

CLINICAL PRACTICE GUIDELINE

Exclusion Criteria for Midwifery Group Practice birthing in the Family Birth Centre

This document should be read in conjunction with the [Disclaimer](#)

Key Points

- All clients **at booking** must be considered as low risk.
- For clients booked to MGP 1, 2 and 3. The expectation **from booking** is that they will labour and birth in the Family Birth Centre and be suitable for a 4-6 hour discharge following birth.
- All clients booked to birth at the FBC must acknowledge that should their level of risk change throughout the antenatal period. They may be required to birth in hospital.

Legend

X = Exclusion

MR = For medical / obstetric review (chart review).

Age < 16 years	X	Specialist adolescent clinic available at KEMH
Age > 42 years Primip	X	
Age 40-44 years multip	MR	

Anaemia Hb < 90g/L and the cause is unknown	MR	Arrange medical obstetric review at 34 weeks gestation regardless of how the woman is treated or whether she responds to treatment
Asthma (See respiratory)		
Auto immune disorder / disease (e.g. SLE)	X	Active, major organ involvement, on medication for SLE/ connective tissue disorder
Autoimmune	MR	Inactive, no renal involvement, no hypertension or only skin / joint problems
Blood transfusion refusal	MR	
BMI < 18 or > 35 - pre pregnancy	X	BMI 30-35 See separate weight management process
Cardiac – <ul style="list-style-type: none"> • minor arrhythmias / palpitations murmurs • valve diseases, cardiomyopathy, hypertension, ischaemic heart disease, pulmonary hypertension, implantable devices 	MR X	
Consultation / referral: women not willing to consent to consultation and referral as part of the ongoing assessment of low risk status	X	
Diabetes : Pre-existing type I or II	X	Specialist clinic is available. Women with gestational diabetes requiring insulin will be managed by one of the obstetric medical teams
Previous GDM requiring insulin	X	
Drug or alcohol dependence / abuse	X	Specialist clinic available
Drug or alcohol dependence / abuse (previous)> 1	MR	

year		
Endocrine disorders requiring treatment e.g. Addison's disease, Cushing's disease or other	X	
Endocrine : hypothyroid	MR	
Female Genital Mutilation Type 1 and 2	MR	Type 3 and 4 Exclusion
Gastric band/ sleeve gastrectomy	X	
Genetic / congenital :any condition	MR	
Gynaecological conditions : pre existing		
Cervical amputation	X	
Fibroids	MR	
Myomectomy / hysterotomy	X	
Pelvic deformities(e.g.trauma,symphysis rupture,rachitis) (FBC)	X	
Pelvic deformities(e.g.trauma,symphysis rupture,rachitis) (Low risk midwives clinic)	MR	
Pelvic floor reconstruction	X	
Bi/uni cornuate uterus or reproductive tract anomaly	X	
Haematological		
Coagulation disorders	X	
Haemolytic anaemia	X	
Rhesus and other antibodies	X	
Thalassaemia major	X	
Thrombo-embolic disease and past history of DVT	X	

Thrombocytopenia (platelets < 100)	X	
Thrombophilia and antiphospholipid syndrome	X	
Infectious Diseases		
HIV	X	
Syphilis (must be treated)	MR	
Malignant hyperthermia	MR	

Mental Health issues		
EPDS > 12 EPDS positive Q10 self-harm	MR	For psych referral
Depression on medication Depression requiring admission	MR X	
Schizophrenia/ bipolar	X	
Neurological		
Epilepsy – unstable	X	
Epilepsy – without medications / treatment and no seizures in the last 12 months	MR	
Brain abnormalities	X	
Muscular dystrophy or myotonic dystrophy	X	
Spinal cord abnormalities	X	
Subarachnoid / aneurysms, haemorrhage	X	

AV malformations	X	
Myasthenia gravis	X	
Spinal cord lesions (para or quadriplegic)	X	
Neuromuscular disease	X	

Obstetric History : Previous		
ABO incompatibility	MR	
Asphyxia: fetal Apgars < 7 at 5 minutes	MR	
Cervical incompetence / weakness	X	
Caesarean section	X	
Cholestasis	MR	
Child with congenital and / or hereditary disorder	MR	
Eclampsia / HELLP	X	
Pre-eclampsia	MR	
Fetal growth outside of expected range <ul style="list-style-type: none"> ○ IUGR < 10th percentile ○ Macrosomia 	MR MR	
Fetal death at term of a normally formed infant	X	
Fetal death in utero unexplained (any gestation)	X	
Fetal death in utero < 37 weeks with a definite non recurrent cause	MR	
Forceps or vacuum assisted birth	MR	
Neonate with confirmed GBS infection on culturing	MR	

