Community Midwife to TVC Midwife Transfer Decision Guide
10/17/22

Thank you for trusting us to care for your patients and families!
This document serves as a decision guide for Community Midwives (CMs) to smoothly transfer clients from the community birth setting to in hospital setting with Vancouver Clinic Certified Nurse Midwives (CNMs).

Procedure for transfer of care

1. Call Legacy One Call at **503-413-2175** or call PHSW Access Center at **360-514-1000** to initiate transfer
2. Ask to speak with the on-call Vancouver Clinic midwife. We will either come to phone or call you back within a few minutes
3. CM gives verbal report to CNM to establish if patient is a candidate for CNM or hospitalist care
4. Discuss method of transfer and estimated time of arrival
5. Bring antenatal records at time of transfer OR fax them to the Family Birth Center at Legacy: **360-487-4309** or PHSW **360-514-4059**
6. Upon patient arrival, CNM and CM to meet in triage for formal report and to verify appropriate for CNM care
7. CM is welcome to stay as one of the two designated support people for the client.
8. Records will be faxed to CM on discharge
9. All involved will complete Smooth Transitions survey to evaluate transfer-use QR code below

Receiving Provider

Transferring Midwife

Pertinent History for Potential Transfer

A. Background pregnancy information:

1. Name, DOB
2. Gravida/para
3. EDD, gestational age >/=35w0d by LMP or US
4. Singleton pregnancy
5. Reason for transfer
6. Maternal and fetal status at time of transfer
7. Pertinent medical, family and social history
8. Allergies
9. Medications

10. OB history, surgical history (ie previous C/S)
11. Adequate prenatal care (>4 PNC visits)
12. Pregnancy complications
13. Current BMI
14. Blood type
15. Pertinent labs and US
16. Glucose screening results and at what gestation
17. GBS status
18. EFW

B. Intrapartum

1. Labor start and progress
2. Vertex presentation
3. ROM status, colour of fluid, rupture time and duration
4. FHT rate-any decelerations heard
5. Current cervical status
6. Contraction pattern
7. Current maternal blood pressure, temperature and heart rate
8. Medications, including supplements and alternative therapies

Available resources for clients

It is anticipated that clients transferring to VC CNM care are ready to accept intervention, including augmentation/induction, epidural and internal monitoring, if indicated.

1. Pain management:
    a. Nitrous oxide
    b. IV narcotics
    c. Epidural
2. Pitocin induction or augmentation
3. Continuous fetal monitoring
4. MD or NICU back up for delivery (including subsequent C/S as needed)
5. Lactation support

Criteria of acceptable transfer from CM to CNM per TVC guidelines

1. Established dates >/=35w0d and no more than 42w0d
2. Mid-trimester US
3. Adequate prenatal care, including glucose screening, if indicated (traditional GTT or 7 days of consistent CBG checking between 26-28w. May opt out if meets low risk guidelines)
4. No previous uterine surgery
5. Vertex presentation and singleton pregnancy
6. Prolonged ROM (>48h ROM) without active labor
7. Fever >100.4 that persists >1h

8. Meconium stained amniotic fluid
9. Exhaustion unresponsive to rest/hydration
10. Hypertension (>140 systolic or >90 diastolic twice, 4h apart) without severe features
11. Suspected preeclampsia (HTN and proteinuria) without severe features
12. ROM >72h
13. ROM>18h with GBS unknown and no prophylactic antibiotics or GBS positive and no prophylactic antibiotics
14. Arrest of dilation in active labor (6cm) for >8h without significant change in cervix, and/or station and/or position
15. Second stage not >2h without documented progress in a primipara and not >1h in a multipara
16. Desire for transfer of care
17. Medically indicated or patient desire for induction of labor

Exclusionary Criteria

1. Active bleeding- including suspected placental abruption
2. Suspected uterine rupture
3. Prolapsed cord or cord presentation
4. Persistent, non-reassuring fetal heart tone pattern
5. Active labor before 35w0d at LSC or active labor before 34w0d at PHSW
6. Intraamniotic infection
7. Laboratory confirmed Covid-19 positive or symptomatic
8. Active genital herpes in vaginal, perineal or vulvar area in labor or after ROM
9. VBAC
10. Seizure
11. No GDM testing this pregnancy and does not meet low risk guidelines-must meet all requirements listed below to be low risk:
    A. age <25
    B. pre-pregnancy BMI <25
    C. no first degree relative with DM
    D. no history of poor obstetric outcome
    E. not a member of racial/ethnic group with high prevalence of DM- Hispanic/Latino, Pacific Islander, Native American, Asian, Black
    F. no history of prior macrosomic infant- > or = 4500g, or >90% for gestational age
12. No mid-trimester anatomy ultrasound in pregnancy
13. Multiple gestation
14. Undiagnosed non-cephalic presentation including breech, transverse lie, oblique lie, or compound presentation at onset of labor
15. Significant allergic response
16. All antepartum and postpartum transfers will go to Hospitalist