Family Birthing Centre Eligibility Criteria

Reference #:FSFH-MAT-GUI-0004

Scope

Site	Service/Department/Unit	Disciplines
Fiona Stanley Hospital	Family Birthing Centre (FSH)	Medical, Nursing and Allied Health

1. Introduction

All women and their babies must be considered low risk and suitable for midwife-led care **at the time of booking.** An assessment of suitability will be made in reference to the below eligibility criteria.

This assessment will consider a woman and her baby suitable to labour/birth in the Family Birthing Centre (FBC) and discharge home 4-6hours following birth.

The FBC does not provide epidural analgesia, and this must be accepted by clients wishing to birth within the unit.

All clients booked to birth in the FBC must acknowledge that in the occurrence of their individual risk level changing at any point in the pregnancy or labour, they will require consultation and referral to other maternity care professionals and may potentially be required to birth in the main hospital Birth Suite.

2. Terminology

FBC	Family Birthing Centre
GBS	Group B Streptococcal
ARM	Artificial rupture of membrane
LBS	Labour birth suite

3. Guideline

3.1. Eligibility Criteria

This guideline is to be used in conjunction with the Australian College of Midwives (ACM): National Midwifery Guidelines for Consultation and Referral (2021) (*external*

website), the below inclusion and exclusion criteria: This guideline provides a framework to reassess care during pregnancy as issues or risks arise.

3.2. Inclusion Criteria

- To receive antenatal and postnatal care at the FBC, it is required that either you live within the FBC catchment area or are willing to make a commitment to attend the FBC for appointments, even if you reside outside the catchment area. Please note that the FBC does not provide shared care services.
- A maternal age of ≥16 and <40 for the duration of the pregnancy
- Have a pre-pregnancy or first attendance BMI ≥18 and ≤35.
- All FBC clients must agree to complete a fetal anatomy ultrasound scan between 17- and 22-weeks' gestation.
- Upon commencing care, it is necessary to agree to undergo a comprehensive set of booking blood tests if they have not already been conducted during early pregnancy with your General Practitioner. These tests will include a Full Blood Picture, Blood Group, and Serology screening.
- In reference to the ACM National Midwifery Guidelines for Consultation and Referral National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf (midwives.org.au) (external website), MGP midwives will assume care of women who are level 'A' or 'B' (Note- 'B' levels require consultation with a medical practitioner, Clinical Midwife Specialist and/or clinical Midwifery Manager to determine if suitable for FBC).

Level A – Discuss	Care Provided by the Midwife
Level B – Consult	Consult with relevant medical practitioner or health care provider
Level C – Refer	Refer to relevant medical practitioner or health care provider

- Able to attend all antenatal appointments (as appointed by the routine care schedules).
  - If a woman fails to attend two appointments at the FBC (without adequate reason), she will be considered ineligible for the FBC as the FBC model of care aims to establish and maintain a continuous relationship between midwives and women.
- Late bookings will only be accepted if routine antenatal care has been provided
- Clients to be booked into FBC by 36 weeks.
- All pregnant patients are recommended to have a standard 75g Oral Glucose Tolerance Test (OGTT) or a Fasting Plasma Blood Glucose Level (BGL)

between 26 and 28 weeks gestation to screen for Gestational Diabetes Mellitus (GDM).

- Women with risk factors for GDM will be recommended an additional OGTT at the first opportunity after conception, or where this is not feasible a Fasting BGL and HbA1c.
- Must be suitable for intermittent fetal heart rate auscultation during the intrapartum period as per the Fetal Surveillance Policy.

3.3. Exclusion Criteria

Indications at the Commencement of Care The following table lists indications that are present at the commencement of care and therefore outside the scope of the FBC and not suitable for FBC care. (Please note all other conditions are assessed according to ACM National Midwifery Guidelines for Consultation and Referral)
6.1 Medical Conditions
6.1.2 Other autoimmune diseases
6.1.5 Drug dependence or misuse Alcohol dependency Illicit or prescribed drug dependency
6.1.7 Gastro-intestinal and hepatobiliary Bariatric Surgery including gastric band, sleeve or abdominoplasty
6.1.9 Haematological Other Rhesus antibodies detected Other anaemia
6.1.10 Infectious Diseases Listeriosis Other Infection
6.1.15 History of or pre-existing psychological or perinatal mental health concerns EPDS – positive response to Q10

