

CURRENT RULE

A.A.C. R9-16-111 Prohibited Practice; Transfer of Care

B. A midwife shall not accept for midwifery services or continue midwifery services for a client who has or develops any of the following:

12. A blood pressure of 140/90 or an increase of 30 millimeters of Mercury systolic or 15 millimeters of Mercury diastolic over the client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart.

PROPOSED RULE

Remove from Prohibited Practice; Transfer of Care and move to Required Consultation; change limits to as follows: Diastolic blood pressure (dBp) of 90-109 millimeters of mercury or systolic blood pressure greater than or equal to 160 millimeters of mercury taken in two consecutive readings taken at least six hours apart, OR dBp greater than or equal to 110 millimeters of mercury in one single reading warrants **medical consultation**.

JUSTIFICATION

140/90 and a rise of 30/15 as limits set in current rule do not reflect standard of care. A definition of hypertension in pregnancy due to a relative rise in blood pressure has a high false positive rate in pregnancy, due to the variability of blood pressure at certain stages of gestation, thus this criterion is no longer endorsed. Current guidelines for standard of care by all major obstetric and midwifery organizations define the point at which blood pressure during pregnancy warrant further evaluation as defined above in the proposed rule. Further, current guidelines recommend expectant management and medical consultation rather than immediate transfer of care. Midwives are experts in pregnancy education, spending at average an hour with patients, to discuss lifestyle and diet changes as well as relative risk of hypertension and its associated diseases to both the mother and fetus. With consultation and continued midwifery care, the woman is receiving the best possible anticipatory guidance and monitoring.

A.A.C. R9-16-111 (B) 8. already establishes a diagnosis of hypertension as prohibited practice and A.A.C. R9-16-111 (B) 11 already establishes a diagnosis of preeclampsia or eclampsia as prohibited practice. A rise in blood pressure alone is not justification for termination of care. Medical consultation serves the purpose of screening to rule out the diagnoses of hypertension and preeclampsia.

REFERENCE LIST

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HDP CPG Working Group. Association of Ontario Midwives. (2012). *Hypertensive Disorders of Pregnancy*. Available online:

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