Providence St. Peter's Hospital
BIRTHING PERSON TRANSFER PROTOCOL
Edited 10/19/23

Please note: Sometimes Community Midwives utilize EMS for emergency transfers and are not able to follow this protocol due to being busy managing an emergency. EMS are expected to follow their own protocols, and hiccups do not necessarily implicate the community midwife, nor L&D team. These issues can be dealt with via Smooth Transitions and EMS.

Step 1: Community midwives will encourage their clients to:
- pre-register with PSPH one month prior to their due date
- clients can download MyChart app to be able to access PSPH chart in the event of a transfer
- take a tour of the local hospital, as desired by the client and allowed by the hospital during COVID
- draft a birth plan in the event of hospital transfer
- Community Midwife to alert clients ahead of time that PSPH is an academic hospital and Client may be asked if they are ok with resident involvement, this is completely voluntary, and their response will not affect care.

Step 2: The community midwife will contact the hospital through the designated route and notify the receiving provider of an incoming transfer from a planned community setting.

1. Community midwife will call the Staffing Transfer Operations Center at 1-866-470-4233 to initiate the transfer (even for Kaiser patients-OB hospitalist will connect the community midwife to the on-call Kaiser provider). The community midwife does NOT give a short report to the Transfer Center or ask for permission to transfer but WILL state "**I have an obstetric patient that needs to transfer to the OB hospitalist at Providence St. Peters**." The Transfer Center will then put the community midwife in contact with the receiving provider (OB Hospitalist) and L&D Charge Nurse.
2. If there are any difficulties utilizing the Transfer Center, call the HUC (360.493.7027) directly to coordinate the transfer.
3. **For emergent situations**, call 9-1-1 for EMS transport and work on stabilizing the patient. **DO NOT utilize the Transfer Center for acute/emergent transfers.** If time allows, call the HUC (360.493.7027) and give the situation and anticipated time of arrival which will be

communicated to the OB hospitalist. If possible, the HUC may connect the community midwife to the OB hospitalist.

4. **The following transfers MUST be accepted if Providence St. Peter Hospital is the nearest facility, regardless of L&D unit census:**
- Abnormal vital signs (hypotension, severe range hypertension, marked tachycardia/bradycardia, low oxygen saturation, temp > 101, etc)
- Cardiac compromise or respiratory distress
- No fetal heart rate via doppler (unless previously diagnosed IUFD)
- Seizure
- Hemorrhage
- Acute mental status change/unresponsiveness
- Concern for placental abruption or uterine rupture
- Prolapsed umbilical cord
- Trauma
- < 37weeks with PPROM in active PTL
- Active PTL
- Active bleeding
- Breech or other fetal malpresentation with ROM or labor
- Pain control in the active phase of labor (> 6 cm)
- Any patient in the second stage of labor
-moderate/thick meconium stained fluid

Communication Tips:
- The community midwife's communication will include the name, age, G/P and DOB of the patient, reason for transfer, relevant clinical background information, GBS status, the condition of mother and/or baby, the planned mode of transfer, and the expected time of arrival. The community midwife could use the transfer form as a guide for giving the verbal report to the receiving provider.

- An SBAR (Situation, Background, Assessment, Recommendation) script is helpful here.

- Receiving provider will state understanding, ask clarifying questions, and state expected management plan. MW will prepare their client for stated expected management plan, as possible.

- This is not the primary method of communication, but this is intended for informational purposes only (eg. following up on a shared patient), the L&D Charge Nurse (360.486.6110) and OB Hospitalist (360.486.6635) may be contacted directly.

Step 3: Receiving provider, charge and assigned RN will attempt to have a pre-admission debrief. The Charge RN or OB will alert ED of incoming direct transfer to arrival through the ED.

- Hospital staff can call Community Midwife if their info is unable to be found in the chart. Appropriate contact information should be included in Midwife records.

- RPR in third tri is requested by PSPH peds (and DOH) If this hasn't been done it will be drawn with admission labs.

Step 4: The community midwife will provide relevant medical records at the time of transfer which will be placed in the patient's chart. Include dating, placenta location, labs, OB problem list, Initial PNV, labor flow.

- Transfer forms may be used as well but are not specifically requested unless provider is not accompanying pt to provide verbal hand over.

- Records may be faxed, sent electronically, or brought in and photocopied. PSPH L&D fax (360) 493-7784

Step 5: If possible, the community midwife will accompany their client to the hospital to facilitate a smooth transfer of care.

- At the hospital the receiving provider will meet with the community midwife along with the Charge RN and the bedside nurse assigned to the patient, to discuss the patient's care, plan of action, and answer questions.

- Script for hospital staff: "I know this wasn't part of your birth plan, and you weren't planning to be here, but we're going to take good care of you and your baby." Ask for written birth plan.

Step 6: The hospital care team recognizes the community midwife as the patient's primary care provider who has an established relationship with the patient. We encourage the community midwife to join with the hospital care team to provide ongoing support and care of the patient.

- The community birth team is open to fostering relationships and transferring to all PSPH OB hospitalists, trusting the commitment to collaborative care. If it is identified that someone does not work well with midwives or community birth clients then that will be communicated to Hospitalist Site Director for an internal review process.

Step 7: Community Midwives will welcome their clients back into routine postpartum care following discharge. The hospital care providers (OB hospitalist, CNM, pediatric hospitalist) will coordinate with the community midwife a schedule of follow-up care for the patient.

1. Client to call community midwife prior to discharge to arrange for postpartum care following routine discharge.
2. Provider to call community midwife to coordinate follow-up care plan prior to discharge if discharging prior to 24 hours, or with specific or complicated postpartum f/u indicated
3. Not all community midwives are able to do more complex follow-up like BP med mgmt. Residents, if involved in birth, can take over medical care post-discharge as needed (med mgmt, or other needs outside community midwife scope).
4. Community midwives to see clients for 2wk wound check following operative delivery and refer to OBED with concerns.
5. Birthing person and newborn are discharged by their respective providers. PSPH's goal is to keep dyad together, and discharge plan will be individualized. Plan will be communicated to Community Midwife to allow for appropriate follow-up. (See Early Discharge Protocol)

Step 8: The discharging provider will request that relevant hospital records are sent to the community midwife, so they are available for review prior to follow-up with the patient.

1. Fax birth summary and discharge summary through Epic, practice fax numbers are available on the floor. Please note if placenta was sent to pathology and community midwife can request these results.
2. Community Midwives can also request records.

Step 9: The community midwife, receiving hospital provider, nursing staff (ideally the Charge RN and bedside nurse), EMS personnel (if activated), and the client will fill out their appropriate Smooth Transitions™ surveys and data collection tools (see posters for QR codes or go to the data section of the Smooth Transitions Resource page for the links https://www.qualityhealth.org/smoothtransitions/resources