

California College of Midwives

State chapter ~ American College of Community Midwives

Section Two

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 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. promptly respond to the laboring client's needs, deciding in conversation with the client or her designate as to the appropriate level of care required at the time, including immediate midwife attendance in the client's home, continuing to remain in telephone contact or arranging 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 midwife identifies the phase or stage and determines whether continued domiciliary care is appropriate and if not, arranges for referral, transfer of care or emergency transport

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”**.

- A. Regardless of the mother's intention to give birth at home, the midwife continues to assess for normalcy and, if necessary, initiates appropriate interventions including transfer of care, first-responder emergency care and/or emergency transport.