pregnancy

Here you write how you, as a midwife, will identify ectopic pregnancy. Include signs and symptoms, diagnostic bloodwork and ultrasound, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of ectopic pregnancy.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Multiple Pregnancy (Twins & Higher Order Multiples)

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Identifying/Diagnosing Multiple Pregnancy

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, diagnostic bloodwork and ultrasound, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a client is carrying a multiple pregnancy. Include consideration at a minimum for:

- Nutritional Advice
- Additional Screening
- Labwork & Clinical Assessments
- Other special considerations

If you do not plan to care for multiple pregnancy in your area (or it is explicitly out of scope), you can skip this section.

Consult & Transfer of Care

Here you write under what conditions you would seek consult or transfer of care with an OB. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care. If co-care is an option, explain how this will work.



Practice Guidelines Worksheet

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Antepartum & Intrapartum Hemorrhage

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors & Causes

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Identifying Antepartum and Intrapartum Hemorrhage

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, diagnostic bloodwork and ultrasound, and anything else you find relevant. Specifically: what *volume* of blood or combination of symptoms would alarm you? Also consider the occasion of concealed hemorrhage. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Placental Abnormalities Placental Abruption, Previa, Insufficiency, and Accreta

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Placental Abnormalities

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, diagnostic bloodwork and ultrasound, and anything else you find relevant. This can be paragraphs, or a list.

Placental Abruption

Placenta Previa

Placental Insufficiency

Placenta Accreta

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Placental Abruption

Placenta Previa

Placental Insufficiency

Placenta Accreta

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Urinary Tract Infection (UTI)

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Diagnosing a UTI

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, diagnostic bloodwork and ultrasound, and anything else you find relevant. If you offer random or routine screening, include that here as well. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Hypertension

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Hypertension

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, blood pressure reading thresholds, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management: Prenatal

Here you write step by step what you will do when you have confirmed hypertension in a client in pregnancy.

Midwifery Management: Labor

Here you write step by step what you will do when you have confirmed hypertension in a client in labor.

Midwifery Management: Postpartum

Here you write step by step what you will do when you have confirmed hypertension in a client in postpartum.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Pre-Eclampsia

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Diagnosing Pre-Eclampsia

Here you write how you, as a midwife, will identify & diagnose the condition. Include signs and symptoms, diagnostic bloodwork and urine tests,, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition. Consider including nutrition, herbal supports, medications, and transfer of care.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Uterine Size/Dates Discrepancies Oligohydramnios, Polyhydramnios, IUGR, Macrosomia, Other

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying & Diagnosing Size/Dates Discrepancy

Here you write how you, as a midwife, will identify (what leads you to suspect) and diagnose (what diagnostic testing you will do to confirm) the condition and its likely causes. Include signs and symptoms, ultrasound, and anything else you find relevant. This can be paragraphs, or a list.

Oligohydramnios

Intrauterine Growth Restriction

Polyhydramnios

Macrosomia

Other Possible Causes

Here you write what else could cause size/dates discrepancy, including but not limited to exploration of:

- Inaccurate EDD
- Fibroids
- Fetal Position
- Uterine Anomalies
- Etc.

Write how you will differentiate / diagnose these reasons vs. the pathologic reasons above.

Monitoring & Midwifery Management

Here you write how you, as a midwife, will monitor for fetal wellbeing with the following conditions:

Oligohydramnios

Intrauterine Growth Restriction

Polyhydramnios

Macrosomia

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Postdates Pregnancy

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Establishing Due Dates

Here you write how you, as a midwife, establish a working due date with a client, and at what point a client is considered "post dates".

Midwifery Management: Assessing Fetal Wellbeing

Here you write what fetal wellbeing assessments you offer clients once they have continued a pregnancy beyond their due date.

Midwifery Management: Induction of Labor

Here you write what your clients' options may be for induction of labor when postdates, including within your midwifery practice, and within an obstetrical practice (transfer of care).

