

MOMENTS MIDWIFERY CLIENT RISK ASSESSMENT FORM

RISK 1 FACTORS

- Chronological age under 16, or older than 40.
- Heart disease assessed by a cardiologist which places the mother or fetus at no risk.
- Congenital heart defects assessed by a cardiologist which places the mother or fetus at no risk.
- History of pyelonephritis.
- History of psychotic episode adjudged by psychiatric evaluation and which required use of drugs related to its management, but not currently on medication.
- History of gestational diabetes.
- Current thyroid disease. - Euthyroid.
- Chronic bronchitis - Without medication or current problems.

- Smoking 10 or less cigarettes per day.
- Expected Date of Delivery (EDD) less than 12 months from date of previous delivery.
- Two consecutive spontaneous abortions or more than three spontaneous abortions.
- Previous placenta previa.
- Previous births - Birthweight less than 2500 grams (5lbs 8oz) or two or more previous premature labors with one or more full term AGA infant(s) subsequently delivered, after a low risk pregnancy.
- Previous births - Birthweight more than 4000 grams (8lbs 12oz).
- Hematocrit/Hemoglobin. - Less than 31% or 10.3 gm/100 ml.

RISK 2 FACTORS

- Prior uterine surgery followed by an uncomplicated vaginal birth.
- Severe pregnancy induced hypertension during last pregnancy.
- Polyhydramnios or oligohydramnios in prior pregnancy.
- Prepregnant weight is not within the range of the following weights by height: →

	Max																				
		Min	83	85	86	89	92	95	97	100	103	106	110	113	117	121	124	128	131	135	
Height (Inches)		56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73		

RISK 3 FACTORS

- Residence of anticipated birth more than 30 minutes from emergency care.
- Chronic hypertension.
- Heart disease.
- Pulmonary embolus.
- Congenital heart defects.
- Renal disease.
- Current mental health problems requiring drug therapy.
- Epilepsy or seizures in the last two years.
- Required use of anticonvulsant drugs.
- During the current pregnancy, drug or alcohol addiction, use of addicting drugs.
- Severe undiagnosed headache.
- Diabetes mellitus.
- Current thyroid disease -Non-Euthyroid
- Chronic bronchitis - Current or chronic or with medication.
- Smoking More than 10 cigarettes per day.
- Bleeding disorder or hemolytic disease.
- Cancer of the breast in the past five years.
- Previous Rh sensitization.
- 5 or more term pregnancies.
- 3 or more consecutive spontaneous abortions.
- 1 septic abortion.
- Incompetent cervix, with related medical treatment.
- Prior uterine surgery.

- Previous placenta abruptio.
- Postpartum hemorrhage apparently unrelated to management.
- Stillbirth occurring at more than 20 weeks' gestation or neonatal loss (other than cord accident).
- Less than 2500 grams or two or more previous premature labors without a subsequent low risk pregnancy and full term appropriate for gestational age (AGA) infant.
- Major congenital malformations, genetic, or metabolic disorder.
- Initial prenatal visit at gestation of more than 22 weeks in the patient's first pregnancy, unless the patient provides a copy of a medical record documenting a prenatal physical examination and prenatal care by a licensed practitioner.
- Initial prenatal visit at gestation of more than 28 weeks if the patient has had at least one previous viable birth, unless the patient provides a copy of a medical record documenting a prenatal physical examination and prenatal care by a licensed practitioner.
- Evidence of clinically diagnosed pathological uterine myoma or malformations, abdominal or adnexal masses.
- Polyhydramnios or oligohydramnios - Current pregnancy.
- Cardiac diastolic murmur, systolic murmur grade III or above, or cardiac enlargement.
- Hematocrit/Hemoglobin Less than 28% or 9.3 gm/100 ml.
- Sickle cell anemia.
- Pap smear suggestive of dysplasia.
- Evidence of active tuberculosis.
- Positive serologic test for syphilis confirmed active.
- HIV positive.

Total Risk Score: _____

Accepted for midwifery care

Consult with OB

I have participated in giving information for the purpose of risk screening in determining my eligibility for midwifery services during my current pregnancy pursuant of Florida State statute 467.015 and Florida Administrative Code 64B24 and I have given accurate information and attest to this by my signature under penalty of perjury:

Name: _____

Signature: _____ **Date:** ____/____/____

Midwife Signature: _____ **Date:** ____/____/____