2020 Evidence-Based Guidelines for Midwifery Care

Guidelines Committee of the Japan Academy of Midwifery

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Purpose of the guidelines

The purpose of these guidelines is to provide practice advice to midwives providing independent normal-birth care. It provides guidance on midwifery care from pregnancy through to delivery, postpartum, and neonatal periods, as well as guidance about associated tests requiring medical procedures, and the gathering of the most up-to-date evidence needed to explain treatments. The midwifery care practice guidelines are based on current best practice and evidence-based care.

Target audience

The course is primarily aimed at midwives involved in delivering perinatal care. It does not provide a description of each midwifery practice site located in hospitals, clinics and birth centers. It is hoped that these guidelines will be used as a basis for developing other care guidelines and standards of care at each practice site. It is also intended to be used to answer questions received from eligible women and their families, and to provide necessary information while working with these parties to help them make informed decisions.

Evidence and recommendations

CQ101 Is continued care by a midwife during pregnancy and the postpartum period recommended?

[Recommendations]
Midwife-led continuity of care for low-risk pregnant women is recommended.
However, a system of care must be in place and fully functioning, with the ability of a midwife to work with the physician promptly if necessary.

CQ102 How should we respond to domestic violence (DV) in pregnancy?

[Recommendations]
It is recommended that an environment be created in which pregnant women feel safe and comfortable to talk about domestic violence.
Pregnant women should then be screened for domestic violence.

CQ103 How do we perform DV screening?

[Recommendations]
It is recommended that the DV screening should be completed by women self-entering or providing self-administered responses on a computer or tablet device using a highly accurate DV screening tool.

CQ104 What treatment or preventive interventions are effective for women who have suffered domestic violence or are at a high risk for domestic violence?

[Recommendations]
Cognitive behavioral therapy, supportive counseling, and home visits should be offered to women who have suffered domestic violence or who are at a high risk for domestic violence, after confirming the woman's wishes.

CQ105 How do we screen for individuals who are at a high risk of committing child abuse?

[Recommendations]
It is recommended that a relatively accurate tool (e.g., Family Stress Checklist, which has a Japanese version) be used during pregnancy to screen for individuals who could be potentially at high risk of committing child abuse.

CQ106 What interventions are effective for parents who are at high risk of committing child abuse?

[Recommendations]
For parents at high risk of committing child abuse, we recommend that at the beginning of pregnancy or in the early postpartum period or when the child is at least 6 months of age, a trained professional visits the home once a week. If the abusive high-risk parent has a specific problem, such as substance abuse or anger management difficulties, it is recommended that a short-lived parenting program be offered.

CQ107 How do you assess pregnant women at risk of perinatal mental health problems?

[Recommendations]
Risk assessment of depression and anxiety disorders is performed at an initial examination and during the early postpartum period.
For depression, a comprehensive two-item questionnaire is used as the primary assessment, and high-risk patients are assessed by using a secondary assessment. It is recommended that the Edinburgh Postnatal Depression Scale (EPDS) be used. Anxiety disorders are assessed using the Generalized Anxiety Disorder Assessment Questionnaire (GAD-2) as a primary assessment and the seven-item Generalized Anxiety Disorder Scale (GAD-7) is recommended as a secondary assessment for high-risk individuals.
The mental health of perinatal women should be continuously monitored up to 1 year postpartum.

CQ108 What is the most effective way to prevent perineal lacerations?

[Recommendations]

For primiparas, perineal massage after 34 weeks of pregnancy may help prevent perineal tears. Perineal massage in multiparas, pelvic floor muscle training and vaginal extensor use in primiparas and multiparas, are not recommended.

CQ109 What is the most effective method of iron supplementation during pregnancy?

[Recommendations]
Prophylactic iron supplements are not recommended.
In addition, if anemia is observed during pregnancy, appropriate anemia treatment with iron supplements should be administered.

CQ110 What are the effects of folic acid in pregnancy?

[Recommendations]
In addition to food, pregnant women can be advised to take an extra 0.4 mg of folic acid per day (do not to exceed 1.0 mg per day) using a supplement. It is recommended that folic acid supplements be taken from at least 1 month before pregnancy and until 12 weeks of gestation.

CQ111 Do mothers need to take vitamin (A, B1, B2, B6, B12, C, D, and E) supplements during pregnancy?

[Recommendations]
The use of vitamin supplements (A, B1, B2, B6, B12, C, D, and E) is not recommended if mothers are healthy and eating a normal diet.

CQ112 What is the most effective way to improve back and pelvic pain during pregnancy?

[Recommendations]
Pregnant women can be advised that some form of exercise may be helpful in improving her back and pelvic pain.

CQ113 What treatment is effective in improving symptoms of varicose veins and edema during pregnancy?

