

Gestational Parent Transfer Protocol

Legacy Salmon Creek Medical Center welcomes patient transfers to the hospital setting from our community midwives and birth centers. The hospital team recognizes this is not the patient's preferred plan for delivery, postpartum, or neonatal care. Staff will acknowledge this and reinforce to the patient that we will take good care of them and their baby.

1. Community midwife decides if the transfer is emergent or non-emergent.

a. **If emergent** (eg. cord prolapse, significant fetal decels, hemorrhage, etc.)

- i. Community midwife calls 911 for a transfer to nearest hospital.
- ii. If possible, community midwife contacts the LSC Charge RN at 360-487-2031 to notify them that the patient will be arriving via aid car and give a short report.
- iii. Community midwife will accompany the gestational parent in the aid car or come to hospital as soon as possible, for an in-person, provider to provider hand-off.
- iv. Community midwife will provide records either in-person or faxed to LSC as soon as possible at 360-487-4309.

If standard protocols are not followed by the community midwife or EMS, due to an emergency transfer, stabilizing care will be provided in the moment. These events shall be viewed as opportunities for discussions and learnings during our Smooth Transitions department meetings. If needed, follow-up with EMS for collaboration and learnings will occur following the event.

b. **If non-emergent** (eg- failure to progress, need pain meds, suturing, etc)

- i. The community midwife will call One Call at 1-800-500-9111 and ask to speak with the Vancouver Clinic Midwife or OB hospitalist, depending on the gestational parent's transfer needs.
- ii. Ideally, community midwife will accompany the gestational parent to hospital for an in-person, provider to provider hand-off. If available, the hospital staff will ask to review the gestational parent's birth plan to a discuss care plan.
- iii. Community midwife will provide records either in-person or faxed to LSC as soon as possible at 360-487-4309.

2. Receiving provider will reach out to the community midwife to answer questions as needed. See the community midwife directory for contact information.
3. Upon discharge, the hospital provider or RN case manager will contact the community midwife to coordinate follow-up care. See the community midwife directory for contact information.
4. Community midwife will access LSC EPIC for patient records.
5. Community midwife, receiving provider, nursing, and client fill out Smooth Transitions surveys (see posters for QR codes or go to www.qualityhealth.org/smoothtransitions/resources).

Neonatal Transfer Protocol

Legacy Salmon Creek Medical Center welcomes patient transfers to the hospital setting from our community midwives and birth centers. The hospital team recognizes this is not the patient's preferred plan for delivery, postpartum, or neonatal care. Staff will acknowledge this and reinforce to the patient that we will take good care of them and their baby.

1. Community midwife decides if the transfer is emergent or non-emergent.
 - a. **If emergent** (eg-respiratory distress, concern about congenital defect, etc.)
 - i. Community midwife calls 911 for a transfer to nearest hospital.
 - ii. If possible, community midwife contacts the LSC ED at 360-487-1400 or the charge nurse in ED at 360-487-2020 to notify them that the baby will be arriving via aid car and give a short report.
 - iii. Community midwife will accompany baby in the aid car or come to hospital as soon as possible, for an in-person, provider to provider hand off.
 - iv. Community midwife will provide records either in-person or faxed to the LSC ED at 360-487-1409 as soon as possible.
 - b. **If non-emergent** (eg- surprise Down Syndrome, jaundice, etc)
 - i. Call One Call at 1-800-500-9111 and ask to speak with the pediatric hospitalist (for concerns after 24hrs) or the neonatologist (for concerns in 1st 24hrs).
 - Sometimes the pediatric hospitalist and the neonatologist will have a conversation together with the community midwife to discuss who is most appropriate to care for baby and where they will receive that care.
 - ii. Community midwife will fax pertinent newborn records to where baby will receive care as decided per One Call conversation (LSC NICU 360-487-4209; LSC ED 360-487-1409; LSC L&D 360-487-4309) as soon as possible.
2. Hospital provider will reach out to the community midwife to answer questions as needed. See the community midwife directory for contact information.
3. Upon discharge, the hospital provider or RN case manager will contact the community midwife to coordinate follow-up care. See the community midwife directory for contact information.
4. Community midwife will access LSC EPIC for patient records.
5. Community midwife, receiving provider, nursing, and client fill out Smooth Transitions surveys (see posters for QR codes or go to www.qualityhealth.org/smoothtransitions/resources).

Scope of Practice in the Postpartum Period for Licensed Midwives in WA State

In the case of hospital transfer, Licensed Midwives can provide the following routine care to newborns and gestational parents in the immediate postpartum.

- 18-48 hour home visit following the birth to complete:
 - Full newborn physical exam including weight tracking ²
 - Full gestational parent physical exam ¹
 - RhoGam for the gestational parent, as needed ^{4,6}
 - Assessment of uterine tone and blood loss in the gestational parent ¹
 - Metabolic screening #1 ³
 - CCHD screening ^{4,5}
 - Jaundice visual assessment ²
 - Bilirubin jaundice lab sample, as needed ²
 - Lactation support and assessment ^{1,2}
 - Screening for Perinatal Mood and Anxiety Disorders ¹
 - Hepatitis B Vaccine (HBIG and HBV) - May vary by practice ⁴
 - Hearing Screen - May vary by practice due to availability of hearing screen equipment. If a midwifery practice does not have the equipment available, newborns are referred to their pediatricians for screening. ⁴
 - Consultation and/or referral to pediatric care for any significant deviation from normal. ²

Subsequent scheduled visits beyond the 18-48 hour home visit vary with each midwifery practice, however scope of practice for Licensed Midwives covers care provided to newborns for the first two weeks of life and gestational parents through 6 weeks postpartum. ^{1,2}

Example of Routine Postpartum Care for Licensed Midwives in Washington State:

- 18-48 hour visit covering the above topics and assessments
- Optional visits in the first week for lactation support, newborn weight management, bilirubin jaundice monitoring, as needed. ²
- 1-2 week visit
 - Assessment of gestational parent/newborn wellbeing including physical exam ^{1,2}
 - Screening for Perinatal Mood and Anxiety Disorders ¹
 - Newborn weight assessment and management as needed ²
 - Lactation support ^{1,2}
 - Metabolic screening #2 ³
 - Referral to pediatrician for routine newborn care.
- 3-4 week visit
 - Assessment of gestational parent well being including physical exam ¹
 - Screening for Perinatal Mood and Anxiety Disorders ¹
- 5-6 week visit
 - Assessment of gestational parent well being including physical exam ¹
 - Screening for Perinatal Mood and Anxiety Disorders ¹
 - Family planning counseling ¹
 - Pelvic exam/pap smear, as needed