Providence Regional Medical Center

TRANSFER GUIDELINES - MIDWIFERY

LM to CNM Transfers in Labor

Scope: for Certified Nurse Midwives and FMC staff

Purpose: to institute a guideline for transfers of patients in labor by licensed midwives in the community to the PMG – Midwifery staff for in-hospital management

Acceptable management modalities by CNM

1) Epidural and/or pain management
2) Pitocin for induction or augmentation of labor
3) MD or NICU back-up for delivery
4) Medically indicated induction
5) Laceration repair

Criteria for acceptance of transfer from LM to CNM

1) Established dates, gestation 35 weeks or greater
2) Adequate prenatal care, including glucose screen if indicated
3) Reassuring fetal status at time of transfer
4) Suspected normal EFW, normal weight gain, BMI less than 40
5) Vertex presentation
6) PROM <48 hours (with no labor) – if greater than this they will go straight to OB
7) No signs of chorioamnionitis including maternal tachycardia, fetal tachycardia, temperature >100.4, uterine tenderness, or malodorous discharge
8) Must be <42 wks (call to arrange transfer by 41+6)
9) No active bleeding
10) Arrest of dilation in active labor (6cm) no longer than 6 hours
11) Second stage no longer than 2 hours without documented progress in a primigravida or 1 hour in a multip (this is a bit more lenient)
12) Willing to accept blood products in life threatening emergency
13) Can take on mild pre-eclampsia and gestational hypertension that appears stable (<160/110, but no medications)
14) They will accept meconium-stained fluid as a reason for transport
15) CNMs may be able to accept VBACs both antenatally or intrapartum but if they are coming in antenatally they will be scheduled with an OB who will determine if they are low-risk enough to be handled by the CNMs. Antepartum transfers for planned hospital VBACs should happen at 26-28 weeks and they can go straight to the CNMs; they want enough time to evaluate a VBAC and feel safe delivering.

PMG OB/GYN to back up CNM for these transfer patients for antepartum, intrapartum, postpartum care

Criteria for transfers straight to OB Hospitalist

1) rupture >48 hours with no labor
2) any signs of chorio
3) GA 42+ weeks
4) arrest of labor of >6 hours once they are 6cm dilated (arrest of 6 hrs in active phase)
5) no progress in second stage for 2 hrs in a primip or 1 hr in a multip
6) any active bleeding
7) Can take VBACs, but attitude may be inconsistent
8) Postpartum complications within 48 hrs of delivery (hemorrhage, retained placenta, laceration repair)
9) The OB hospitalists aren't comfortable taking people who won't take blood products (Swedish First Hill is the best option but you might try Swedish Edmonds)
10) BMI >50 at initial intake (midwives can take up to 50)

Transfer straight to Colby Campus (ED) 425-404-5050

1) Obstetric or postpartum complication >48hrs after delivery (delayed hemorrhage, laceration complications, retained placenta)
2) Post partum patients with medical complications, including those that are pregnancy related (eg preeclampsia, eclampsia, mastitis, endometritis) should be sent to Colby.
3) Monoclonal antibodies for Covid positive patients

Procedure for intrapartum transfer of care or immediate induction of labor

(Same process for laceration repair)

1) LM to call FMC triage to initiate transfer at **425-304-0534.** Ask for the charge nurse to ensure there is appropriate space and staffing for transfer and give a short report.
2) If there is capacity to accept the transfer, ask for either the on-call CNM or OB hospitalist, based on provider criteria included in this document.
    a. OB Hospitalist on-call number is **425-304-0588** – you can use this if trying to update about an emergency transfer.
3) LM and receiving provider discuss the case and confirm that the client is appropriate for that receiving provider.
4) LM confirms where they would like records sent, default **fax is 425-304-6151** for triage. Please include information on prenatal care, labs, US, and labor.
5) The community midwife prepares their client for expected interventions at the hospital including IV placement and continuous fetal monitoring. Optional-LM gives client transfer packet including transfer survey and LM postpartum schedule of care.
6) If possible LM accompanies client to 3rd floor (triage) of the Providence Pavilion for Women and Children (900 Pacific Ave. not Colby campus). Client will be moved to L&D on 4th floor upon admission.
7) Once in room, team huddle including LM at bedside. LM verifies records were received if faxed.

