



911 Protocol for Community Midwives

1. Call 911 and work through dispatch to initiate “medical” care. State the emergency and give the patient’s address.

“I am a licensed midwife and I have a laboring person/infant who _____.”

- This should be the chief complaint. Include: age, G/P, vitals, signs/symptoms. Keep it short & simple: “patient has uncontrolled bleeding; is in respiratory distress; has non-reassuring fetal heart tones...”
- Clearly state if this is a life-threatening emergency and what you need: “advanced life support, a paramedic who can intubate a neonate or place an LMA...”

Note: If there is a plan already in place to transfer the patient to a particular hospital, it would be helpful to state that now, but prepare the patient that their hospital of choice may not be an option.

2. **Direct someone on the scene to look for and guide the emergency responders into the house/birth center/room.**
3. When the first unit (BLS) arrives, **identify yourself as a licensed midwife and state that you have information about the patient/emergency. Ask for the “patient lead” and give that person the short report** which should include the following information (SOAP format is helpful):
 - relevant medical history
 - birth history
 - presenting concern
 - contact with local hospital/provider
 - midwife’s intervention for the current emergency/medications administered
 - the plan for continuing care

Explain that you are “a trained professional (who has attended X number of births and is trained in...managing birth emergencies, neonatal resuscitation, etc). Reassure the emergency responder that, although they may not be familiar with your skills, you can help them in this situation by...”

4. Direct the patient lead to the chart for more information, if applicable.
5. Once the ALS unit arrives on the scene, the first crew will be able to communicate the situation with input from you. A transfer of care will occur now but there is still an opportunity for you as the

midwife to provide support for the patient and/or the EMS providers. **You may have to give your report again to the ALS team and identify how you can be of service.**

6. A determination will be made as to whether you will accompany the patient in the aid car/ambulance or drive in your own vehicle to the hospital. This is agency-dependent, but if you are performing a critical procedure (bimanual compression; neonatal resuscitation, etc...) you can advocate for continuing to provide care en route to the hospital.
7. Upon arrival at the hospital, introduce yourself to the hospital care team, provide records (hard copy or electronic), and help facilitate the transfer of care by reassuring the patient and family that they are in good hands.