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician for postdates pregnancy, including from fetal wellbeing assessments, inductions of labor, and uncomplicated pregnancies beyond 42 weeks gestation.. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Labor & Birth Practice Guidelines

- First Stage of Labor
- Cord Prolapse
- Second Stage of Labor
- Third Stage of Labor
- Retained Placenta
- Postpartum Hemorrhage (PPH)
- Birth Lacerations & Suturing
- Preterm Labor
- Release of Membranes
- Artificial Rupture of Membranes (AROM)
- Meconium in Labor
- Brow and Face Presentations
- Shoulder Dystocia
- Fetal Demise & Stillbirth
- Breech Presentation & Birth
- Multiple Birth (Twins & Higher Order Multiples)
- Vaginal Birth After Cesarean (VBAC) at Home
- Cesarean Section
- Newborn Cardiovascular Adjustment
- Neonatal Resuscitation



Practice Guidelines Worksheet

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First Stage of Labor

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Defining First Stage of Labor

Here you write what defines the First Stage of Labor for your clinical practice: when will you stay in present attendance with a client? Do you look for specific signs, or is it defined by specific assessments? Consider defining active labor vs. prodromal labor.

Midwifery Management: Monitoring Wellbeing

Here you write how you will support normal progress in the First Stage of Labor, including different ways to monitor parent & baby wellbeing.

Complications of First Stage of Labor

Here you write how you will identify and respond to more common complications of first stage of labor. Be sure to include your definitions and plans for, at a minimum:

- Prolonged or nonprogressive first stage
- Parental exhaustion
- Fetal Distress
- Chorioamnionitis
- Rare obstetric emergencies (hemorrhage, cord prolapse, etc.)

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Cord Prolapse

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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[Identifying/Diagnosing]

Here you write how you, as a midwife, will identify the condition. What does a client report or what do you see that indicates a cord prolapse? Talk specifically about how you try to rule this out on the occasion of SROM or AROM.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent transport & transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care. What will you do, as the midwife, until you are in an operating room with a physician?



Practice Guidelines Worksheet

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Second Stage of Labor

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Defining Second Stage of Labor

Here you write what defines the Second Stage of Labor for your clinical practice. Do you look for specific signs, or is it defined by specific assessments?

Midwifery Management: Monitoring Wellbeing

Here you write how you will support normal progress in the Second Stage of Labor, including different ways to monitor parent & baby wellbeing.

Complications of Second Stage of Labor

Here you write how you will identify and respond to more common complications of second stage of labor. Be sure to include your definitions and plans for, at a minimum:

- Prolonged or nonprogressive second stage
- Parental exhaustion
- Fetal Distress
- Rare obstetric emergencies (hemorrhage, cord prolapse, etc.)

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Third Stage of Labor

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Specifically, define the parameter of Third Stage. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Midwifery Management: Monitoring Wellbeing

Here you write how you will support normal progress in the Third Stage of Labor, including different ways to monitor the postpartum person's wellbeing. Include how you encourage physiologic expulsion of the placenta.

Complications of Third Stage of Labor

Here you write how you will identify and respond to more common complications of third stage of labor. Be sure to include your definitions and plans for, at a minimum:

- Retained Placenta
- Postpartum Hemorrhage
- Abnormally Adhered Placenta

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Retained Placenta

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Retained Placenta

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition. Please be cautious if your suggestions include manual removal, and how you will ensure the placenta is not abnormally adhered (accreta).

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Postpartum Hemorrhage (PPH)

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Postpartum Hemorrhage

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, volume of blood loss, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have identified the condition is occurring. Be sure to include medication, holistic medicine, IV fluids, manual steps, and more. You may want to consider options for when the placenta is still in situ vs. when the placenta is out.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.

Postpartum Care

Here you write how you will provide specialized postpartum care and monitoring to clients who have experienced a PPH.



