



## Risk Criteria



*The following criteria for direct-entry midwifery care are taken directly from the Oregon Health Licensing Agency Board at: [http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_332/332\\_025.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_332/332_025.html).*

### **Oregon Administrative Rules (OAR) 332-025-0021**

#### **Risk Assessment Criteria**

Licensed direct entry midwives shall assess the appropriateness of an out-of-hospital birth for each client, taking into account the health and condition of the mother and fetus or baby according to the following two categories of risk assessment criteria in determining appropriate care:

#### **Absolute Risk Criteria**

(1) "Absolute risk" as defined in OAR 332-015-0000(36)(a). Clients who present one or more of the following absolute risk factors are not appropriate candidates for out-of-hospital birth:

(a) When absolute risk factors are present during the antepartum period, the midwife and the client must plan for an in-hospital birth;

(b) When absolute risk factors appear during the intrapartum period, the midwife must arrange to have the client transported to the hospital unless the birth is imminent;

(c) When absolute risk factors appear when the birth is imminent the midwife must take the health and condition of the mother and baby into consideration in determining whether to proceed with out-of-hospital birth or arranging for transportation to a hospital;

(d) When absolute risk factors appear postpartum, the midwife must immediately arrange for transportation to a hospital;

(e) When absolute risk factors appear in the infant, the midwife must immediately arrange for transportation to a hospital.

(2) The following constitute absolute risk factors:

(a) **ANTEPARTUM ABSOLUTE RISK CRITERIA:** active cancer; cardiac disease; severe renal disease -- active or chronic; severe liver disease -- active or chronic; uncontrolled hyperthyroidism; chronic obstructive pulmonary disease; essential chronic hypertension over 140/90; pre-eclampsia/eclampsia; acute or chronic thrombophlebitis; current substance abuse known to cause adverse effects; incomplete spontaneous abortion; hemoglobin under 9 at term; placental abruption; placenta previa at onset of labor; persistent severe abnormal quantity of amniotic fluid; blood coagulation defect; amnionitis; ectopic pregnancy; pregnancy lasting longer than 43 weeks gestation (21 days past the due date); pregnancy lasting longer than 42 weeks (14 days past the due date) with an abnormal non-stress test; any pregnancy with abnormal fetal surveillance tests; rupture of membranes for greater than 72 hours before the onset of labor with chorioamnionitis; secondary herpes that cannot be covered at the onset of labor; HIV positive status with AIDS; higher order multiples (3 or more).

(b) **INTRAPARTUM ABSOLUTE RISK CRITERIA:** documented IUGR at term; suspected uterine rupture; active herpes lesion in an unprotectable area; prolapsed cord or cord presentation; suspected complete or partial placental abruption; suspected placental previa; suspected chorioamnionitis; pre-eclampsia/eclampsia; thick meconium stained amniotic fluid without reassuring fetal heart tones and birth is not imminent; evidence of fetal distress or abnormal fetal heart rate pattern unresponsive to treatment or inability to auscultate fetal heart tones; excessive vomiting, dehydration, acidosis or exhaustion unresponsive to treatment; blood pressure greater than or equal to 150/100 which persists or rises, and birth is not imminent; maternal exhaustion; fetal distress; labor or PROM less than 35 weeks according to due date; current substance abuse.

(c) **MATERNAL POSTPARTUM ABSOLUTE RISK CRITERIA:** retained placenta with suspected placenta accreta; retained placenta with abnormal or significant bleeding; laceration requiring hospital repair; uncontrolled postpartum bleeding; increasingly painful or enlarging hematoma; development of pre-eclampsia; signs or symptoms of shock unresponsive to treatment.

(d) **INFANT ABSOLUTE RISK CRITERIA:** Apgar less than 7 at 10 minutes of age; respiration rate greater than 80 within the first 2 hours postpartum, and greater than 60 thereafter, accompanied by any of the following lasting more than one hour without improvement: nasal flaring, grunting, or retraction; cardiac irregularities, heart rate less than 80 or greater than 160 (at rest) without improvement, or any other abnormal or questionable cardiac findings; seizures; evidence of infectious process; apnea; central cyanosis; large or distended abdomen; any condition requiring more than 12 hours of observation postbirth; gestational age under 35 weeks; persistent poor suck, hypotonia or a weak or high pitched cry; persistent projectile vomiting or emesis of fresh blood; any infant with active AIDS; signs and symptoms of infection in the newborn.

