

A GUIDE TO THE SCOPE OF PRACTICE OF ONTARIO MIDWIVES - January 2015

(adapted from the College of Midwives Consultation and Transfer of Care Standard: http://www.cmo.on.ca/?page_id=1026)

Consult with a physician, or the most appropriate available health care provider	Transfer primary care to a physician
Initial History and Physical Exam	
<ul style="list-style-type: none"> • Significant current medical conditions that may affect pregnancy or are exacerbated due to pregnancy • Significant use of drugs, alcohol, other substances with known/suspected teratogenicity/risk of assoc. compl. • Previous uterine surgery other than one documented low-segment caesarean section • History of cervical cerclage • History of more than one second-trimester spontaneous abortion • History of three or more consecutive first-trimester spontaneous abortions • History of more than one preterm birth, or preterm birth less than 34+0 weeks in most recent pregnancy • History of more than one small for gestational age infant • History of severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome • Previous neonatal mortality or stillbirth which likely impacts current pregnancy 	<ul style="list-style-type: none"> • Cardiac disease • Renal disease • Insulin-dependent diabetes mellitus • HIV positive status
Prenatal Care	
<ul style="list-style-type: none"> • Significant mental health concerns presenting or worsening during pregnancy • Persistent or severe anemia unresponsive to therapy • Severe hyperemesis unresponsive to pharmacologic therapy • Abnormal cervical cytology requiring further evaluation • Significant non-obstetrical or obstetrical medical conditions arising during pregnancy • STI requiring treatment • Gestational diabetes unresponsive to dietary treatment • Urinary tract infection unresponsive to pharmacologic therapy • Persistent vaginal bleeding other than uncomplicated spontaneous abortion less than 14+0 weeks • Fetal anomaly that may require immediate postpartum management • Evidence of intrauterine growth restriction • Oligohydramnios or polyhydramnios • Twin pregnancy • Isoimmunization • Persistent thrombocytopenia • Thrombophlebitis or suspected thromboembolism • Gestational hypertension • Vasa previa • Asymptomatic placenta previa persistent into third trimester • Presentation other than cephalic, unresponsive to therapy, at or near 38+0 weeks • Intrauterine fetal demise • Evidence of uteroplacental insufficiency • Uterine malformation or significant fibroids with potential impact on pregnancy 	<ul style="list-style-type: none"> • Molar pregnancy • Multiple pregnancy (other than twins) • Severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome • Placental abruption or symptomatic previa • Cardiac or renal disease • Gestational diabetes requiring medication
Labour, Birth and Immediate Post Partum	

<ul style="list-style-type: none"> • Preterm prelabour rupture of membranes (PPROM) between 34+0 and 36+6 weeks • Twin pregnancy • Breech or other malpresentation with potential to be delivered vaginally • Hypertension presenting during the course of labour • Abnormal fetal heart rate pattern • Suspected intraamniotic infection • Labour dystocia unresponsive to therapy • Intrauterine fetal demise • Retained placenta • Third or fourth degree laceration • Perineal laceration requiring repair 	<ul style="list-style-type: none"> • Active genital herpes at time of labour or rupture of membranes • HIV positive status • Preterm labour or PPRM less than 34+0 weeks • Fetal presentation that cannot be delivered vaginally • Multiple pregnancy (other than twins) • Prolapsed or presenting cord • Placental abruption, placenta previa or vasa previa • Severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome • Suspected embolus • Uterine rupture • Uterine inversion • Hemorrhage unresponsive to therapy
<p>Consult with a physician, or the most appropriate available health care provider</p>	<p>Transfer primary care to a physician</p>
<p>Post Partum</p>	
<ul style="list-style-type: none"> • Breast or urinary tract infection unresponsive to pharmacologic therapy • Suspected endometritis • Abdominal or perineal wound infection unresponsive to non-pharmacologic treatment • Persistent or new onset hypertension • Significant post-anaesthesia complication • Thrombophlebitis or suspected thromboembolism • Significant mental health concerns including postpartum depression and signs or symptoms of postpartum psychosis • Persistent bladder or rectal dysfunction • Secondary postpartum hemorrhage • Uterine prolapse • Abnormal cervical cytology requiring treatment 	<ul style="list-style-type: none"> • Postpartum eclampsia • Postpartum psychosis
<p>Infant</p>	

- 34+0 to 36+6 weeks gestational age
- Suspected neonatal infection
- In utero exposure to significant drugs, alcohol, or other substances with known or suspected teratogenicity or other associated complications
- Findings on prenatal ultrasound that warrant postpartum follow up
- Prolonged PPV or significant resuscitation
- Failure to pass urine or meconium within 36 hours of birth
- Suspected clinical dehydration
- Feeding difficulties not resolved with usual midwifery care
- Significant weight loss unresponsive to interventions or adaptation in feeding plan
- Failure to regain birth weight by 3 weeks of age
- Infant at or less than 5th percentile in weight for gestational age
- Single umbilical artery not consulted for prenatally
- Congenital anomalies or suspected syndromes
- Worsening cephalhematoma
- Excessive bruising, abrasions unusual pigmentation and/or lesions
- Significant birth trauma
- Abnormal heart rate, pattern or significant murmur
- Hypoglycemia unresponsive to initial treatment
- Hyperglycemia
- Suspected neurological abnormality
- Persistent respiratory distress
- Persistent cyanosis or pallor
- Fever, hypothermia or temperature instability
- Vomiting or diarrhea
- Evidence of localized or systemic infection
- Hyperbilirubinemia requiring medical treatment or any jaundice within the first 24 hours
- Suspected seizure activity

- Major congenital anomaly requiring immediate intervention