

# Birth Center Eligibility and Midwife-Physician Collaborative Care Guidelines

**Instructions:** Use this document to establish eligibility for birth center or hospital-based midwifery management. The document is organized by body systems (cardiovascular and hematologic health, endocrine, etc.) and provides sections for pre-pregnancy conditions/factors and for conditions present in the current pregnancy.

**Step 1:** Establish who will determine eligibility and the process for approving final guidelines.

**Step 2:** Systematically work through the document in a series of meetings to develop eligibility and collaboration guidelines for each condition/factor listed.

**Step 3:** For all conditions/factors where people are “Birth Center Eligible with Approved Care Plan,” develop the standard plan of care that supports a person’s eligibility for the birth center and document this below the eligibility table. This might include additional testing, physician or specialist consultation, or additional social supports. See the completed example for “General Health Factors.”

**Step 4:** For all factors that require definition, document these definitions below the eligibility table. See the completed example for “General Health Factors.”

**Step 5:** Once completed and approved, disseminate to all relevant providers and stakeholders.

All rows should have a check in just *one* box, to represent the minimum level of care/collaboration. Individuals may opt for a higher level of care than their eligibility (e.g. a birth center eligible individual may select hospitalization and/or physician care).

Review this document annually or as evidence or your care model evolves.

<b>Name of Birth Center:</b>	
<b>Name of Hospital:</b>	
<b>Last Updated:</b>	

**Birth Center Eligibility:**

This document provides detailed information for conditions that may warrant consultation, collaboration, or referral, including specific care plans for maintaining birth center eligibility in the presence of certain risk factors. In general, the following individuals are eligible for a birth center birth:

- Term pregnancy 37-42 weeks
- Singleton gestation
- Cephalic presentation
- No medical, obstetric, fetal and/or neonatal condition requiring hospitalization and/or referral per the guidelines below
- No anticipated need for procedures and services that are unavailable in the birth center, including:
  - Pharmacologic agents for cervical ripening, induction, and augmentation of labor
  - Fetal monitoring beyond intermittent auscultation
  - Regional spinal or epidural anesthesia
  - Operative vaginal birth
  - Cesarean birth
- Adequate prenatal care and education, per guidelines

For each condition or factor listed in these guidelines, eligibility is as follows:

**Birth Center Care:**

- **Birth Center Eligible with Approved Care Plan:** Additional testing or monitoring is required to retain eligibility for the birth center. The midwife should follow the care plan listed below the table and consult with a physician for any abnormal results.

- **Consult to Determine Birth Center Eligibility:** The midwife should consult with a physician for an individualized determination of eligibility and care plan for birth center birth. A consult may occur in person, via telehealth, or via chart review. Consultation is defined as the process whereby a provider obtains the advice or opinion of another member of the healthcare team for a specific patient concern at one point in time. Following the consultation, the consultant does not assume ongoing responsibility for the patient's care.

### **Hospital Care:**

- **Midwife-Led Care:** Midwife may provide clinical- and hospital-based care following routine guidelines and consulting, collaborating with physician care as needed.
- **Collaborative Management:** A midwife and physician jointly define a plan of care for a patient or newborn with an identified risk factor or complication. The plan is then implemented in part or in whole by a midwife.
- **Physician-Led Hospital Care:** The physician should determine and oversee the plan of care. If care was previously midwife-led or collaborative, there is a transfer to physician-led care. Transfer refers to the transfer of responsibility for a patient's care from one provider or group of providers to another provider or group of providers because the patient's condition falls outside the scope of practice of the transferring provider or because of the patient's preference. This includes cases when the transferring provider stays involved in a supportive role or performs duties that are directed by the receiving provider.