## **Non-Absolute Risk Criteria**

(3) "Non-absolute" risk as defined in OAR 332-015-0000(36)(b). Clients who present one or more non-absolute risk factor are at increased obstetric or neonatal risk. When one or more non-absolute risk factor

presents, the midwife must either arrange for the transport or transfer of care of the client(s) or comply with all of the following:

(a) Consult with at least one Oregon licensed health care provider as defined in OAR who has direct experience handling complications of the risk(s) present as well as the ability to confirm the non-absolute risk. Additional complicating factors identified by the consultant must be considered in order to determine if a home birth is indicated. The midwife must consult with the provider(s) regarding appropriate care related to the birth considering the following: the risks present, the risks anticipated, the midwife's experience, the birth setting, and the ease and time involved in obtaining emergency transport or transfer of care. The consultation(s) must be documented in the client records, including all recommendations given by the provider(s). The consultation(s) may be conducted in person or by direct telephone conversation depending on the clinical and geographical situation.

(b) Determine whether a home birth is a reasonably safe option based upon the risks present, the anticipated risks, the likelihood of reducing or eliminating said risks, the midwife's experience, the birth setting, the ease and time involved in obtaining emergency transport or transfer of care and the recommendation of the licensed health care provider(s) with whom the midwife consulted.

(c) Advise the client regarding the non-absolute risk(s), possible adverse outcomes, and the recommendation(s) given by the licensed health care provider(s) with whom the midwife consulted.

(d) Document the advice given to the client by the midwife and, if applicable, obtain the client's informed consent to proceed with an out-of-hospital birth. In addition, to the extent the midwife acts contrary to the recommendation(s) given by the licensed health care provider(s) with whom the midwife consulted, the midwife must document the reasons justifying acting contrary to the provider's recommendations and obtain informed client consent.

(4) The following are non-absolute risk factors:

(a) **MATERNAL ANTEPARTUM NON-ABSOLUTE RISK CRITERIA:** conditions requiring on-going medical supervision or on-going use of medications; significant glucose intolerance; inappropriate fetal size for gestation; significant 2nd or 3rd trimester bleeding; abnormal fetal cardiac rate or rhythm, or decrease of movement; uterine anomaly; anemia (hematocrit less than 30 or hemoglobin less than 10 at term; seizure disorder requiring prescriptive medication; platelet count less than 75,000; previous uterine incision other than low transverse cesarean and/or myomectomy with review of surgical records and/or subsequent birth history; isoimmunization to blood factors; psychiatric disorders; history of thrombophlebitis and hemoglobinopathies; twin gestation; malpresentation at term.

(b) **INTRAPARTUM NON-ABSOLUTE RISK CRITERIA:** no prenatal care or unavailable records; maternal exhaustion unresponsive to treatment; history of substance abuse during this pregnancy; or malpresentation unless birth is imminent; persistent unexplained fever > 101 degrees Fahrenheit (38 degrees Centigrade) taken orally; labor or PROM 35-36 weeks according to due date.

(c) **MATERNAL POSTPARTUM NON-ABSOLUTE RISK CRITERIA:** infectious process; any condition requiring more than 12 hours of postpartum observation; retained placenta greater than 3 hours.

(d) **INFANT NON-ABSOLUTE RISK CRITERIA:** Apgar less than 7 at 5 minutes without improvement; weight less than 2270 grams (5 lbs.); jitteriness; failure to void within 24 hours or stool within 48 hours from birth; maternal substance abuse identified intrapartum or postpartum; excessive pallor, ruddiness, or jaundice at birth; any generalized rash at birth; birth injury such as facial or brachial palsy, suspected fracture or severe bruising; baby with signs and symptoms of hypoglycemia; weight decrease in excess of 10% of birth weight; maternal-infant interaction problems; direct Coomb's positive cord blood; infant born to HIV positive mother; and major congenital anomaly; gestational age of 35-36 weeks; inability to maintain axillary temperature between 97-100 degrees Fahrenheit.

(5) In the event that the client refuses transport for herself or her infant upon the midwife's recommendation for absolute, non-absolute, or other risk factors, the midwife must:

(a) Document the midwife's discussion including potential adverse/fatal outcomes with the client that the out of hospital care is no longer appropriate, and document the client's refusal to transport, with client's signature in the chart; and

(b) If the situation is immediately life-threatening for the mother or infant or if, in the midwife's judgment it is warranted, activate the 911 emergency response system.

(6) Under no circumstances shall the midwife leave the client until such a time that transport is arranged and another care provider assumes care, or until the situation is satisfactorily resolved.

I have read and received a copy of these Risk Assessment Criteria. I understand that in the event I or my developing baby form a condition listed under Absolute Risk Criteria that Nest Midwifery and midwives are required to transfer my care for an in-hospital delivery. Should I form a condition listed under Non-Absolute Risk Criteria, the midwives are required to consult another licensed health care provider who has direct experience handling complications of the risk(s) present as well as the ability to confirm the non-absolute risk. I understand that Nest midwives are legally obliged to comply with this standard.

Client Name (please print) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name (please print) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_