

Consultation, Referral, Transfer of Care, Emergency Transfer and Transport Policy

I understand that a referral will be made for reassessment and consultation and/or transfer of care to a physician during the antepartum (prenatal) period for any of the following conditions:

1. Development of any of the conditions listed as high-risk
2. Pregnancy induced hypertension/preeclampsia/HELLP syndrome
3. Primary genital herpes
4. Severe vaginal bleeding
5. Hyperemesis gravidarum
6. Ectopic or molar pregnancy
7. Recurrent urinary tract infections or acute pyelonephritis
8. Documented IUGR/SGA baby
9. Postdates pregnancy (>42 wks)
10. Gestational diabetes uncontrolled by diet
11. Severe, intractable anemia (Hgb<10;Hct<30 at term)
12. Persistent abnormal presentation or lie
13. Abnormal fetal well-being indicators (FMC, NST, CST, BPP)
14. Documented sign of fetal anomaly affected by site of birth
15. Thrombophlebitis
16. Rupture of membranes <37 wks
17. Rubella infection during 1st trimester
18. Varicella infection during 1st trimester
19. Signs/symptoms/positive test for infection (GC, chlamydia, HIV, syphilis, Hep B, etc.)
20. Multiple gestation
21. Persistent placenta previa
22. Abnormal Pap smear/breast lump
23. Inability of client and midwife to agree on plan of care
24. Positive Rh antibody screen in Rh negative woman with rising titers
25. Fetal demise in 2nd or 3rd trimester
26. Development of any other severe obstetrical, medical and/or mental problems
27. Client request for physician consultation

Also, intrapartum (during labor) indications for physician consultation or hospital transfer will occur for the following conditions:

1. Development of any of the conditions listed above
2. Persistent unreassuring fetal heart rate
3. Active genital herpes at onset of labor
4. Thick meconium staining of amniotic fluid, if delivery is not imminent
5. Onset of labor prior to 37 wks from LNMP
6. Prolapse of the umbilical cord

7. Maternal fever (>100.3 F)
8. Abnormal labor pattern without progress
9. Prolonged ROM >24 hrs with unknown or GBS + status
10. Signs of maternal distress
11. Signs/symptoms of pre-eclampsia or eclampsia
12. Anaphylaxis
13. Abnormal bleeding
14. Client's desire for pain medication or hospital transfer for any reason

After delivery (postpartum), if any of these conditions arise, a transfer of care and transport to the hospital will apply:

1. Development of any of the conditions listed above
2. Sustained unstable maternal vital signs
3. Uncontrolled hemorrhage
4. Third and fourth degree perineal lacerations or cervical lacerations
5. Retained placenta (>60 min)
6. Seizure
7. Intractable postpartum depression or psychosis
8. Any condition requiring more than 6 hrs of postpartum observation
9. Uterine prolapse

After the child is born (neonatal indications), if any of the following conditions occur, a hospital transport or physician consultation will be necessary:

1. Apgar score <7 at 5 min and not > 7 at 10 min
2. Major apparent congenital anomalies
3. Persistent cardiac irregularity or abnormality
4. Persistent respiratory distress
5. Persistent central cyanosis/pallor
6. Significant temperature abnormality or instability
7. Low birth weight (<2000 gm)
8. Prematurity, dysmaturity
9. Birth injury that requires medical attention
10. Jaundice in the first 24 hrs or extreme jaundice after 24 hrs
11. Loss of >10% birth weight
12. Signs/symptoms of hypoglycemia than doesn't improve with feeding
13. Seizures
14. Other signs or symptoms of deviations from normal

In the event of any of these conditions, the client with either self-refer to a physician, be transported by private vehicle to the hospital, or in the case of an emergent transport, 911 will be called.