Practice Guidelines Worksheet

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Birth Lacerations & Suturing

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Different Birth Lacerations

Here you write how you, as a midwife, will identify different types of birth lacerations. This can be paragraphs, or a list.

Midwifery Capacity for Laceration Repair

Here you write the capacity of your practice to respond to different birth lacerations, including 1st, 2nd, 3rd, 4th degree tears, labial split, vaginal and perineal tears, etc. Which types of lacerations are you prepared to repair? Do you offer holistic remedies? Suturing? What is in your scope of practice per your practice location?

Midwifery Management: Suturing

Here you write step by step what you will do when you are suturing relevant birth lacerations. Include reference to local anesthetic, how you select which to use, and how you respond to medication reactions.

Ongoing Assessment of Laceration Healing

Here you write how you will monitor healing after laceration repair, including screening for infection, and your responses.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Preterm Labor

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Preterm Labor

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, screening/diagnostic testing, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Release of Membranes

Spontaneous (SROM), Prelabor (PROM) and Preterm Prelabor (PPROM)

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Be sure to define SROM, PROM, and PPRM

Identifying SROM, PROM and PPRM

Here you write how you, as a midwife, will identify SROM, PROM, and PPRM. Include signs and symptoms, midwifery assessments, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition. Be sure to differentiate your management plan for SROM, PROM, and PPRM. Consider labor monitoring, labor augmentation/induction, and labor prevention.

Infection Prevention

Here you write what you will advise clients and how you will alter your own practices to support infection prevention in the context of SROM, PROM, and PPRM.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Artificial Rupture of Membranes (AROM)

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Indications for Offering AROM

Here you write under what conditions you might offer AROM to clients. If this is not a procedure you would ever offer, you can enumerate why here.

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Midwifery Management

Here you write step by step how you will perform the procedure, including fetal monitoring and screening for cord prolapse. Consider what else can be identified at the time of AROM, and your management plans (Meconium? Foul smelling amniotic fluid? Blood?).

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Meconium in Labor

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors for developing Meconium Stained Fluid

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Risks of Meconium Stained Fluid in Labor for Neonates

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Identifying Meconium in Labor

Here you write how you, as a midwife, will identify meconium in labor, including in the amniotic fluid, as well as meconium indicative of breech presentation/alongside breech birth. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed the presence of meconium in labor. Is there any adjustment in monitoring wellbeing?

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Brow & Face Presentations

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Identifying Brow & Face Presentations

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, midwife assessments, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed the client is experience 1) a Brow presentation and 2) a face presentation.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Shoulder Dystocia

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Shoulder Dystocia and the Need For Intervention

Here you write how you, as a midwife, will identify shoulder dystocia. Include how you differentiate this from "sticky shoulders" (self resolution) and the need to intervene to support safe delivery. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed someone is experiencing shoulder dystocia.

Common Sequelae

Here you write how you will prepare to manage the common sequelae following shoulder dystocia: 1) postpartum hemorrhage, 2) neonatal resuscitation, and 3) brachial plexus and clavicle fractures.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Fetal Demise & Stillbirth

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

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Identifying Stillbirth: Pregnancy & Labor

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms, fetal heart tones assessment, ultrasound, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a diagnosis of the condition. Consider, at a minimum, the following:

- If you need the demise confirmed by an outside party
- If the client will transfer care to an OB
- If the client will stay in care with midwives/homebirth
- Arranging logistics in advance (see below category)

Logistics Management

Here you write step by step what you will do to support the logistics of coordination for the family for the stillborn body. Consider, at a minimum, the following:

- Communication with the local coroner
- Declaration of the Death / Death Certificate (who issues this? How?)

- Communication with the local hospital
- Option for an autopsy
- Communication with funeral directors/funeral home
- The order of all steps above, with direct contacts of who to call
- The likelihood of police involvement

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Breech Presentation and Birth

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. Specifically delineate the risks and benefits of breech birth. This is typically 1-2 paragraphs.

