

Sacred Midwifery
Zaina Keeley, CPM, LM

Practice Guidelines

This document provides a general outline of my standards of practice for the perinatal period, labor and deliver, and the postpartum period. Following are my responsibilities to my clients, as well as the responsibilities of the parents through all phases of care. The following protocols reflect my philosophy of birth and intent to provide continuity of care.

I will prenatally:

Conduct an initial interview to discuss our philosophies and your desires for your pregnancy and birth. This will be a time to discuss how I practice and to answer any questions.

Provide my Informed Consent to discuss and have signed.

Schedule an initial prenatal visit and subsequent visits, one visit a month until 30 weeks, then every two weeks until 36, then every week until birth. Visits will include: blood pressure; fundal height; fetal heart tones; urine dip for protein, glucose, nitrites, leukocytes, blood and ketones; assessment of nutrition and diet; questions and discussions; education and information for each stage of pregnancy.

Order and review lab work.

Provide routine prenatal evaluation and refer for any findings that are out of my scope of practice.

Document and maintain accurate records of care, history, visits and tests, and any referrals or suggestions. Client will have access to all records as needed.

Provide physical, mental and emotional support to couple when possible, referring any serious conditions.

Be available by phone, text, or email for questions or concerns.

For the Birth and immediate Postpartum:

I will be available by phone 24 hours a day from 36 weeks on. I will stay in close communication with you throughout early labor and will come to check on you and baby if warranted. I will arrive at your house once active labor has begun and will bring all necessary midwifery equipment with me besides your birth kit.

I will monitor labor, assessing vitals of mom and baby, and provide labor support and suggestions as much as possible. I will discuss with you your desires for the birth but will let you know if your baby's well being may be compromised.

I will provide a newborn exam on baby and recommend referral if necessary. I will provide initial breastfeeding support, and help you to clean up or shower as desired.

I will assess if any sutures are needed and provide this service, unless it is beyond my comfort level, in which case I will recommend referral.

I will usually stay about 2-3 hours after the birth, monitoring vital signs of mother and baby, and longer if continued observation is required. I will also try to clean up the birth room and start the laundry soaking once you are resting and comfortable. Before leaving, I will go over postpartum instructions.

I will be available by phone for any questions/concerns.

If I am not able to be at your birth due to extenuating circumstances, I will arrange for a back-up midwife.

If a situation arises that cannot be resolved at home I will recommend transport to the hospital. If circumstances allow, I will go with you to the hospital to help with transfer to medical staff, and may remain longer for labor support, depending on the situation. All care will be transferred to the physician. In the event of an emergency where help is needed immediately, I will call 911 and you will be transported by the EMS. It is my policy to call 911 and transfer care to the EMS crew if you refuse to transport in the event of a life-threatening situation for you or your baby.

Postpartum Care

Visit you in your home around 24 hours after birth and at around 7 days postpartum. During these I will assess: maternal well-being; bleeding and fundal height and firmness; breastfeeding problems or concerns; perineal exam if necessary; psychological or emotional concerns; baby color, vitals, breathing, cord, sleeping.

At the week visit I will perform the newborn screening test on baby and give assistance for registering the birth with the state.

I also offer a six week postpartum visit.

Parent Responsibilities:

Prenatally:

Secure all birth supplies from birth supply list and have them gathered and accessible by 36 weeks.

Accept responsibility for making decisions about your care and provide honest feedback to me about your condition and concerns. Also, communicate to me about what is or is not working in our relationship.

For labor and birth:

Call me with any early signs of labor such as regular contractions, rupture of membranes, leaking fluids or bloody show.

Provide additional labor support if needed, and have children provided for.

Have supplies together and easily locatable, house reasonably tidy, adequate food and liquids available for all present at birth, and provide a place for the midwife and attendants to lie down or sleep, couch or sofa is fine.

Postpartum:

Provide an environment for mother and baby that is restful and helpful to their recovery. Provide time for maternal-infant bonding and family adjustment.

Line up help, family, friend or professional, for first week or two to help with household chores and meals.

Call immediately with any concerns.

Schedule a follow up visit with pediatrician or family doctor for newborn.

Consultation and Referral

The following may require a referral to a physician and possibly transfer of care.

In the event of a time sensitive emergency, interventions will be initiated until transfer of care or consult with a physician.

Preexisting conditions

- Renal disease
- Neurological disorders
- Active cancer
- Uncontrolled asthma
- Drug or alcohol addiction or abuse
- Hematological disorders
- Positive for HIV antibody
- Cardiac disease
- Active tuberculosis
- Diabetes mellitus
- Essential hypertension
- Endocrine disorders
- Breech presentation or multiple birth (may be possible with another midwife present)

Prenatal conditions

- Threatened or spontaneous abortion after 14 weeks
- Severe anemia that does not respond to treatment
- Significant vaginal bleeding
- Resting blood pressure over 140/90
- Documented placental anomaly or previa
- Positive for HIV antibody
- Deep vein thrombosis
- Labor before 36 weeks
- Preeclampsia
- Abnormal ultrasound
- Poor diet with incomppliance to change

Intapartal conditions

- Abnormal bleeding
- Significant rise in blood pressure
- Persistent or severe fetal distress
- Prolapsed cord
- Maternal exhaustion that cannot be remedied with rest
- Primary genital herpes outbreak
- Maternal fever
- Heavy meconium-stained fluid early in labor
- Desire of mother to go to hospital for pain medication

Postpartum conditions of mother

- Significant bleeding that does not respond to treatment
- Repair of laceration beyond my level of expertise
- Seizure
- Unstable vital signs

Neonatal conditions

- Persistent respiratory distress
- Cardiac irregularities
- Central cyanosis
- Fever
- Evidence of seizure
- Significant glycemic instability
- Clinical evidence of prematurity
- Jaundice in first 24 hours
- Apparent congenital anomalies
- Failure to thrive