



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

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 > 42years Primip	X	
Age 40- 44 years Multip	MR	
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	X	Specialist clinic is available. Women with gestational diabetes requiring insulin will be managed by the Diabetes in Pregnancy team
Previous GDM requiring insulin	X	
Drug or alcohol dependence / abuse	X	Specialist clinic available
Drug or alcohol dependence / abuse (previous) >1 year	MR	
Endocrine disorders requiring treatment e.g. Addison's disease, Cushing's disease	X	
Female Genital Mutilation:		
Type 1 and 2	MR	
Type 3 and 4	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	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	X	
Pre- eclampsia	MR	
Fetal growth outside of expected range		
IUGR < 10th Percentile	MR	
Macrosomia ≥97th Percentile	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 \geq 500mL – 1000mL	MR	
Postpartum haemorrhage > 1000ml	X	
Previous preterm birth <35 weeks	MR	
Retained placenta (Manual removal of	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	MR	
Spondylolisthesis	X	
System / connective tissue problems		
Antiphospholipid syndrome	X	
Marfan's syndrome	X	
Raynaud's disease	X	
Periarteritis nodosa	X	
Rheumatoid arthritis Discoid lupus CREST	X	Requires treating specialist support
Present pregnancy		
Anaemia during pregnancy		Follow the FSH anaemia guideline
Hb < 110g/L (1st and 3rd trimester)	MR	
Hb < 105g/L (2nd trimester)	MR	
Hb < 100g/L at term	X	
Antepartum haemorrhage	MR	

Blood group incompatibility	X	
Cervical weakness : dilatation < 37 weeks and / or cervical procedure	X	
Cervical shortening on anatomy scan (<25mm)	MR	
Cervical cytology abnormalities	MR	
Cholestasis	MR	
Fetal anomaly	MR	
Fetal Death in utero	MR	
Fetal growth outside expected range		
IUGR <10th Percentile	X	
Macrosomia ≤97th Percentile	X	
Fibroids	MR	
First Trimester Combined Screen and / or NIPT screen high risk (with no further testing)	X	
Low PAPP-A <0.4 MoM	MR	
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	MR	
Graves (current)	X	
Graves (previous)	MR	

Hypertension		
With proteinuria >+1	X	
Chronic hypertension < 20 weeks	X	
Pre-eclampsia	MR	Needs to birth in the main hospital
Eclampsia	X	
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	
In vitro fertilisation	MR	
Malignant disease arising in pregnancy	MR	
Mal presentation at term	MR	
Multiple pregnancy	X	
No antenatal care prior to 24 weeks gestation	X 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	MR	Must birth in the main hospital.
Renal function - pyelitis	MR	
Surgery during pregnancy	MR	
Thrombosis	X	
Thrombocytopenia in pregnancy – platelets <	X	

Reference

1. National Midwifery Guidelines for Consultation and Referral.2013.3rd edition			
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