

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

Section One

PRACTICE POLICIES & GUIDELINES

∞ Policies and practice guidelines for routine care and unusual circumstances shall be evidence-based. When appropriate, citations of their scientific source should be made available for client review.

A. The midwife shall establish, review, update, and adhere to individualized policies and guidelines in the practice of midwifery. The on-going process of developing, reviewing, updating and implementing evidence-based policies and guidelines protects the consumer and elevates the profession of midwifery via the acquisition of additional knowledge and skills and the appropriate use of new technologies. This promotes the active integration of evidence-based parameters and practical needs into a formalized plan.

B. These policies and guidelines shall be consistent with standard midwifery management as described in a standard midwifery textbook or a combination of standard textbooks and references, including research published in peer-review journals. Any textbook or reference which is also an approved textbook or reference for a midwifery educational program or school shall be considered an acceptable textbook or reference for use in developing a midwife's individual policies and practice guidelines.

C. The midwife shall establish policies and/or guidelines for each practice area, which shall include but is not limited to, the antepartum, intrapartum, postpartum and newborn periods. The standard method for establishing and implementing clinical guidelines for routine care is thru the adoption of or development of appropriate chart forms, informed consent documents and other appropriate documents used routinely during each of these periods of care. Standard chart forms function as an aid to the caregiver to ensure conformity to the care plan as well as completeness of clinical assessments.

1. Antepartum

- a. parameters and methods for initial assessment of the current pregnancy, including history, physical exam/assessment, and laboratory tests
- b. parameters and methods for assessing the progress of pregnancy, including history, physical exam/assessment, and laboratory tests
- c. parameters and methods for assessing fetal well-being, including history, physical exam/assessment, and laboratory tests
- d. indicators of risk in pregnancy and appropriate intervention
- e. risk prevention or risk-reduction thru nutrition, lifestyle changes and natural remedies safe for use during pregnancy

2. Intrapartum

- a. parameters and methods for assessment of labor and birth, including history, physical exam/assessment, and laboratory tests
- b. appropriate interventions for normal but significant deviations
- c. risk prevention or risk-reduction thru nutrition and natural remedies safe for use during labor and birth
- d. methods to facilitate the newborn's transition and adaptation to extrauterine life

3. Postpartum and Newborn

- a. parameters and methods for assessing the postpartum status of the mother, including history, physical exam/assessment, and laboratory tests
- b. parameters and methods for assessing the well-being of the newborn, including history, physical exam/assessment, and laboratory tests
- c. appropriate interventions for normal but significant deviations
- d. risk prevention or risk-reduction thru nutrition, lifestyle changes and natural remedies safe for use in the postpartum and newborn period

4. Moderate Risk ~ unusual circumstances or unusual needs, including but not limited to variations of norm, minor or temporary deviations and moderate risk situations that fall within the definition of normal birth, i.e., no mechanical or other reason that spontaneous vaginal delivery of a healthy neonate cannot be expected:

- a. parameters and methods for assessing risk and preventing or reducing complications thru the development of specific plans or evidence-based protocols that address identified variation or deviations
- b. these plans describe specific actions such as patient education, additional levels of informed consent/decline, an increase in the quality or quantity of monitoring, consultation with other health care professionals and other preventative measures

D. Develop and implement an individual plan of care for each client based on the Midwife's practice policies and guidelines

E. Evaluate and modify the individual plan of care as necessary

F. Provide health education and counseling based on the policies and protocols

G. Review practice policies and guidelines annually or as indicated, modify as needed and document any changes

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