Identifying Breech Presentation in Pregnancy & Labor

Here you write how you, as a midwife, will identify a breech presentation. Include signs and symptoms, diagnostic ultrasound, vaginal exam, and anything else you find relevant. Distinguish between identifying breech presentation in pregnancy, and identifying in labor. This can be paragraphs, or a list.

Midwifery Management: Breech Presentation in Pregnancy

Here you write step by step what you will do when you suspect a breech presentation in pregnancy. How will you confirm the presentation? Once confirmed, what will you recommend to clients next? If ECV is a part of your recommendations, reference consultation and procedure for ECV.

Midwifery Management: Breech Presentation in Labor

Here you write step by step what you will do when you suspect or confirm a breech presentation in labor. Under what conditions will you transfer to hospital or call in differently-skilled attendants? Under what conditions will you facilitate a homebirth?

Midwifery Management: Breech Birth

Describe step by step how you will facilitate a safe breech birth. Please note, even in areas where breech birth is out

of scope for midwives, surprise precipitous breech labors can still occur.

Midwifery Management: Postpartum Care for Breech Births

Here you write any specific considerations for caring for breech babies postpartum.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Multiple Birth (Twins & Higher Order Multiples)

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Identifying/Diagnosing Multiple Pregnancy in Labor and at Birth

Here you write how you, as a midwife, will identify multiples at the time of labor and/or birth, including surprise multiples. Include signs and symptoms, fetal heart rate, ultrasound, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed a client is birthing multiples (planned, or surprise) at home. Please note that while this may be out of scope for some midwives, surprise or emergency twin births still occur, and you should be prepared. All students must fill out this section.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Vaginal Birth After Cesarean (VBAC) at Home

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Benefits Associated with VBAC

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Risks Associated with VBAC

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Informed Choice for Homebirth & VBAC

Here you write what your informed choice encompasses (the information and any informed choice documents for signature) when discussing the specifics of home as the setting for a VBAC birth.

Midwifery Management and Monitoring

Here you write how you will monitor for VBAC specific complications (including uterine rupture) as a part of your normal labor monitoring plans, and whether your other normal labor monitoring plans will alter because a client is planning a VBAC. You can reference your First Stage of Labor and Second Stage of Labor Practice Guidelines.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Cesarean Section

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Identifying the Need for Cesarean Section: Antenatal

Here you write how you, as a midwife, will identify the need for a cesarean birth as indicated in the prenatal period. What conditions indicate this is the safest or only method of delivery? This can be paragraphs, or a list.

Identifying the Need for Cesarean Section: Labor

Here you write how you, as a midwife, will identify the need for a cesarean birth as indicated in labor. What conditions indicate this is the safest or only method of delivery? This can be paragraphs, or a list.

Consult & Transfer of Care

Here you write how you facilitate a consult / transfer of care for cesarean section including non-urgent (prenatal or not emergency) and urgent (labor or emergency) procedures.

Postpartum Care after Cesarean Section

Here you write specific considerations for postpartum care for clients with cesarean sections. Feel free to reference your Postpartum Care Practice Guideline, with special consideration for wound care and assessment, managing wound infection, recommendations for activity and rest, and postpartum counseling regarding VBAC for future pregnancies.



Practice Guidelines Worksheet

Practice Guidelines form the blueprint for your rationale and procedures of your future midwifery practice. They should lay out your midwifery management plans for selected topics in enough detail that you can follow, share, and turn to them for guidance - but not too much detail as to be potentially incriminating if you don't follow them to the letter. Your submission here is a first draft, upon which we will provide feedback. You are expected to revise, reformat, and compile all your Practice Guidelines in your final submitted module at NMI: "Charting and Practice Guidelines". This macro Handbook of Practice Guidelines is also required by NARM and many state licensing agencies.

Newborn Cardiovascular Adjustment

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Normal Newborn Transition in the Immediate Postpartum

Briefly describe, or list, what a normal newborn cardiovascular adjustment looks like in the immediate postpartum. Be sure to include your assignment of APGAR scores.

