

GUIDELINE:

Maternal and/or Newborn Transfer from Out of Hospital Birth Setting

MultiCare South King County: Auburn Medical Center

Intent: The Family Birth Center at Auburn Medical Center welcomes transfers from home or birth center needing a higher level of care into the hospital setting. Our community hospital fosters family-centered care for patients of varying risk levels and their families. It is our goal to work together with community obstetric and newborn care providers to optimize the outcomes for this population.

Procedure for antepartum transfer of care

- When considering an antepartum transfer, please be in touch with a Midwife directly.
 - Covington Women's Center PH 253.372.7008. FAX 253.372.7111
 - Covington OB/GYN PH 253.372.7128. FAX 253.372.7111.
 - Kent OB/GYN PH 253.372.7849. FAX 253.372.7844
 - Auburn Women's Center PH 253.545.5800. FAX 253.833.9944
- Once the CNM accepts the transfer, please fax all antenatal records, including labs and imaging, to the clinic of choice.
- Community Midwife will provide transferring client the correct phone number to schedule appt at the clinic.
- CNM will provide the transferring client's information to clinic staff to accommodate scheduling.

Procedure for intrapartum/postpartum transfer of care (Auburn Medical Center):

- Community Midwife to call Auburn Medical Center – Family Birth Center at #253.545.2522. Ask to speak to the on-call CNM. Charge nurse will contact the CNM to return the call.
- Community Midwife will give thorough report to on-call CNM.
- On-call CNM, MD Laborist, and Charge nurse with consult together about the potential transfer, and call transferring provider back to confirm.
- Community Midwife will fax all antenatal records (and delivery note if available), including labs and imaging, to the Family Birth Center at #253.333.2596.
- The community Midwife is welcome to stay as one of the designated support people for the client (check with FBC for most up to date visitor policy). *Provider to Provider update in person is encouraged at time of transfer.*
- Discharging provider makes plan with Community Midwife for postpartum follow up.
- Discharging provider faxes records to Community Midwife for continuity of care.
- Community midwife, receiving provider, nursing, and client fill out Smooth Transitions surveys (see posters for QR codes or go to links on <https://www.qualityhealth.org/smoothtransitions/resources>)

Procedure for newborn transfer of care:

- Call the Auburn Medical Center – Family Birth Center at #253.545.2522, ask to speak to the Charge nurse. Give a brief report.
- Charge nurse will contact NNP to connect with community Midwife, or have NNP call them back.
- Charge nurse and NNP will consult regarding potential transfer and report back to community Midwife.
- Fax all maternal antenatal records, delivery note, and newborn notes, to the Family Birth Center at #253.333.2596.

- Check the current NICU policy regarding visitors for community provider attendance. *Provider to Provider update in person is encouraged at time of transfer.*
- Discharging provider makes plan with Community Midwife for newborn follow up.
- Discharging provider faxes records to Community Midwife for continuity of care.
- Community midwife, receiving provider, nursing, and client fill out Smooth Transitions surveys (see posters for QR codes or go to links on <https://www.qualityhealth.org/smoothtransitions/resources>)

RESOURCES:

Antepartum Resources

- CNM/MD care within a small shared-call group allowing for a high likelihood of your client knowing their delivering provider.
- Management of Midwife clients risking out of the community setting.
- Prenatal fetal surveillance as needed based on maternal diagnoses.
- Pain management desires for birth plan (Nitrous, IV/IM med management, and epidural).
- MD and MFM involvement /consultation for co-management/management as needed.
- Neonatology at time of birth as needed.
- Lactation support.
- Childbirth, parenting, breastfeeding and other patient education services available.

Intrapartum / Postpartum Resources

- Pain management including:
 - Water immersion
 - Nitrous oxide
 - IV narcotics
 - Epidural
 - Therapeutic rest
- Pitocin (and other) induction or augmentation.
- Continuous Fetal Monitoring as needed.
- MD involvement for delivery as needed.
- Neonatology at time of birth as needed. (NICU >33w6d)
- Lactation support.
- TOLAC support (MD managed currently).
- Surgical management needs.
- MD management of complicated perineal repairs/cervical lacerations.
- MD management and ongoing inpatient care for PPH, chorioamnionitis, and other postpartum complications.
- MD management of preterm labor.

Newborn Resources (Level II)

- Preterm newborn support >33w6d and >1500gm
- Hypoglycemia testing and management.
- Hyperbilirubinemia testing and bili-lights as needed.
- Sepsis workup.
- Respiratory support.

- IV therapy.
- Medication Management.
- Naso-gastric feedings.
- Thermoregulation needs.
- Neonatal abstinence.
- Social issues.
- If newborn does not meet criteria, will be stabilized and transferred to higher level of care.

REPORT:

What to include in Report

General information

- What is the reason for the transfer?
- Method of transfer and approximate estimated time of arrival
 - Ambulance
 - Private vehicle
- Name of support person(s) (Check with birth unit on current policy).

Background

- Name, DOB, interpreter needs
- Gravida/Para
- EDC, gestation, by LMP or U/S
- Pertinent obstetrical complications, medical, surgical, family, social history
 - Allergies
 - Medications
- Pregnancy course and complications
- Current BMI
- Blood type
- Prenatal lab work
- Glucola results + timing of testing
- GBS status and treatment status
- EFW

Intrapartum

- Labor start
- ROM status, color of fluid, rupture time and duration
- Contraction pattern
- FHT pattern
- Labor progression
- Current cervical status, if known
- Current BP and temperature
- Medications, including supplements and alternative therapies, used during pregnancy and intrapartum period
- Gestation (must be \geq 34 weeks)
- Concerns/complications

Postpartum

- Delivery details (approximate length of labor, length of pushing, lacerations present, vital signs)
- Labor course and complications
- Breastfeeding/lactating status

Newborn

- Delivery details (approximate length of labor, length of pushing, FHR category, birth complications)
- Birthweight
- Maternal GBS status and blood type
- Vital signs
- Labor complications possibly effecting newborn
- Transition details
- Pregnancy complications/diagnoses possibly effecting newborn

Contacts (updated as of 4/13/23)Midwife Staff

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