

TRANSFERRING CLIENTS TO UWMC NW

The Childbirth Center at UWMC NW welcomes transfers from home or birth center needing care in the hospital. We are a community hospital and have a labor and delivery unit that works hard to provide family centered care for low risk patients and their families. We would like to work with the local licensed midwife community needing our services to help provide smooth transfer of care and optimize outcomes for clients when they are in need of and appropriate for transfer.

We want the community to know that while we are welcoming transfers, we have a level II nursery and do not have the capability to care for higher risk patients and newborns. Many things needing a higher level of care will need to be transferred out for further management to UWMC Montlake. Some of your clients that will need transfer to the hospital will have risk factors for requiring a higher level of care than we can provide, which may lead to separation of birthing person and baby in the immediate postpartum period. Please keep this in mind when considering where you would like to transfer your client.

Antepartum Transfer:

- Can call clinics below. Ask call center to transfer to the clinic. If it is a same day need for discussion, try calling the same as you would below for intrapartum transfer
 1. OB care: Meridian Women's Health (206 368 6644)
 2. Midwifery care: The Northwest Hospital Midwives Clinic (206 368 6670)

Intrapartum or Postpartum Emergent Transfer:

- Please call the Childbirth Center at UWMC NW (206 368 1880) and ask to speak with the charge nurse regarding a possible transfer to hospital care.
- The charge nurse will determine if we have space for transfer and if so, she will contact the OB or CNM on call to discuss transfer with you. You will be asked questions to help determine whether or not your client is a good candidate for care at UWMC NW
- If the transfer is accepted, please fax records ASAP (206 368 1596) including demographics to begin registering your client before they arrive to avoid delays in care.
- Please prepare your client for expected interventions at the hospital.
- Your client will be directly admitted to the childbirth center and you should accompany them to the hospital for a hand off of their care. They should enter through the totem pole entrance at the back of the hospital where the signs direct for the childbirth center. The door is locked at night but there is a buzzer to request entrance for childbirth center patients.
- A delivery note and discharge summary if applicable will be sent to the referring midwife after discharge. Feedback is encouraged and should go through the following Smooth Transitions transfer committee members: Ali Lewis, MD (alician@uw.edu), Debra Blue, CNM (blued1@uw.edu) and Sara Alvarado, ND LM (dr.sara.alvarado@gmail.com)
- Thank you for your continued excellent care of your clients and commitment to smooth and safe transfers.

GUIDELINES

UWMC NW has a level II nursery and takes care of generally healthy pregnant people and newborns. We have a neonatal nurse practitioner in house. Things needing a higher level of care will need to be transferred out for further management to UWMC Montlake or Children's hospital. There are some home or birth center transfers that will need transfer to the hospital and have risk factors for needing a higher level of care than we can provide. Given this and in the interest of trying to prevent separation of birthing person and baby immediately postpartum, our preference is to use the following guidelines for accepting transfers. Noted are suggestions for CNM vs. OB care. The goal is to transfer anyone needing OB consult or at higher risk for c section to the OB and only those that are low risk and likely to have a vaginal birth to the CNM. These guidelines are for stable patients. If a patient is unstable (very small minority of the time), the transferring midwife will take the patient to the closest hospital with the resources available for that patient and is not generally calling to ask about bed status.

To help decide if appropriate for UWMC NW confirm:

- Gestational age ≥ 32 weeks
- No maternal fever (≥ 38 C/100.4F)
- Absence of significant fetal heart rate decels (if decels should go to closest hospital)
- No previous cesarean attempting home VBAC

UWMC NW

- Desire for hospital care or pain relief: CNM
- Hypertension mild $<150/100$: CNM
- Prolonged rupture of membranes (prefer transfer by 24 hours if no labor): CNM
- Active phase arrest needing augmentation: CNM vs. OB. Some judgment here on how long arrested and if any heart rate changes. If high likelihood of c/s, prefer OB transfer
- Second stage arrest: OB
- Preterm labor ≥ 32 weeks: OB
- Non-cephalic presentation in early labor: OB
- Hypertension severe or borderline $\geq 150/100$ or mild hypertension with symptoms (i.e. will need Magnesium sulfate): OB

Higher level of care such as UWMC Montlake or other available hospital

- Preterm labor less than 32 weeks
- Maternal fever/chorioamnionitis
- Persistent non-reassuring fetal heart rate pattern
- Abnormal bleeding in labor concerning for abruption or abnormal placentation