



OBSTETRICS AND GYNAECOLOGY
Clinical Practice Guideline

Midwifery Group Practice (hospital based): Inclusion and exclusion criteria [**NEW** 2020]

This document should be read in conjunction with the [Disclaimer](#)

Key points

- Continuity of care models have demonstrated improved clinical outcomes for women and their babies
- The 'Hospital-based Midwifery Group Practice (MGP)' is a "no exit" model of care
- Women booking to a KEMH midwifery continuity of care model will have access to this model throughout their childbearing years unless they meet any of the exclusion criteria

Exclusion criteria

- Women outside of catchment area
- Women booking to KEMH for the first time who are exclusively Category B, with the exception of criteria identified within the inclusion criteria below

Inclusion criteria (at commencement of care)

1. Women who **have** previously received care within a KEMH midwifery continuity of care model will meet the Australian College of Midwives (ACM) [National Midwifery Guidelines for Consultation and Referral](#) (2014)
 - Category A, A/B or B
2. Women who have **not** previously received care within a KEMH midwifery continuity of care model will meet the ACM [National Midwifery Guidelines for Consultation and Referral](#)
 - Category A or A/B
3. Women who are assessed as ACM Category B (or other) for the following:
 - Molar pregnancy >12 months ago- Notes-
 - To be considered low risk for current pregnancy, BHCG to have been documented as being **zero prior** to current pregnancy. Consult or refer to obstetrician if this is not documented.





➤ These women must also have a follow-up QBHCG at 6 weeks **after** current pregnancy

- BMI <18 or >35 (B)
- Maternal age >40 (B)
- Grand multiparity (B)
- Psychiatric condition requiring medication (not requiring CAMI clinic) (B)
- Hypothyroidism (B)
- Asthma – mild to moderate (B)
- Female genital cutting (FGC) (B)

Note- If criteria indicates medical review or consultation is required, (such as category B in the ACM Consultation and Referral guidelines), the woman’s individual clinical situation will be evaluated considering her care needs, and agreements made for the responsibility for maternity care.¹

Reference

1. Australian College of Midwives. National midwifery guidelines for consultation and referral: ACM; 2014.

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