

New Life Birth Services

Risk Assessment

A Home Birth is a place for normal deliveries. We are not trained in and do not practice complicated Obstetrics. Conditions in **bold** print are considered out of the scope of Midwifery. They are medical problems requiring immediate transfer of the client to a skilled healthcare provider. Other conditions listed are considered risk factors and need to be addressed in a timely manner. Risk factors require a physician consultation. If a client has 3 or more risk factors they are automatically transferred from our midwifery care to a physician. A client's risk factors will be evaluated 3 times during their care. At anytime if the risk factors change, the client will be immediately transferred or given a physician consultation.

I _____ understand New Life Birth Services' policies concerning my Risk Assessment. Date: _____

Previous History

- Severe chronic medical disease that may impact pregnancy.**
- Mental impairment that would interfere with the ability to follow instructions.**
- Epileptics currently on medication with a history of recent seizures.**
- Diabetes mellitus.**
- Two or more premature labors or history of low birth weight babies.
- Shoulder dystocia.
- Unexplained stillbirth or neonatal loss.
- Incompetent cervix.
- Diagnosed abnormalities of the genital tract or bony pelvis.
- Severe emotional problems associated with pregnancy.
- Other medical or non-medical conditions at the discretion of the midwife.
- Prior postpartum hemorrhage.
- Previous cesarean section.

Pregnancy

- Confirmed HIV or AIDS.**
- Severe medical disease impacting pregnancy.**
- Insulin dependent gestational diabetes.**
- Uncontrolled pregnancy induced hypertension.**
- Oligohydramnios.**
- Thromboembolic disease.**
- Psychological or social events making out-of-hospital birth inappropriate.**
- Rh sensitization.**
- Essential hypertension.**
- Polyhydramnios.
- Conclusive positive serological test for syphilis.
- Hepatitis B positive screen.
- Multiple pregnancy.
- Persistent breech or other abnormal presentation at term.
- Antepartum fetal death.
- Non compliance with prenatal care.
- Herpes lesions at delivery.
- Grand multiparity with other risk factors.
- Current eating disorder or lack of adequate nutrition.
- Exposure to known teratogens.
- Anemia that is unresponsive to treatment.
- Positive antibody screen.
- Greater than 32 weeks gestation transferring to midwifery care with all the following criteria unmet.

A. Transferring records received first visit.

- B. Known LMP or US dating consistent to uterine growth.
- C. Evidence of good nutrition and consistent prenatal care.
- Post date pregnancy (greater than 42 weeks by good criteria).
- Re-occurring vaginal bleeding of unknown cause.
- Asthma, active with medication.
- Pre-term labor.
- Intrauterine Growth Retardation.
- Development of any other severe obstetrical, medical/surgical problems.

Intrapartum and Postpartum

- Premature labor less than 36 weeks gestation.**
- Evidence of fetal distress.**
- Prolapsed cord with birth not immanent.**
- Intrapartum and uncontrolled postpartum hemorrhage.**
- Maternal infection requiring therapy.**
- Presentations not compatible with spontaneous vaginal delivery.**
- Development of other severe medical problem.**
- Any condition requiring more than 6 hours postpartum observation.
- Failure to progress in labor.

Factors requiring infant transfer.

- Apgar score less than 7 at 5 minutes.**
- Signs of persistent non-transient respiratory distress.**
- Jaundice within the first 24 hours of birth.**
- Persistent hyper or hypothermia.**
- Persistent hypotonia.**
- Unresolved tremors.**
- Congenital anomaly requiring intervention.**
- Central cyanosis.**
- After the immediate postpartum period an inability to feed, urinate or pass meconium within 24 hours of birth.**
- Unresolved low blood sugar.**
- And/or any other abnormal newborn behavior or appearance which could adversely affect the newborn, as assessed by a midwife exercising ordinary skill and knowledge.**

- No known Risk Factors found**

Date of Risk Assessment: _____