Guidelines for Screening and Diagnostic Tests
for Midwives Practicing in Newfoundland and Labrador

As stated in the Midwives Regulations 15.c, a midwife may order, administer and interpret screening and diagnostic tests. The midwife may collect specimens and interpret the reports of screening and diagnostic tests that are relevant to the management of normal pregnancy, labour, birth and the postpartum and neonatal periods. The specimens that midwives may obtain for laboratory testing include blood, urine, breastmilk, sputum, eye secretions, and swabs from the vagina, cervix, perineal lacerations, other wounds and the umbilicus. The tests and diagnostic screening the midwife may request include those that are appropriate for the purpose of determining or ruling out a condition in order that the midwife may provide optimal care to clients and their infants.

Screening and diagnostic tests may be performed throughout the childbearing experience from preconception to postpartum and the neonatal periods. The midwife must be cognizant of the appropriate timing of recommended testing and screening procedures as well as use her judgement in ordering tests and screening modalities out with the regular schedule, as deemed necessary. Every woman and fetus/baby requires close assessment and the midwife must determine which tests are necessary on an individual basis.

Regarding any testing, the woman must make an informed choice that arises from the exchange of information between the midwife and woman that is based on evidence informed knowledge. The midwife must explain the rationale, benefits, possible risks or limitations of any screening or diagnostic test or procedure and discuss the results with the woman once obtained.

Midwives must follow established protocol for obtaining specimens and follow Standard Precautions when handling body fluids. Care must be taken to ensure the correct containers are used and they are appropriately labelled, packaged and stored prior to transport.

References


APPENDIX

The following provides examples of screening and diagnostic tests and procedures that the midwife may order or perform. The list is not exhaustive and will be subject to change as screening and diagnostic procedures evolve over time.

For The Woman

Chemistry e.g.
Electrolytes, renal and hepatic function tests;
Hepatitis associated antigen or antibody immunoassay;
Blood tests to detect genetic abnormalities in the fetus;
Glucose testing;
Urinalysis - routine (includes microscopic).

Hematology e.g.
CBC with differential count, including routine tests in pregnancy;
Kleihauer;
Red blood cell indices/morphology;
Screening for hemoglobinopathy.

Immunohematology e.g.
Antibody screening and testing;
Blood group;
Rhesus factor;
Direct antiglobulin test (DAT).

Cytology e.g.
Cervical and vaginal specimens.

Bacteriology e.g.
Microscopy for culture and sensitivity of body fluids, or evidence of infection;
Group B Streptococcus (GBS) screening.

Immunology e.g.
Pregnancy test (urine and blood);
Rubella;
Toxoplasmosis;
Cytomegalovirus;
HIV antibody, enzyme-linked immunosorbent assay (ELISA);
VDRL;
Hepatitis associated antigen or antibody immunoassay.
Diagnostic Imaging e.g.
Ultrasonography.

Any Other Screening Tests Recommended In Pregnancy

Histology e.g.
Pathological examination of placenta

Protocol for Diagnostic Tests in the event of a Neonatal Death or Stillbirth

For The Neonate

Newborn metabolic screening, glucose;
Hemoglobin, hematocrit, white blood cell count with differential;
Blood group, bilirubin total, bilirubin conjugated, direct agglutination test;
Microbiology samples, cord and eye cultures;
Cord blood gases;
Rhesus factor;
Vision Testing;
Hearing Testing.