6.1.17 respiratory disease Asthma poorly controlled
6.1.18 Skeletal Problems Osteogenesis imperfecta, Scheuermann's disease, Spondylolisthesis
6.2 Pre-existing gynaecological disorders
6.2.1 Intrauterine contraceptive device in situ
Previous maternity history **6.3 Antenatal**
6.3.1 ABO Incompatibility
6.3.4 Cardiac Issues
6.3.6 Endocrine Gestational Diabetes – uncontrolled +/ - medication
6.3.7 Fetal Intrauterine fetal demise (unexplained at any gestation)
6.3.10 Hypertension Chronic hypertension
6.4 Intrapartum
6.4.1 Caesarean Section
6.4.4 Other significant obstetric event
6.4.5 Perineal or other laceration Fourth degree tear and or cervical laceration
6.6 Neonatal
6.6.4 Stillbirth
Clinical indications that are developed or identified during the antepartum period

The following table lists clinical indications that develop or are identified during the antepartum period and are outside the scope of the FBC. (Please note all other conditions are assessed according to ACM National Midwifery Guidelines for Consultation and Referral)
7.0 Current pregnancy
7.1.1 Cardiac Palpitations – prolonged, symptomatic or associated with significant symptoms
7.1.2 Cervical Weakness Cervical shortening <25mm
7.1.10 Hepatitis B or C (positive serology)
7.1.11 Haematological Coagulation disorders
7.1.14 Hypertension Chronic hypertension <20 weeks
7.1.16 Infectious Disease
HIV Listeriosis Rubella Syphilis Toxoplasmosis TB Zika HSV1/HSV2 primary infection
7.1.18 Malpresentation/non cephalic presentation at full term
Breech presentation – maternal choice to attempt vaginal birth Brow, face or shoulder presentation

Unstable lie
7.1.20 Neurological Neuropathies
7.1.23 post-term or post-dates pregnancy >42 weeks completed weeks
7.1.24 Preterm labour and or birth
7.1.25 Preterm prelabour rupture of membranes
7.1.32 Trophoblastic disease
7.1.34 Vaginal blood loss Antepartum haemorrhage <20 weeks
Clinical indications during the intrapartum period The following table lists clinical indications that develop or are identified during the Intrapartum period and are outside the scope of the FBC. (Please note all other conditions are assessed according to ACM National Midwifery Guidelines for Consultation and Referral)
8. Current Pregnancy
8.1.3 Breech presentation
8.1.10 Postpartum haemorrhage EBL >1000ml and/or symptomatic
8.1.11 Hypertension **Pre-eclampsia**
8.1.14 Meconium-stained liquor
8.1.17 Fetal monitoring Auscultation of abnormal FHR
8.1.18 Induction of labour

*Note an ARM on a non-labouring woman can be performed on main LBS. If the woman establishes into labour, without pharmacological oxytocin, senior medical review and clearance to be sought to transfer labour care to FBC
8.1.20 Maternal vital signs Persistent deviation from normal
8.1.24 Prolonged labour As defined within the guideline Labour (first stage): Management of delay and Second stage of labour – management of delay (KEMH)
8.1.26 Retained placenta Active management following administration of oxytocic • >30mins • No evidence of placental separation
8.1.27 Rupture of membranes Rupture of membranes with known GBS, not accepting antibiotic treatment or previous history of baby with early-onset GBS
Social indications that are deemed outside the scope of the FBC
10.1.2 Current of previous child protection concerns
10.1.6 identified homelessness
10.1.9 incarceration
10.1.18 other identified vulnerabilities

4. Compliance/Performance Monitoring

The Midwifery manager will be responsible for monitoring compliance with this document. Compliance will be monitored via routine Clinical Incident review processes

5. Related Standards

NSQHS:

- Clinical Governance
- Partnering with consumers
- Communicating for Safety
- Recognising and Responding to Acute Deterioration

6. References

1. National Midwifery Guidelines for Consultation and Referral.2013. 3rd edition

https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Routine-antenatal-assessment-in-the-absence-of-pregnancy-complications-(C-Obs-3b)_2.pdf?ext=.pdf

7. Authorisation

EXECUTIVE SPONSOR: Nurse Director, Service 3					
Version	**Date Issued**	**Compiled/Revised By**	**Committee/Consumer Group Consulted**	**Endorsed By**	**Revision due**
0.1	11/2023	Maternity Manager Ambulatory Services	Maternity Advisory Group		
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