UW Medicine
VALLEY
MEDICAL CENTER

Gestational Parent - Transfer Protocol

UW Valley welcomes patient transfers from planned community births. We work with the local community midwives needing our services to help provide smooth transfer of care in order to optimize outcomes and experiences for our shared patients. The hospital team recognizes the hospital is not the patient's preferred place for delivery, postpartum, or neonatal care. Staff will acknowledge this and reinforce to the patient that we understand and provide them with high quality, compassionate care.

Intrapartum or Postpartum Transfer:

1. The community midwife calls Labor and Delivery at UW Valley (425-251-5182) and asks to speak with the charge nurse and provides a brief description of the needed care.

2. The charge nurse will determine if there is space for the transfer and if so, they will ask the community midwife to come. While waiting for the transfer, the charge nurse will contact both the OB hospitalist and CNM on call to determine who is the most appropriate receiving provider.

3. If the transfer is accepted, the community midwife will email records to: VMC_Birthcenter_Records@valleymed.org please include prenatals, labs, ultrasounds, and any labor records. Alternatively, they can be faxed to 425-656-4051. The fax can be problematic, and email is preferred. It's recommended to bring the client chart (paper or electronic) if possible.

4. If not previously determined who is accepting the transfer, the charge nurse or accepting provider will call the community midwife back confirming the transfer and/or to clarify clinical information.

5. The community midwife prepares their client for expected interventions at the hospital including IV placement and continuous fetal monitoring.

6. When possible it's preferred that the community midwife accompanies their client to the hospital for a warm, provider to provider, hand off.

7. 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.

8. 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. The bedside nurse will make sure the patient signs a records release so the community midwife can receive the patient's hospital records via fax at discharge.

9. 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.

UW Medicine
VALLEY
MEDICAL CENTER

If the transfer of care to UW Valley fell below expectations, we ask that follow-up be provided to the nursing and physician leadership so that we can provide direct, immediate feedback to our care team.

Please direct feedback to:

Lisa Hewson, RNC-OB
Nurse Manager – Women's Services
lisa_hewson@valleymed.org
425-228-3440 ext. 3828

Theresa Hamer, MD
OB Medical Director
theresa_hamer@valleymed.org
609-703-0279

Krissy Yamamoto, MD
Associate Medical Director - Valley Women's
krissy_yamamoto@valleymed.org
512-656-0210

Criterial for CNM vs OB hospitalist

Appropriate for UW Valley nurse midwifery care:

- Prolonged rupture as long as no evidence of chorio with reassuring fetal well being
- Meconium without decelerations
- Need for pain control
- Need for augmentation
- Patient requests transfer to hospital setting
- Mild HTN
- Low risk term induction of labor

Risk out of UW Valley nurse midwifery care if:

- <36 weeks
- >42 weeks
- Severe HTN (>160/110)
- Severe maternal medical issues: Eclampsia, cardiac conditions, ect
- Diabetic on insulin or not well controlled
- EFW >4500g

Labor complications: Decels or abnormal fetal heart rate, chorio, second stage arrest (3+ hours), abruption

- BMI > 50
- IUGR
- Postpartum patients for any reason (laceration, bleeding, retained placenta)
- TOLAC

UW Medicine
VALLEY
MEDICAL CENTER

Neonatal – Transfer Protocol

UW Valley welcomes patient transfers from planned community births. We work with the local community midwives needing our services to help provide smooth transfer of care in order to optimize outcomes and experiences for our shared patients. The hospital team recognizes the hospital is not the patient's preferred place for delivery, postpartum, or neonatal care. Staff will acknowledge this and reinforce to the patient that we understand and provide them with high quality, compassionate care.

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

1. **If emergent** (e.g.-respiratory distress, concern about congenital defect, abnormal neurologic exam, etc.)
    a. Community midwife calls 911 for a transfer to nearest hospital.
    b. If possible, community midwife contacts the VMC ED at (206) 575-2574 or asks to be transferred to the ER Charge Nurse to notify them that the baby will be arriving via aid car and give a short report.
    c. ED staff will notify NICU of impending arrival of newborn.
    d. 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.
    e. Community midwife will provide records either in-person or faxed to the VMC ED at 425 917-6237 as soon as possible. ED will forward records to appropriate unit if patient is admitted.

2. **If non-emergent (e.g.- surprise Trisomy 21, jaundice, etc.)**
    a. Community midwife pages the on-call VMC pediatric hospitalist at (206) 969-8000 to discuss the case and determine if direct admission is warranted or patient assessed in the ED upon arrival.
    b. ED provider or pediatric hospitalist may contact NICU provider at any time if needed.
    c. If possible, the community midwife will accompany baby or come to hospital for an in-person, provider-to-provider hand off.
    d. Community midwife will fax pertinent newborn records to where baby will receive care as decided as soon as possible. (Fax numbers: ED (206) 575-2574, Peds/Mother Baby Unit 3A (425) 656-5434, Birth Center (425) 656-4051 or vmc_birthcenter_records@valleymed.org, NICU (425) 656-4044)

- Hospital provider will reach out to the community midwife to answer questions as needed. See the community midwife directory for contact information.

- Upon discharge, the hospital provider will contact the community midwife if there is any special follow-up care required. Provider team will instruct family to contact the community midwife for routine follow-up. See the community midwife directory for contact information.

- Discharge summary will be faxed to the community midwife.

- Everyone's feedback is encouraged through the Smooth Transitions surveys. There are surveys for community midwife, receiving provider, nursing, EMS, and client. See posters for QR codes or go to www.qualityhealth.org/smoothtransitions/resources. These results are reviewed quarterly.

UW Medicine
VALLEY
MEDICAL CENTER

If the transfer of care to UW Valley fell below expectations, we ask that follow-up be provided to the nursing and physician leadership so that we can provide direct, immediate feedback to our care team.

Please direct feedback to:

Chelsea McIver, RN
Nurse Manager – Children's Services
chelsea_mciver@valleymed.org
425-228-3440 ext. 3632

Christina Long, DO
NICU Medical Director
long22@uw.edu
425-251-5197

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
  - Full gestational parent physical exam
  - RhoGam for the gestational parent, as needed
  - Assessment of uterine tone and blood loss in the gestational parent
  - Metabolic screening #1
  - CCHD screening
  - Jaundice visual assessment
  - Bilirubin jaundice lab sample, as needed
  - Lactation support and assessment
  - Screening for Perinatal Mood and Anxiety Disorders
  - Hepatitis B Vaccine (HBIG and HBV) - May vary by practice
  - 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.
  - Consultation and/or referral to pediatric care for any significant deviation from normal.

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.

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.
- 1-2 week visit
  - Assessment of gestational parent/newborn wellbeing including physical exam
  - Screening for Perinatal Mood and Anxiety Disorders
  - Newborn weight assessment and management as needed
  - Lactation support
  - Metabolic screening #2
  - Referral to pediatrician for routine newborn care.
- 3-4 week visit
  - Assessment of gestational parent well being including physical exam
  - Screening for Perinatal Mood and Anxiety Disorders
- 5-6 week visit
  - Assessment of gestational parent well being including physical exam
  - Screening for Perinatal Mood and Anxiety Disorders
  - Family planning counseling
  - Pelvic exam/pap smear, as needed