## **Table of Contents**

### General Health Factors [COMPLETED EXAMPLE ]

Eligibility

Approved Care Plans

Definitions

### Cardiovascular and Hematologic Health

Eligibility

Approved Care Plans

Definitions

### Endocrine

Eligibility

Approved Care Plans

Definitions

### Gastrointestinal

Eligibility

Approved Care Plans

Definitions

### Genetic and Autoimmune

Eligibility

Approved Care Plans

Definitions

### Infectious

Eligibility

Approved Care Plans

Definitions

### Psychological / Neurological Health

Eligibility

Approved Care Plans

Definitions

### Respiratory / Pulmonary

Eligibility

Approved Care Plans

Definitions

### Obstetrical History

Eligibility

Approved Care Plans

Definitions

### Antenatal Fetal / Placental

Eligibility

Approved Care Plans

Definitions

### Medications and Exposures

Eligibility

Approved Care Plans

Definitions

### Intrapartum

Eligibility

Approved Care Plans

Definitions

### Postpartum

[Eligibility](#)

[Approved Care Plans](#)

[Definitions](#)

[Neonatal](#)

[Eligibility](#)

[Approved Care Plans](#)

[Definitions](#)

[Client or Midwife Concerns](#)

[Eligibility](#)

[Approved Care Plans](#)

[Definitions](#)

## General Health Factors [COMPLETED EXAMPLE ]

*This is a completed example of an eligibility grid. You may edit Eligibility, Approved Care Plans, and Definitions to suit your practice.*

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING</b>					
Obesity	X				
Teen pregnancy	X				
Advanced age	X				
<b>IN THIS PREGNANCY</b>					
Late entry to prenatal care <sup>1</sup>			X		
Current pregnancy result of in vitro fertilization (IVF)		X			
Late transfer into the practice <sup>2</sup>	X				
Excessive weight gain <sup>3</sup>		X			
Current smoker after 13 weeks gestation		X			
Current substance use (alcohol, cannabis, or illicit drugs)		X			
History of substance use disorder in remission with medication management <sup>4</sup>		X			

## Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### **Obesity**

- BMI 30-40: early GCT, daily ASA (starting 12+ weeks), nutrition consult, third trimester growth scan (32-34 weeks), otherwise consult to determine eligibility
- BMI 40-45: as above, plus routine OB consult
- BMI > 45: as above with plan for hospital-based birth

### **Teen pregnancy**

- Consider social work consult, mandatory childbirth education for patient and designated support person; OB consult if < 16 years old

### **Advanced Age**

- 35-39: low-dose aspirin >12 wk until delivery, level 2 anatomy scan, third trimester growth scan, weekly antenatal testing from 36 wk if additional risk factors (i.e. nullip, obesity, GDM, smoking), counseling re: age and parity related risks of stillbirth, may choose elective IOL at 39wk, otherwise 40wk BPP, 40.3 wk NST, and recommend IOL by 41 wk.
- 40 and older: low-dose aspirin >12 wk until delivery, level 2 anatomy scan, third trimester growth scan, weekly antenatal testing from 36 wk until delivery, counseling re: age and parity related risks of stillbirth, may choose elective IOL at 39wk, otherwise recommend by 40 wk. Nulliparas up to age 42 and multiparas up to age 44 may elect birth center birth if antenatal testing is normal and they are otherwise eligible.

### **Transfer into practice in third trimester**

- Adequate prenatal care beginning before 20 weeks
- Complete records must be received from previous provider(s) and reviewed by Midwife or Obstetrician by 36 weeks, including all routine labs, prenatal flowsheet, and ultrasounds including, at a minimum, second trimester fetal anatomy scan.
- Must meet all other eligibility criteria and complete all paperwork.
- Must have first birth center visit by 36 weeks
- Must complete educational requirements by 37 weeks gestation.

- If criteria above not met, client may be eligible for hospital-based midwifery care.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

1. **Late entry to prenatal care:** >17 weeks
2. **Late transfer into the practice:** >35 weeks
3. **Excessive weight gain:** >60lb from pre-pregnancy weight
4. **History of substance use disorder in remission with medication management:** stable on prescription opiate replacement therapy such as methadone or buprenorphine.



