POLICY STATEMENT

Some clients seeking homebirth services declined prenatal testing, such as ultrasound, first trimester screening and/or amniocentesis. Others weigh the benefits and risks of birthing in their home verses the hospital, and determine homebirth to be more advantageous for mother and/or their newborn. This requires the midwife to be prepared for a wide range of uncommon anomalies, which may not be immediately life-threatening but require prompt transport and evaluation.

BLOOD BORNE PATHOGEN

EXPOSURE CATEGORY: I (Involves exposure to blood, body fluids, or tissues)

FUNCTION: Care of Clients

EQUIPMENT:
1. Neonatal resuscitation equipment
2. Doppler for fetal monitoring

POINTS OF EMPHASIS:

Important points to emphasize

PROCEDURE:

1. For an infant who has established adequate oxygenation and perfusion, there is usually a brief visual assessment as the infant begins to nurse.
2. Infants with cardiac problems often have difficulty simultaneously nursing and breathing. These infants need immediate hospital care.
3. The goal for managing newborns with anatomical anomalies, including gastroschisis, omphalocele, extrophy of the bladder, or open spinal cord defects is to keep exposed areas moist with sterile saline and gauze, and covered with plastic wrap to maintain moisture, heat, and decrease contamination. The infant should be position to support the defect (e.g., prone for Pierre-Robins syndrome) while transport is completed.
4. Nearly all neonatal transports should be done through emergency transport services. While emergency teams rarely have the skill or supplies necessary to stabilize a neonate, the car seat in the parent’s automobile is not conducive for optimal airway, nor does the back seat provide ample room for properly managing a resuscitation in the event this proves necessary. As well, asking a parent to drive their compromised to the hospital is a very inappropriate scenario for everyone involved. The ambulance crew can provide a higher level of safety with regards to transportation, and the certified nurse-midwife can maintain care management, utilizing her own supplies, during transport.
5. Any infant presenting significant findings outside the normal range requires a consult with the pediatric caregiver. Stable infants presenting with orthopedic anomalies or chromosomal disorders (e.g., a cleft lip/palate, Down’s syndrome, or a club foot) may not need immediate pediatric evaluation but may need extra midwifery support and care during the first 24 hours.
6. The infant’s condition, the physical exam, the type of indicated therapy will help determine the timing, setting, and appropriate caregiver for care and/or consultation.

REFERENCES:


Originated: July, 2011
## Belief Midwifery Services Practice Guidelines

<table>
<thead>
<tr>
<th>Practice Guideline</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penny Lane MSN, CNM</td>
<td>7/9/2011 updated 10/29/2013</td>
</tr>
<tr>
<td>Gretchen Knight, LPN</td>
<td>8/29/2011</td>
</tr>
<tr>
<td>Holly Hopkins MSN, CNM</td>
<td>7/19/2011</td>
</tr>
</tbody>
</table>