



**Western Health
and Social Care Trust**

**Midwifery Care Unit
Criteria for Admission & Exclusion
April 2010**

Title **Midwifery Care Criteria and Exclusion.**

Reference Number

Implementation Date **1st April 2010**

Review Date **1st April 2012**

Responsible Officer **Maureen Miller – Lead Midwife**

MIDWIFE CARE UNIT CRITERIA

ANTENATAL & MATERNAL FACTORS

PARITY

Gestation from 37 weeks + 0 days to 42 weeks +0 days
(I.e. EDD+14)

Nulliparous or low risk obstetric history.

Absence of maternal disease that affects childbearing

No evidence of pre-eclampsia/pregnancy induced hypertension

Spontaneous onset of labour

BMI > 18 <40 within normal limits (please refer to local trust guidelines)

Least known haemoglobin >10.0g/dl

ANTENATAL & FETAL FACTORS

Singleton pregnancy

Cephalic presentation

Clinically well grown baby

Placenta outside of lower segment (if known)

No spontaneous rupture of membranes or ruptured <24hours

Reassuring vaginal loss (absence of bleeding or meconium)

SUITABLE FOR MIDWIFE LED CARE.

**If NO to any of the above:
Exit the Normal Labour Pathway & Transfer to Labour ward.**



Appendix 1

MIDWIFE LED EXCLUSION CRITERIA

These lists are not exhaustive and midwives must continually risk assess and refer the woman to obstetric care as appropriate.

Maternal request	<ul style="list-style-type: none">• Maternal request for consultant care• Maternal request for epidural
Maternal conditions	<ul style="list-style-type: none">• Endocrine disorder e.g. Diabetes Mellitus or Thyroid disease• Cardiac disease• Essential Hypertension• Renal disease• Severe asthma• Haematological disease including auto immune disease, anaemia < 10.0g/dl thromboembic disease• Epilepsy• Malignant disease• BMI >40 or <18• Psychiatric disorder or substance abuse• HIV Hepatitis B or C or syphilis
Complications of previous pregnancy	<ul style="list-style-type: none">• Severe pre-eclampsia, HELLP syndrome or eclampsia• Rhesus-iso immunisation or other blood group antibodies• Previous Caesarean Section or uterine surgery• Retained placenta on 2 occasions• Significant antenatal or postpartum haemorrhage• Stillbirth or neonatal death or significant neonatal morbidity• Deep venous thrombosis• Puerperal psychosis• Previous 4th degree tear
Complications in this pregnancy	<ul style="list-style-type: none">• Multiple pregnancy• Grand multiparity >5• Malpresentation• Suspected or confirmed intrauterine growth retardation• Prematurity <37 complete weeks• Antepartum haemorrhage• Placenta Praevia• Prolonged rupture of membranes longer than 24 hours• Suspicious fetal heart rate on auscultation• Oligohydramnious/Polyhydramnious• Meconium stained liquor• Intrauterine death• Antibodies in this pregnancy