[Recommendations]
There is no confirmed benefit of any treatment for the improvement of symptoms of varicose veins during pregnancy. Reflexology and standing water immersion may be possible options to effectively improve the symptoms of edema, but there is no evidence to support this.

CQ114 What is the most effective way to improve constipation during pregnancy?

[Recommendations]
Pregnant women can be advised that fiber intake may increase the number of bowel movements.

CQ115 What is the most effective way to improve hemorrhoid symptoms during pregnancy?

[Recommendations]
Pregnant women can be advised that fiber intake during pregnancy may help with pain, itching and bleeding caused by hemorrhoids.

CQ116 Is it acceptable to consume alcohol in small amounts during pregnancy?

[Recommendations]
Maternal drinking during pregnancy, regardless of the time of year or amount consumed, can lead to fetal alcohol spectrum disorders. It is advised that there is no safe time or safe zone for the type, amount or timing of alcohol consumption.

CQ117 Should caffeine intake be avoided during pregnancy?

[Recommendations]
It is recommended that caffeine intake be avoided during pregnancy.

CQ118 What are some safe sleep environments for preventing SIDS and other sleep-related deaths?

[Recommendations]
For a safe sleep environment, it is recommended that the child sleeps in a supine sleeping position, sleeps in an environment of high resilience (i.e., on a high resilience foam mattress), sleeps in the same room as the parents and in a cot that does not use bedding (i.e., no pillows or loose coverings), and has a suitable room temperature (not too hot or too cold).

CQ201 Effectiveness of Delivery Induction if a baby is Overdue

[Evidence and commentary]
In pregnant women who have no complications, when comparing the delivery-induced group whose babies were overdue with the standby delivery group, there was a trend toward significantly lower perinatal mortality, incidence of fetal aspiration syndrome, and cesarean section rates, and fewer admissions to the NICU for induced deliveries after 41 weeks of gestation.
However, no evidence has been established that inducement of delivery is clearly superior to standby delivery for either poor or good cervical maturation between 41 weeks and less than 42 weeks of gestation.
Also, although there is some evidence that inducement of delivery is preferable to standby delivery after 42 weeks of gestation; however, there is no evidence as to what week induction should take place.

CQ202 Does an ovariectomy help to induce delivery?

[Evidence and commentary]
According to a Cochrane Systematic Review, which is cited in the National Institute for Health and Care Excellence (NICE) Induction of Delivery guideline, omental detachment occurs the first time a woman has a pregnancy. Regardless, if the cervix is immature, the number of pregnancies after 42 weeks of gestation should be reduced and scheduled deliveries should be induced. This review was limited to first-time mothers with no labor onset within 48 h of hospital admission or no delivery within 48 h of hospital admission. The review recommended a reduction in the number of women admitted to hospital who have not reached the point of delivery, a reduction in the number of women who have not delivered within a week of hospital admission, and a reduction in the number of women who are scheduled for induction delivery; the effect is expected to be to a reduction in the number of induction deliveries. When limited to women who are going through childbirth, there was no difference with respect to the planned induction of delivery and no difference with respect to other outcomes. Results were not shown. However, women who underwent an ovariectomy had more discomfort and pain associated with the procedure than women who did not have it. Women were also significantly more likely to complain of bleeding and pre-eclampsia.

CQ203 Is breast/nipple stimulation effective in inducing labor?

[Evidence and commentary]
In low-risk pregnant women, non-drug induction may be an option.

CQ204 Is acupuncture and acupressure effective in inducing delivery?

[Evidence and commentary]
Acupuncture and acupressure are not recommended as a method of inducing delivery.

CQ205 What is the best way to check the fetal heartbeat when a patient is admitted to the hospital for delivery?

[Recommendations]
When a patient is admitted to the hospital for delivery, a delivery monitoring device is recommended to be used to ensure that the fetal heartbeat has a normal waveform.

CQ206 Which is better, the intermittent listening method or continuous monitoring of the fetal heartbeat in the first stage of labor?

[Recommendations]
In low-risk pregnant women whose baby has a normal fetal heartbeat confirmed by continuous monitoring on admission, the following is observed:

Intermittent Doppler auscultation (at intervals of 15 min or less for at least 1 min each time) is recommended in the first stage of labor.
However, if the patient is at high risk of pregnancy (e.g., amniotic fluid congestion, abnormal fetal heartbeat, maternal fever, pre-partum hemorrhage, or use of accelerated labor agents), she should be monitored continuously by cardiotocography (CTG).

CQ207 The effects of epidural anesthesia and the risks associated with delivery

[Evidence and commentary]
In Cochrane Systematic Review, it has been confirmed that epidural anesthesia relieves birth pain without fail, that no significant adverse effects on mother and child have been observed, and that the satisfaction of the woman in childbirth is high.
However, the rare and serious side-effects associated with the use of anesthetics and the long-term prognosis for the child have not been fully investigated.

