



# Fiona Stanley Fremantle Hospitals Group

Guideline

## Family Birthing Centre Eligibility Criteria

Reference #:FSFH-MAT-GUI-0004

### Scope

Site	Service/Department/Unit	Disciplines
Fiona Stanley Hospital	Family Birthing Centre (FSH)	Medical, Nursing and Allied Health

### 1. Introduction

All women and their babies must be considered low risk and suitable for midwife-led care **at the time of booking**. An assessment of suitability will be made in reference to the below eligibility criteria.

This assessment will consider a woman and her baby suitable to labour/birth in the Family Birthing Centre (FBC) and discharge home 4-6hours following birth.

The FBC does not provide epidural analgesia, and this must be accepted by clients wishing to birth within the unit.

All clients booked to birth in the FBC must acknowledge that in the occurrence of their individual risk level changing at any point in the pregnancy or labour, they will require consultation and referral to other maternity care professionals and may potentially be required to birth in the main hospital Birth Suite.

### 2. Terminology

FBC	Family Birthing Centre
GBS	Group B Streptococcal
ARM	Artificial rupture of membrane
LBS	Labour birth suite

### 3. Guideline

#### 3.1. Eligibility Criteria

This guideline is to be used in conjunction with the [Australian College of Midwives \(ACM\): National Midwifery Guidelines for Consultation and Referral \(2021\)](#) (*external website*), the below inclusion and exclusion criteria: This guideline provides a

framework to reassess care during pregnancy as issues or risks arise.

### 3.2. Inclusion Criteria

- To receive antenatal and postnatal care at the FBC, it is required that either you live within the FBC catchment area or are willing to make a commitment to attend the FBC for appointments, even if you reside outside the catchment area. Please note that the FBC does not provide shared care services.
- A maternal age of  $\geq 16$  and  $< 40$  for the duration of the pregnancy
- Have a pre-pregnancy or first attendance BMI  $\geq 18$  and  $\leq 35$ .
- All FBC clients must agree to complete a fetal anatomy ultrasound scan between 17- and 22-weeks' gestation.
- Upon commencing care, it is necessary to agree to undergo a comprehensive set of booking blood tests if they have not already been conducted during early pregnancy with your General Practitioner. These tests will include a Full Blood Picture, Blood Group, and Serology screening.
- In reference to the ACM National Midwifery Guidelines for Consultation and Referral [National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-\(2021\).pdf \(midwives.org.au\)](https://www.midwives.org.au/wp-content/uploads/2021/03/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf) (external website), MGP midwives will assume care of women who are level 'A' or 'B' (Note- 'B' levels require consultation with a medical practitioner, Clinical Midwife Specialist and/or clinical Midwifery Manager to determine if suitable for FBC).

<b>Level A – Discuss</b>	Care Provided by the Midwife
<b>Level B – Consult</b>	Consult with relevant medical practitioner or health care provider
<b>Level C – Refer</b>	Refer to relevant medical practitioner or health care provider

- Able to attend all antenatal appointments (as appointed by the routine care schedules).
  - If a woman fails to attend two appointments at the FBC (without adequate reason), she will be considered ineligible for the FBC as the FBC model of care aims to establish and maintain a continuous relationship between midwives and women.
- Late bookings will only be accepted if routine antenatal care has been provided
- Clients to be booked into FBC by 36 weeks.
- All FBC clients must agree to complete the recommended OGTT (Oral Glucose Tolerance Test) during their pregnancy (after 24 weeks completed gestation).

- Must be suitable for intermittent fetal heart rate auscultation during the intrapartum period as per the Fetal Surveillance Policy.

### 3.3. Exclusion Criteria

<b>Indications at the Commencement of Care</b>
The following table lists indications that are present at the commencement of care and therefore outside the scope of the FBC and not suitable for FBC care. (Please note all other conditions are assessed according to ACM National Midwifery Guidelines for Consultation and Referral)
<b>6.1 Medical Conditions</b>
<b>6.1.2 Other autoimmune diseases</b>
<b>6.1.5 Drug dependence or misuse</b>  Alcohol dependency  Illicit or prescribed drug dependency
<b>6.1.7 Gastro-intestinal and hepatobiliary</b>  Bariatric Surgery including gastric band, sleeve or abdominoplasty
<b>6.1.9 Haematological</b>  Other Rhesus antibodies detected  Other anaemia
<b>6.1.10 Infectious Diseases</b>  Listeriosis  Other Infection
<b>6.1.15 History of or pre-existing psychological or perinatal mental health concerns</b>  EPDS – positive response to Q10
<b>6.1.17 respiratory disease</b>  Asthma poorly controlled
<b>6.1.18 Skeletal Problems</b>  Osteogenesis imperfecta, Scheuermann’s disease, Spondylolisthesis

