

California College of Midwives
State chapter ~ American College of Community Midwives

Section II - B

Minimum Practice Requirements

~ to define and clarify minimum practice requirements for the safe care of women and infants in regard to a **SAFE ENVIRONMENT FOR PLANNED HOME BIRTH**

☞ The licensed community midwife provides care in a safe and clean environment. The midwife shall make a preliminary home visit three to five weeks before the EDC to ensure adequate sanitation, light, heat and water, availability of telephone, transportation and plans for emergency evacuation to a hospital. The midwife also uses the occasion of the house call to help prepare the parents and their home for domiciliary care and correct, if possible, any environmental hazards or other circumstance that would negatively impact on the birth setting or call for a change of plans.

The licensed midwife shall:

- A. Carry and use, when needed, resuscitation equipment
- B. Use clean, aseptic and/or sterile techniques and supplies and universal precautions in regard to equipment, examinations, and procedures
- C. Respond promptly to the laboring client's needs, deciding in conversation with the client or her designate whether the appropriate level of care required at the time is for immediate attendance by the licensed midwife in the client's home, continued telephone contact, or arrangements for consultation, referral, transfer of care, or emergency transport as indicated
- D. Perform an initial assessment upon arrival at the client's home to determine the health status of the mother and fetus and whether the mother is in labor. If the client is in labor, the licensed midwife identifies the phase or stage and determines whether continued domiciliary care is appropriate. If domiciliary care is not appropriate, the licensed midwife arranges for referral, transfer of care, or emergency transport
- E. Continue to assess for normalcy and, if necessary, initiate appropriate interventions including transfer of care, first responder emergency care, and/or emergency transport.

~ To define and clarify a "Planned Home Birth" as attended by a Licensed Midwife

☞ A professionally attended and planned home birth (PHB) with a licensed midwife is *intentional* -- that is, a thoughtful and informed decision made mutually between the parents and the licensed midwife after onset of active labor. Conservation of wellbeing of both mother and baby must be the foremost criteria used in decision-making in regard to PHB.

A. PHB conforms to the standard criteria for community-based midwifery – an essentially healthy mother, at term with a normal pregnancy, displaying an active progressive labor that can reasonable be

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expected to lead to a normal vaginal birth under physiological management (i.e., not requiring any artificial, forcible or mechanical means to advance labor or bring about delivery).

B. The PHB decision manifests itself by the parents as purposefully choosing to remain in a domiciliary setting (client home or independent birth center) after onset of progressive labor. The PHB decision manifests itself for the midwife by continuing to provide intrapartum care in a domiciliary setting after onset of progressive labor until one of the two following events occurs:

1. The baby is born normally *or*
2. A social, psychological or medical circumstance requires the family or the midwife to arrange for immediate or emergent transport.

C. Transports that occur after the intrapartum decision to remain at home is made (the declaration of PHB in a healthy mother with normal pregnancy as recorded in the client's chart), those occurring during or immediately after delivery or within 6 hours of the birth, whether relating to mother or baby, are properly categorized as a PHB requiring medical or emergency services.

OFFICIAL DECLARATION OF 'HOME' AS PLANNED PLACE OF BIRTH

 The midwife shall identify the phase of active labor (typically at 4-5 cms dilatation) or other point in time that it is appropriate to make a decision about planned place of birth. The question to be addressed is whether the mother is healthy and can reasonably be expected to progress and give birth normally at home *OR*, due to the *absence* of effective labor or the presence of *complications*, a timely elective transfer to medical services is called for. Official determination of planned place of labor & birth should be made in conjunction with the mother/parents. Unless this results in referral or transfer of care at that time, the midwife shall enter a note in the chart confirming the intention of a “**planned home birth in an essentially healthy mother with a normal fetus**”.