CQ208 Does bathing in hot water during the first trimester of labor provide relief from birth pain?

[Recommendations]
Pregnant women can be advised that hot water during the first trimester of labor can be used to relieve birth pain.

CQ209 Is acupuncture and acupressure effective in relieving birth pain?

[Recommendations]
Pregnant women can be advised that acupuncture and acupressure can be an option for birth pain relief.

CQ210 Does food and drink need to be restricted while the delivery is in progress?

[Recommendations]
Food and drink restrictions are not recommended.

CQ211 Is it helpful for the progression of labor to get up and walk around during the first stage of labor?

[Recommendations]
During the first stage of labor, it is recommended that pregnant women move around freely.

CQ212 Is artificial rupture effective in abnormal labor progression due to weak labor?

[Recommendations]
There is no definitive opinion on the efficacy of artificial rupture for abnormal labor progression due to weak labor.

CQ213 Does an enema in the first stage of labor have a pro-labor effect?

[Recommendations]
Enemas to promote labor in the first stage are not recommended.

CQ214 Does acupuncture and acupressure promote labor?

[Recommendations]
Pregnant women can be advised that acupuncture and acupressure can be one way to promote labor.

CQ215 What should be used to wash the vulva during delivery?

[Recommendations]
The vulva should be rinsed with tap water (very warm water) at the time of delivery.

CQ216 Is the supine position recommended for the second stage of labor?

[Recommendations]
Explain the advantages and disadvantages of each delivery position to the birthing woman and the different options available to her.
Allow the mother to choose the position she feels most comfortable in. Also, during the second stage of labor, the woman should be avoided left lying supine or in a position similar to supine. It is advisable to avoid, if at all possible, the following.

CQ217 Is manual uterine basal compression in the secondstage of labor (Kristeller maneuver) effective in delivering a child?

[Recommendations]
Manual uterine fundoplication in the second stage of labor (Kristeller maneuver) is not recommended for a normal vaginal delivery.

CQ218 Can vulvar massage in the secondstage of labor prevent perineal lacerations?

[Recommendations]
Perineal massage by health-care providers in the second stage of labor has no evidence that perineal lacerations can be prevented and is not recommended.

CQ219 Can a hot compress in the perineum during the second stage of labor prevent perineal tears?

[Recommendations]

Perineal warm packs in the second stage of labor may be an option for care because they are effective in reducing the frequency of perineal tears (3rd and 4th degree).

CQ220 Is vulvar protection in the second stage of labor necessary to prevent perineal trauma?

[Recommendations]
There is no necessary need to have perineum protection.

CQ221 Does a episiotomy improve outcomes for birth and newborns?

[Evidence and commentary]
One Cochrane Systematic Review found that selective perineal incision based on the woman's condition compared to a routine perineal incision has been found to significantly reduce severe perineal and vaginal injuries.
Other long-term outcomes for child and mother were not different between the two groups.
Elective perineal incision, based on the condition of the mother, was more beneficial to the mother; there is no effect on the child.
The NICE Childbirth Guidelines also state that "routine perineum incisions should not be made in normal vaginal deliveries".

CQ222 If abnormal rotation (posterior occipital position) occurs during delivery, is hands and knees position effective in correcting the abnormal rotation?

[Recommendations]
Positioning on all fours is not recommended to improve abnormalities of rotation during the progress of delivery.

CQ223 Is suctioning of the oral and nasal cavity immediately after delivery of a normal newborn required?

[Recommendations]
In a normal neonate, if breathing and crying are present and muscle tone is present, oral and nasal suctioning immediately after delivery is not necessary.

CQ224 Which is the better time for cord ligation, early cord ligation or delayed cord ligation?

[Recommendations]
In Japan, early clipping of the umbilical cord is recommended.

CQ225 Is early skin-to-skin contact immediately after birth effective?

[Recommendations]

Early mother−infant contact immediately after birth is effective in promoting breastfeeding and stabilizing the child's physical condition and is recommended to be implemented. However, the benefits and disadvantages are fully explained to the family in advance and consent is obtained. During implementation, "continuous observation of the mother and child by medical personnel" or "observation of the newborn baby with equipment such as SpO2 monitoring and ECG monitoring devices and frequent observation by medical personnel" is performed.

CQ226 Do first- and second-degree perineal lacerations require sutures?

In the case of low-risk mothers, expectant management may be an option. However, if the risk of postpartum hemorrhage occurs during the delivery period, the patient should be transferred to active management.
[Evidence and commentary]
The NICE guideline is based on the results of a single small randomized control trial (RCT) where first-degree laceration with a matching cross-section was observed.
In the case of second-degree lacerations, suturing is recommended. The Cochrane Systematic Review adopted two RCTs, but they were not integrated due to differences in outcomes. They concluded that there is insufficient evidence for whether first- or second-degree perineal lacerations should be sutured.
There is no evidence for the use of clamps or other methods other than suturing.