<b>6.2 Pre-existing gynaecological disorders</b>
<b>6.2.1 Intrauterine contraceptive device in situ</b>
<b><u>Previous maternity history</u></b>
<b>6.3 Antenatal</b>
<b>6.3.1 ABO Incompatibility</b>
<b>6.3.4 Cardiac Issues</b>
<b>6.3.6 Endocrine</b> Gestational Diabetes – uncontrolled +/- medication
<b>6.3.7 Fetal</b> Intrauterine fetal demise (unexplained at any gestation)
<b>6.3.10 Hypertension</b> Chronic hypertension
<b>6.4 Intrapartum</b>
<b>6.4.1 Caesarean Section</b>
<b>6.4.4 Other significant obstetric event</b>
<b>6.4.5 Perineal or other laceration</b> Fourth degree tear and or cervical laceration
<b>6.6 Neonatal</b>
<b>6.6.4 Stillbirth</b>
<b>Clinical indications that are developed or identified during the antepartum period</b> The following table lists clinical indications that develop or are identified during the antepartum period and are outside the scope of the FBC. (Please note all other conditions are assessed according to ACM National Midwifery Guidelines for Consultation and Referral)
<b>7.0 Current pregnancy</b>
<b>7.1.1 Cardiac</b> Palpitations – prolonged, symptomatic or associated with significant symptoms

<p><b>7.1.2 Cervical Weakness</b></p> <p>Cervical shortening &lt;25mm</p>
<p><b>7.1.10 Hepatitis B or C (positive serology)</b></p>
<p><b>7.1.11 Haematological</b></p> <p>Coagulation disorders</p>
<p><b>7.1.14 Hypertension</b></p> <p>Chronic hypertension &lt;20 weeks</p>
<p><b>7.1.16 Infectious Disease</b></p> <p>HIV</p> <p>Listeriosis</p> <p>Rubella</p> <p>Syphilis</p> <p>Toxoplasmosis</p> <p>TB</p> <p>Zika</p> <p>HSV1/HSV2 primary infection</p>
<p><b>7.1.18 Malpresentation/non cephalic presentation at full term</b></p> <p>Breech presentation – maternal choice to attempt vaginal birth</p> <p>Brow, face or shoulder presentation</p> <p>Unstable lie</p>
<p><b>7.1.20 Neurological</b></p> <p>Neuropathies</p>
<p><b>7.1.23 post-term or post-dates pregnancy</b></p> <p>&gt;42 weeks completed weeks</p>
<p><b>7.1.24 Preterm labour and or birth</b></p>

<b>7.1.25 Preterm prelabour rupture of membranes</b>
<b>7.1.32 Trophoblastic disease</b>
<b>7.1.34 Vaginal blood loss</b>  Antepartum haemorrhage <20 weeks
<b>Clinical indications during the intrapartum period</b>
The following table lists clinical indications that develop or are identified during the Intrapartum period and are outside the scope of the FBC. (Please note all other conditions are assessed according to ACM National Midwifery Guidelines for Consultation and Referral)
<b>8. Current Pregnancy</b>
<b>8.1.3 Breech presentation</b>
<b>8.1.10 Postpartum haemorrhage</b>  EBL >1000ml and/or symptomatic
<b>8.1.11 Hypertension</b>  <b>Pre-eclampsia</b>
<b>8.1.14 Meconium-stained liquor</b>
<b>8.1.17 Fetal monitoring</b>  Auscultation of abnormal FHR
<b>8.1.18 Induction of labour</b>  *Note an ARM on a non-labouring woman can be performed on main LBS. If the woman establishes into labour, without pharmacological oxytocin, senior medical review and clearance to be sought to transfer labour care to FBC
<b>8.1.20 Maternal vital signs</b>  Persistent deviation from normal
<b>8.1.24 Prolonged labour</b>  As defined within the guideline Labour (first stage): Management of delay and Second stage of labour – management of delay (KEMH)
<b>8.1.26 Retained placenta</b>  Active management following administration of oxytocic

<ul style="list-style-type: none"> <li>• &gt;30mins</li> <li>• No evidence of placental separation</li> </ul>
<p><b>8.1.27 Rupture of membranes</b></p> <p>Rupture of membranes with known GBS, not accepting antibiotic treatment or previous history of baby with early-onset GBS</p>
<p><b>Social indications that are deemed outside the scope of the FBC</b></p>
<p><b>10.1.2 Current of previous child protection concerns</b></p>
<p><b>10.1.6 identified homelessness</b></p>
<p><b>10.1.9 incarceration</b></p>
<p><b>10.1.18 other identified vulnerabilities</b></p>

#### 4. Compliance/Performance Monitoring

The Midwifery manager will be responsible for monitoring compliance with this document. Compliance will be monitored via routine Clinical Incident review processes

#### 5. Related Standards

NSQHS:

- Clinical Governance
- Partnering with consumers
- Communicating for Safety
- Recognising and Responding to Acute Deterioration

#### 6. References

1. National Midwifery Guidelines for Consultation and Referral.2013. 3rd edition  
[https://ranzocg.edu.au/RANZCOG\\_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Routine-antenatal-assessment-in-the-absence-of-pregnancy-complications-\(C-Obs-3b\)\\_2.pdf?ext=.pdf](https://ranzocg.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Routine-antenatal-assessment-in-the-absence-of-pregnancy-complications-(C-Obs-3b)_2.pdf?ext=.pdf)

## 7. Authorisation

EXECUTIVE SPONSOR: Nurse Director, Service 3					
Version	Date Issued	Compiled/Revised By	Committee/Consumer Group Consulted	Endorsed By	Revision due
0.1	11/2023	Maternity Manager Ambulatory Services	Maternity Advisory Group		
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