Exclusion Criteria for Midwifery Group Practice birthing in the FSH Family Birthing Centre

Revised January 2021

Scope

Site	Service/Department/Unit	Disciplines
Fiona Stanley Hospital	Obstetric	Medical, Nursing, Allied Health

Key points

- All clients at booking must be considered as low risk.
- For all clients booked to the FBC the expectation is that from booking they will labour and birth in the Family Birthing 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, intrapartum period they may be required to transition to the main birth suite.

Glossary of terms

Acronym	Explanation
X	Exclusion
MR	For medical / obstetric review
Primip	First baby
Multip	Second or subsequent babies

Criteria

Age < 16 years	**X**	Refer to FSH Antenatal clinic or a specialist adolescent clinic
Age > 40 years	**X**	
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 guideline 'Increased Body Mass Index: Management of a woman with'
Cardiac – 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 Previous GDM requiring insulin	**X** **X**	Specialist clinic is available. Women with gestational diabetes requiring insulin will be managed by the Diabetes in Pregnancy team
Drug or alcohol dependence / abuse Drug or alcohol dependence / abuse (previous) >1 year	**X** **MR**	Specialist clinic available
Endocrine disorders requiring treatment e.g. Addison's disease, Cushing's disease or other	**X**	
Female Genital Mutilation: Type 1 and 2 Type 3 and 4	 **MR** **X**	
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)	**X**	
Pelvic floor reconstruction	**X**	
Bicornuate or Unicornuate uterus or reproductive tract anomaly	**X**	
Haematological		
Coagulation disorders	**X**	
Haemolytic anaemia	**X**	

Rhesus and other antibodies	**X**	
Thalassaemia major	**X**	
Thrombo-embolic disease or past history of DVT	**X**	
Thrombocytopenia (platelets <100 before pregnancy) (For gestational thrombocytopenia see Present Pregnancy)	**X**	
Thrombophilia or antiphospholipid syndrome	**X**	
Infectious diseases		
HIV	**X**	
Syphilis (must be treated)	**MR**	
Malignant hyperthermia	**X**	
Mental health issues		
EPDS > 12	**MR**	**For PNMH referral**
EPDS positive Q10 self-harm	**MR**	
Depression on medication	**MR**	
Depression requiring admission	**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 Apgar < 7 at 5 minutes	**MR**	
Cervical incompetence / weakness	**X**	
Caesarean section	**X**	
Cholestasis	**MR**	
Child with congenital and / or hereditary disorder	**MR**	
Eclampsia/HELLP Pre- eclampsia	**X** **MR**	
Fetal growth outside of expected range IUGR < 10th Percentile Macrosomia ≥97th Percentile	 **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**	
Parity > 5	**MR**	
Placental abruption	**X**	
Postpartum depression	**MR**	
Postpartum psychosis	**X**	
Postpartum haemorrhage ≥ 500mL – 1000mL Postpartum haemorrhage > 1000ml	**MR** **X**	
Previous preterm birth <35 weeks	**MR**	
Retained placenta (Manual removal of Placenta)	**X**	
Shoulder dystocia	**X**	
Previous third degree tear	**MR**	
Recurrent miscarriages > 3 consecutive	**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 imperfecta	**X**	
Scheuermann's disease	**MR**	
Scoliosis	**X**	
Spondylolisthesis	**X**	
System / connective tissue problems		
Antiphospholipid syndrome	**X**	
Marfan's syndrome	**X**	
Raynaud's disease	**X**	
Periartertis nodosa	**X**	
Rheumatoid arthritis Discoid lupus CREST syndrome	**X**	Requires treating specialist support

Present pregnancy		
Anaemia during pregnancy Hb < 110g/L (1st and 3rd trimester) Hb < 105g/L (2nd trimester)	 **MR** **MR**	Follow the FSH anaemia guideline
Hb < 100g/L at term	**X**	
Antepartum haemorrhage -prior to 20 weeks -Spotting -Minor (<50mls) -Major or Massive APH	 **X** **MR** **MR** **X**	
Blood group incompatibility	**X**	
Cervical weakness : dilatation < 37 weeks and / or cervical procedure Cervical shortening on anatomy scan (<25mm)	**X** **MR**	
Cervical cytology abnormalities	**MR**	
Cholestasis	**MR**	
Fetal anomaly	**MR**	
Fetal Death in utero	**MR**	
Fibroids	**MR**	
First Trimester Combined Screen and / or NIPT screen high risk (with no further testing) Low PAPP-A <0.4 MoM	**X** **X**	

GDM requiring insulin	**MR**	Care to remain with MGP in conjunction with the Diabetes in Pregnancy clinic and must birth in main hospital
GDM not requiring insulin	**MR**	
Hypothyroidism	**MR**	
Hyperthyroidism Graves (current) Graves (previous)	**MR** **X** **MR**	
Hypertension		
With proteinuria >+1	**X**	
Chronic hypertension < 20 weeks	**X**	
Pre-eclampsia - current 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**	
STIs	**MR**	
Parvo virus	**MR**	
Listeriosis	**X**	
Rubella	**X**	

Other		
In vitro fertilisation (IVF)	**MR**	
Malignant disease arising in pregnancy	**MR**	
Mal presentation at term	**MR**	
Multiple pregnancy	**X**	
No antenatal care prior to 24 weeks gestation	**X**	
Non attending of antenatal visits (> 2 occasions)	**MR**	Exclude at this point if no reason for DNA
Placental abnormalities: praevia/abruption/accreta/increta	**X**	
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 <20mm from the os repeat scan at 37/40. If placenta is >20mm away from the os at this scan the woman can birth in the FBC. If placenta is < 20mm the woman must be referred to Consultant for urgent review
Post term birth (≥41 weeks + 3 days 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 UTIs during the pregnancy	**MR**	
Reduced fetal movements at Term	**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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