## Cardiovascular and Hematologic Health

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING / HISTORY OF</b>					
Pulmonary embolism					
Deep vein thrombosis or other symptomatic clotting disorder					
Asymptomatic bleeding disorder or hemolytic disease					
History of structural heart problem or congenital cardiac anomaly					
Arrhythmia					
Heart disease					
Chronic hypertension - no medication					
Chronic hypertension - medication controlled					
Chronic hypertension - uncontrolled					
Hemoglobinopathies					
<b>IN THIS PREGNANCY</b>					
Anemia <sup>1</sup>					
Thrombocytopenia <sup>2</sup>					
Gestational hypertension					
Preeclampsia without severe features					
Preeclampsia with severe features					

Chronic hypertension with superimposed preeclampsia					
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Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

**1. Anemia:**

**2. Thrombocytopenia:**

## Endocrine

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING / HISTORY OF</b>					
Pre-existing diabetes - insulin dependent					
Pre-existing diabetes - non insulin dependent					
Hypothyroid or thyroid surgery with normal labs					
Hypothyroid disease or surgery with abnormal labs					
Hyperthyroid disease					
<b>IN THIS PREGNANCY</b>					
Lifestyle-controlled gestational diabetes					
Medication-dependent gestational diabetes					

### Approved Care Plans

For each condition that is BC eligible with an approved care plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

## Gastrointestinal

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING / HISTORY OF</b>					
History of gastric bypass / bariatric surgery					
Crohn's disease					
Ulcerative colitis					
Other inflammatory bowel disease					
<b>IN THIS PREGNANCY</b>					
Intrahepatic cholestasis					
Hyperemesis requiring IV therapy					
Gallstones					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

## Genetic and Autoimmune

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING</b>					
Marfan's syndrome					
Ehlers-Danlos syndrome					
Rheumatoid arthritis					
Sickle cell disease					
Other genetic or autoimmune disease					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

## Infectious

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING</b>					
HIV positive					
Genital HSV					
<b>IN THIS PREGNANCY</b>					
HSV positive primary outbreak					
Genital HSV recurrence					
Positive VDRL / RPR with confirmation					
PPD positive					
COVID-19 infection					
Urinary tract infection non-responsive to treatment					
Pyelonephritis					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

## Psychological / Neurological Health

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING</b>					
Unstable or unmanaged mental health problem					
Migraine headaches					
History of intracranial injury					
Seizure disorder (excluding childhood disorders resolved)					
<b>IN THIS PREGNANCY</b>					
Using psychiatric medications for mild-moderate mental health problem					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

## Respiratory / Pulmonary

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING</b>					
Moderate or severe persistent asthma based on NHLBI Guidelines					
Intermittent and mild persistent asthma based on NHLBI Guidelines					
Severe obstructive pulmonary disease					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.



## Obstetrical History

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-EXISTING</b>					
Prior cesarean birth					
Prior shoulder dystocia <sup>1</sup>					
Prior postpartum hemorrhage <sup>2</sup>					
Prior preterm birth					
Previous stillbirth or neonatal loss					
Previous intrauterine growth restriction					
Previous infant with congenital anomalies					
Previous infant with genetic/metabolic disorder					
Previous Rh sensitization					
Previous placental disorder percreta, accreta					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

1. **Prior Shoulder Dystocia:**
2. **Prior Postpartum Hemorrhage:**

## Antenatal Fetal / Placental

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>IN THIS PREGNANCY</b>					
Diagnosis of fetal chromosomal abnormality or severe fetal anatomical abnormality					
Multiple pregnancy					
Intrauterine growth restriction <sup>1</sup>					
Oligohydramnios <sup>2</sup>					
Polyhydramnios <sup>3</sup>					
Placenta previa at term					
Low-lying placenta <sup>4</sup>					
Non-vertex presentation at term					
2-vessel cord					
Velamentous insertion					
Other abnormal findings on ultrasound					
Abnormal findings on first trimester screen					
Non-reassuring testing (NST or BPP)					
Suspected macrosomia <sup>5</sup>					
Preterm labor or preterm premature rupture of membranes (PPROM)					