8) The community midwife is available to answer questions from the hospital provider as needed during the patient's stay at the hospital. See community midwife directory.
9) Prior to discharge, one of the hospital staff will reach out to the community midwife to make a plan for postpartum and/or newborn care.
10) Everyone's feedback is encouraged through the Smooth Transitions surveys. There are surveys for the receiving provider, nursing, community midwife, and client (see posters for QR codes or go to links on https://www.qualityhealth.org/smoothtransitions/resources). These results are reviewed quarterly at the Perinatal Transfer Committee meetings.

Procedure for antenatal transfer of care to the CNMs

1. LM to call FMC triage at **425-304-0534** and ask for the charge nurse to get directed to the CNM on call.

2. LM and CNM discuss the case and confirm that the client is appropriate for their practice.

3. If antepartum transfer is accepted, LM asks where to fax records and sends them.

4. LM directs client to call Women's Services at **425-258-7550** (office) to get an appointment.

Hospital-based services

- **Post dates testing** - Call and ask for OB on call. They will manage the triage visit and recommend induction or send them home. Provide client info, prenatal flow, labwork
- **IV iron** – can refer as early as second trimester if H/H or ferritin is low.
    - Providence Infusion Services for IV iron: Colby campus in 2B, past the cafeteria, up the escalator, and immediately to the left
    - Front desk: 425-261-4281
    - Infusion Services lead RN: 425404-4670
    - Fax orders to centralized scheduling at 425-258-7035
    - To schedule, call centralized scheduled at 425-258-7000. They have to have the orders prior to scheduling
    - Require "fasting labs" (with no iron for two days). Get referral form from the clinic that lists the labs necessary
- **Missed SAB** – Refer to the PMB clinic, D&C only, surgical, no vacuum, general anesthesia, nothing after 13 wks by gestational age, same day visit
- **Therapeutic Rest**?

Covid Protocols: as of 6/21/23

- Support: 4 support people over age 16 allowed in labor. May have those less than 16 yo visit postpartum during daytime hours.
- Screening: No longer performing screening COVID tests unless symptomatic.
- Masking: Masks are now optional. Caregivers will wear masks in room for patients that are also requesting to wear masks themselves.

Pertinent history to be obtained for all potential transfers

General pregnancy

1) What is the reason for transfer?
2) Gravida/para
3) EDC, gestation, LMP or U/S
4) Pertinent medical, family, social history
5) OB hx, surgical hx (i.e previous C/S)
6) Pregnancy course and complications
7) Current patient weight/weight gain/BMI if calculated
8) Glucola result (if done), at what gestation
9) GBS status
10) EFW
11) Pertinent labs

Intrapartum

1) Labor start
2) ROM status, color of fluid, rupture time and duration
3) Contraction pattern
4) FHT rate and reassuring/non-reassuring, any decels
5) Labor progression
6) Current cervical status
7) Current BP and temperature

Postpartum

1) Most conditions will go straight to the OB hospitalist and likely to the ED
2) Laceration repair can go to the midwives

For Grievances:

- Patient Safety Consultant – contact for us if we need to talk to someone about the right way to document dissatisfaction Laura.carroll@providence.org or 425-258-7356
- Patients can email (nwrpatientsafety@providence.org) or call (425-261-3927). Email is preferred because they can make sure to take the time to write everything down and put both parents' stories in the same communication. If they want to call, they will leave a voicemail and someone will call them back. Its very important that they also ASK for what they want – explanation of why something was done, to talk to the OB/nurse/anesthesiologist, get help with their bill, ask for a policy change, etc.
- After they file the grievance then Providence will review, talk to the appropriate departments and give them a formal response back in approximately 30 days.