

## *Midwifery Supervision Guidelines*

The supervisee must meet with the Board approved supervisor to develop a plan of supervision. The supervisee will notify the supervising midwife upon discovery of any confirmed or suspected Absolute or Non-Absolute Risks listed in OAR 332-025-0021.

The supervisor will meet with the supervisee at the following points throughout the course of care to review and discuss the client's charts for a total of no less than four meetings for each supervised birth. The supervisor will at minimum address the areas listed below with specific attention to areas where violations have occurred as listed in the final order and standards of care pursuant with midwifery laws and rules. The supervisor will address any areas of concern with the supervisee and submit a supervision report to the Board for each supervised birth.

### **I. Intake and Initial Risk Assessment** (meeting to take place shortly after initial visits or initial assessments)

- 1) Medical History
  - a) OB/GYN History
  - b) Surgical History
  - c) Family History
- 2) Dating parameters identified & discrepancies resolved per accepted standards
- 3) Absolute or Non-Absolute Risks identified-did the supervisee appropriately assess and recognize risk factors.
  - a) Was there an appropriate consultation and with who
  - b) Consult to confirm risk factor
  - c) What was the result of that consultation
  - d) Was there a documented discussion with the client
  - e) What was the result
- 4) Other potential risks identified or preexisting conditions
  - a) Therapeutic actions/interventions instituted in alignment with identified problems
  - b) Consult to rule out a risk factor
- 5) Informed choice discussions documented
  - a) Supervisees recommendations
- 6) Records of Care properly documents

### **II. Care during Pregnancy (Antepartum)** (meeting to take place around 36 weeks)

- 1) Assess, identify, evaluate and support maternal and fetal well-being throughout the process of pregnancy
- 2) Lab work and testing
- 3) Absolute or Non-Absolute Risks identified- did the supervisee appropriately assess and recognize risk factors.
  - a) Was there an appropriate consultation and with who
  - b) Consult to confirm risk factor
  - c) What was the result of that consultation
  - d) Was there a documented discussion with the client
  - e) What was the result

### ***Care during Pregnancy (Antepartum) continued***

- 4) Other potential risks identified or preexisting conditions
  - a) Therapeutic actions/interventions instituted in alignment & identified problems
  - b) Consult to rule out a risk factor
- 5) Informed choice discussions documented
  - a) Risks/benefits
  - b) Pros/cons
  - c) Midwife's recommendations
- 6) Informed consent documentation
- 7) Records of Care properly documents

### **III. Later Pregnancy and Post Dates** (meetings to take place as necessary)

- 1) Absolute or Non-Absolute Risks identified- did the supervisee appropriately assess and recognize risk factors.
  - a) Was there an appropriate consultation and with who
  - b) Consult to confirm risk factor
  - c) What was the result of that consultation
  - d) Was there a documented discussion with the client
  - e) What was the result
- 2) Postdates testing
- 3) Informed consent documentation
- 4) Records of Care properly documents

### **IV. Labor, Birth and Immediately Thereafter (Intrapartum)** (meetings to take place as necessary)

- 1) Vital signs at appropriate intervals temperature, blood pressure, pulse, fetal heart tones
- 2) Urine dip done
- 3) If abnormal vital signs – what action taken & is it consistent?
- 4) Labor progress assessed. How?
- 5) Interventions
- 6) Documentation of interventions & effect
- 7) Absolute or Non-Absolute Risks identified- did the supervisee appropriately assess and recognize risk factors.
  - a) Was there an appropriate consultation and with who
  - b) Consult to confirm risk factor
  - c) What was the result of that consultation
  - d) Was there a documented discussion with the client
  - e) What was the result
- 8) Informed consent documentation
- 9) Records of Care properly documents

### **V. Postpartum** (meetings to take at the end of Midwifery care or as necessary)

- 1) Postpartum
  - a) Assessment at appropriate intervals
  - b) ID deviations
  - c) Action taken documented