

Part III. Practice Standards

18VAC85-130-81. Disclosures on health risks.

A. Upon initiation of care, a midwife shall review the client's medical history in order to identify pre-existing conditions or indicators that require disclosure of risk for home birth. The midwife shall offer standard tests and screenings for evaluating risks and shall document client response to such recommendations. The midwife shall also continually assess the pregnant woman and baby in order to recognize conditions that may arise during the course of care that require disclosure of risk for birth outside of a hospital or birthing center.

B. If any of the following conditions or risk factors are presented, the midwife shall request and review the client's medical history, including records of the current or previous pregnancies; disclose to the client the risks associated with a birth outside of a hospital or birthing center; and provide options for consultation and referral. If the client is under the care of a physician for any of the following medical conditions or risk factors, the midwife shall consult with or request documentation from the physician as part of the risk assessment for birth outside of a hospital or birthing center.

1. Antepartum risks:

Conditions requiring ongoing medical supervision or ongoing use of medications;

Active cancer;

Cardiac disease;

Severe renal disease -- active or chronic;

Severe liver disease -- active or chronic;

HIV positive status with AIDS;

Uncontrolled hyperthyroidism;

Chronic obstructive pulmonary disease;

Seizure disorder requiring prescriptive medication;

Psychiatric disorders;

Current substance abuse known to cause adverse effects;

Essential chronic hypertension over 140/90;

Significant glucose intolerance;

Genital herpes;
Inappropriate fetal size for gestation;
Significant 2nd or 3rd trimester bleeding;
Incomplete spontaneous abortion;
Abnormal fetal cardiac rate or rhythm;
Uterine anomaly;
Platelet count less than 120,000;
Previous uterine incision and/or myomectomy with review of surgical records and/or subsequent birth history;
Isoimmunization to blood factors;
Body mass index (BMI) equal to or greater than 30;
History of hemoglobinopathies;
Acute or chronic thrombophlebitis;
Anemia (hematocrit less than 30 or hemoglobin less than 10 at term);
Blood coagulation defect;
Pre-eclampsia/eclampsia;
Uterine ablation;
Placental abruption;
Placenta previa at onset of labor;
Persistent severe abnormal quantity of amniotic fluid;
Suspected chorioamnionitis;
Ectopic pregnancy;
Pregnancy lasting longer than 42 completed weeks with an abnormal nonstress test;
Any pregnancy with abnormal fetal surveillance tests;
Rupture of membranes 24 hours before the onset of labor;
Position presentation other than vertex at term or while in labor; or
Multiple gestation.

2. Intrapartum risks:

Current substance abuse;

Documented intrauterine growth retardation (IUGR)/small for gestational age (SGA) at term;

Suspected uterine rupture;

Active herpes lesion in an unprotectable area;

Prolapsed cord or cord presentation;

Suspected complete or partial placental abruption;

Suspected placental previa;

Suspected chorioamnionitis;

Pre-eclampsia/eclampsia;

Thick meconium stained amniotic fluid without reassuring fetal heart tones and birth is not imminent;

Position presentation other than vertex at term or while in labor;

Abnormal auscultated fetal heart rate pattern unresponsive to treatment or inability to auscultate fetal heart tones;

Excessive vomiting, dehydration, or exhaustion unresponsive to treatment;

Blood pressure greater than 140/90 that persists or rises and birth is not imminent;

Maternal fever equal to or greater than 100.4°F; or

Labor or premature rupture of membrane (PROM) less than 37 weeks according to due date.

3. If a risk factor first develops when birth is imminent, the individual midwife must use judgment taking into account the health and condition of the mother and baby in determining whether to proceed with a home birth or arrange transportation to a hospital.

C. If the risks factors or criteria have been identified that may indicate health risks associated with birth of a child outside of a hospital or birthing center, the midwife shall provide evidence-based information on such risks. Such information shall be specified by the board in guidance documents and shall include evidence-based research and clinical expertise from both the medical and midwifery models of care.

D. The midwife shall document in the client record the assessment of all health risks that pose a potential for a high risk pregnancy and, if appropriate, the provision of disclosures and evidence-based information.

Statutory Authority

§§ 54.1-2400 and 54.1-2957.9 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 30, Issue 6, eff. December 18, 2013.