Providence
SWEDISH

Providence Regional Medical Center Everett
900 Pacific Avenue
NICU 2nd Floor Pavilion for Women and Children
Everett, WA 98206-1067
Transfer Center: (425) 261-4000
providence.org

Neonatal – Transfer Protocol

Providence Regional Medical Center Everett (PRMCE) welcomes patient transfers from planned community births. We work with the local community midwives needing our services to help provide smooth transfer of care 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. The PRMCE NICU can take direct admissions referred by community midwives.
    b. Community midwife calls 911 for a transfer to nearest hospital.
    c. If possible, community midwife contacts the PRMCE Transfer Center at (425) 261-4000.
    d. The Transfer Center will gather information and connect you with the Neonatologist or Neonatal Provider.
    e. If there is no time to contact the Transfer Center or if it isn't responding appropriately, the community midwife will call the NICU (425-304-6040) or NICU charge nurse (425-304-0526) directly to give a brief report.
    f. 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.
    g. Community midwife will provide records either in-person or faxed to the PRMCE NICU at (425) 304-6045 as soon as possible.
2. **If non-emergent (e.g.- surprise Trisomy 21, jaundice, etc.)**
    a. Community midwife contacts the PRMCE Transfer Center at (425) 261-4000.
    b. Transfer Center will gather information and connect you with the Neonatologist to discuss the case and determine if direct admission is warranted or provide advice.
    c. ED provider or pediatric hospitalist may contact NICU provider at any time if needed.
    d. If possible, the community midwife will accompany baby or come to hospital for an in-person, provider-to-provider hand off.
    e. Community midwife will fax pertinent newborn records to where baby will receive care as decided as soon as possible. (Fax number: PRMCE NICU at (425) 304-6045)

- 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.

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If the transfer of care to PRMCE 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:

Cassidy Tandy, RNC-NIC, BSN
Interim Nurse Manager – NICU
Cassidy.tandy@providence.org
425-258-7324

Michael Neufeld, MD, MPH
NICU Medical Director
Michael.neufeld@providence.org
206-890-8728

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 <u>scope of practice for Licensed Midwives covers care provided to newborns for the first two weeks of life</u> 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