



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

1. All clients **at booking** must be considered as low risk
2. 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 (FBC) and be suitable for a 4-6 hour discharge following birth
3. 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
4. All FBC clients must agree to an anatomy scan and GTT during the pregnancy

Exclusion criteria

Legend

X = Exclusion

MR = For medical / obstetric review (chart review). **Note-** If criteria indicates 'MR', acceptance or exclusion is at the discretion of the FBC Medical Officer after evaluation of the woman's individual situation and care needs

Condition / clinical situation	Excluded	Additional information
Age		
Age < 16 years	X	Specialist Adolescent Clinic available at KEMH
Age 40 - 42 years Primip	MR	Refer to Antenatal Care Schedule guideline- 'Increased Surveillance for Women > 40 years'
Age > 42 years Prim gravida	X	
Age 40 - 44 years Multip	MR	
Medical history		
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

Condition / clinical situation	Excluded	Additional information
		whether she responds to treatment
Auto immune disorder / disease: Rheumatoid Arthritis / Coeliac Disease / MS / Graves Disease	X	
Blood transfusion refusal	MR	
BMI < 18 or > 35 - pre pregnancy	X	BMI 30-35 See separate weight management process
Cardiac Minor arrhythmias / palpitations murmurs – not medicated and congenital heart disease Valve diseases, cardiomyopathy, hypertension, ischaemic heart disease, pulmonary hypertension, implantable devices	MR X	
Inflammatory Bowel Disease Active inflammatory bowel disease Crohns/Ulcerated Colitis/Isolated proclitic Past history/remission	X X MR	
Diabetes: Pre-existing type I or II Previous gestational diabetes mellitus (GDM) requiring insulin	X MR	Specialist clinic is available. Women with GDM requiring insulin will be managed by their obstetric medical teams
Drug or alcohol dependence / abuse Drug or alcohol dependence / abuse (previous) > 1 year Dexamphetamine or related medications	X MR X	Specialist clinic available
Endocrine disorders -Endocrine disorders requiring treatment (e.g. Addison's Disease / Cushing's Disease / Diabetes Insipidus / Hashimoto's) -Past history of Graves' disease (not	X MR	

Condition / clinical situation	Excluded	Additional information
currently needing treatment) -Hypothyroid	MR	
Female Genital Mutilation Type 1, 2 & 4 FGM Type 3	MR X	
Gastric band/ sleeve gastrectomy	X	
Cancer current Cancer history	X MR	
Inherited genetic disorders	MR	
Gynaecological conditions: pre existing		
Cervical amputation	X	
Fibroids	MR	
Myomectomy / hysterotomy	X	
Pelvic deformities (e.g. trauma, symphysis rupture, rachitis)	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	MR	Review by their medical team in EWC
Thalassaemia major	X	
Thrombo-embolic disease and past history of DVT	MR	Inheritable Thrombophilia's/factor 5
Thrombocytopenia (platelets < 90) Thrombophilia and antiphospholipid syndrome	X X	
Infectious diseases		
HIV	X	
Syphilis (must be treated)	MR	
Anaesthetic history/review		
Previous difficult anaesthetic	MR	Need early anaesthetic review

Condition / clinical situation	Excluded	Additional information
Suxamethonium sensitivity	MR	
Malignant Hyperthermia	MR	
Mental health		
EPDS > 12	MR	For psych referral
EPDS positive Q10 self-harm	MR	
Depression on medication	MR	
Depression requiring admission	X	
Schizophrenia/ bipolar disease	X	
Previous puerperal psychosis	X	
Previous admission to MBU	MR	
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	
Renal function disorder		
Disorder in renal function	MR	Early review
Previous kidney surgery	MR	
Past History of kidney/uretic stones	MR	
Previous or recurrent UTI's or Pyelitis	MR	
Pyelonephritis history	MR	
Acute or chronic renal failure	X	
Glomerular nephritis	X	