Abnormal Newborn Transition in the Immediate Postpartum

Briefly describe, or list, what a abnormal newborn cardiovascular adjustment looks like in the immediate postpartum.

Midwifery Management of Abnormal Newborn Transition in the Immediate Postpartum

Describe your management plan for abnormal transition, including tools for assessment, your NRP protocol, and when you decide you need to consult or transfer care to hospital.

Routine CCHD Screening

Here you write how and when you perform routine CCHD screening on newborns in the early days postpartum

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Neonatal Resuscitation

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Qualifications of Birth Attendants

Here you list whether (or not) birth attendants in your future practice (midwives, students, assistants, etc.) need to have current NRP certification, equivalent training, etc.

Risk Factors

What makes a baby more likely to need resuscitation?

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-
-
-
-

Identifying the Need for Resuscitation

Here you write how you, as a midwife, will identify the condition. Include signs and symptoms and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you have confirmed that a newborn needs resuscitation

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician (and in this case, transport to hospital). Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Newborn Practice Guidelines

- Newborn Physical Assessment
- Newborn Metabolic/Genetic Screening
- Newborn Jaundice & Hyperbilirubinemia



Practice Guidelines Worksheet

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Newborn Physical Assessment

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Timing of Newborn Physical Assessment(s)

Here you write your typical timing plan for newborn physical assessment in the immediate postpartum, as well as any routine or as-needed assessments in the postpartum period.

Procedure

Here you write how you, as a midwife, will perform a newborn exam step-by-step. This can be paragraphs, or a list.

Identifying Conditions for Consultation

Here you write what findings in a newborn exam would warrant concern or consultation.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Practice Guidelines Worksheet

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Newborn Metabolic/Genetic Screening

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Informed Choice

Here you write about your counseling for newborn metabolic/genetic screening, whether or not it is mandatory in your area, and how/what if parents decline.

Screening Procedure & Timing

Here you write how you, as a midwife, will offer the screening, including when, and your procedure for collection. Include the place the screen is shipped to and the expected turnaround time

Midwifery Management of Abnormal Results

Here you write step by step what you will do if you are contacted with an abnormal screening.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Newborn Jaundice & Hyperbilirubinemia

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Risk Factors

-
-
-
-
-

Identifying Jaundice/Diagnosing Hyperbilirubinemia

Here you write how you, as a midwife, will identify jaundice, including signs and symptoms. Be sure to include visual jaundice assessment, as well as other newborn symptoms. How will you diagnose hyperbilirubinemia via bloodwork or other monitoring devices, and anything else you find relevant. This can be paragraphs, or a list.

Midwifery Management

Here you write step by step what you will do when you identify jaundice in a newborn.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



Postpartum Practice Guidelines

- Postpartum Care
- Lactation & Infant Feeding



Practice Guidelines Worksheet

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Postpartum Care

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs. Think: what is the importance of the midwifery model of postpartum care?

Typical Schedule of Midwifery Care Postpartum

Here you write the typical outline of how often and at what approx weeks gestation you conduct prenatal and postpartum visits.

-
-
-
-
-

Typical Visits

Here you write how you, as a midwife, will care for people in the postpartum period. What assessments are you offering? Are you offering lactation support? Can be a list or paragraphs.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care. What comes up in the postpartum?



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Lactation & Infant Feeding

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Prenatal Counseling on Feeding Plans

Here you write how you, as a midwife, will counsel clients on their options for feeding plans for their baby while still pregnant. Write about any prenatal supports you recommend, antenatal hand expression, or conditions where you might recommend extra support (such as a lactation consultant) in pregnancy.

Initial Support for Feeding

Here you write how you, as a midwife, will support infant feeding plans in the early hours of the immediate postpartum.

Assessing Effective Feeding Plans

Here you write step by step what you will do to assess that a feeding plan is going well. What signs show you a baby is eating sufficiently and a parent is comfortable with their feeding plans?