CQ227 Which is preferable for the third stage of labor, active or expectant management ?

[Recommendations]
In the case of low-risk mothers, expectant management may be an option.
However, if the risk of postpartum hemorrhage occurs during the delivery period, the patient should be transferred to active management.

CQ228 What is the effectiveness of uterotonics in the active management of the third stage of labor?

[Evidence and commentary]
Active management of the third stage of labor is comprehensive care aimed at preventing postpartum hemorrhage, with the administration of uterotonics as a major component.
When compared with placebo for the use of uterine contractions in the active management of the third trimester of labor, the administration of prophylactic oxytocin (5−10 units) can significantly reduce the incidence of bleeding of >1,000 mL, the incidence of bleeding of >500 mL, and the use of therapeutic uterotonics at the time of childbirth.
The addition of misoprostol to the administration of oxytocin has not been seen to have a preventive effect and increases adverse events.
Methyl ergometrine ("ergometrine") 0.5 mg intravenously compared with no treatment, Ergometrine reduces the need for therapeutic uterotonics use when compared to no treatment.

Ergometrine increases the need for manual removal of placenta and causes blood pressure elevation compared to oxytocin.
In cases of heavy bleeding, midwives should follow the "Guidelines for Responding to Obstetric Crisis Bleeding 2017" (Japan Society of Obstetrics and Gynecology 2017).

CQ229 What is the most effective time and method of administering uterotonics in the active management of the third stage of labor?

[Evidence and commentary]
The timing of uterotonics in the active management of the third stage of labor takes place before and after placental delivery. There is no difference in effects, and it can be administered at either time. The efficacy of oxytocin administration by intramuscular or intravenous injection has been confirmed, and it has been shown to be effective; however, no difference in administration method used has been observed.
In the RCTs that examined the combination of timing and method of administration of uterotonics, outcomes related to postpartum hemorrhage were similar for all combinations.
In the event of heavy bleeding, midwives should follow the "Guidelines for Responding to Obstetric Crisis Bleeding 2017" (Japanese Society of Obstetrics and Gynecology 2017) should be followed.

CQ230 Can massage of the uterus after child delivery in the absence of prophylactic uterotonics prevent postpartum hemorrhage?

[Recommendations]
Massage of the uterus in the absence of prophylactic uterine contractions is not recommended as a preventive intervention for postpartum hemorrhage.

CQ231 Can massage of the uterus after delivery of a newborn, if the woman is receiving prophylactic uterotonics, prevent postpartum hemorrhage?

[Recommendations]
If the woman is receiving prophylactic uterine contractions, massage of the uterus only after placental delivery may be considered as a preventive intervention for postpartum hemorrhage.

CQ301 Does oral methyl ergometrine promote involution of uterus?

[Evidence and commentary]
There is no evidence that oral methyl ergometrine is effective in promoting involution of uterus or preventing excessive postpartum hemorrhage in women without risk factors that might cause excessive postpartum hemorrhage (e.g., first-time mothers, obesity, giant babies, twins, excessive amniotic fluid, prolonged labor, accelerated labor, short deliveries, instrumented deliveries, pregnancy hypertension, clinical chorioamnionitis, or preterm labor).

CQ302 Are cold compresses effective in relieving pain in the perineum area due to perineum injuries?

[Recommendations]
Cold compresses are recommended for the relief of perineal pain caused by perineal injuries.

CQ303 Would healthcare professionals encourage to offer all mothers, fathers and the family members option of seeing, holding, and creating memories their stillborn baby?

[Recommendations]
Mothers and fathers should be given an informed choice at least one more options about seeing, holding, taking photographs, or creating memories their stillborn baby where all of the possible risks and benefits are discussed with parents.

CQ304 What are some ways to support the subsequent pregnancy and birth after perinatal loss?

[Recommendations]
Having a second child after a doctor's diagnosis of fertility requires physical and emotional support, but also requires referrals to specialists, and consultation services in hospitals and health centers that are responsible for the care of mothers after stillbirth. Pregnancy-related health guidance is recommended. In post-pregnancy care, the parents' intentions should be confirmed and, if desired, the number of antenatal checkups should be increased. It is recommended that support be provided to help women prepare for childbirth, such as at an increased the number of antenatal visits.
Regarding childbirth, because the experience of stillbirth can traumatic, it is recommended that mothers be encouraged to review and support their birth plans. It is also recommended that after the birth, support is provided as needed with an assessment of their mental status.

CQ305 Would all midwives recommend to have training in empathic communication skills in order to improve the quality of care?

[Recommendations]
All midwives who worked with bereaved parents should have adequate training in empathic communication skills.

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