Condition / clinical situation	Excluded	Additional information
Respiratory disease		
Asthma moderate and on maintenance therapy	X	
Cystic Fibrosis	X	
Sever Lung function disorder	X	
Sarcoidosis	X	
Skeletal		
Osteogenesis imperfect	X	
Scheuermann's disease	MR	
Scoliosis	MR	Client to provide X-rays asap
Spondylolisthesis	X	anaesthetic review
System/connective tissue		
Antisphospholipid syndrome	X	
Marfan's syndrome	X	
Auto immune		
Raynaud's disease	X	Requires specialist treatment and support
Peri-arteritis/ Nodosa polyarthritis	X	
Rheumatoid Arthritis	X	
Discoid Lupus/Crest syndrome	X	
Previous obstetric history		
ABO incompatibility	MR	
Asphyxia: fetal Apgars < 7 at 5 minutes	MR	
Cervical incompetence / weakness	MR	Pre-term birth clinic available
Caesarean section	X	
Cholestasis	MR	Obtain previous notes
Child with congenital and / or hereditary disorder	MR	
Eclampsia / HELLP	X	
Pre-eclampsia	MR	Obtain previous notes
Fetal growth outside of expected range IUGR < 10 th percentile	X	

Condition / clinical situation	Excluded	Additional information
Previous fetal death in utero (FDIU) FDIU at term of a normally formed infant	X	
FDIU unexplained (any gestation)	MR	
FDIU < 37 weeks with a definite non recurrent cause	MR	
Macrosomia	MR	
Neonate with confirmed GBS infection on culturing (previous)	MR	
Parity > 5	MR	
Placental abruption (previous)	X	
Postpartum depression	MR	
Postpartum psychosis	X	
Postpartum haemorrhage > 500- 1000mL	MR	
Postpartum haemorrhage > 1000ml	X	
Previous preterm birth <35 weeks	MR	
Retained placenta (manual removal of placenta)	MR	
Shoulder dystocia	X	
Previous third degree tear with no continence issues	MR	
Fourth degree tear	X	
Recurrent miscarriages > 3 consecutive	MR	
Trophoblastic disease (within the past 12 months)	X	
Organ transplants	X	

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 and Iron Deficiency guideline
Antepartum haemorrhage	MR	
Cervical weakness: dilatation < 37 weeks and / or cervical procedure	MR	

Condition / clinical situation	Excluded	Additional information
Cervical shortening on anatomy scan (25mm on progesterone)	MR	Refer to Pre-term birth guidelines
Cervical cytology abnormalities	MR	
Cholestasis	MR	
Fetal anomaly	MR	
Fetal Death in utero	MR	
Fetal growth disturbance Below 10 th centile Equal to or greater than 97 th centile	MR MR	Serial ultrasounds- Refer to medical team in EWC for review. See also Fundal Height: Measuring with a Tape Measure guideline
Fibroids	MR	See fibroid pathway
GDM requiring insulin	MR	Care to be coordinated between MGP midwife and relevant obstetric EWC.
GDM not requiring insulin	MR	Refer to GDM management pathway in Diabetes guideline
Hypothyroidism	MR	
Hypertension		
With proteinuria > 1	X	
Chronic hypertension < 20 weeks gestation	X	
Pre-eclampsia Eclampsia	MR X	Needs to birth in the main hospital
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	

Condition / clinical situation	Excluded	Additional information
Malignant disease arising in pregnancy	MR	
Malpresentation at term	X	
Multiple pregnancy	X	
No antenatal care prior to 24 weeks gestation	X	
No anatomy USS at 20/40	X	
Fetal anomaly	MR	
Non attending of antenatal visits (> 2 occasions)	MR	Exclude at this point if no reason for DNA
Placental abnormalities: praevia / abruption / accreta	X	
Placenta low lying. Must state 'low lying' on 20 week report	MR	If low lying at 20/40 - Rescan at 34/40, unless it was covering the os at anatomy scan then repeat 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	See Decreased Fetal Movements guideline
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. 2014. 3rd edition (Issue 2). Available from <https://www.midwives.org.au/resources/national-midwifery-guidelines-consultation-and-referral-3rd-edition-issue-2-2014>

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines Obstetrics and Gynaecology:

- [Anaemia and Iron Deficiency](#)
- [Antenatal Care Schedule](#)
- [Decreased Fetal Movements](#)
- [Diabetes](#)
- [Fundal Height: Measuring with a Tape Measure](#)
- Preterm birth guidelines: Preterm Birth Prevention; Preterm Labour

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