Premature rupture of membranes (PROM)					
Late term pregnancy (41+0 - 41+6 weeks)					
Post-term pregnancy (42+ weeks)					

Approved Care Plans

For each condition that is BC eligible with an approved care plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

- 1. **Intrauterine growth restriction:**
- 2. **Oligohydramnios:**
- 3. **Polyhydramnios:**
- 4. **Low-lying placenta:**
- 5. **Suspected macrosomia:**

## Medications and Exposures

### Eligibility

Medications	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>PRE-PREGNANCY</b>					
SSRIs, SNRI					
Anti-hypertensives					
Anxiolytics					
Benzodiazepines					
Opioids					
Antipsychotics					
Anticonvulsants					
<b>IN THIS PREGNANCY</b>					
SSRIs, SNRI					
Anti-hypertensives					
Anxiolytics					
Benzodiazepines					
Opioids					
Antipsychotics					
Anticonvulsants					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

## Intrapartum

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
Breech or other non-vertex position in labor					
Meconium-stained amniotic fluid					
Significant or repetitive FHR decelerations or bradycardia					
Cord prolapse					
Suspected placental abruption or uterine rupture					
Fever <sup>1</sup>					
Intrapartum hypertension <sup>2</sup>					
EFW on admission < 2500 or > 4500					
Protracted first stage of labor <sup>3</sup>					
Prolonged second stage of labor <sup>4</sup>					
Inadequate pain relief / desire for epidural					
Ruptured membranes > 24 hours without active labor or decision to induce for PROM prior to 24 hours					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

## Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

- 1. Fever:**
- 2. Intrapartum hypertension:**
- 3. Prolonged first stage of labor:**
- 4. Prolonged second stage of labor:**

## Postpartum

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
Retained placenta <sup>1</sup>					
Postpartum hemorrhage <sup>2</sup>					
Third or fourth degree laceration, hematoma, or other genital tract trauma requiring physician management					
Any condition requiring > 12 hours of continuous postpartum observation					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

1. **Retained placenta:**
2. **Postpartum hemorrhage:**



## Neonatal

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>IN THIS PREGNANCY</b>					
Apgar score < 5 at 1 minute or < 7 at 5 minutes					
Difficult or prolonged resuscitation					
Immediate jaundice					
Persistent hypothermia (< 96 F despite warming measures)					
Tachypnea < 4 hours in duration and without other signs or risk factors of respiratory distress					
Respiratory distress not responsive to initial management steps					
Exaggerated tremors or any seizure activity					
Congenital anomaly requiring immediate acute care					
SGA based on gestational age and/or < 2500 g					
Hypoglycemia unresponsive to feeding					
GBS+ by culture or urine					
Any condition requiring > 12 hours of continuous observation					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.

## Client or Midwife Concerns

### Eligibility

Condition	Birth Center Care		Hospital-Based Care		
	Eligible with Approved Care Plan	Consult to Determine Eligibility	Midwife-Led Care	Collaborative Management	Physician-Led Care
<b>IN THIS PREGNANCY</b>					
Lack of first trimester dating scan					
Patient declines fetal anatomy scan					
Patient declines GBS prophylaxis if positive					
Patient declines antenatal Rhogam (unless partner negative)					
Failure to meet responsibilities listed in Client Rights and Responsibilities					
Decision by midwife that taking into consideration clinical and family circumstances, birth should occur in the hospital					

### Approved Care Plans

For each condition that is Birth Center Eligible with an Approved Care Plan, list the monitoring/testing standards and thresholds for maintaining eligibility.

### Definitions

Define any terms and include laboratory values, diagnostic criteria, or other specifications as they relate to eligibility.