(previous)		
Parity > 5	MR	
Placental abruption(previous)	X	
Postpartum depression	MR	
Postpartum psychosis	X	
Postpartum haemorrhage > 500mL – 1000mL	MR	
Postpartum haemorrhage > 1000ml	X	
Previous preterm birth <35 weeks	MR	
Retained placenta (Manual removal of Placenta)	X	
Shoulder dystocia	X	
Previous third degree tear	MR	
Fourth Degree Tear	X	
Recurrent miscarriages > 3 consecutive	X	
Trophoblastic disease	X	
Other significant event	MR	
Organ transplants	X	

Renal Function Disorder		
Disorder in renal function	X	
Previous kidney surgery	MR	

Past history or kidney / ureteric stones	MR	
Previous or recurrent UTI's or pyelitis	MR	
Pyelonephritis	X	
Acute or chronic renal failure	X	
Glomerular nephritis	X	

Respiratory Disease		
Mild asthma	MR	
Moderate / severe asthma	X	
Current H1N1	X	
Cystic Fibrosis	X	
Severe lung function disorder	X	
Sarcoidosis	X	

Skeletal problems		
Osteogenesis imperfect	X	
Scheuermann's disease	MR	
Scoliosis	MR	
Spondylolisthesis	X	

System / connective tissue problems		
Antiphospholipid syndrome	X	

Marfan's syndrome	X	
Raynaud's disease	X	
Periarteritis nodosa	X	
Rheumatoid arthritis Discoid lupus CREST syndrome	X	Requires treating specialist support

Present Pregnancy		
Anaemia during pregnancy Hb < 110g/L (1 st and 3 rd trimester) Hb < 105g/L (2 nd trimester)	MR	Follow the KEMH anaemia guideline
Hb < 100g/L at term	X	
Antepartum haemorrhage	MR	
Blood group incompatibility	X	
Cervical weakness : dilatation < 37 weeks and / or cervical procedure	X	
Cervical shortening on anatomy scan (25mm on progesterone)	MR	

Cervical cytology abnormalities	MR	
Cholestasis	MR	
Endocrine : Addison's / Cushing's or any other endocrine disorder requiring treatment	X	
Fetal anomaly	MR	
Fetal Death in utero	MR	
Fetal growth disturbance Below 10 th centile Equal to or greater than 97 th centile	MR	
Fibroids	MR	
GDM requiring insulin	MR	Care to remain with MGP in conjunction with the Nurse practitioner Diabetes clinic and must birth in hospital
GDM not requiring insulin	MR	
Hypothyroidism	MR	
Hyperthyroidism	MR	

Graves (current)	X	
Graves (previous)	MR	
Hypertension		
With proteinuria > 1	X	
Chronic hypertension < 20 weeks gestation	X	
Pre-eclampsia	MR	Needs to birth in the main hospital
Eclampsia	X	

Infectious Disease		
Genital herpes late in pregnancy active lesions	MR	
HIV Infection	X	
Tuberculosis active	X	
Varicella / zoster virus	MR	
STI's	MR	
Parvo virus	MR	
Listeriosis	X	
Rubella	X	


In vitro fertilisation	MR	
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Malignant disease arising in pregnancy	MR	
Mal presentation at term	MR	
Multiple pregnancy	X	
No antenatal care prior to 24 weeks gestation	X	
No anomaly USS at 20/40	X	
Non attending of antenatal visits (> 2 occasions)	MR	Exclude at this point if no reason for DNA
Placental abnormalities: praevia/abruption/accreta	MR	
Placenta low lying. Must state 'low lying' on 20 week report	MR	If low lying at 20/40 - Rescan at 32/40 If at 32/40 placenta \leq 30mm from the os repeat the scan at 37/40. If placenta is > 30mm away from the os at this scan the woman can birth in the FBC. If placenta is < 30mm the woman must birth in hospital
Post term birth (\geq 42 weeks gestation)	MR	Must birth in the main hospital with monitoring
Preterm labour <37 weeks	MR	Must birth in the main hospital
Preterm rupture of membranes	MR	Must birth in the main hospital
Recurrent UTI's during the pregnancy	MR	
Reduced fetal movements	MR	Must birth in the main hospital.

Renal function - pyelitis	MR	
Surgery during pregnancy	MR	
Thrombosis	X	
Thrombocytopenia in pregnancy – platelets < 90	X	

Reference

1. National Midwifery Guidelines for Consultation and Referral.2013.3rd edition

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