Troubleshooting Feeding Plans

Here you write what you will do to support families who are struggling with their feeding plans. Consider reference to, at a minimum:

- An overabundance of milk supply

- Insufficient milk supply
- Painful latch
- Slow weight gain
- Tongue Tie

Specialist Consult

Here you write under what conditions you would seek a specialist consult (Lactation Consultant? IBCLC? pediatrician?). Be sure to reference specific procedure for how you facilitate this referral.



Reproductive Health Practice Guidelines

- Physical Assessments of the Adult Client
- Lifelong Reproductive Healthcare
- Herpes Simplex Virus (HSV)



Practice Guidelines Worksheet

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Physical Assessment of the Adult Client

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Physical Assessment Schedule

Here you write how often or at what point you would perform a physical assessment in these different circumstances:

Prenatal:

-
-
-

Postpartum:

-
-
-

Reproductive Healthcare (not pregnant):

-
-
-

Components of a Physical Assessment

Here you write what is included in your physical exam in these different circumstances. Add as many points to the list as you need.

Prenatal:

-
-
-

Postpartum:

-
-
-

Reproductive Healthcare (not pregnant):

-
-
-

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Lifelong Reproductive Healthcare

Drafted by: *[your name]*

Date:

Date of Next Review: *[typically in 3-5 years]*

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. This is typically 1-2 paragraphs.

Routine Checkups

Here you write how you, as a midwife, will provide routine checkups for clients. What will you discuss? What testing can you offer? Be sure to reference bloodwork, swabs, urine tests, and pap smears (and anything else relevant).

Lifecycle Transitions

Here you write how you, as a midwife, will support people at the key lifecycle moments of menarche and menopause. If this is not something you plan to provide, you can skip this section.

Fertility Counseling

Here you write how you, as a midwife, will support clients trying to conceive. What labwork, ultrasound, etc. might you offer for assessment? How might you counsel them on their options for family building? Consider reference to fertility awareness, home IUI (if you offer this or can refer for it), and anything else relevant.

Pregnancy Testing & Options Counseling

Here you write how you, as a midwife, will offer pregnancy testing and options counseling with pregnancy test results, including abortion, parenting, and placing for adoption.

Contraceptive Counseling & STI Prevention

Here you write how you will counsel and support clients seeking contraceptive options, as well as safe sex recommendations and STI prevention.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.



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Herpes Simplex Virus (HSV)

Drafted by: [your name]

Date:

Date of Next Review: [typically in 3-5 years]

Background

Here you write a quick summary that introduces the topic, why you care about it as a midwife, and includes any pertinent definitions that may need to be cited for terms used in your guideline. Statistics of frequency or rarity in practice may also be welcome here. Consider reference to Type 1 and Type 2, as well as typical presentations and *which you worry about more in the context of pregnancy and birth*. This is typically 1-2 paragraphs.

Risk Factors

-
-
-
-
-

Identifying/Diagnosing

Here you write how you, as a midwife, will identify the condition (can include client disclosure of history). Include signs and symptoms, diagnostic bloodwork or swabs, and anything else you find relevant. This can be paragraphs, or a list.

Prenatal Management

Here you write what you will do/recommend when you have clients who have herpes in pregnancy. Consider reference to antenatal suppression therapy. Consider referencing your counseling around reporting outbreaks to you, with special attention to outbreaks at term/end of pregnancy.

Labor Management

Here you write what you will do/recommend when you have clients who have herpes, and are now in labor. Consider reference to clients who have active lesions at the time of labor, and clients who have no active lesions at the time of labor.

Postpartum Management

Here you write what you will do/recommend when you have clients who have herpes in postpartum. Consider reference to genital and oral herpes, and protection of infants.

Consult & Transfer of Care

Here you write under what conditions you would seek urgent or non-urgent consult or transfer of care with a physician. Be sure to reference relevant midwifery law (if relevant in your area) and write specific procedure for how to facilitate this consult/transfer-of-care.